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The Effect of *Virechan* and *Swarnamakshik Bhasm* in Psoriasis- A Case Study

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ABSTRACT

The integumentary system has main function to act as barrier against the external environment. Due to altered life style, lack of physical exercise, unhygienic, mental stress and over eating, skin diseases are commonly observed. Psoriasis is one of the leading skin disorder seen in society. Psoriasis affects approximately 1.5-3% of Caucasians. Psoriasis is known to have a negative impact on the quality of life of both the affected person and the individual's family members. All the skin disease in *Ayurveda* has been discussed under heading of *Kushtha*, which further divides into *Mahakushtha* and *Kshudrakushtha*. Psoriasis may be correlated with *Kitibha Kushtha*, *Ekkushtha* or *Mandal Kushtha* according to the types of Psoriasis. In this case, type of psoriasis may be correlated with *Kitibha Kushtha* according to their sign and symptoms in *Ayurveda* point of view. *Kitibha Kushtha* is *Tridoshaj Vyadhi* having *Vata-Kapha* dominance. In this case the effects of *Shodhan Chikitsa* followed by *Shaman Chikitsa* in *Kitibha Kushtha* with respect to Psoriasis were elaborate.

KEYWORDS

Psoriasis, *Kitibha Kushtha*, *Virechan*, *Swarnamakshik*



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INTRODUCTION

Psoriasis is a chronic inflammatory, hyper proliferative skin disease, characterized by well-defined, erythematous scaly plaques. Psoriasis affects approximately 1.5-3% of Caucasians. It occurs equally in both sexes at any ages. The age of onset follow bimodal classifications, with an early onset type in the teenage or early adult years. More than 50% of patients present before the age of 30 years¹.

Psoriasis may be correlated with *Kitibha Kushtha* as per *Ayurveda*. *Kitibha Kushtha* is one of the eleven *Kshudrakushtha*². Charak has explained *Vaman-Virechan Chikitsa* in *Kushtha Vyadhi*³. Charak has explained the line of treatment according to predominance *Doshas* i.e. *Ghrutapan* in *Vata* dominant, *Vaman* in *Kapha* dominant and *Virechan* in *Pitta* dominant *Kushtha*⁴.

CASE PROFILE

A 65 year old male patient who was apparently normal before 5 months, developed small skin lesion over upper, lower limb, scalp abdomen and back of the body, associated with severe itching and silver powdery discharge distributed all over the body. He got aggregations in symptoms since 8 days, so attended the OPD of Government Ayurveda College and Hospital Nagpur.

PRAMUKH VEDANA:

1. *Sarvangtwak Raktvarniy Mandalopatti*: since 4 month
2. *Sarvangkandu*: since 4 month
3. *Sarvangadaha*: since 4 month
4. *Twak- Rukshata, Parushata, Kandu and Kharasparsha*: since 4 month

Onset of disease, Progression of disease, remissions relapse aggravating factors:

Seasons: Starts in rainy season and aggravated in winter

Times of the day: Whole day

Occupations work: Tailor

Hobbies: Nil

Sunlight: No any progression seen

Heat: Aggravates symptoms

Cold: Increased itching in cold climate

Food: Incresed *Daha* in *Ushna-Tishna Aahar*

PURVA VYADHI VRUTTA:

K/c/o HTN since 6 months taking Tab Telmikind 40mg OD in the morning

No h/o DM/Asthma/any other disorders

VAIYATIKKA VRUTTA

Ahar: *Vishamashan*

Praman: 2-3 chapati, 1 curry of Bhaji, 1 bowl of rice.

Dominant Rasa: *Tikta, Katu, Madhur Pradhan*

Guna: *Ruksha, Tikshna,*

Dietetic Habits: 2 times a day

Type of food: Vegetarian

Vihar: Early morning walk in winter.



Working time: Day

Working Hours: 4-5 hour

Nature of work: laborious

Vyasan: Tobacco Chewing,

Kshudha: Mahyam

Pipasa: Samyak

Nidra: Alpa

Swpna: Prakrit

Koshtha: Madhyam

ASHTAVIDHA PARIKSHAN:

Nadi :84/min Niyamit

Mala:Samyak

Mutra:Samyak

Jivha :Sama

Shabdha:Spasta

Sparsha:khara

Drik :Prakrut

Akruti :Madhyam

Samprapti Ghataka:

Dosha – Tridosha

Dushya – Twak, Rakta, Mamsa, Lasika

DustSrotas – Rasavaha, Raktavaha

Cutaneous System Examination:

Type of lesion: Hyper pigmented maculo-papular rash

Secondary lesions: scale and crust

Distribution:

Sites, Involved –Ankle, wrist, chest, abdomen, back, thigh, buttock,

Symmetry -Bilateral

Lesion – more

Type - Acquired

Testing for Sensation:

Pain by prick- Positive

Touch - Positive

Temperature - Positive

Appendages:

Hair - Normal

Auspitz's Sign- Positive

Kobaner's Sign- Positive

Candle graze sign- Positive

Laboratory Investigations

Hematological examinations

Hb% -12.5

TLC -6400

DLC- P56 L27 E+M17

BSL –Random: 116mg/dl

URINE Examination- Within Normal Limit

PASI SCORE (Before Treatment): (Table 1)

PASI Score in the said patient before starting was 21.9

Table 1 “Showing PASI score (before treatment)”

		Head and Neck	Upper Extremities	Trunk	Lower Extremities
1)	Erythema	1	2	3	3
2)	Induration	1	2	3	2
3)	Scaling	1	2	3	1
4)	1+2+3	3	6	9	6
5)	Area	1	3	4	3
6)	4 x 5	3	18	36	18
7)	Body Segment factor	0.1	0.2	0.3	0.4
8)	6 x 7	A =0.3	B = 3.6	C = 10.8	D = 7.2



AIMS AND OBJECTIVES

1. To evaluate the effect of *Virechan* and *Swarnamakshik Bhasm* in *Kitibha Kushtha* with reference to Psoriasis and see its effect on PASI Score

MATERIALS AND METHODS

The case study was conducted in IPD of Govt. *Ayurveda* Hospital Nagpur, Maharashtra. On examination *Satva*, *Satmya* and *Bala* of patient was *Madhyam*(~medium). *Virechana* was planned by considering the *Bala* of *Dosha* and *Dushya* in patient.. In *Purva-Karma* (~pre-procedure), *Abhyantar-Snehapan*(~internal oleation) was done with *Goghrita* in increasing order after *Pachana* for five days. *Abhyantar-SnehaPana*, *Samyak –Snigdha Lakshana* were observed after 5 days. After two days rest (~*Vishrantikala*), on third day *Virechan*

was planned with all aseptic precaution along with due procedure described as per text. *Samsarjan Karma* was done for three days after *Virechana*. Investigation and symptoms were observed after management also. Classical *Sansarjan Karma* was advised as per *Ayurvedic* literature, along with proper *Pathya-Apathya*.

A) *Purva Karma* (Pre Procedure)

Pachan

In *Purva Karma*, *Rukshan Pachana Karma* was done by giving *Rukshan Pachan Kwath* 40ml each before lunch and dinner for 6 days. *Pachana Kwath* drug contains *Trifala*, *Vidang*, *Musta*, *Sariva*, *Manjishta*.

Snehapana:

Then patient was planned for *Snehpan*(internal oleation), (**Table2**) in which *Goghrit* was used.

Table 2 *Snehapan* (internal oleation) chart

Date	Day	<i>Shehapan</i> time	Quantity	<i>Kshudhapravrudhhi</i>	<i>Lakshans</i>
29/12	1	8:00 am	30 ml	1:00 pm	<i>Kshudhaprakrit</i>
30/12	2	7:40 am	60 ml	1:10 pm	<i>Kshudhaprakrit</i>
31/12	3	7:30 am	120 ml	2:10pm	<i>Hrullas</i> (~nausea)
1/1	4	7:00 am	240 ml	3: 30 pm	<i>Snighamala</i>
2/1	5	7:15 am	300ml	8pm	<i>Hrullasvridhi</i> , <i>snehavit</i>
3/1		<i>SnehaViram</i>			
4/1		<i>SnehaViram</i>			

Diet during Rest Day:

Laghu Ahar was advised

Bahya Snehan Svedan: twice a daily during rest day and on the day of *Virechana*

in morning before procedure.

B) *Pradhan Karma*(vital procedure): On the day of *Virechana Karma*, after routine examination and *Bahya Snehan*



Swedan(~external oleation), *Ichhabhedi Rasa* 2 tablets was given to patient for *Virechana*. (Table3)

Shuddhi: *Avar Shuddhi*

Antiki Lakshan: *Kaphant*

C) *Paschat Karma* (after procedure)

Table 3 *VirechanaVega*"

Time	Veg			Pulse	BP
	<i>Pravar</i>	<i>Madhyam</i>	<i>Avar</i>		
10:00			1	78	130/90
10:20			1	80	130/90
10:25		1		80	130/90
10:50		1		82	130/90
12:05			1	80	130/90
2:36		1		76	130/90
4:35			1	82	130/90

D) *Shaman Chikitsa*:

After *Samsarjan Kram*

- 1) *Suvarnamakshik Bhasma*
125mg+*Guduchi Satva* 1gm BD was Given
- 2) *Haritaki +Shunthi+Triphala* (3gms each) with Honey
- 3) *Pathya-Apathya*

Pathya:

Khichadi, Laghu Aahara, leafy vegetables, *Snana, Shubhra Vastradharana, Taila Abhyanga, Dhyana*.

Apathya

Dhadhi, Madhya Sevana, Mamsa, MatsyaSevana, Vegadharana, Adhika Vyayama, AaatapSevan, MarutSevan.

DISCUSSIONS

Psoriasis is a skin disease that causes itchy or sore patches of thick, red skin with

As per the observation during the process, *Avar Shuddhi* was observed, then sequence of *1 Aahar Kal* was decided, according to status of *Agni* and type of *Shuddhi Peya, Vilepi, Akrit Mudga Yusha, Krit Mudga Yusha* was given.

silvery scales. In this the patches usually get on elbows, knees, scalp, back, face, palms and feet, but they can show up on other parts of body(Figure1 to 4). Some people who have psoriasis also get a form of arthritis called psoriatic arthritis. Psoriasis is an autoimmune skin disorder. In a process called cell turnover, skin cells that grow deep in skin rise to the surface. Normally, this takes a month. In psoriasis, it happens in just days because your cells rise too fast⁵.

Kitibha is one of the *Kshudra Kushtha* having the *Lakshanas* like *Shyava, Khara Sparsha, Parusha, Ruksha Pidika* and *Kandu*⁶.*Kitibha Kushtha* manifests due to vitiation of *Saptadhatus* like three *Dosha, Twak, Rakta, Mamsaand Lasika. Kitibha Kushtha* is having involvement of *Vata* and



Kapha Dosha having the *Lakshanas* of individual *Doshas*⁷.

While describing the management of *Kushtha*, *Charak* has described that *Shodhana* followed by *Shaman Chikitsa* should be applied. In this case patients having complaints of *Sarvang Twak Raktvarniy Mandalopatti, Sarvang Kandu, Sarvanga Daha, Twak-Rukshata, Parushata, and Kharasparsha* which was showing *Tridosha* involvement in disease formations.

In *Kushta*, *Kapha* and *Pitta* are dominant *Doshas*, it also affects *Rasa, Rakta* and *Mansa*. *Virechana Karma* mainly acts on *Pitta* and *Kapha Dosha*. In this patient *Virechana* was planned. *Rukshan Pachan Karma* was done before *Snehapan*. After *Samyak Snehapan, Shakhagat Dosha* comes to the *Koshta. Dosha*, in this patient, particularly *Pitta* and *Kapha* responsible for *Samprapati* were eliminated through *Adhomarg* by *Virechana Karma*. In this period, PASI Score came down from 21.9 to 18.9. After following *Samsarjan Karma, Shaman Chikitsa* was given in the form of *Rasayan Aushadi* like *Guduchi Satva* and *Suvarnamakshik Bhasm*, along with *Gomutra* as *Anupan*. *Charak* has explained the role of *Makshik* in *Kushtha* as “*SaptadashaKushthaghati*”⁸. The assessment after 15 days of *Shaman*

Chikitsa shows dramatic improvement in symptoms and PASI score which was 10.6. It is very clear from foregoing that *Shodhana* in the form of *Virechana* removes *Dosha* in *Kitibh*. Not only *Virechana* but use *Virechana* followed by *Suvarnamakshik* in the form of *Rasayan* was beneficial in this patient.

CONCLUSION

The treatment with *Shodhan (Virechana)* followed by *Shaman Aushadhi* along with *Pathyakar Ahar Vihar* was planned considering *Tridhosha* involvement in *Kitibha Kushtha*. Encouraging results were observed in subjective parameters and PASI score. PASI score before treatment was 21.9 which reduced to 10.6 after treatment.

It is a case study which is not yet concluded as significance. Large sample should be studied to conclude the efficacy of *Shodhan* and *Shaman* in *Kitibha Kushtha*. *Deshmukh P.(2008)* had evaluated the effect of *Suvarnamakshik* in *Kushta*. So to get significant result of *Virechana* followed by *Suvarnamakshik* in *Kushta*, a comparative study should be carried out.



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