

# A Comparative Study Of Two Virechana Yoga In The Management Of Eka Kustha (Psoriasis)

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## Abstract

Ayurveda is the only medical science which teaches 'The understanding of life'. The word kushtha is a term as a broad spectrum entirely which covers almost all the skin diseases of modern science. Therefore only after finding origin, pathogenesis, dosh prominence and nature of disease treatment can be started. So, avoiding further controversy at present we are considering psoriasis as Ekakushtha. As nobody has done comparative study of virechan karma with two different yoga 20 patients under trial were subdivided into Group I & Group II (each 10 patients) to compare the effects of both Virechana yoga. Group I: Virechana karma with Ichhabhedi ras and Group II : Virechana karma with Trivritadi churna. Difference in results in both group were statistically significant with Effect on ASWEDAN in group I was 100%. In Group I Effect on MATSYASHAKALOPAM was giving 86.20% relief. In VARNA Group II was giving 65% relief. Effect on PIDIKA In Group II was 100%. In Group I Effect on KANDU shows relief of 83.33%, Effect in group I showed improvement of 100% on VEDANA, Effect in group I on RUKSHTA was 95.65% . In case of VATA dushti, group I showed relief of 90.32%, which is also highly significant at  $P < 0.001$ . while In PITTA prakopa second Group showed improvement of 83.90% . In KAPHA dushti, relief of Group II therapy is providing relief of 91.32%. In Srotodushti group I on RASVAHA showed 85.74% relief and In case of SWEDAVAHA 72.22% relief was obtained in group I. Same way in case of RAKTAVAHA in group II 85.74% relief was achieved. In MANSAVAHA 81.74% relief was seen in Group II. Better result in group with Ichhabhedi ras is because eka kustha is tridosh vyadhi with prominent vata kapha dosha and Ichhabhedi ras is having effect on vata kapha dosha. If we see individual symptoms, patient in group two shows more improvement in symptoms due to kapha pitta dosha.

## INTRODUCTION

Ayurveda is the only medical science which teaches 'The understanding of life'. Ayurveda has given some rules of life which every one should follow to be healthy - physically and mentally, but now a days life style is changed. People have changed their life style as per so called western life style and forgotten the importance of Dinchrya, Rutucharya, Acharrsayana etc<sup>1,2,3</sup>. Instead of following this rules people have accepted the western life style which facilitate all causes for certain today's major disease, especially for skin diseases as irregular food intake – Akal bhojan, overeating - Adhyashan , junk food and miscombination of food – virrudh ahar, spicy - oily food – usnatisna ahar , stale food – paryusit ahar etc., There is no balance of sleep and lack of exercise. These all factors play important role in raktadusti & dhosh vrudhhi. Which leads to skin disease especially KUSTHA 4,5,6,7.

Among all skin diseases, 'PSORIASIS' ( named in modern science) , is a very distressing disease both for the patients

and physicians because of its pathogenic mechanism. The etiology is still undetectable. In modern science psoriasis is described as a psychosomatic disorder. In 10 to 30 percent cases it is found in more than one member in the family. It can occur at almost at any age and involves both the sex equally. Psoriasis now a days become more problem among people. It is a common, chronic, recurrent inflammatory disease of skin<sup>8</sup>.

Ayurveda texts provide no straight way references toward any diseases which can be totally termed as psoriasis. Because there are many contra verses for nomenclature of psoriasis according to ayurved. Only by comparative study of symptoms and ayurvedic principle many scholars had tried to compare with Ekakushtha/Kitibh/ charmdal etc., in fact nothing could be concluded till date<sup>9,10</sup>.

The word kushtha is a term as a broad spectrum entirely which covers almost all the skin diseases of modern science. Therefore only after finding origin , pathogenesis, dosh prominence and nature of disease treatment can be started.

So, avoiding further controversy at present we are considering psoriasis as Ekakushtha.

Study says that Ekakushtha is a Kshudrakushtha, which have vata kapha dosha dominancy. Though it is a part of kushtha. We can say it is a tridoshaj vyadhi. In classics kushtha is also described as Raktapradoshaja vyadhi 11,12

In ayurvedic epics Panchkrma therapy (sodhan therapy ) has chief dominance. Disease manage by panchkrma are rarely reoccur<sup>13</sup> and enhance prophylactic action as almost all skin disease are raktpardosaj and sodhan sadhya vyadhi. The line of treatment of raktapradoshaja vyadhi is Virechana<sup>14</sup>. Acharya indicates shodhan chikitsa in bahu doshaja state and Virechana karma , part of pancha karma, is directly indicated in kushtha<sup>15</sup>. So we can say that Virechana is a proper treatment for Ekakushtha<sup>16,17</sup>

In this subject of “Psoriasis”, work has been done previously with vaman karm purvak saman chikitsa, virechan karm purvak saman chikitsa etc. As nobody has done comparative study of virechan karma with two different yoga so the main object of this study is to observe the result and efficacy of virechan karma with two different yoga in the psoriasis. I have done the study with keeping in mind following aims and objectives.

### **AIMS AND OBJECTIVES**

To study the etiology, pathology, symptometology and the progress of the disease i.e. nidhan panchak and dhosh vrudhhi, according to ayurvedic science as well as modern science.

To assess the efficacy of shodhn karma (virechan karma) in management of Psoriasis.

To compare the efficacy of both virechan yoga.

To find out a safe and complete better remedy in this diseases.

### **MATERIAL & METHODS**

#### **CRITERIA OF PATIENT SELECTION**

Patients will be selected irrespective of Age, Sex, Caste, Religion & Profession from O.P.D. & I.P.D. of Govt. Akhandanand Ayurved College - Hospital, Ahmedabad. And Government Shrimati Maniben Ayurved Hospital, Ahmedabad. And then they will be randomly grouped for the Study.

### **DIAGNOSTIC CRITERIA**

The parameters of diagnosis would be on the platform of Ayurveda as well as Allopathy.

History: An extensive temporal profile (Performa) compiled on the basis of Ayurveda and modern science with detailed clinical history & examination. It is prepared to assess the mode of onset & progress of disease.

Investigation: like Blood for Hb% , TLC ,DLC, ESR, Blood sugar, Serum Cholesterol, Stool – Routine and Microscopic, Urine - Routine and Microscopic, Skin Biopsy -( If necessary & possible )

Exclusion Criteria : The patients less than 16 years and above 70 years of age, Disease like Diabetes Mellitus, cancer, AIDS, Tuberculosis and other complicated or systemic disorders.

All the patients coming in the O.P.D. & I.P.D. of Govt. Akhandanand Ayurvedic Hospital were randomly divided into two groups. Prior to that the patients were subjected to various investigations. A detailed proforma specially prepared for this purpose was filled. 20 patients under trial were subdivided into Group I & Group II (each 10 patients) to compare the effects of both Virechana yoga. The management plan was as here in under.

Group I : Virechana karma with Ichhabhedi ras<sup>18</sup>

Drug: 1.Trikatu Churna :3gm/t.d.s.(3 days). 2.Tiktashatpalak Ghrita<sup>19</sup>: In vardhmankraa according to koshtha & agni 3 to 9 days). 3.Ichhabhedi ras:125mg to 1gm. (as per koshtha) for 8 weeks.

Group II : Virechana karma with Trivritadi churna<sup>20</sup>

Drug: 1.Trikatu Churna :3gm/t.d.s.(3 days). 2 Tiktashatpalak Ghrita: In vardhmankraa according to koshtha & agni (3 to 9 days). 3 Trivritadi churna. :1 to 10gm. (as per koshtha) for 8 weeks.

In both the group virechana was done by classical panchkarma steps, i.e. Purvakarma followed by Pradhankarma and Paschat karma <sup>21</sup>

### **FINDINGS**

Age: Higher incidence of Eka Kushtha was reported in the age group of 41-60 years, the reason may be due to exposure to external environment, gradual declining of the immunity, house hold tensions & irregular dietatic habits.

**Sex:** Higher incidence was found in males (60%) when compared to females, since they are more tense, contacts more with pollution, irritant substances.

**Religion:** In the study, 85% of Hindus were afflicted. The reason may be due to presence of more hindu population who had afflicted with Ekakushtha.

**Education:** Majority of the patients were completed primary education (50%) even post graduates were also afflicted (30%). Uneducated were 20% in the study. Hence cannot predict relation of disease with education.

**Occupation:** 65% were doing service, 25% of patients were engaged in house works, & 10% of bussinusmaen. it can be said that those with outer side activities had more incidence since there may be contacts with causative factors.

**Marital status:** In present study 85% of the patients were belonging to married group. From this no specific cause can be interpreted.

**Socio-economic status:** 100% were belonging to middle class family. Since there was maintenance of hygienic condition, even then incidence of middle class people are more. It may have relation with stressful environment at workplace or in the family as well as due to poor nutrition with poor immunity<sup>22</sup>.

**Habitat:** Majority (86.66%) were belonged to urban area. This may be responsible for disturbance in healthy state of skin.

**Dietary habits:** 80% were vegetarians, even then there may be intake of more madhura rasa, amla ras & lavana rasa, possibility of viruddahara, apathy can be taken as a reason. 90% of patients were following regular dietary habits & majority 76.66% were consuming excess of katu ahara which helps in rakta & pitta prakopa<sup>23</sup>. 80% of patients were also taking ushna gunayukta ahara which is the causative factor of Kushtha. The data of nature of diet reveals that 90% were taking samashana<sup>23</sup>, the reason may be that due to reduced immunity, the apathya may have induced the disease.

**Supplementary diet:** 90% were taking tea only, which hampers the process of digestion.

**Agni:** Higher incidence of Visamagni (40%) was found, this will support the cause for disease<sup>25</sup>.

**Kostha:** Study shows 70% with madhyama kostha. No

decisions can be drawn.

**Prakriti:** Higher incidence was found in patients with vata pitta prakriti. Hence these prakriti patients were more prone to the disease.

**Manasika prakriti:** Study predicted highest involvement of raja prakriti (70%) wherein it co-existed with shareerika prakriti in creating a disease.

**Chronicity:** The data of chronicity among 20 patients reveals that majority (50%) were suffering from the disease since <1 yrs. In Eka Kushtha, tiryak dosha gati was found, hence patients were afflicted for a long period & is said to be chirakari vyadhi. Since in due course the skin immunity was lost & even with little insult to the body, exacerbations & remission character was found leading to chronic persistent nature of the disease.

**Precipitating factors according to season & other factors:** Majority of the patients i.e. 80% had aggravation during winter season & 20% in summer season. The disease has direct relation with the season, wherein the dry atmosphere aggravates cracking of the skin & reduces the immunity of skin. There will be predominance of kapha during winter again predisposes to the condition. Seasonal aggravation may be due to predominance of dosha<sup>23</sup>.

### **EFFECT OF BOTH THERAPIES ON SYMPTOMATOLOGY**

#### **EFFECT ON ASWEDAN**

Effect on ASWEDAN in group I was 100% which is statistically not significant at  $P > 0.10$ .

Aswedan is caused by the Kapha by obstruction of Swedavahi srotas. Due to Virechanan Karma the Shodhan process begins, so every Sthoola & sukshma srotas were become purified<sup>24</sup>. Thus, this symptomp is relived. These symptoms were present in group I only. There was no patient in group II with this symptom.

#### **EFFECT ON MATSYASHAKALOPAM (TWKTDALAN -SCALLING)**

In Group I Effect was giving 86.20% relief, statistically which is highly significant at  $P < 0.01$ , while in Group II effect of Virichan with Trivritadi churna was providing 87.5% relief which showed highly significant improvement at  $P < 0.001$ .

This symptoms is considered as prtyamata lakshnna of psoriasis. According to Ayurveda this symptoms arises due

to pitta pradhana tridosha, while modern science says that scalling is caused due to accelerated proliferation of keratinocyte & disturbed epidermal maturation<sup>25</sup>. Shodhan therapy checks the vitiation of tridosha & due to Virechana karma the process of purifying vitiated status and increase of their dhatvagni were taken place<sup>26</sup>.

In present study it is observed that better result were obtained in group II, because Trivritadi churna has major action on pitta- kapha dosha.

### **EFFECT ON VARNA**

In Group I Effect on VARNA was 64%. which is statistically highly significant at  $P < 0.001$ , while in Group II 65% relief obtained which is statistically highly significant at  $P < 0.001$ .

The color of the skin is dependent chiefly on the bhrajaka pitta, rash and rakta dhatu. Vitiation of these dosha and dushya can cause twakvaivarna. Virechana is a treatment of choice for elimination of vitiated pitta<sup>27</sup>.

In present study 1% better result were obtained in group II, because Trivritadi churna has major action on pitta- kapha dosha.

### **EFFECT ON PIDIKA**

Group I patient Effect was 80%, which is statistically significant at  $P < 0.05$ . In Group II 100% relief observed but it is statistically not significant at  $P < 0.10$ .

Pidika is caused by vitiation of kapha dosha. In present study better result was observed in group II but result is statistically not significant, while statistically significant result was observed in group I with icchabadi ras as it act on kapha dosha. 28

### **EFFECT ON KANDU**

In Group I Effect of Virechana with Icchabhedi ras on kandu shows relief of 83.33%, which is highly significant at  $P < 0.01$ , while in Group II relief of 58.82% seen, which is statistically highly significant at  $P < 0.01$ .

Kandu is caused by kapha prakopa and rasarakta dusti<sup>29</sup>, due to Virechana therapy removal of excess kapha is done and normal function of dhatu poshan is observed.

In our study better result was observed in group I with Icchabhedi ras which shows effect of Icchabhedi ras on kapha as well as on vata in Eka Kustha which has vata-kapha dominance.

### **EFFECT ON DAH**

Therapy in Group I showed 92.85% relief with statistically significant result at  $P < 0.05$ , while therapy in Group II giving relief of 100%, but it is statistically not significant at  $P < 0.10$ .

Daha is caused by vitiation of pitta dosha. Virechana is specially indicated for elimination of vitiated pitta from the body and as Trivritadi churna<sup>30</sup> is also having effect on pitta dosh, better result was observed in group II but result is statistically not significant.

### **EFFECT ON VEDANA**

Effect of Virechana with Icchabhedi ras showed a non significant 'P' value with improvement of 100%, while in Group II relief of 62.5% observed which is also statistically not significant at  $P < 0.10$ .

Vedana is caused by vitiation of vata dosha. Virechana is not a choice of treatment for vata, though it eliminates vata as said in samyak Virechana laksan<sup>31</sup> (KRAMAT VITA PITTA KAPHA ANILA), which may be a cause of non-significant result in both groups in present study.

### **EFFECT ON RUKSHTA**

Effect of Virechana with Icchabhedi ras was 95.65% which is statistically significant at  $P < 0.01$ , while in other group 87.5% relief was seen with statistically highly significant result at  $P < 0.05$ .

Rukshta is caused by vata vaigunya. In Virechana karma, snehpan karma (as a part of purva karma) with Tiktashatpala ghrita was done. Relief in this symptom was noted because of the snigdha guna of Tiktashatpala ghrita<sup>32</sup>. Improvement in rukshta indicates that ghrita has reached to ras dhatu.

In present study better result was observed in group I which is due to effect of Icchabhedi ras on vata dosh.

### **EFFECT ON DOSHA DUSHTI**

In case of vata dushti, group I showed relief of 90.32%, which is also highly significant at  $P < 0.001$  and in Group II 68.70% relief was seen which is also statistically highly significant at  $P < 0.001$ .

Prior to the Virechana karma snehan with Tiktashatpala ghrita was given in increased dose. By the property of snigdha guna it diminishes vitiated vata. Virechana process does the Anulomana of vata.

In Pitta prakopa, in patients receiving Icchabhedi ras showed highly significant relief<sup>33</sup> of 69.23% with  $P < 0.001$ , While in

second Group improvement of 83.90% seen with a highly significance level at  $P < 0.001$

Virechana is a karma of choice for removal of pitta dosha of body and in this study better result was seen in group II with trivratadi churna which is heaving more effect on pitta than Icchabhedi ras<sup>34</sup>.

In kapha dushti, relief of 83.87% seen in group I, result is highly significant at  $P < 0.001$ . While in Group II therapy is providing relief of 91.32%, with highly significant at  $P < 0.001$ .

Virechana karma is indicated for pitta dosha, pitta samsruta kapha and pitta sthangata kapha. Thus, Virechana helps to relive the kapha dusti lakshana. Virechana also checks dhatu poshana process by increasing the dhatvagni<sup>35</sup>. Kapha is also mentioned as the mal of rash dhatu, due to virechana the proper function of ras dhatvagni occurs and excess production of kapha decreases.

### **EFFECT ON SROTODUSHTI**

Effect of therapy in both group were statistically highly significant at  $P < 0.001$ .

In Group with Icchabhedi rash, In Rasvaha srotodushti there were 85.74% relief, while in group II relief of 42.22% was observed.

Same way in case of Raktavaha srotodushti 75% relief was seen and in other group 85.74% relief was achieved. 68.18% relief in Mansavaha srotodushti was seen in group I and 81.74% relief was seen in Group II.

In case of Swedavaha srotodushti lakshanas 72.22% relief was obtained in group I and 68.38% relief in group II.

Virechana karma is indicated in the srotodushti of rasvaha, raktavaha, mansavaha as well as vyadhis of that dhatu. Virechana checks improper jatharagni and dhatvagni vyapar so, after virechana jatharagni and dhatvagni increases.

**EFFECT ON CLINICAL SIGNS:** 25 % relief was found in Auspitz sign and in Candle grease sign.

Auspitz sign caused by dermal papillary dilatation. According to Ayurveda it is due to vitiated pitta dosha and raktadushti. With the virtue of virachen this symptoms was relived.

According to Ayurveda the probable cause of candle grease

sign is vata kapha dosha and raktadhatu. Virechana is chiefly indicated for pitta dosha but it also removes vitiated vata and kapha dosha.

### **OVERALL EFFECT OF THERAPY**

In Group I, 8 subjects attained Marked Improvement i.e. 80% Moderate Improvement was found in 1 patients i.e. 10% where as Mild Improvement was observed in 1 patients i.e. 10%. No one was observed to have no response towards therapy .

In Group II, 6 patients i.e. 60% showed Marked Improvement. Moderate Improvement was seen in 4 patients i.e. 40%. No one was observed to have Mild Improvement & No Response.

Overall result of both groups indicate that virechan is heaving promising result in case of eak Kushtha. Better result in group with Icchabhedi ras is because eak kusth is tridosh vyadhi with prominent vata kapha dosha and Icchabhedi ras is heaving effect on vata kapha dosha. If we see individual symptoms, patient in group two shows more improvement in symptoms due to kapha pitta dosha, as thTrivritadi churna is heving more effect on kapha pitta dosha.

### **CONCLUSION**

Higher incidence of Eka Kushtha was reported in the age group of 41-60 years.

Higher incidence was found in males (60%) when compared to females.

Effect on ASWEDAN in group I was 100%.

In Group I Effect on MATSYASHAKALOPAM was giving 86.20% relief.

In VARNA Group II was giving 65% relief.

Effect on PIDIKA In Group II was 100% .

In Group I Effect on KANDU shows relief of 83.33%,

Effect in group I showed improvement of 100% on VEDANA,

Effect in group I on RUKSHTA was 95.65% .

In case of VATA dushti, group I showed relief of 90.32%, which is also highly significant at  $P < 0.001$ . while In PITTA prakopa second Group showed improvement of 83.90% . In KAPHA dushti, relief of Group II therapy is providing relief

of 91.32%.

In Srotodushti group I on RASVAHA showed 85.74% relief and In case of SWEDAVAHA 72.22% relief was obtained in group I. Same way in case of RAKTAVAHA in group II 85.74% relief was achieved. In MANSAVAHA 81.74% relief was seen in Group II.

In Group I, 8 subjects attained Marked Improvement i.e. 80% In Group II, 6 patients i.e. 60% showed Marked Improvement.

Overall results of both groups indicate that virechan is having promising result in case of eka Kustha. Better result in group with Icchabhedi ras is because eka kustha is tridosh vyadhi with prominent vata kapha dosha and Icchabhedi ras is having effect on vata kapha dosha. If we see individual symptoms, patient in group two shows more improvement in symptoms due to kapha pitta dosha.

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