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## Effect of *Nitya Virechana* in the Management of *Ekakushta* - A Case Report

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### ABSTRACT

Psoriasis is a chronic, recurrent, immune mediated disease of the skin presenting with symmetrical, erythematous, scaling papules and plaques. The exact cause of Psoriasis is unknown but it may be attributed to abnormal genetic, immunological and environmental factors. In Ayurveda, such skin manifestations are better understood under the broad heading of the disease *Kushta*. Out of the 18 types of *Kushta* explained in the classics, *Ekakushta* is one amongst the *Kshudra kushta* as explained by Charaka which can be clinically appreciated from the symptomatology such as *Aswedana*, *Mahavastu*, and the lesions mimic *Matsyashakala*. The inherent nature of the *Kushta* has *bahudoshavastha* and the management of such diseases are possible only through *shodhana chikitsa* which is based on the *dosha* dominance. *Virechana* is selected in *pitta pradhana kusta*. But, when the patient is unfit for *snehapana poorvaka shodhana*, the *bahudoshavastha* can be managed with *Nitya virechana*. With this concept, a 14 years old female diagnosed as *Ekakusta* since 2 years was treated with *Nitya virechana* using *Avipathikara churna* 10 gms daily for 7 days which is repeated for 3 times with a gap of 3 months in between each admissions. The treatment showed significant changes in the clinical presentation.

### KEYWORDS

*Psoriasis, Bahudoshavastha, Ekakushta, Nitya virechana, Avipathikara choorna*



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## INTRODUCTION

Skin has functions like protective, thermo regulatory effect with major contribution to the cosmetic appearance of a person. Any derangement in the normalcy of skin causes physical as well as psychological disturbances in the patient. All such diseases affecting the skin are mentioned under the broad heading of *Kushta*. Among them, one such disease affecting larger area of the skin and deeper *dhatu* is *Ekakushta* with symptoms like *Aswedana*, *Mahavastu*, *Matsyashakalopama*<sup>1</sup>. In modern parlance Psoriasis mimics with the signs and symptoms of *Ekakushta*. Psoriasis is considered to be a chronic inflammatory hyperproliferative skin disease, presenting with welldefined erythematous scaly plaques. It mainly affect the extensor surfaces and scalp. The prevalence is 1.5-3% in European population, but less in African and Asian populations. It will have impact on social, economical, psychological condition of the patient. The management of *Kusta* presenting with *bahudoshavastha* are to be treated with *Shodhana Chikitsa* specific to the *dosha* dominance<sup>2</sup>. In *pitta pradhana* conditions and as invariably there is involvement of *rakta dhatu*, *Virechana* is the ideal treatment. When the patient is *durbala*, practicing *snehapana poorvaka shodhana*

is difficult. Hence the *bahu dosha avastha in kushta* is better managed through *Nitya virechana*<sup>3</sup>. In *Nitya virechana*, small amount of *doshas* are eliminated daily whereby the *bala* of the patient is maintained. In *Kusta*, the involvement of *gambheera dhatu*, *bahu dosha* and *samprapti* itself makes the disease chronic and difficult to manage. Hence repeated course of such treatment may be needed to manage the condition. As the patient is *baala*, *sukumara*, the drug selected should be *sukha virechaka* where *trivrit* is the ideal one<sup>4</sup>. As the drug for *Virechana* should be *Hrudya*, the palatability of the drug is to be considered. The combination fulfilling these two criteria is *Avipathikara choorna*<sup>5</sup> which contain *trivrit* as an ingredient and *mishri* which makes it more palatable. With this idea in backdrop, a 14 years female patient diagnosed as *Eka kushta* was treated with *Nitya virechana* using *Avipathikara choorna* daily for 7 days in 3 sittings. The details are as follows.

## CASE REPORT

A 14 years old female patient presented with reddish skin lesion over the face, trunk, back and in both upper and lower limbs since 2 year. Associated with whitish scaling, itching and occasional foulsmelling



discharge which is serous to bloody in nature.

*Detailed History-* A 14 years old female patient first developed powdery scaling over the head associated with itching which was diagnosed as dandruff, treated for the same for 2 months. Gradually she developed reddish lesions over trunk, back, face, legs and hands which was associated with itching. On itching there was whitish scaling and occasional foulsmelling discharge. The lesions increased in winter season. On severe itching there was bloody discharge.

Skin examination revealed global involvement (*Mahavastu*), Scaling (*Matsyashakalopama*)

#### **Inspection:**

- Type of lesion-Primary
- Color of lesion: -White to yellowish
- Number-Numerous
- Shape-Round to irregular
- Distribution-Global
- Discharge-Present
- Itching -Present

#### **Palpation:**

- Temperature-Raised
- Border-Elevated

The tests like Auspitz sign and Candle grease tests were –positive

Based on the presentation and examination of the skin, the condition was diagnosed as *Ekakushta* (Psoriasis) with

*bahodoshavastha*. As there was involvement of *tridosha*, the *virechanakarma* was selected. As the patient is female and *baala*, by considering her as *sukumara* and *durbala*, the *snehapana poorvaka virechana* was modified into *nitya virechana*. As *sukumara*, the drug selected was *trivrit*. As the *virechana* drug should be *hrudya*, a combination which has *trivrit* and is palatable is selected as *Avipathikara choorna*. It is *sukha virechaka* and due to the larger quantity of *mishri (Sita)*, it is palatable too. Hence for mild *Nitya virechana*, the dose was selected as 10 gms which is sufficient to cause 6-7 *vegas* daily. Hence 10 gms of *churna* with 200 ml of luke warm milk was given daily at 9.30 AM for 7 days. The patient was observed for the number of *vegas* and for associated complaints if any (like nausea, abdominal pain, heaviness)

Along with this, *Kutaja taila abhyanga* for 20 minutes followed by *Karanja nimba patra parisheka*-for 30 minutes was done daily in the morning for 7 days.

The patient was administered with 3 courses of *Nitya virechana* with a gap of 3 months each. The details of treatment done are enlisted (Table 1)

**Table 1** Treatment details





	First visit (6/6/18)	Second visit (10/9/18)	Third visit (30/1/19)
<b>Drug/dose/anupana</b>	Avipathikara churna 10gm, milk	Avipathikara churna 10gm, milk	Avipathikara churna 10gm, milk
<b>Time of administration</b>	9:30AM	9:30AM	9:30AM
<b>Duration</b>	7 days	7 days	7 days
<b>Number of vegas</b>	1 <sup>st</sup> day-6 2 <sup>nd</sup> day-4 3 <sup>rd</sup> day-5 4 <sup>th</sup> day-2 5 <sup>th</sup> day-4 6 <sup>th</sup> day-4 7 <sup>th</sup> day-5	1 <sup>st</sup> day-8 2 <sup>nd</sup> day-6 3 <sup>rd</sup> day-4 4 <sup>th</sup> day-4 5 <sup>th</sup> day-4 6 <sup>th</sup> day-5 7 <sup>th</sup> day-6	1 <sup>st</sup> day-2 2 <sup>nd</sup> day-4 3 <sup>rd</sup> day-5 4 <sup>th</sup> day-2 5 <sup>th</sup> day-4 6 <sup>th</sup> day-4 7 <sup>th</sup> day-4
<b>Observation</b>	Vegas started 1-2 hours after drug administration		
<b>Complications if any</b>	Weakness, tiredness, 2 episodes of vomiting		

## RESULTS

The comparison of lesions before and after treatment were done. At the time of first admission -06/06/2018, the lesions were recorded (Figure 1)



LEFT HALF OF FACE



RIGHT HALF OF FACE



LEFT HAND



RIGHT HAND



RIGHT LEG



LEFT LEG

**Figure 1** Distribution of lesions before first course of treatment

*On discharge after the first course of treatment- Symptoms reduced –itching*



reduced, skin became soft, discharge reduced. The patient was discharged with following oral medications:

*Guggulu tiktaka madhu snuhi rasayana* 1 tsp bd after food

Tab Psora Bd after food

*Haritaki* 2 tablets daily once in the night time.

### **During admission for second course of treatment (10/09/2018)**

After 3 months, when she came for the second course of treatment, colour, itching, discharge, scaling, crest formation was completely absent with significant reduction in area and number of skin lesions over the face, ears and extremities (Figure 2).



LEFT HAND



RIGHT LEG

**Figure 2** Lesions during second course of treatment Patient was discharged with the same medications prescribed earlier.

### **After third course of treatment (30/01/2019)**

At the end of third course, the skin examination revealed (Figure 3)

#### **Inspection**

- Scaling- Absent
- Lesions-Absent over face and neck, Near complete reduction over hands and legs
- Shape-Round
- Distribution- Very few over leg and hand
- Discharge-Absent
- Itching -Absent

#### **Palpation**

- Auspitz sign-Negative
- Candle grease test-Negative



LEFT HALF OF FACE, NECK

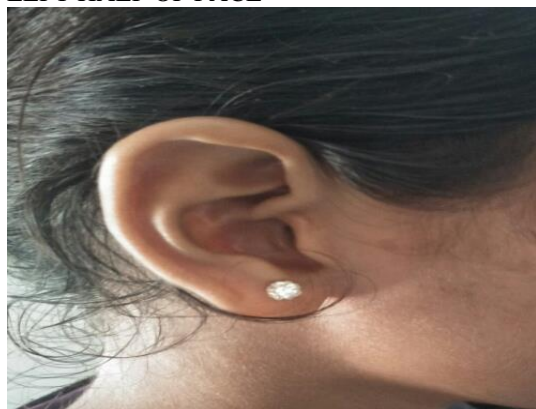


RIGHT HAND





LEFT HALF OF FACE



RIGHT HALF OF FACE



RIGHT HAND



LEFT LEG



RIGHT LEG

**Figure 3** Improvement after third course of treatment

## DISCUSSION

The symptoms like itching, discharge, wide spreading, progressive lesions, are indicative of *bahudoshavastha* in the patient. *Shodhana chikitsa* is the best way to tackle *bahudoshavastha*. Since the patient is *baala*, it is difficult to practice *snehapana poorvaka virechana* and to follow proper *samsarjana krama*. Hence, *Nitya virechana* was planned.

**The medicine:** The medicine chosen for *Nitya virechana* is *Avipathikara churna*, wherein the name itself suggests 'Absence of *Vipath*', during the procedure. It contains drugs like *Trivrit*-33%, *Mishri*-50%, *Triphala*, *Trikatu*, *Vidanga*, *Mustaka*, *Tvak*, *Patra*, *Ela*.

*Trivrit* is *sukha virechaka* and it can be given in all types of *koshta*<sup>6</sup> and is indicated in *sukumara*, *shishu*, *vridha*, *bahudoshavastha*. *Mishri* forms 50% of the *yoga*, which makes it *pitta vata shamaka* and more palatable. *Krimihara* action of



*Vidanga* helped in reducing the itching. *Triphala* is *mridu virechaka*<sup>7</sup>. *Trikatu* is *katu rasa*, *kapha medohara* and *kushtagna* in nature<sup>7</sup>. *Twak*, *patra* and *ela* are *gandha dravyas* which gives a pleasant smell to the *yoga* and helped in easy administration in patient. *Avipathikara churna* is also indicated in *Amlapitta*, *Vibandha*, *Agnimandya*, all types of *Prameha* and *Arshas*<sup>5</sup>.

**Nitya shodhana:** During *Nitya virechana*, patient used to pass 6-7 *vega* daily, whereby the *doshas* were eliminated out through the *adhomarga*. *Rakta* is the main *dushya* involved and since the *rakta* and *pitta* are having *Ashraya Ashrayi Sambandha*, it is also treated to some extent. Through *Virechana*, *pitta* and *kapha doshas* are eliminated<sup>3</sup>. *Kapha dosha* is better maintained by *ruksha* type of *nitya virechana* wherein the selected *yoga* is in *churna* form. *Vatanulomana* is also best achieved through the *nitya virechana*<sup>3</sup>. As the medicine *Avipathikara churna* is indicated in *agnimandya*, the *agni* is also taken care of during the treatment. Along with this, the *alpa dosha nirharana* will maintain the *bala* of the patient which is needed in *durbala*, *bala* and *sukumara*<sup>8</sup>. Once the *doshas* were eliminated, the symptoms gradually relieved.

**Abhyanga and Swedana:** *Stri kutaja taila* which was used for *abhyanga*, is *krimihara*,

*kandugna* and *kushtagna*. *Parisheka sweda* is a *drava sweda* which can be given in *pittasamsrushta* conditions and hence, was administered as *bahya swedana*. The *shamana sweda* is having the benefit of *twak prasadana* too<sup>3</sup>. *Karanja* and *Nimba patra* are *tikta rasa pradhana*, and also *kapha pittahara* and *kushtagna* and hence was selected for *parisheka*. As the *bahya snehana* and *swedana* was given before the *Nitya virechana*, the *shakha* and *srotogata doshas* may be brought back to *koshta* to some extent and is eliminated during *nitya virechana*<sup>9</sup>.

**Need of repeated Nitya Virechana:** A course of *Nitya virechana* was planned for 7 days, where patient tolerated the procedure comfortably. The continuation of treatment was difficult as the *baala* and *sukumara* nature of the patient was the concern. *Alpa dosha nirharana* by maintaining the *bala* was the need. Hence, repeated *shodhana* was planned. As the patient already had *utklishta dosha avasta*, *bahya snehana* and *swedana* caused *dosha vilayana*. The *shodhana aushadha* will detach the *dosha* from *dhatu* and will bring the *dosha* from *shakha* to *koshta* and eliminates completely<sup>10</sup>. This procedure helps in *samprapti vighatana* whereby the normalcy is attained. As the *nitya virechana* is capable of eliminating *koshtagata doshas* and *srotogata doshas*, the patient got relief





from the symptoms. When the *dooshita doshas* are eliminated, the progression of the *samprapti* was arrested and the same was appreciated in the patient.

The disease *Kushta*, reccure based on *Nidana*, *Kala* and progression of the *Samprapti*. Hence, the *kushtavyadhi samprapti* needs repeated *shodhana*. *Nitya shodhana* may not bring all the *doshas* from *shakha* to *koshta*, but it helps to manage the *utklishta rakta avastha*. Hence when the patient attains *bala*, the *snehapana poorvaka virechana* is the ideal management. If the disease is not progressive, then *ritu shodhana* is to be advised as a preventive measure. The *rasayana* practiced after *shodhana* helps in normalizing the *dhatu*, *dosha* whereby reccurrence may be prevented. The lifestyle modification in the form of *Nidana parivarjana* along with the *Samanoushadhis* are advised with same idea, which contributed to the improvement.

## CONCLUSION

*Nitya virechana* is an ideal procedure to tackle *bahudoshavastha*, when the patient is not fit for *snehapana poorvaka shodhana*. The *doshas* are eliminated daily in small amount by maintaining the *bala* of the patient. Though it may not bring all the

*doshas* from *shakha* to *koshta*, the *doshas* eliminated in *Alpa pramana* is sufficient to bring improvement in symptoms. Lifestyle modification along with repeated course of *Nitya virechana* is essential to maintain the disease condition. Once the patient attains *bala*, *snehapana poorvaka shodhana* or *ritu shodhana* will be the ideal line of management. The *Rasayana* practiced after repeated *shodhana* is essential to prevent further reccurrence.



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