



A CLINICAL STUDY TO EVALUATE THE EFFECT OF *SUKHA VIRECHANA YOGA* IN THE MANAGEMENT OF PSORIASIS

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ABSTRACT

Virechana is one among the *Shodhana* procedure, which is explained in classics as the expulsion of vitiated *Pitta Dosh*, where the morbid *Doshas* are expelled out of the body through *Adhomarga*. Psoriasis is a common, genetically determined, inflammatory skin disorder of unknown cause which in its most usual form, is characterized by well-demarcated, raised red scaling patches that preferentially localize to the extensor surfaces. The reported prevalence of psoriasis in countries ranges between 0.09- 11.43 % making it a serious global issue with at least 100 million individuals effected worldwide. In India, it is found that the incidence of psoriasis among patients with skin disorders ranges between 0.44- 2.8% with an overall incidence of 1.02%. Hence the study is taken up to assess the management of Psoriasis with *Virechana* with *Sukha Virechana Yoga*, where the multi-dimensional assessment of Psoriasis was done with Psoriasis area severity index (PASI), Auspitz sign, and Candle grease sign. Objectives: To evaluate the Effect of *Sukha Virechana Yoga* in the management of Psoriasis. Methods: It is an open clinical study with a pre-test and post-test design in which, 20 diagnosed patients with Psoriasis and fulfilling the selection criteria in the age group of 16 – 70 years of either sex were selected... Results: The study showed the statistically highly significant result in a decrement in PASI Score from before treatment to after fol-

lowing up. Interpretation and Conclusion: Hence, *Virechana Karma* with *Sukha Virechana Yoga* was found to be effective in reducing signs and symptoms of Psoriasis.

Keywords: *Virechana*, *Kushtha*, Psoriasis, PASI Score

INTRODUCTION

Healthy skin is a source of pleasure, not only to its owner but also to the one who looks at it. To possess nice skin is to have a great social and economic advantage. Besides, healthy skin is a mirror of a healthy body. In *Ayurveda*, *Twak* is said to be the *Upadhatu* of *Mamsa dhatu*¹. It is highlighted by *Acharyas* by mentioning it as the seat of *Sparshanendriya*² and is said to have a direct relationship to *Rasadhatu* and hence *Rasa Sara Purusha* can also be called *Twak Sara Purusha*³, thus proper maintenance of the *Rasa Dhatu* is essential to maintain the health of *Twak*. Psoriasis is chronic, noncommunicable, painful, disfiguring, and disabling disease for which there is no cure and great negative impact on patients according to modern, the reported prevalence of psoriasis in countries ranges between 0.09(2) and 11.4% (3), making psoriasis a serious global problem⁴. It is a common dermatological disorder in India with prevalence and epidemiological characteristics similar to the presentation of disease in the West which varies from 0.44 to 2.8 %⁵. It is a very common disease that affects 2-3% of the population in all geographical regions. It may or may not be life-threatening, but it definitely harms patients physically and mentally due to the social stigma surrounding it.

Psoriasis is put under the broad category of *Kushtha* in *Ayurveda*. As per the different presentations observed in different varieties of Psoriasis, *Eka Kushtha*, *Kitibha*, *Sidhma*, *Mandala Kushtha* is having resemblance with Psoriasis. *Kushtha* is considered as one of *Bahudoshjanya Vyadhi*⁶, with the involvement of all the *Tridoshas*, effecting the *Sapta Dushyas*⁷. It is also said to be *Dheergakaleena Roga*. *Shodhana* is the treatment modality advised in such chronic diseases because it eliminates *Doshas* from its root. *Virechana* is one such *Shodhana* procedure that is primarily advised in *Pitta Dosha* vitiation where *Doshas* are eliminated through *Adhomarga*⁸. To study the treatment

of *Kushtha* systematically it is necessary to look at three principles of the treatment which are described in *Krimi Chikitsa* i.e., *Samshodhana*, *Samshamana*, and *Nidana Parivarjana* separately. All *Acharya's* have emphasized *Shodhana* therapy in the management of *Kushtha*. By nature, *Kushtha* is difficult to cure disease, so it is called '*Duschikitsya*'. But by the application of *Shodhana* therapy, the cure of the disease becomes easier due to the removal of the root cause, hence *Shodhana* has great importance. *Shodhana* may be administered based on the predominance of vitiated *Dosha*. *Sushruta* has advised to carry out '*Ubhayato Samsodhana*' even at the *Purvarupa* condition of *Kushtha*. *Sushruta* also advised *Samsodhana* in the treatment of *Rasagata*, *Raktagata*, *Mamsagata* and *Medogata Kushtha*. In *Kushtha* the *Raktha Dhatu* is considered one of the main *Dhatu* which is responsible for the *Prasara* stage of *Kushtha Samprapti*. *Pitta Dosha* and *Raktha Dhatu* have an *Ashraya-Ashrayi* relationship, hence the treatment modality of *Pitta Dosha* and *Raktha Dhatu* complementing each other. *Virechana* is the most important measure of *Shodhana* for *Kushtha*. Though it is a specific modality for the elimination of *Pitta Dosha* it is also effective upon *Kapha* and *Rakta*. The main course of the treatment i.e., *Virechana* was administered with *Sukha Virechana Yoga*⁹, with *Sukhoshna Jala* as *Anupana*.

AIMS AND OBJECTIVES:

To evaluate the effect of *Sukha Virechana Yoga* in the management of Psoriasis.

MATERIALS AND METHODS

Source of data: Minimum of 20 patients diagnosed with Psoriasis were selected for study from IPD/OPD of S.D.M Ayurveda Hospital Kuthpady, Udupi.

Method of collection of data:

Study design:

- This is an open-label clinical study with a pre-test and post-test design where a minimum of 20 patients diagnosed with Psoriasis of either gender was selected based on diagnostic and inclusion criteria.

Sample size: Minimum of 20 patients with psoriasis were selected

- A detailed proforma was prepared considering the points pertaining to history, signs, symptoms, and examinations as mentioned in Ayurvedic classics and allied sciences to confirm the diagnosis.

INTERVENTION:

In the selected patients, *Virechana* was given as follows:

Virechana:

Poorva Karma- *Pachana, Deepana* with *Panchakola Phanta* was given 50ml BD before food for 3-7 days until there was *Amapachana* and *Agnideepana* (i.e., till the appearance of *Niramavastha*). ***Snehapana:*** *Abhyantara Snehapana* was given with *Panchatik-taka Guggulu Ghrita* with *Ushnajala* as *Anupana*.

Method of *Snehapana:* The patients were given *Arohana Krama Snehapana* starting with 25 ml around 6.30 am (immediately after sun rise) with *Ushnajala* as *Anupana*. Maximum emphasis was given to the attainment of *Samyak Snigdha Lakshanas* and was recorded accordingly. Patients were advised to avoid excessive wind, sunlight, emotional exacerbations, heavy work, day sleep, sitting in the same posture, excessive talking, and standing. Patients were advised to take the rice gruel when they would feel a strong sensation of hunger in the afternoon and the evening. Patients were advised to take lukewarm water frequently (whenever they felt thirsty). On the achievement of *Samyak Snigdha* symptoms, administration of ghee was stopped. **Duration of *Snehapana:*** *Snehapana* was advised till the patient exhibited *Samyak Snigdha Lakshanas*. (Minimum 3days – Maximum 7days).

Assessment of *Snehana* attainment (by *Snehapana*): **Dose and Duration (for *Snehajeernata*):** *Snehamatra*. Time of *Sneha* administration, Time of onset, and duration of *Sneha Jeeryamana Laksh-*

nas. Time of appearance of *Sneha Jeerna Lakshanas*. ***Samyak Snigdha Lakshana:*** *Vatanulomana, Deeptagni, Asamhata Varchas, Snigdha Varchas, Twaka Snigdhatata Glani, Anga Laghava, Snehodhve-ga*.

Swedana: Parisheka method: The patient was subjected to *Parisheka* with *Karanja Nimba* for 4 days.

Duration of *Parisheka:* *Parisheka* was administered until the patient gets *Samyak Swinna Lakshanas*. **Assessment of *Swedana:*** *Swedana* was assessed based upon *Samyak Swinna Lakshana* viz *Sheetovyuparama, Shoolovyuparama, Stambhanigraha, Gauravanigraha, Mardavata, Swedapradurbhava, Viratirmataha, and Laghuta*.

PRADHANA KARMA: After the *Karanja Nimba Parisheka* followed by *Ushna Jala Snana* in the morning, the patient was administered *Sukha Virechana Yoga* at around 9.30 am, with *Anupana* of *Sukhoshna Jala*. The dose was decided on the basis of *Koshtha*, *Agni* of the patient, as well as *Roga Bala* and *Rogi Bala*. ***Paschat Karma:*** *Samsarjana Krama* depending upon the nature of *Shuddhi Lakshanas* (3-7days) was advised.

RESULTS:

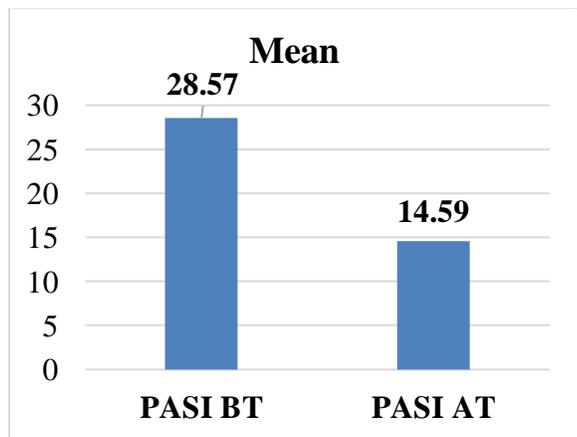
- On average on the 4-5 days patients attained *Samyak Snigdha Lakshana*. i.e. A maximum of 55% of patients attained *Samyak Snigdha Lakshana* on the fifth day itself. In a maximum number of patients, the total amount of *Abhyantara Sneha* required during the whole course of *Snehapana* was ranging between 200-300ml. Among the total 20 patients, a maximum of 90% attained *Srotovishuddhi*, 90% attained *Indriyaprasada*, 90% attained *Laghuta*, 90% attained *Agnivruddhi*, 100% of patients attained *Vatanulomana*, a maximum of 90% attained *Vitpittakapha Kramashahanissarana*. Thus, most of the patients had attained most of the *Snigdha Lakshanas*. A maximum of 20(100%) patients had *Sweda Pradurbhava, Laghuta, Gourava Nigraha*, and 18(90%) of the patient had *Mardavata by Karanja Nimba Parisheka*. Among 20 patients, a maximum of 95% (19) had Auspitz Sign Positive, all of the 20 patients in the study i.e., 100% of patients had Candle Grease Sign positive.

• Results with Statistical data reveal the effect of Virechana with Sukha Virechana Yoga in Psoriasis: The mean score of PASI before treatment was 28.57 and after treatment was 14.59 showing a mean difference of 13.98, showing 48.94% improvement in PASI which is statistically highly significant at p-value 0.000. The mean score of PASI before treat-

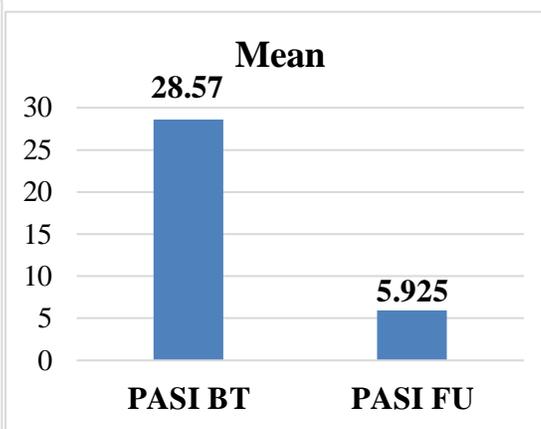
ment and after follow-up was 5.925 showing a mean difference of 22.65, showing 79.26% improvement in PASI which is statistically highly significant at a p-value of 0.000. By Virechana Karma with Sukha Virechana Yoga, there is a 79.26% improvement in total PASI Scoring.

Table no 1: Result on Psoriasis (Pasi Score) Before and After Virechana, And After Follow Up

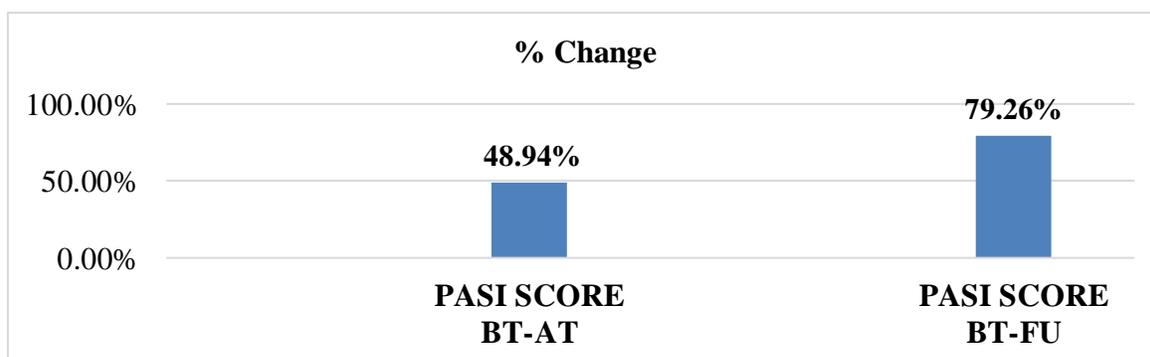
Parameters	Mean	S.D.	S.E.M.	Mean difference	% Change	T	P	Interpretation
BT	28.57	12.80	2.86	13.98500	48.94 %	7.664	0.000	HS
AT	14.59	7.29245	1.63064					
BT	28.57	12.80	2.86	2.65000	79.26 %	10.028	0.000	HS
FU	5.9250	3.40956	0.76240					



Graph no 1: RESULT ON PSORIASIS (PASI SCORE) IN MEAN BEFORE TREATMENT AND AFTER TREATMENT.



Graph no 2: RESULT ON PSORIASIS (PASI SCORE) IN MEAN BEFORE TREATMENT AND AFTER FOLLOW UP



Graph no 3: RESULT ON PSORIASIS (PASI SCORE) IN % CHANGE BEFORE TREATMENT, AFTER TREATMENT, AND AFTER FOLLOW-UP.

DISCUSSION

Virechana is one of the widely used purificatory procedures in *Ayurveda*, from ancient days till today, because of its therapeutic efficacy and simplicity, since it eliminates a huge amount of morbid *Doshas* accumulated with relatively fewer complications as seen in practice. *Shodhana* is explained by *Acharyas* to be carried out in specific order and *Virechana* comes second in the order. *Acharya Charaka* explained that *Virechana* is the prime modality of treatment for *Pitta Dosh Nirharana*, as *Amashaya* is *Samanya Sthana* for *Pitta* and *Kapha Dosh* which holds good for both. Way the fire gets cooled by subsiding the fire which had caught the building, in the same way by subsiding *Amashayagata Pitta*, all other *Pitta's* get subsided. The vitiation of *Kevala Pitta*, *Pitta* associated with *Kapha* and *Pittastana Gata Kapha*, *Virechana* is the choice of treatment to be followed. Hence it can be considered an effective modality of treatment for all *Tridoshas*. Psoriasis is a common, genetically determined, inflammatory skin disorder of unknown cause which in its most usual form, is characterized by well-demarcated, raised red scaling patches that preferentially localize to the extensor surfaces. It is a very common disease, and it is estimated that there are more than 10 million cases per year in India alone. It may or may not be life-threatening, but it definitely can lead to both physical and mental agony for the patient, because even though only the skin is the organ to be visibly affected, the disease can potentially involve other systems in later stages resulting in further harm like in case of psoriatic arthritis. Since it effects the skin, it is always associated with a social stigma that can damage the patient mentally, putting the quality of life of the patient at risk. Most of the skin disorders mentioned in *Ayurvedic* classics come under the broad classification of *Kushta*. *Shodhana* is the preferable line of management in such cases because there is a requirement to eliminate *Doshas* from its root. *Acharyas* have advised elimination of *Doshas* in repeated intervals through *Shodhana* and *Virechana* is the ideal method of *Shodhana* in *Kushta* because it is a procedure where all the *Tridoshas* are taken care of

along with *Shodhana* of *Rakta Dhatu* since it has *Ashraya Ashrayi Sambhandha* with *Pitta Dosh*, which is of importance because it is one of the *Dushyas* in *Kushta* which is responsible for the *Prasara* stage in *Kushta Samprapti*. In earlier studies, Psoriasis has been correlated to *Sidma*, *Kitibha*, *Eka-kushta*, or *Mandala Kushta* depending on the presenting symptoms. But though Psoriasis typically presents with features of one specific type, it can also occur in a combination of two or more types at a time or can change the presenting features over time depending on various factors like chronicity to exposure to environmental triggering factors. Thus, it is difficult to correlate psoriasis to a single type of *Kushta*. Hence keeping all the above said factors in the backdrop present study was planned, which is to evaluate the role of *Virechana* in psoriasis without concentrating to confine the disease to any single variety of *Kushta*. In Psoriasis the *Doshas* are situated in *Twak*, and *Agni* is also deranged. Therefore *Pachana-Deepana* medicines prior to *Snehapana* are important, which help *Amapachana* and normalize the *Agni*. Generally, *Shodhana Poorva Arohana Snehapana* administered till *Samyak Snigdha Lakshanas* or maximum 7 days. Gradual increase of the dose of *Sneha* is important for loosening the bond between *Dosha* and *Dushya*, thereby helping in breaking the pathogenesis of Psoriasis. According to *Hemadri*, *Pachana* does the ripening of *Ama*, *Deepana* does the separation of *Dosha* from *Dhatu*, *Snehana* does *Utkhleshana* of *Dosha* and *Swedana* brings the *Dosha* from *Shakha* to *Koshta*.

Karanja Patra and *Twak* have *Kandughna*, *Jantughna*, and *Shotahara* property and *Nimba* is *Sarvarochaka Kushtanut* according to *Bhavaprakasha* explained in *Guduchyadi Varga*. Due to its *Tikta rasa*, it is *Kustaghna* and due to its *Sheeta virya* its *Dahaprashamana*. *Patra* and *Twak* is having – *Jantughna*, *Kandughna*, *Vrunapachana*, *Vrunashodhana*, *Putihara*, *Dahaprashamana*. Seeds- *Taila-Vrunaropana*, *Kushtaghna*, and *Vedanasthapana* so *Karanja Nimba Parisheka* is advised without *Abhyanga*. *Sukha Virechana Yoga* for *Pradhana Karma (Virechana)* which is one of the *Yogas* from *Ashtanga Sangraha*

Kalpa Sthana Virechanokalponaam Dwitiya adhyaya. Sukha Virechana Yoga is formed with a combination of *Kushta Churna* mixed with *Trikatu* licked along with *Eranda Taila*, followed by *Sukhoshna Jala*. *Eranda Taila* has *Rechana, Deepana, Tvachya Shothahara, Vedanasthapana, Angamardaprashamana, Bhedana, Krimighna, Amashodhana, Vishaghna, Kushtaghna, Svedopaga, Vrishya*(root), etc, Properties. According to Dalhana: *Adhobhagadoshaharam Virechanena Dosaharamithyartham*. It does *Virechana*. It is indicated in *Vatavyadhi, Kushta Charmaroga, Raktavikara, Krimiroga, Vatarakta* etc. *Kushta* drug has *Lekhana* property. In *Trikatu, Shunti* has *Kapha-Vatahara, Bhedana, Deepana, Sheetaprashamana, Shothahara, Vedanasthapana, Deepana, Pachana, Vatanulomana* properties. *Pippali* has *Deepana, Jantughna, Raktatokleshaka, Deepana, Vatanulomana, Shoolaprashamana, Krimighna, Raktavardhaka, Raktashodhaka, Kushtaghna, Vrishya, Rasayana* Properties. *Maricha* has *Krimighna, Swedajanana, Kushtaghna, Srothoshodhana, Deepana, Pachana, Vatanulomana, Lekhana, Raktokleshana, Pramathi* properties. Based on *Shuddhi, Samsarjana Krama* was advised. Here a Single-blind clinical study consisting of 20 diagnosed patients with psoriasis was conducted. Hence the present study was chosen for the administration of *Virechana Karma* with *Sukha Virechana Yoga* in Psoriasis. Not only by drug but by whole *Virechana* Procedure along with the drug there will be effect in the management of Psoriasis.

CONCLUSION

Psoriasis is a long-standing immune-modulated skin disorder presenting with red scaly plaques, with sharply defined borders. Among *Shodhana, Virechana Karma* is commonly advocated in the management of Psoriasis as it helps in correcting the basic pathogenic factors viz *Pitta, Rakta*. While analyzing various research outcomes it seems that *Virechana Karma* plays an important role in the prevention and cure of psoriasis Hence this study was taken up and the Yoga selected for the study was *Sukha Virechana Yoga* from *Ashtanga Sangraha Kalpa*

Sthana Virechanokalponaam Dwitiya Adhyaya, which contains *Eranda Taila, Trikatu, Kushta Churna* with *Sukhoshna Jala* as *Anupana* - acts as a *Deepaniya, Pachaniya, Rechana, Kandughna, Kushtaghna, Raktashodhaka, Srothoshodhana, Krimighna, Amashodhana, Lekhana*, etc. Hence *Virechana* with *Sukha Virechana Yoga* proves to be effective in the management of Psoriasis.

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