A Clinical study of Virechana Karma and Jaloukavacharana (Leech Therapy) in Ekakushtha w.s.r. to Psoriasis

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ABSTRACT
Psoriasis is a disease which affects the skin and joints. It commonly causes red scaly patches to appear on the skin. Psoriasis is a papulosquamous disorder of the skin, characterized by sharply defined erythematousquamous lesions. They vary in size from pinpoint to large plaques. The scaly patches caused by psoriasis, called psoriatic plaque. Psoriasis is hypothesized to be immune-mediated and is not contagious. The disorder is a chronic recurring condition which varies in severity from minor localized patches to complete body coverage. The cause of psoriasis is not known, but it is believed to have a genetic component. Several factors are thought to aggravate psoriasis. These include stress, excessive alcohol consumption, and smoking. Individuals with psoriasis may suffer from depression and loss of self-esteem. Due to chronic recurrent nature psoriasis is a challenge to treat. Ekakushtha (Psoriasis) is a kshudrakushtha, vata-kapha predominant disease, Aswedanam, Mahavastum, Matsya shakalopamam, Krishna Aruna Vrana is the typical sign and symptoms which described under Kushtha Rogas. The study is carried out as a comparative study of Virechana and Jaloukavacharan. In this Group (Group–A), Virechana was given to the patients. Total 60 patients were registered out of which 9 were Drop out. In this Group (Group–B), patients were taken for Jaloukavacharna (Leech Therapy) four sitting in seven days interval for 28 days. Total 57 patients were registered out of which 7 were Drop out.

Keywords: Ekakushtha, Psoriasis, Virechana, Jaloukavacharan, Leech Therapy.

INTRODUCTION
The word “Kushtha” is derived from - ‘Kus nishkarshane’ + ‘Kta’ which implies ‘to destroy’, ‘to scrap out’ or to deform, by adding the suffix ‘kta’ which stands for firmness or certainty. Thus the word kushtha means that which destroys with certainty. None of the standard texts had mentioned specific etimology of Ekakushtha. Only in Bhavprakash, it has been commented that Ekakushtha has been named so, to stress its importance among ksudra kushtha. All kushthas have Tridoshika involvement. It is Vata-kapha predominant disease. So the etiology of Ekakushtha can be understood on the basis of general etiology of Kushtha. Ayurvedic texts have described samanya nidana for all types of Kushtha instead of specific nidanas for any particular type of Kushtha. Thus nidanas can be categorized as follows:-
1. Aharaja – diet and dietetic pattern
2. Viharaja – faulty lifestyle
3. Miscellaneous
In the present study, Ekakushtha is compared with psoriasis due to its maximum resemblance with it. Psoriasis is the oldest recorded skin disease. It is one of the most intriguing and perplexing disorder of skin. It is a papulosquamous disorder of the skin, characterized by sharply defined erythematousquamous lesions. It is notoriously chronic and is well known for its course of remission and exacerbation. The exact etiology is still unknown. It tends to run in families and is precipitated by climate, Streptococcal infections, etc. Psoriasis appears to be largely a disorder of keratinization. Male and female are equally predisposed and all age groups are affected. Psychological stress is emphasized as one of the major triggering factor in the exabration of the disease. Modern medical science treats psoriasis with PUVA and corticosteroids. But the therapy gives serious side effects like liver and kidney failure, bone marrow depletion etc. Hence it is the need of time to find out safe and effective medicine for Psoriasis and here comes the role of Ayurveda. Acharya Charak has highlighted the role of Panchakarma therapy by stating that the disease treated by Shodhana will never recur whereas the treatment with Shamana therapy may recur in due course of time. External Application (Jivantyadi yamak) of drugs is applied after taking the proper course of Shodhana then the disease (psoriasis) completely. Ekakushtha is a Vata-kapha predominant disease and pitta is associated dosha. For elimination of kapha dosha,
Vamana is the line of treatment. Snehana (Sarpipana) suppress vata dosha. For elimination of Pitta dosha, Virechana is the line of treatment. Elimination of Vata dosha, by internal Snehana (Sarpipana), is the line of treatment. Because all kushthas are tridoshaja, Sarpī suppress Vata Dosha; Virechana and Raktabhatkamokshyana eliminate Pitta dosha and Vamana eliminates Kapha dosha.

AIMS AND OBJECTIVES:
The study was designed with the following aims and objectives:
- To assess the efficacy of Virechana in Ekakushtha.
- To assess the efficacy of Jaloukavacharana in Ekakushtha.
- To compare the efficacy of Jaloukavacharana and Virechana in Ekakushtha.

MATERIALS AND METHODS:
The patients, having classical signs and symptoms of Ekakushtha (Psoriasis), were selected from the O.P.D. of Dept. of Panchakarma of I.P.G.T. and R.A., G.A.U., Jamnagar, hospital.

A special Forme includes all the aetiological factors of Kushtha with dushti laskhanas of Dosha, Dushya, and Srotas etc. were made for assessing all the patients. The patients were thoroughly questioned and examined on the basis of proforma and clinical tests like Auspitzsigns; candle grease signs etc. were carried out to confirm the diagnosis.

GROUPING:
Group – A: In this Group Virechana was given to the patients. Total 60 patients were registered out of which 9 were Drop out.

Group – B: In this Group patients were taken for Jaloukavacharana (Leech Therapy) four sitting in seven days interval for 28 days. Total 57 patients were registered out of which 7 were Drop out.

CRITERIA FOR ASSESSMENT:
The assessment was done on improvement in signs and symptoms with the help of suitable scoring method.

Criteria for the assessment of overall effect of the therapies:
The total effect of the therapy was assessed considering the over all improvement in signs and symptoms. For this purpose, following categories were maintained.
1) Complete remission: 100% relief in the signs and symptoms were considered as complete remission.
2) Marked improvement: 75%- 99% relief in the signs and symptoms were considered as markedly improvement.
3) Moderate Improvement: 50%- 74% relief in the signs and symptoms were considered as moderate improvement.

4) Mild Improvement: 25%- 49% relief in the signs and symptoms were considered as mild improvement.
5) Unchanged: Below 0%-24% relief in the signs and symptoms were considered as unchanged.

OBSERVATIONS:
Total 117 Patients were registered in both Group, out of which 101 Patients were completed their treatment, 16 patients were drop out. Maximum 29.05% belonged to age group of 51-60 years and Maximum number of patients i.e. 65.81% was male. Maximum number of patients (93.16% patients) was Hindu according to religion. Maximum number of patients (22.86% patients) was housewives and Farmers. Maximum according to Education 36.75% of the patients were High School standard. Maximum 78.63% of the patients were married; maximum of the patients 46.15 % belonged to middle class. Maximum 88.03% patients were from Jangala most of the patients affect psoriasis in urban area (60%) and (39%) in rural area. Maximum 67.52% patients have suffered Plaque variety of psoriasis; Maximum patients (78.63%) of this series were vegetarian. Maximum patients 51.42% were doing Samashana and 96.58% patients were addicted to tea. Maximum (48.71 %) were vata-kapha prakrati. Maximum (84.61%) of Patients have seen Rajasika prakriti. Maximum 94.87% patients of this research were of Madhyama Samhana.

Maximum 67.52% patients of this experiment were Madhyama Satmya. Maximum 56.41% patients were of Avara Satva, Maximum number of Patients of the research. Maximum 86.32% were Madhyama Ahara Shakti and maximum patients were Avara Vyayamashakti (66.66%), Maximum (92.30%) were madhyama jarana shakti, Maximum number of patients of this research work were Madhyama vaya (56.41%), Maximum numbers of patients of this experiment (68.37%) were Regular bowel habit. Maximum 47% patients were of Samaagni, Maximum numbers of patients of this research were Krura Koshta (47.00%), Most of the patients (65.81%) were disturbed sleep and Dreams, the dominance of Rasa in the diet of the patients of this experiment was Madhura (68.37%), Maximum (12.82 %) was taken Milk+fish, Chinta was the Manasika Nidana reported by 90.5% patients, Maximum number of patients (61.53%) was tensile, Maximum (95.73%) Patients were negative family history, Maximum patients(34.18%) were suffering from the disease in chronic condition (> 10 year), (93.16%) patients had previously undergone allopathic therapy, Aggravating season of the maximum patients (99.14%) was winter, maximum number of the patients of this research 67.52% were plaque type of psoriasis, Itching was found in maximum (99.14%) patients, Nidranasha was present in
maximum (64.95%) patients, Candle grease sign was found in 99.14% patients, Most prominent precipitating factors were reported by the patient’s emotional stress (90.59%), As regards the lesions and involvement of sides it was observed that almost all the patients (83.73%) have lesion in Lower extremities, Maximum number of patients 37.60 % were affected with an area (30-49%) Grade-3, Maximum number of patients 96.58 % had lesion in Exposed area, Maximum numbers of patients (75.21 %) were symmetrical pattern of lesions, Maximum 95.72% of patients were Plaque verity, The color of lesion found in most of the patients 58.97 % was Red, 90.59% Patients were found Normal Sensation. Maximum (96.58%) patients were Erythematic. 96.58% patients were normal temperature in their lesion. Maximum (90.59%) Psoriasis patients were accompanying with Emotional Stress, Maximum (87.5%) reported regular menstrual history followed by 32.45% patients were taken contraceptive pills, The average Sneha Matra of all the virechana patients i.e. Minimum matra of snehana is 31.96 ml, In the virechana patients, 47.05% of patients were taken snehapana for 5 days, in virechana patients, maximum 11.41 hours average for digestion of sneha, 41.17% patients were reported that vatanulomya found in 4th day of snehapana, It have observed that 13.72% of patients were complained vomiting after administration of Virechana,100% patients were found langiki sudhiiit shows that maximum 68.62% patients were taken 5 days Sansarjana krama, The total time taken for virechana karma average 8.43 hours, In maximum number of patients (68.62%) were seen Madhyam suddhi, Maximum (37.25%) of patients reported that first virechana vega comes after 31-40 minutes, In the Jaloukavacharana, it have observed that 64% of jalouka were taken 41-50 minutes to suck blood on the affected areas, In the jaloukavacharana group 12% of patients were complained with symptoms fever and redness with pain in the leech applied areas, Maximum 66% of Jalouka suck average blood 6- 10 ml, 4-6 number of Jalouka were applied in 60 % of patients.

RESULT:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Group A (Virechana)</th>
<th>Group B (Jaloukavacharana)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scaling</td>
<td>58.97%</td>
<td>48.30%</td>
</tr>
<tr>
<td>Itching</td>
<td>64.10%</td>
<td>59.25%</td>
</tr>
<tr>
<td>Mandala</td>
<td>54.90%</td>
<td>42.75%</td>
</tr>
<tr>
<td>Epidermal Thickening</td>
<td>48.45%</td>
<td>57.39%</td>
</tr>
<tr>
<td>Aswedana</td>
<td>50%</td>
<td>34.21%</td>
</tr>
<tr>
<td>Dryness</td>
<td>54.70%</td>
<td>41%</td>
</tr>
<tr>
<td>Burning Sensation</td>
<td>60.80%</td>
<td>55.20%</td>
</tr>
<tr>
<td>Srava</td>
<td>82.35%</td>
<td>75%</td>
</tr>
<tr>
<td>Unnati</td>
<td>43.13%</td>
<td>60%</td>
</tr>
<tr>
<td>Sleep</td>
<td>62.12%</td>
<td>40%</td>
</tr>
<tr>
<td>Joint Involvement</td>
<td>53%</td>
<td>-</td>
</tr>
<tr>
<td>Auspitz Sign</td>
<td>49.48%</td>
<td>50%</td>
</tr>
<tr>
<td>Candlegrease Sign</td>
<td>55.55%</td>
<td>50%</td>
</tr>
<tr>
<td>Kobener’s Phenomenon</td>
<td>45%</td>
<td>45.45%</td>
</tr>
</tbody>
</table>

Complete remission was found in 0 % in group A (Virechana Group) and group B (Jaloukavacharana). Marked improvement was found in 13.72% patients in group A (Virechana Group), in 2% patients in Group B (Jaloukavacharana Group). Moderate Improvement was found in 60.78% patients in group A (Virechana Group), in 38% patients in Group B (Jaloukavacharana Group). Mild Improvement was found in 25.49% patients in Group A (Virechana Group), 60% patients in Group B (Jaloukavacharana Group), No patients remained unchanged in Group A (Virechana Group) and Group B (Jaloukavacharana Group).

DISCUSSION:

Disease:

Ekakushtha is a type of kshudra kushta which comes under umbrella of kushtha. All Acharya obeys that it is a variety kshudra kushta. Ekakushtha is vata-kapha predominance Tridoshaja Vyadhi according to Charak. Ekakushtha is comparing as psoriasis due to most of the symptoms of Ekakushtha resembles like psoriasis, i.e. Matschyasahakolopamam (Scaling), Mandala (plaque) Aswedana. Many Acharyas, or in some thesis, obeys that Kitibha is psoriasis. But most of cardinal symptoms of
Psoriasis is a disease which affects the skin and joints. Psoriasis is hypothesized to be immune-mediated and is not contagious. The cause of psoriasis is not known, but it is believed to have a genetic component. Several factors are thought to aggravate psoriasis. These include stress, excessive alcohol consumption, and smoking. Individuals with psoriasis may suffer from depression and loss of self-esteem. The prevalence of psoriasis in Western populations is estimated to be around 2-3%. A survey conducted by the National Psoriasis Foundation found a prevalence of 2.1% among adult Americans.

Discussion on Vamana, Virechana Karma and Drug under trial:
The study has taken a comparative study of vamana and Virechana in Ekakushtha. First line of treatment of Ekakushtha in Purvarupa Avastha is Udbhayatah Samshodhana.

Specific Treatment of Ekakushtha - If Kushtha is Vata predominant---Sarpipana.
Kapha predominant----Vamana.
Pitta predominant----Rakta Mokshana or Virechana.

1. Purva karma (Amadosha Nashaka):
   - Dipana pacchana(Chitrakadi vati, Trikatu churna) mainly amadosa nasakaand agni vardhaka
   - Snehapana mainly Vata samaka, daha samaka, Decreases scaling and dryness
   - Abhyanga mainly Decreases dryness and scaling.
   - Sarvanga sweda decreases obstruction and increases swedana (Shrotasodhaka).

2. Pradhana Karma (Kapha – Pittanashaka)
   (A) Virechana
      - Virechana mainly pittadoshanashaka property it also suppress vata and kapha dosa.
   (B) Jaloukavacharana
      - Virechana is mainly pittadoshanashaka.

3. Paschata karma (Agni Dipana and increase immunity)
   - Sansarjana karma mainly Agni Dipaka.
   - Rasayana therapy increases immunity.

Clinical study:
(A) Observations: Maximum number of patients i.e. 93.16% patients were Hindu, It can be predicated from this observation because it is the demographic area which plays major role in it. Maximum number of patients i.e. 22.86% patients were housewives and farmers. Modern medical science clearly mentions the stressful condition aggravates the disease in farmers (for bread and butter) and house wives (family burden) and stressful condition which can be observed here. Maximum i.e. 36.75% of the patients were High School standard. It indicates that High School standard patients are more stressful in condition due to unemployment and search for job for his familiar life. Maximum number (78.63%) of the patients was married because after marriage mental stress, disturbance in Ahara and Vihara occurs which may lead to a cause of psoriasis. The results of the present study showed that most of the patients (46.15 %) belonged to middle class and 36.75% Patients were selected from government hospital which provides free medication and Stress is usually present in the patients of lower middle and middle class group.
Maximum number of patients (60%) were affected with psoriasis from urban Sedentary life style, fast food and mental stress generally found more in urban people as compared to rural one and urban area are usually self conscious about their health and seek medical advice in comparison with that from rural area. Maximum patients (78.63%) were vegetarian. It is due to in Gujarat maximum percentages of people are vegetarian for ritual beliefs. Maximum (88.03%) patients were from Jangala, it is due to Climatic predominant of this area. Generally Vata Dosha is more dominant in Jangala Desha and may lead to increase Rukshata and Kharata of the skin. It leads to increased Kandu. Maximum patient’s (51.42%) were habituated with Samashana, and Maximum (96.58%) patients were addicted to tea, smoking (49.57%). According to Modern science, Cigarette smokers are more prone towards chronic plaque psoriasis. Alcohol is considered a risk factor for psoriasis, particularly in young to middle-aged males. So, patients should be prevented from addiction. Maximum patients (48.71%) were vata-Kapha prakrati. According to Ayurveda, Ekakushtha (Psoriasis) is vata-kapha predominance. Maximum number (84.61%) of Patients has seen Rajasika prakriti. Rajasika manas prakriti patients are more unbearable to stress, anxiety and more emotional nature. Maximum (94.87%) patients were Madhyama Sara and Madhyama Samhanana. Maximum (56.41%) patients were of Avara Saktv. Psoriasis now a day’s considered as a psychosomatic disorder. Maximum number of patients (86.32 %) was having Madhyama Ahara Sakti. So, from this observation it have noted that due to social
unacceptance and anxiety of the patients, Patients are not work more, cover up to all his body parts and take average food for general life. Maximum numbers of patients (47%) were of Samagni, Here maximum patients are Samagni it indicates that maximum patients have good appetite. it has no influence on psoriasis. Maximum number of patients was Krura Koshtha (47%). Krura Koshtha creates Amadosha in all over the body. That’s why it aggravated the severity of the disease. Maximum numbers of patients were Madhyama vaya (56.41%). According to modern science this disease is mostly found in peak period 20-40 years. Most of the patients (65.81%) were sleep disturbed. Due to itching, burning sensation, mental stress and Rajasika Prakriti (vata predominant); sleep interrupted again and again, which may be enhances to the disease because it a psychosomatic disease as per modern science. Chinta was the Manasika Nidana reported by (90.2%) patients, according to Modern Science Psoriasis a Psychosomatic Disorder and mental stress, anxiety, and depression are the aggravating factor of psoriasis. Maximum numbers of patients i.e. 61.53% were tensile. This study indicates cyclic occurrence of tensile, sentimental and depression which creates the disease that it itself creates tensile, sentimental and depression. According to modern science these are the aggravating factor of the disease, Maximum (95.73%) Patients were negative family history. According to research survey done by National Psoriasis foundation, around one-third of people with Psoriasis report a family history of the disease, and it is genetic disorder (30%) where a gene called HLA-Cw6 has been linked. In Ayurveda, Acharya Sushruta has described Kushtha as Adibalaprawrta Vyadhi and Anuvansaparamparagata Roga. Maximum patients (34.18%) were suffering from the disease in chronic condition (> 10 year). According to Charaka and Susruta, Kushtha is Yapya vyadhi. Ekakushtha (psoriasis) is a Vata-kapha predominant disease; chronicity could be due to Kapha Dosha, Maximum (93.16%) patients had previously undergone allopathic therapy. It shows the chronic, relapsing and lifelong nature of the disease. The aggravating season of the maximum patients i.e. (99.14%) was winter. In winter there is dominancy of Kapha and Vata which causes increase pattern of Vatakapha Pradhana Vyadhi like psoriasis. Maximum number of the patients of this series i.e. (67.52%) was having plaque type of psoriasis. According to modern science, plaque is a common Variety of psoriasis. Itching was found in 99.14% patients while scaling in 96.58% patients. As Ekakushtha is a vata–kapha disorder, itching is due to kapha predominance of the disease, mandala is due to vata and pitta dominancy, Rukshyata is seems for involvement of vata and daha due to Pitta predominance. According to Ayurveda, it is a tridoshaja vyadhi with vata-kapha predominance. In view of associated symptoms, Nidranasha was present in 64.95% patients. From this observation it seems that due to itching and burning sensation, nidanasha occurs in most of the patients. Candlegrease sign and Auspitz sign was present in 99.14% patients. It indicates that these two signs are mostly present in psoriasis patients which are the diagnostic criteria for psoriasis. Maximum (88.03%) patients were reported gradual onset of their disease. Ekakushtha is a Vata-kapha predominant disease. Due to Manda guna of Kapha and Chala Guna of vata it spreads slowly most prominent precipitating factors reported by the patients were emotional stress (90.59%). So, emotional stress and climates are the aggravating factor of psoriasis which is already proves by modern science. It was observed that almost all the patients (83.73%) have lesion in Lower extremities. The average Sneha Matra of all the Virechana patients i.e. Minimum matra of snehana is 31.96ml. It is due to Avara satva of patients and bad palatability of ghee, patients were not taken more than average. In the Virechana patients, 47.05% of patients were taken snehapana for 5 days. Due to Avara satva of patients and bad palatability of ghee, patients were not taken more than average. It is observed that, 41.17% patients reported that vatanulomaya found in 4th day of snehapana. Snehavardgara is the earliest symptom because of it first goes to digestion. It have observed that 13.72% of patients were complained vomiting some times after administration of Virechana drug. Due to Tikshna, ushana guna and bad palatability of Virechana drugs creates Vomiting and burning sensation in the abdomen. 100% patients were found langika sudhi. After Virechana, maximum number of patients feels langika sudhi due to excretion of all dosha from the body. In maximum number of patients i.e. 68.62% had seen Madhyam sudhi. It may consider that due to maximum number of krura koshtha in the present study. In the Jaloukavacharana, it have observed that (64%) of Jalouka were taking 41-50 minutes to suck blood on the affected areas. The exact cause is unknown. Jalouka takes maximum time for blood suck due to seven days interval after one sitting and hungriness. In the Jaloukavacharana group, 12% of patients were complained with symptoms mild fever and redness with pain in the leech applied areas, it may be due to Secondary Infection by bacteria and other foreign organism in stool of Jalouka which also modern researcher confessed. 66% of Jalouka suck average blood 6-10 ml; actually the amount of blood suck per Jalouka is depend upon size (length and breadth) but

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in between (5-25ml) is the normal range according to modern science.

(B) Effect of Therapies:
- Complete remission was found in 0% in group A (Virechana) and group B (Jaloukavacharana).
- Marked improvement was found in 13.72% patients in group A (Virechana), in 2% patients in group B (Jaloukavacharana).
- Moderate Improvement was found in 60.78% patients in group A (Virechana), in 38% patients in Group B (Jaloukavacharana).
- Mild Improvement was found in 25.49% patients in Group A (Virechana), 60% patients in Group B (Jaloukavacharana).
- No patients remained unchanged in Group A (Virechana), and Group B (Jaloukavacharana).

Table 1: Overall effect of Therapies on 101 patients of psoriasis

<table>
<thead>
<tr>
<th>Result</th>
<th>Virechana (Group A)</th>
<th>%</th>
<th>Jaloukavacharana (Group B)</th>
<th>%</th>
<th>Total No. of patients</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete remission</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Marked improvement</td>
<td>07</td>
<td>13.72</td>
<td>01</td>
<td>2</td>
<td>08</td>
<td>7.92</td>
</tr>
<tr>
<td>Moderate Improvement</td>
<td>31</td>
<td>60.78</td>
<td>19</td>
<td>38</td>
<td>50</td>
<td>49.50</td>
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<tr>
<td>Mild Improvement</td>
<td>13</td>
<td>25.49</td>
<td>30</td>
<td>60</td>
<td>43</td>
<td>42.57</td>
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<td>Unchanged</td>
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<td>00</td>
<td>00</td>
<td>00</td>
</tr>
</tbody>
</table>

COMPARATIVE ANALYSIS OF EFFECT OF THERAPIES ON ALL SIGNS AND SYMPTOMS:
Maximum (54.90%) relief was found in Virechana Group while in Group B (42.75%) relief was found in the symptom of Mandala. Mandala is mainly associated with pitta dosha which eliminates from all over the body by internal Sodhana but in case of Jaloukavacharana it affected limited part of the body. Matsyashakolpamam was relieved by 55.97% in Group A followed by 42.75% in Group B. Matsyashakolpamam means fish like scales which is the characteristic feature of Ekakushtha. It occurs due to vitiated Vata which causes Rukshata and Kharata. By Snehana and Swedana, Vata Dosha and Kapha Dosha alleviates and decreases kharata and Rukshyata of skin consequently Mastyasakolapamam (Scaling) decreases. In Virechana Group, Aswedana was relieved by 50% whereas in Jaloukavacharana. In Virechana Group, the symptom was relieved by 60.82% while in Jaloukavacharana it was relieved by 55.22%. Daha is mainly due to Pitta Dosha Both Virechana and Jaloukavacharana specifically indicated for Pitta Dosha. Virechana Group have better result because of Pitta eliminates from all over the body as an internal procedure of sodhana. But in case of Jalouka, it eliminates from local parts i.e. 34% found relief. It occurs due to the obstruction of Swedovaha Srotas. Sanga in Swedabaha Srotos is due to Kapha Dosha which is relieved by Snehana, Swedana and Virechana by which all Doshas comes out from sakha to koshtha and all obstructed srotos became clear, that was relieved by 54.76%. In Jaloukavacharana Group relief was found 41.02%. Dryness of the skin is due to Vata Dosha. By Snehana and swedana, Vata Dosha alleviates and decreases kharata and rukshyata of skin. Maximum result was relieved 89.47% in Virechana Group and 59.25 % in Jaloukavacharana Group in Kandu. Kandu is a symptom mainly caused by vitiated Kapha dosha. Virechana is an internal Sodhana Procedure comprise snehana, swedana and Sansarjana Krama which Excretes tridosha and Destabilized to the obstruction of Srotas by Srotas. According to Vangasena, Virechana is specific treatment for tridosha involved diseases. But Jalouka acts locally by their bioactive substances of saliva. Improvement was found by 56.32% in Virechana Group, Followed by 49.48% in Jaloukavacharana Group. Auspitz sign Means superficial enlarge torturous artery which bleeds after scrap to scale of a psoriasis Patients. It mainly associated with pitta Dosha. Virechana Karma (Snehana, Abhyanga, Swedana and Virechana) nourish to the twacha to prevent frequent death of Cells, subsequently Capillary undergone of skin cells and swedana decreases enlargement of capillary cells and Skin cells. 55.55% relief was found in Virechana Group, followed by 50% in Jaloukavacharana Group. Candlegrease sign indicate extremely increasing Rukshyata and Kharata guna in twacha cause by Vata Dosha. In Virechana, Snehana (Abhyantar and Bahya) pacify Vata Dosha in twacha but in Jaloukavacharana, it affects some limited effectuated parts. Maximum 45% relief was found in Virechana Group followed by 45.45% relief was found in Jaloukavacharana Group and in both groups found nearly about equal result. Koebner Phenomenon means spreading of
psoriasis in unaffected injurious part. Spreading is the action of *pitta dosha* with *vata*. So, both are alleviating to *pitta* that’s why nearly about equal result have came. In Group A 60 % relief was found, where as in Group B, 84.09 % relief was found in *Mandala* symptom. *Matsyashakolopamam* was relieved by 88.88 % in Group A, followed by 65 % in Group B. In Group A, *Rukshata* was relieved by 76.66 %, but in Group B, *Rukshata* relief found was 83.33 %. In Group A, *Aswedanam* symptom was relieved by 76.92 % whereas in Group B by 65.11%. In Group A, *Daha* symptom was relieved by 80% while in Group B it was relieved by 87.5%. In Group A, *Bahalatva* was reduced by 71.42% while in Group B, *Bahalatva* was reduced by 86.66 %. In Group A, *Srava* was reduced by 75 % whereas in Group B, it was relieved by 100%. In Group A, *Unnati* was reduced by 60 % where as in Group B, *Unnati* was relieved by 86 %. *Kandu* was relieved by 89.47% in Group A, and by 70.27 % in Group B. Improvement was found by 90.90% in Group B, followed by 66.66% in Group A in reference to Auspitz sign. In Candlegrease sign 81.48% relief was found in Group A, followed by 77.27% in Group B.

**CONCLUSION:**

On the basis of the study, following conclusions can be drawn. *Ekakushtha* being a *Kshudra Kushtha* has *Vata-Kapha* dominance and even involvement of *Tridosha*. *Ekakushtha* in modern parlance has similarity with Psoriasis. Most of the patients were reported in the chronic stage of Psoriasis. Plaque variety of psoriasis is very common. Tea and Smoking is the triggering factors. Most of the patients were having sleep disturbed and dreams. *Chinta* i.e. anxiety and mental stress was the *Manasika Nidana* of psoriasis. This observation clearly shows the psychosomatic nature of the disease. The disease used to aggravate during winter season and in dry weather. Previous medication was found common and most of patients were found chronicity more than 1 year. Candlegrease sign is common in psoriasis. *Rasa, Rakta, Mamsa* and *Swedavaha Srotodushti* were found chiefly and *Kapha* and *Vata* were main *Dosha*. Highly significant results were found in Group A (*Virechana* group) and Group B (*Jaloukvacharana* group) but much better results were found *Virechana* Group (Group-A) than *Jaloukvacharana* group (Group-B). Complete remission was found in 0% in group A (*Virechana* Group) and group B (*Jaloukvacharana*). Marked improvement was found in 13.72% patients in group A (*Virechana* Group), in 2% patients in Group B (*Jaloukvacharana* Group). Moderate Improvement was found in 60.78% patients in group A (Virechana Group), in 38% patients in Group B (Jaloukvacharana). Mild Improvement was found in 25.49% patients in Group A (*Virechana* Group), 60% patients in Group B (*Jaloukvacharana*). According to *Charaka, Susruta* and *Vagabhata*, *kushtha* is *Rakta* *Vyadhi*. *Pitta* is *Mala* of *Rakta* and *Virechana* is specifically indicated for *Pitta*. *Virechana* eliminates *Pitta* ultimately it decreases *Rakta* and its *mala* (*Pitta*). So it decreases *Kushtha* (*Ekakushtha*).

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