

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 erythematous squamous 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 *Jaloukavacharana*. 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*, *Jaloukavacharana*, *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 '*ta*' which stands for firmness or certainty. Thus the word *kushtha* means that which destroys with certainty. None of the standard texts had mentioned specific etymology 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 erythematous squamous 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 exacerbation 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 it provides additional relief and thus helps in eradicating the diseases (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*, *Sarpi* suppress *Vata Dosha*; *Virechana* and *raktamokshyana* 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 *Jalokavacharana* 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 Performa including all the aetiological factors of *Kushtha* with *doshti 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 Auspitz signs; 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 to 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 Samhanana*. 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 were *Krura Koshtha* (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 sudhiit* 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 0: The result of the above two therapies, on different factors, is shown as follows-

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

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 kushtha* which comes under umbrella of *kushtha*. All *Acharya* obeys that it is a variety *kshudra kushtha*. *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. *Matschyashakolopamam* (Scaling), *Mandala* (plaque) *Aswedana*. Many *Acharyas*, or in some thesis, obeys that *Kitibha* is psoriasis. But most of cardinal symptoms of

psoriasis are not as similar as *Kitibha* symptoms. So, here *Ekakushtha* is compared as psoriasis.

Psoriasis:

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 *Ubhayatah 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 nasaka*and *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. 29.05% belonged to age group of 51-60 yrs. According to text, Psoriasis is a disease that manifests in all the age Groups, the first peak occurrence of plaque psoriasis is in people aged 16-22 years. The second peak is in people aged 57-60 years. It may due to reoccurring nature of the disease, less immunity and Stressful life style. Females develop plaque psoriasis earlier than males according to modern science. Maximum number of patients (65.81%) was male and (34.18%) were female. It has not direct

relation with the disease. 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 Dosh* 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 Satva*. 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 (90.5%) 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 *Adibalapravrita 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* Dosh, 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, *nidranasha* 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 *snehanana* 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 *vatanulomya* found in 4th day of *snehanana*. *Snehaudgara* 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, ushna guna* and bad palatability of *Virechana* drugs creates Vomiting and burning sensation in the abdomen. 100% patients were found *langika suddhi*. After *Virechana*, maximum number of patients feels *langika suddhi* due to excretion of all *dosha* from the body. In maximum number of patients i.e. 68.62% had seen *Madhyam suddhi*. It may consider that due to maximum number of *krura kostha* 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

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

Result	<i>Virechana</i> (Group A)	%	<i>Jalouka- vacharana</i> (Group B)	%	Total No. of patients	Total %
Complete remission	00	00	00	00	00	00
Marked improvement	07	13.72	01	2	08	7.92
Moderate Improvement	31	60.78	19	38	50	49.50
Mild Improvement	13	25.49	30	60	43	42.57
Unchanged	00	00	00	00	00	00

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 associates 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. *Matsyashakalopamam* 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* alleviate 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 *Swedavaha Srotas*. *Sanga* in *Swedabaha Srotas* is due to *Kapha Dosha* which is relieved by *Snehana*, *Swedana* and *Virechana* by which all *Doshas* comes out from *sakha* to *kostha* and all obstructed *srotas* 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* (*Abhyantara* 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 come. 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 (*Jaloukavacharana* group) but much better results were found *Virechana* Group (Group-A) than *Jaloukavacharana* group (Group –B). 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*). Moderate Improvement was found in 60.78% patients in group A (*Virechana* Group), in 38% patients in Group B (*Jaloukavacharana*). Mild Improvement was found in

25.49% patients in Group A (*Virechana* Group), 60% patients in Group B (*Jaloukavacharana*). According to *Charka, Susruta* and *Vagabhata, kushtha* is *Raktaj 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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