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Role of *Virechana Karma* in the Management of Psoriasis by Ayurveda: A Case Study

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ABSTRACT

Psoriasis is a chronic dermatitis that is characterized by an unpredictable course of remission and relapse and presence at typical sites of well-defined erythematous papules and plaques, which are surmounted with large, silvery loose scales. It is an auto immune disorder in which hyper proliferation of the skin occurs. Stress is one of the major triggering factor in the exacerbation of the disease. All skin diseases with their etiology, pathogenesis and specific classification have been included under the heading of *Kushtha* in Ayurveda. *Kushtha Roga* has involvement of *Tridoṣa* with the vitiation of *Tvak*, *Rakta*, *Mamsa* and *Lasika*. Ayurvedic *Panchakarma* procedures especially *Vamana*, *Virecana* and *Niruha Basti* gives good result in *Kushtha* (psoriasis) which requires hospitalization. *Kaishora Guggulu* and *Manjishthadi Kwatha* are the oral medicament mentioned in most Ayurvedic classics for the treatment of various skin disorders. A 23 years old male patient known case of Psoriasis was hospitalized in P. D. Patel Ayurveda Hospital, Nadiad for 37 days. He had complaints of discoloration of skin, spots all over the body, itching over whole body since 2 months. He had red patch in lower back region along with burning sensation. Patient had history of constipation since 5 years. Patient was on regular allopathic medicine for 2 months but he did not get any satisfactory relief in the sign and symptoms. He was treated for 37 days in I.P.D. with *Snehapana* followed by *Virechana Karma*, *Niruha Basti* along with oral medications like *Manjishthadi Kvatha*, *Kaishor Guggulu*, *Arogyavardhini Vati*. For Local application *Gandhaka Malahara* and *Marichyadi* oil was advised. After treatment a significant improvement was noted in patient's signs and symptoms. There were 80% relief seen in patient in 37 days.

KEYWORDS

Psoriasis, Kushtha, Virecana Karma, Niruha Basti



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INTRODUCTION

Psoriasis is a disease which stands for long duration characterized by an unpredictable course of remission and relapse and presence at typical sites of well defined erythematous papules and plaques, which are surmounted with large, silvery loose scales. There is frequent nail and joint involvement¹. The prevalence of psoriasis is increasing; about 120-180 million of the global population suffers from psoriasis in the world². Approximately 1/3 part of the patient has a positive family history³. In India, the overall incidence of psoriasis among total skin patients is 1.02%⁴. The prevalence of psoriasis in adults ranges from 0.91 to 8.5%⁵. The word psoriasis comes from Greek word meaning the state of having the itch⁶. Psoriasis is a long-lasting autoimmune disease characterized by patches of abnormal skin. Stress is one of the major triggering factor in the exacerbation of the disease. All skin diseases with their etiology, pathogenesis and specific classification have been included under the heading of *Kushtha* in Ayurveda. *Kushtha Roga* has involvement of *Tridosha* with the vitiation of *Tvak*, *Rakta*, *Mamsa* and *Lasika*⁷. There are various type of treatment is used for psoriasis like NB-UVB (Narrow Band Ultra Violet B) and Psoralen (P) and

Ultraviolet A wave (UVA) therapy PUVA, corticosteroids and antimetabolic drugs, but the disease recurrence and serious side effects like liver and kidney failure, bone marrows depletion discourage the patients and an increased risk of skin cancer⁸⁻¹⁵. Ayurvedic *Panchakarma* procedures especially *Virecana* and *Niruha Basti* give good result in *Kushtha* (psoriasis) which requires hospitalization¹⁶⁻¹⁷. *Kaishora Guggulu* and *Manjishthadi Kvatha* are the oral medicament mentioned in most Ayurvedic classics for the treatment of various skin disorders¹⁸. Hence in The present study an attempt was done to manage psoriasis with Ayurvedic line of treatment like *Panchkarma* and *Samana Chikitsa*. *Panchkarma* is also called as *Shodhan Chikitsa* because it helps in the purification of body and removal of the vitiated *Dosha* from the body¹⁹.

A CASE REPORT

A 23 years old male patient known case of Psoriasis came in O.P.D. of P. D. Patel Ayurveda Hospital on 21 May 2018 having complaints of discoloration of skin, spots all over the body, itching over whole body since 2 months. Patient had red patch in lower back region along with burning sensation, scaling, erythema and itching as seen in Table 1.



Table 1 Scoring pattern of signs and symptoms of patient*

Sr.No	Parameter	Score
1	Scaling	3
2	Erythma	4
3	Extent of lesion	3
4	Itching	4
5	Dryness	3

Patient had history of constipation since 5 years. Patient was on regular allopathic medicine viz. Omeprazole capsule 20mg BD, vitamin A OD, Livocetazine dihydrochloride 5mg BD, Althrocin 500mg BD and Salizer (Clobetasol propionate) for local application. Even after taking these medicine continuously for 2 months he did not got any satisfactory relief in signs and symptoms. Hence he came to P. D. Patel Ayurveda hospital, Nadiad, Gujarat for proper treatment. The patient was diagnosed with psoriasis (*Ekakushtha*) and admitted in I.P.D. of P. D. Patel Ayurveda Hospital for better management of diseases.

AYURVEDIC MANAGEMENT

- *Snehapana* first three days with *Panchtikta Ghrita*
 - Day 1 : 40 ml BD with Luke warm water
 - Day 2 : 55 ml BD with Luke warm water
 - Day 3 : 70 ml BD with Luke warm water
 - *Samyaka Sneha Lakhshna* were met on day 4.
- *Sarvang Abhyanga* with *Jatyadi oil* and *Sarvang Baspa Swedana* with *Nimba Patren* 4th, 5th and 6th day of hospitalization followed by *Mrudu Virechana Karma* was

performed with 40ml *Eranda Tail* plus 5 gm *Dindayal Churna* with warm water

- After the *Samsarjana Karma*, following treatment was given-
- *Sarvang Abhyanga* with *Jatyadi* oil and *Sarvang Svedana* with *Nimbapatra* every day once in the morning.
- *Niruh Basti* with *Pathyadi Kwatha*.
- *Raktamokshana* by *Siravedhana* from median cephalic vein
- Following oral medicaments were given daily after completion of *Mrudu Virechana*
 - *Manjishthadi Kwath* 40 ml twice a day.
 - *Kaishor Guggulu* 3 tablets thrice a day with warm water.
 - *Guduchi-2gm+Brahmi-1gm+Shuddha Makshik-250mg* thrice a day
 - *Arogyavardhini* 2 tablet twice in a day tablets thrice a day with warm water.
 - *Gandhak Malhar* and *Marichyadi* oil for local application

DISCUSSION

A 23 years old male patient having complaints of discoloration of skin, spots all over the body, itching over whole body since 2 months and red patch in lower back region along with burning sensation was diagnosed as Psoriasis, admitted in I.P.D of P.D Patel hospital and managed with *Panchakarma* along with medicinal treatment. According to *Ayurveda*,



Psoriasis is *Vata* predominant *Tridoshaja Vyadhi* affecting *Tvaka* and *Rakta*, *Mamsa* and *Lasika* are main *Dushya* along with *Raktavahastrotasa*. In treatment of *Vata*; *Snehana*, *Swedana*, *Mridu Virechana*, *Basti* are considered as main line of treatment. *Virechana* is done at the beginning of the treatment to remove toxicity and ensure proper absorption of the drugs. *Niruhabasti* acts on *Doshas* accumulated in entire body and eliminates them. Thus, *Shodhana* is done with *Niruha Basti*. *Raktamokshana* by *shiravedhana* was done to remove the *Dushita Rakta* from the body. *Sira* is *Upadhatu* of *Rakta*. *Raktashodhaka Aushadhis* should be given for elimination of doshas. Therefore, *Manjishthadi Kvatha* and *Kaishora Guggulu* are given. As psoriasis is an auto-immune disorder, drugs like *Arogyavardhini Vati* and *Guduchi-2gm+Brahmi-1gm+Shuddha Makshik-250mg* was given to enhance the Immunity of the patient and these drugs also have *kusthahara* property according to Ayurvedic classics. *Gandhak Malhar* and *Marichyadi* oil was advised for local application to relieve the localized sign and symptoms. This line of treatment helps in breaking the *Samprapati* of Psoriasis and helps in management of Psoriasis.

Probable role of *Virechana karma* in Psoriasis

Virechana is done at the beginning of the treatment to remove toxicity and ensure proper absorption of the drugs. By *Virechana Karma* vitiated *Dosha* mainly *Pitta* and *Vata* is excreted from their site of accumulation and clearing the *Sarotasmarga* resulting in purification of *Dushit Raktadhatu*. In this way *Virechana Karma* mitigate the *Samprapti* of Psoriasis resulting in relieving sign and symptoms of Psoriasis.

He was treated for 37 days in I.P.D. with above mentioned line of treatment. After starting the treatment patient's sign and symptoms decreased especially after *Virechana Karma*. Significant improvement was seen in patient's Signs and Symptoms after the treatment. The results of the study are given in Table 2.

Table 2 Improvement in signs and symptoms.

Sr.No	Parameter	B.T Score	A.T Score
1	Scaling	3	0
2	Erythma	4	1
3	Extent of lesion	3	1
4	Itching	4	2
5	Dryness	3	1

*Following the scoring pattern is applied for the main signs and symptoms in Table 1 and Table 2.

1. Scaling

Scale	Score
No scaling	0
Scaling off between 15 – 28 days	1
Scaling off between 7 – 15 days	2
Scaling off between 4 – 7 days	3
Scaling off between 1 – 4 days	4

2. Erythma

Scale	Score
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Normal skin	0
Faint or near to normal	1
Blanching + red colour	2
No blanching + red colour	3
Red colour + subcutaneous	4

3. Extent of lesion

Scale	Score
No lesion	0
Lesion on partial parts of hand, leg, neck, scalp, back	1
Lesion on most parts of hand, leg, neck, scalp, back	2
Lesion cover maximum parts of hand, leg, neck, scalp, back	3
Whole body	4

4. Itching

Scale	Score
No itching	0
Occasional	1
Frequent but tolerable	2
Not tolerable and disturbed routines	3
Mostly all time with disturbing sleep and routines	4

5. Dryness

Scale	Score
Normal	0
Slight dry skin	1
Excessive dry skin	2
Lichenified skin	3
Bleeding through the skin	4

CONCLUSION

From present case study, we are conclude that *Panchkarma* with right way along with medicinal treatment shows significant improvement in signs and symptoms of Psoriasis patient. There was 80% relief since the starting of treatment. This type of treatment protocol can give hope to the many patients of Psoriasis. This study can be used as a base for carrying out further clinical trials in large number of patient.



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