A COMPARATIVE CLINICAL EVALUATION OF VASAGUDUCHYADI DECOCTION AND ANITHTHADI LEPA WITH AND WITHOUT VIRECHANA KARMA WITH WELIWENNA IN THE MANAGEMENT OF KITIBHA (PSORIASIS)

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ABSTRACT

Kustha. The clinical features of Kitibha are Shyava Varna (blackish-brown), ArunaVarna pinkish-red), Kina (dry scaling), Khara Sparsha (rough), Parushata (coarse), Kandu pinkish-red), Daha (burning sensation), Ghana (induration), Rakta Srava (pinpoint bleeding), Vanddimanthi (round, elevated, well-demarcated plaque), Vruttan (round), and Upalepa adhesion). Kitibha can be correlated with psoriasis. Clinical features of psoriasis are thing, dry scaling, indurations, and erythema. It affects about 1.5% of world population. The medicines which are available to treat this disease are not very effective and cannot be used for long term due to local and systemic side effect and its toxicity.

Ayurveda teaching hospital Borella, Manel Weerasinghe used WellwennaVirechana as a Virechana Aushada in treatment of Kitibha. Dr N. Transaction are attended patients effectively, using the decoction of Vasaguduchyadi along Aniththadi Lepa for Kitibha. No known scientific research has conducted to evaluate effects of these treatments. Finding an effective treatment is a current need to secome burden of Kitibha. Hence this study was carried out at Ayurveda teaching Borella, Sri Lanka. Forty patients suffering from Kitibha (psoriasis) were and as Group A and B. Each group consisted of 20 Group A was treated with WeliwennaVirechana, followed by 120 ml of exection of Vasaguduchyadi twice a day orally and application of 50 g of Aniththadi for a period of 30 days. Therapeutic effects were evaluated through symptomatic

relief. Group B was treated only with 120 ml of decoction of Vasaguduchyadi twice a day orally and application of 50 g of Aniththadi Lepa for a period of 30 days. Weliwenna Virechana is prepared according to Sri Lankan traditional method. Five gram (5g) of grated root bark is mixed with 150 ml of boiling water and kept for 20 minutes. The extract was allowed to cool and filtered (120 ml) using a cheese cloth before oral administration. The belief of Sri Lankan traditional physician is that the number of bouts of purgation will be equal to the number of times of filtered.

Safety studies on Weliwenna Virechana therapy were carried out by observing the liver and renal toxicity. The blood samples were collected from the patients before and after the treatment of Virechana. Liver function tests (SGPT, SGOT, Serum bilirubin) and renal function tests (Seram blood urea and Serum creatinine levels) were done using these blood samples.

After treating with Weliwenna Virechana therapy (group A), 25% of patients had 4 bouts of bowel motions, 15% had 3 bouts of bowel motions, 10% had 2 bouts of bowel motions. 10% had 5 bouts of bowel motions. Another 10% had 6 bouts of bowel motions. 10% had 7 bouts of bowel motions, and 10% had 8 bouts of bowel motions. Eleven bouts of bowel motions had in 5% of patients. Patients passed Mala (feces) with various characteristics. 55% of patients passed Ardra Drava Mala (semi solid stools) followed by Drava Mala with Kapha Mala (watery stools with mucose). 25% of patients bad a one bout of vomiting and followed by Drava Mala with Kapha (watery stools with mucose). 10% of patients passed Ardra Drava Mala (semi solid) and Drava Mala (watery stools).

Majority (80-95%) of the patients in group A were completely relieved from clinical features such as Kina (dry scaling), Kandu (itching), Daha (burning sensation), Aruna (pinkish red) Krushna Varna (black colour) Rakta Srava (pin point bleeding) Charasparsha (rough), Rukshata (dry), Parushata (coarse), Upalepa (adhesion) and Charasparsha (rough), Some patients (20-35%) showed partial relief in Spava Varna (blackish brown), Ghana (thickness), Vruddimanthi (round elevated well

demarcated plaque) and Vrutan (round) when compared with base line. The patients in group A showed statistically highly significant reduction in all symptoms, except Rakta Srava (pin point bleeding). All the patients (100%) of group B showed complete relief in clinical features such as Rakta Srava, (Pin point bleeding) and Punahpunarudvante, recurenses). Complete relief in clinical features such as Ghana (thick), Kina (dry scaling), Upalepa (Adhesion), Kandu (itching), Daha (burning), Krushna Varna (black colour), Kharasparsha (Rough), Rukshata (Dry) and Parushata (Coarse) were observed 70-85% of patients of group B. Group B showed statistically significant reduction in all symptoms. Reduction of all symptoms in both groups was statistically significant. During the followed up period patients did not complain of recurrences of Kitibha psoriasis) and aggravation of symptoms.

According to Ayurveda, Virechana Karma is one of the therapeutic measures described as a treatment of Kitibha. Clinical features of Kitibha in group A were completely or partially relived due to expulsion of vitiated Dosha through Virechana Karma with Weliwenna. Decoction of Vasaguduchiyadi pacifies vitiated Vata, Pitta and Kapha Dosha, due to Sheetha Ushna properties of its ingredients Adathoda (*Justicia adhathoda*), Rasakinda (*Tinospora cordifolia*) and Ehela (*Cassia fistula*). Aniththadi Lepa pacifies vitiated Vata, Pitta and Kapha Dosha due to Sheetha Ushna properties of its ingredients Aniththa (*Rhinacanthus nasutus*), Kohomba (*Azadirachta Indica*), Kaha (*Curcuma Inga*), Coconut (*Cocus nucifera*) and Sesame oil (*Sesamum indicum*). Decoction of Vasaguduchiyadi with Aniththadi Lepa reduced clinical features of Kitibha in both proups A and B.

Indication by decoction of Vasaguduchyadi internally and Aniththadi Lepa externally is effective in the management of Kitibha (psoriasis). Administration of decoction of Vasaguduchyadi along with Aniththadi Lepa after Virechana Karma is also effective in management of Kitibha. Out of these two treatment regimen, the treatment regime vasisting Virechana Karma is more effective. Renal and liver toxicity were not reported in humans with Virechana Karma using Weliwenna.

words: Kitibha, Psoriasis, Virechana, Weliwenna.