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A PILOT STUDY ON THE COMBINED EFFECT OF VIRECHANA KARMA AND PHOTOTHERAPY IN THE MANAGEMENT OF PSORIASIS

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ABSTRACT

Psoriasis is a chronic, immune-mediated inflammatory skin disorder with a relapsing course and considerable psychosocial impact. In *Ayurveda*, it is correlated with *Ek-Kushtha*, a type of *Kshudra Kushtha* characterized by predominance of *Vata–Kapha Dosha* and *Rakta Dushti*. The condition is generally suppressive rather than curative. Classical texts emphasize *Shodhana Chikitsa*, particularly *Virechana Karma*, as the one of important modality and management in chronic *Kushtha*, and *Atapa Sevana* considered supportive therapy. This comparative pilot study was conducted on ten patients with psoriasis. Five patients underwent *Virechana Karma* along with phototherapy (Group A), while another five received only *Shamana therapy* along with phototherapy (Group B). Prior to *Virechana*, *Deepana–Pachana* therapy was given using *Chitrakadi Vati* and *Panchakola Phanta*, followed by *Snehapana* with *Panchtikta Ghrita*, *Abhyanga* with *Marichyadi Taila*, and *Swedana*. *Virechana Karma* was then performed with a classical formulation. Subsequently, phototherapy was administered thrice weekly for 9–10 sessions, considered a modern equivalent of *Atapa Sevana*, specially indicated in *kushtha roga chikitsa* like *shwitra*. Clinical assessment using the Psoriasis Area and Severity Index (PASI) and subjective parameters showed reduction in scores. Results

showed that Group A achieved greater reduction in PASI scores and more consistent improvement in erythema, scaling, and itching compared to Group B. These findings suggest that *Virechana Karma* enhances the therapeutic effect of phototherapy and provides superior outcomes in psoriasis management, though larger controlled studies are required for validation.

KEYWORDS: Psoriasis, *Ek-Kushtha, Virechana Karma, Panchtikta Ghrita*, Phototherapy, *Atapa Sevana*, PASI score.

INTRODUCTION

Psoriasis is a chronic, immune-mediated, non-infectious inflammatory disorder of the skin characterized by abnormal keratinization of epidermal cells. Clinically, it manifests as sharply demarcated erythematous patches covered with silvery scales, most frequently affecting the extensor surfaces and scalp, and typically follows a relapsing and remitting course.[1] Its pathogenesis involves a complex interplay of genetic susceptibility, particularly the influence of Human Leukocyte Antigen (HLA) genes, and dysregulated T-cell mediated immune responses that drive epidermal hyperproliferation and inflammation.[2] In *Ayurvedic* literature, conditions resembling psoriasis are described under the broad category of *Kushtha Roga*, a term denoting disease that render the skin unsightly.[3] Classical texts classify *Kushtha* into *Mahakushtha* and *Kshudrakushtha*, comprising seven and eleven types respectively. The causation is attributed to improper diet *(mithya ahara),* unhealthy lifestyle practices *(vihara),* and actions (*karma*) that disturb the equilibrium of the three *doshas—Vata, Pitta,* and *Kapha*—ultimately affecting the skin (*twak),* blood (*rakta*), muscle tissue (*mamsa*), and body fluids (*ambu*). Owing to its chronicity and severity, *Kushtha* is considered among the *Astha Mahagada*[4], the eight major diseases described in *Ayurveda*.

In *Ekkushtha*, along with the predominance of *Vāta* and *Kapha*, there is also involvement of *Pitta Doṣa*, accompanied by vitiation of *Rakta*. For the management of *Rakta-duṣṭi, Virechana* has been specifically indicated. Moreover, since *Kuṣṭha* is considered a *Tridoṣaja* disorder, the importance of *Virecana* in *Saṃśodhana* therapy has been emphasized. Therefore, in this context, *Virecana Karma* has been preferred.

Classical *Ayurvedic* texts also describe *Atapa Sevana*[5] (therapeutic exposure to sunlight) as an adjuvant measure in the management of *Kushtha*. In the present era, phototherapy may be considered analogous to *Atapa Sevana* and has been widely used in contemporary

dermatological practice for psoriasis. Considering these principles, this study was designed to compare the outcomes of patients receiving *Virechana Karma* along with phototherapy versus those receiving Shamana therapy and phototherapy.

AIM

To evaluate and compare the clinical efficacy of *Virechana Karma* with phototherapy versus *Shamana therapy* with phototherapy in the management of psoriasis (*Ekkushtha*).

OBJECTIVES

To evaluate and compare the clinical outcomes of patients with psoriasis receiving *Virechana Karma* combined with phototherapy versus *shamana* therapy combined with phototherapy.

MATERIALS AND METHODS

Study Design

Open-label, comparative pilot clinical study.

Sample Size

Ten patients clinically diagnosed with psoriasis.

Selection Criteria

Inclusion Criteria

Patients clinically diagnosed with psoriasis. Patients of either sex.

Patients willing to undergo *Shodhana* therapy and phototherapy.

Exclusion Criteria

Patients with severe systemic illness. Pregnant or lactating women.

Patients contraindicated for *Virechana Karma.*

Intervention

Group A (n=5)*:* *Virechana Karma* + Phototherapy

Poorva Karma

Prior to *Snehapana*, *Deepana–Pachana* therapy was administered to all patients using *Chitrakadi Vati* along with *Panchakola Phanta* to enhance digestive fire and prepare the body for *Shodhana*. This was followed by *Snehapana* with *Panchtikta Ghrita* in increasing doses until attainment of *Samyak Snigdha Lakshanas*. Subsequently, *Abhyanga* was performed using

Marichyadi Taila, followed by *Swedana* to facilitate *dosha* mobilization.

Pradhana Karma

After completion of *Poorva Karma*, *Virechana Karma* was administered as the principal purification procedure. The *Virechana Yoga* comprised decoction of *Trivritta*, *Sanaaya Patra*, *Haritaki*, *Aragwadha Phalmajja*, *Draksha*, with *Eranda Taila*, selected in appropriate doses based on individual patient strength *(Bala)* and bowel nature (*Koshtha*), following classical *Ayurvedic* guidelines.

Paschat Karma

Following *Virechana*, patients were advised *Samsarjana Krama* as per the degree of purification achieved.

Phototherapy

After completion of *Virechana Karma* and *Samsarjana Krama*, phototherapy was administered to all patients of group A. Phototherapy was given three times a week, with a total of 9–10 sittings. This intervention was adopted considering the concept of *Atapa Sevana* described in *Kushtha Chikitsa by different acharyas*, wherein controlled exposure to sunlight is advised. In the present study, a conventional UV lamp was employed, which is considered safe for use in common dermatological conditions, SOPs was followed. The primary objective was to provide a substitute for natural sunlight, as regular morning exposure is often impractical in modern lifestyles.

Group B (n=5): Shamana Therapy + Phototherapy

Internal medication

- *Vidanga Churna*
- *Rasamanikya*
- *Shuddha Gandhak*
- *Mahamajishthadi Kashaya*

External application

- *Marichyadi Taila* (local use)

Phototherapy

- UV lamp exposure, 3 sittings per week, total 9–10 sessions

patients were given *Rasamanikya* 250 mg, *Vidanga Churna* 3 gm, and *Shuddha Gandhak*

125 mg twice daily (morning and evening), along with *Mahamanjishthadi Kashaya* 40 ml twice daily for 1 month, plus local application of *Marichyadi Taila* and phototherapy.

Assessment Criteria

Clinical assessment was carried out before treatment and after completion of therapy.

Objective Assessment: Severity of psoriasis was assessed using the Psoriasis Area and Severity Index (PASI) score.

Subjective Assessment

Itching (*Kandu)* Scaling

Erythema

Thickness of lesions

Overall improvement was graded based on percentage reduction in PASI score.

RESULTS

All five patients of group A demonstrated clinically significant improvement following the intervention. A reduction in PASI score was observed in all cases, along with marked improvement in erythema, scaling, induration, and itching. No adverse effects related to *Virechana Karma* or phototherapy were reported during the study period.

Patients in Group B also showed improvement after treatment. Symptoms such as itching, erythema, and induration were reduced in most patients. However, the degree of improvement was lower than that observed in Group A, suggesting comparatively better outcomes in Group A. No significant adverse effects were reported during the study period.

Table 1: Treatment Schedule: Group A.

Phase	Intervention	Duration
Deepana–Pachana	*Chitrakadi Vati + Panchakola Phanta*	3–5 days
Snehapana	*Panchtikta Ghrita*	Till *Samyak Snigdha Lakshana*
Abhyanga & Swedana	*Marichyadi Taila*	3 days
Virechana Karma	*Classical Virechana Yoga*	1 day
Samsarjana Krama	As per *Shuddhi*	3–7 days
Phototherapy	3 sittings/week	9–10 sittings

Table 2: PASI Score Interpretation Percentage Improvement Response Grade

>75% Marked improvement

51–75% Moderate improvement

26–50% Mild improvement

≤25% Poor improvement

Table 3: Overall Clinical Outcome in Patients.

Patient ID	PASI Score (Before Treatment)	PASI Score (After Treatment)	% Improvement	Severity Change	Interpretation
P001	12.0 (Severe)	6.0 (Moderate–Mild)	50%	Severe → Moderate–Mild	Mild improvement (26–50%)
P002	8.6 (Moderate)	4.0 (Mild)	53%	Moderate → Mild	Moderate improvement (51–75%
P003	4.8 (Mild)	0.7 (Recovered ~85%)	85%	Mild → None (Near complete recovery)	Marked improvement (>75%)
P004	1.6 (Mild)	0.2 (Recovered ~90%)	88%	Mild → None (Near complete recovery)	Marked improvement (>75%)
P005	3.0 (Mild)	0.4 (Recovered ~87%)	87%	Mild → None (Near complete recovery)	Marked improvement (>75%)

Table 1: Treatment Schedule: Group B.

Drug name	Duration
Rasamanikya 250 mg, *Vidanga Churna* 3 gm, and *Shuddha Gandhak* 125 mg	1 month
Mahamanjishthadi Kashaya 40 ml	1 month
Marichyadi Taila for local application	1 month
Phototherapy	3 sittings/week

Table 2: PASI Score Interpretation Percentage Improvement Response Grade

>75% — (none observed)

51–75% Moderate improvement (2 patients)

26–50% Mild improvement (3 patients)

≤25% Poor improvement (0 patients)

Table 3: Overall Clinical Outcome in Patients.

Patient ID	PASI Score (Before Treatment)	PASI Score (After Treatment)	% Improvement	Severity Change	Interpretation
P006	4.8 (Mild)	2.5 (Mild)	48%	Mild→ Mild	Mild improvement (26–50%)
P007	3.6 (Mild)	1.9 (Mild)	47%	Mild→ Mild	Mild improvement (26–50%)
P008	5.0 (Mild)	2.4 (Mild)	52%	Mild→ Mild	Moderate improvement (51–75%)
P009	6.2 (Moderate)	3.0 (Mild)	52%	Moderate → Mild	Moderate improvement (51–75%)
P010	5.8 (Moderate)	2.9 (Mild)	50%	Moderate → Mild	Moderate improvement (51–75%)

Comparative Clinical Outcome (Group A vs Group B)

Parameter	Group A (Virechana + Phototherapy)	Group B (Shamana + Phototherapy)
Sample size	5 patients	5 patients
Marked improvement (>75%)	3 patients	0 patients
Moderate improvement (51–75%)	1 patient	2 patients
Mild improvement (26–50%)	1 patient	3 patients
Poor improvement (≤25%)	0 patients	0 patients
Overall outcome	comparatively higher efficacy	Symptomatic relief only, no marked recovery

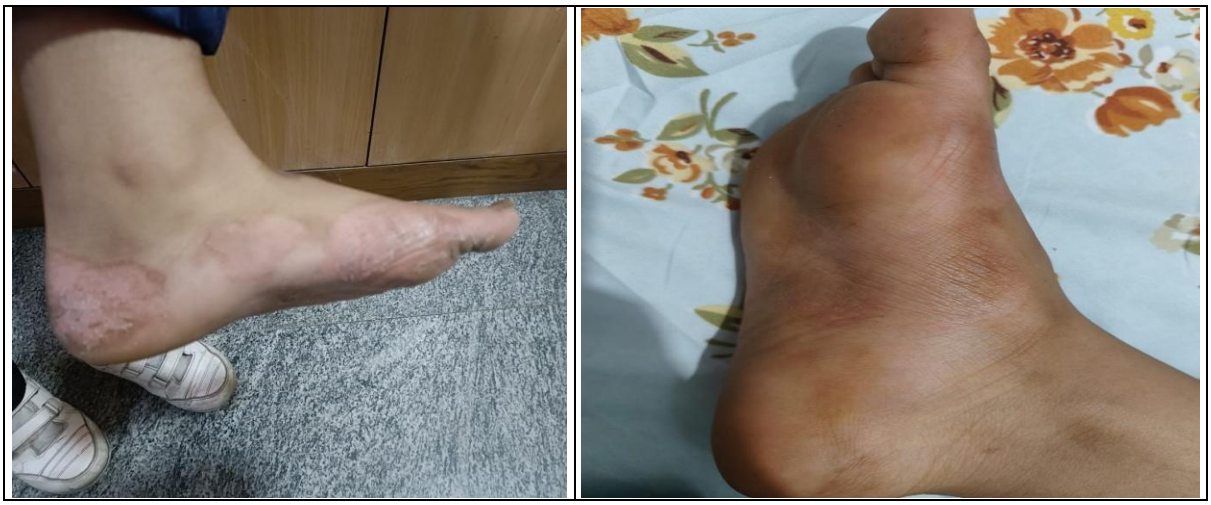

Figure 1: before and after treatment.

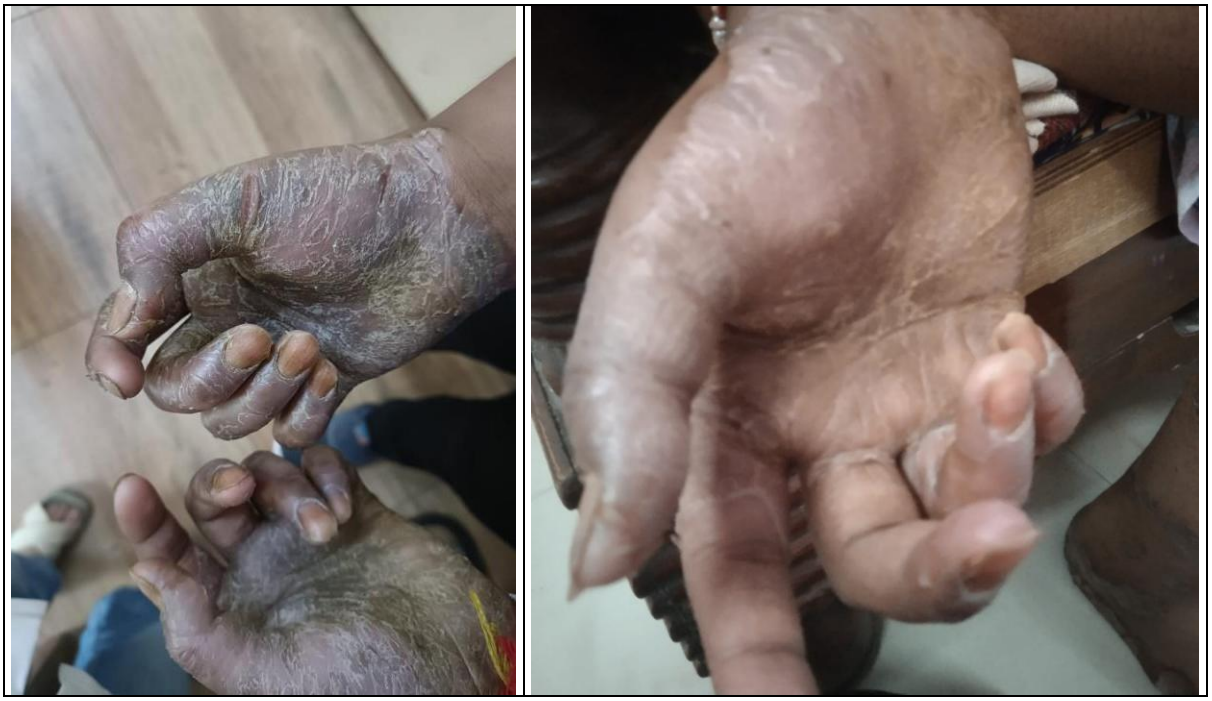

Figure 2: before and after treatment.

DISCUSSION

Psoriasis, correlated with *Ekkushtha* in Ayurveda, is considered a *vata kapha pradhan Raktapradoshaja Vyadhi* where vitiation of *Rakta* and *Pitta* plays a central role. Classical texts consistently emphasize that in *Twak Vikara,* purification of *Rakta* and pacification of *Pitta* are essential. *Virechana Karma,* as a principal *Śodhana therapy*, is specifically indicated for this purpose. It acts through *Adhomārga* (expulsion via rectum), eliminating aggravated *Pitta* and thereby purifying *Rakta*. This dual action helps in correcting the pathological link between *Rakta* and *Pitta*, which is fundamental in the causation of *Kushtha*.

In the present study, *Poorva Karma* with *Deepana* and *Pachana* (using *Chitrakadi Vati* and *Panchakola Phanta*) enhanced digestive power and prepared the body for *Snehapana*. *Panchtikta Ghrita* administered in *Vardhamana Krama* mobilized vitiated *doshas*[6], while *Abhyanga* and *Swevdana* facilitated their movement towards the gastrointestinal tract. *Virechana Karma* performed with classical formulations such as *trivritta, Sanaaya Patra, Haritaki, Aragwadha Phalmajja, Draksha Kashaya,* and *Eranda Taila,* in decoction form expelled the accumulated doshas, these drugs possess *Tridosha-shamaka* (balancing all three doshas) and *Rakta-prasadaka* (blood-purifying) properties, reducing *Kleda* (pathological moisture) and improving systemic balance. *Trivrit Kashaya* is *Madhura Rasatmaka* with *Ruksha Guna* and *Katu Vipaka*. Owing to these properties, it exhibits *Kapha-Pitta Shamaka* and *Vata Vardhaka* effects, although it has specific effects on the Doshas, its combination with

other suitable medicines makes it useful in managing a wide range of diseases and *tridosh shamak*.[7] The *Manaprasādana* property of *Virechana* also contributed to stress reduction, which is relevant given the psychosomatic nature of psoriasis. Comparatively, the *Shamana therapy* group received formulations like *Rasamanikya*, *Vidanga Churna*, *Shuddha Gandhak*, and *Mahamanjishthadi Kashaya*, along with local application of *Marichyadi Taila*. These medicines possess *Kushthaghna*, *Raktashodaka*, and *Rasayana* properties, offering symptomatic relief and moderate improvement in PASI scores. Rasamanikya helps in skin disorders by reducing excess Kapha and controlling moisture (*Kleda*). It also works as an antibacterial agent, preventing the growth of skin infections. However, the absence of *Śodhana* limited their efficacy, as no patient in this group achieved marked improvement.

The findings reaffirm the classical Ayurvedic principle that *Śodhana Chikitsā*—particularly *Virechana Karma*—is superior to *Shamana therapy* alone in chronic *Kushtha*. By cleansing the channels (*Srotas*), purifying *Rakta*, and balancing *Pitta*, *Virechana* provides deeper correction of the pathology and prevents recurrence. Phototherapy, considered a modern equivalent of *Atapa Sevana*, acted as a supportive measure in both groups, but its effect was significantly enhanced when combined with *Virechana Karma*.

Phototherapy acts by reducing the excessive proliferation of keratinocytes and suppressing the abnormal immune response responsible for psoriasis. It induces apoptosis of activated T-lymphocytes and keratinocytes present in psoriatic plaques, thereby decreasing epidermal thickening. In addition, UV rays reduce the production of pro-inflammatory cytokines such as IL-17, TNF-α and IL-6, while improving the function of regulatory T-cells. These effects help control inflammation, normalize skin cell turnover, and promote the gradual clearance of psoriatic lesions.[8]

Thus, the comparative outcomes highlight that while Shamana therapy with phototherapy yields mild to moderate improvement, Virechana Karma followed by phototherapy produces better clinical results, greater PASI score reduction, and more consistent remission in psoriasis (*Ekkushtha*).

Classical *Ayurvedic* literature also advocates *Atapa Sevana* in *Kushtha Chikitsa*. Phototherapy used in this study can be considered a controlled, modern equivalent of *Atapa Sevana*, supporting its rationale as an adjuvant therapy.

CONCLUSION

In this study, we used a standard UV lamp that can be safely applied in common skin disorders. The intention was to provide an alternative to natural sunlight, since regular morning sun exposure is not always feasible in today's lifestyle. Phototherapy in this form showed encouraging results, with noticeable improvement and minimal side effects in all patients. Overall, the combination of Ayurvedic treatment and phototherapy proved to be effective.

The results of this pilot study indicate that *Virechana Karma* preceded by appropriate *Poorva Karma* and followed by phototherapy may be effective in the management of psoriasis (*Kushtha)*. This integrative approach appears to reduce disease severity and improve clinical symptoms without adverse effects.

Limitations of the Study Small sample size (pilot study). Short duration of follow-up.

Ethical Considerations

The study was conducted after obtaining informed consent from all patients. Ethical principles as per institutional guidelines were followed throughout the study.

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