

A Case Study on Implication of Virechana Karma on Inverse Psoriasis

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Abstract: Psoriasis is a chronic skin disorder marked by periodic flare-ups of sharply defined red patches, covered by a silvery, flaky surface. The main disease activity leading to psoriasis occurs in the epidermis, Psoriasis is the most common dermatological condition affecting 1% of the population. The cause is unknown but is thought to be related to genetic and environmental factors that trigger on over production of epidermal cells. Inverse psoriasis (IP), also known as flexural or intertriginous psoriasis is a variety of plaque psoriasis that involves the body folds, most often the axillary, anogenital, and inframammary ones. Inverse psoriasis is clinically characterized by well demarcated, erythematous patches. Kushta is Bahudoshaavastajanya vyadhi, has tridosha involvement along with saptha dhatu as its dushya psoriasis may be put under the categories like kitibha, sidhma, ekakushta according to different presentations. Virechana karma is one of the sodhana karma explained for it. As tvacha is a jnanedriya, thus by virechana karma indriya shudhi takes place. All acharayas explained that kushta is one of the virechana sadhya vyadhi. Thus virechana karma is helpful to manage psoriasis. **Objective:** To evaluate the effect of virechana karma in Inverse psoriasis Patient. **Methodology:** A female Patient aged 23 years old with Inverse psoriasis was subjected to deepana pachana with chitrakadi vati, and Agnitundi vati after proper amapachna arohana snehapana was administered with panchatikataka guggulu gritha till obtainment of samyak snigdha lakshans. Then from next day of samyak snigdha lakshana, Sarvanga Abhangya with murchita tila taila Taila followed by Ushna jala snana for three days, depending upon the rogi & roga bala Virechana Karma was performed with Trivrita leyam with sukoshna jala as Anupana. Patient had avara shuddhi and three days of Samsarjana krama was prescribed. **Results:** Photographs of lesions were noted before and after the Virechana karma.

Keywords: Virechana, Karma, Psoriasis, Kushta, Inverse psoriasis

1. Introduction

Psoriasis is one of the most common dermatologic disorder and a chronic skin disorder marked by periodic flare-ups of sharply defined red patches, covered by a silvery, flaky surface.¹ About the 3% of the world's population have some form of psoriasis. The main disease activity leading to psoriasis occurs in the epidermis, the top five layers of the skin. Inverse psoriasis (IP), also known as flexural or intertriginous psoriasis, is a variety of plaque psoriasis that involves the body folds, most often the axillary, anogenital, and inframammary ones According to different studies and populations, the prevalence of IP is highly variable, ranging from 3 to 36% because of the lack of precise diagnostic criteria and of the consensus whether genital localization is considered part of the disease, Inverse psoriasis is clinically characterized by well demarcated, erythematous patches².

From the origin point of view Tvak is considered as Upadhatu of mamsa dhathu, Tvak is having direct relationship with Rasa dhatu owing to its nourishment and maintenance.³

However in the context of Dashavidha pariksha Charak identified TwakSara instead of RasaSara⁴. Thus healthy status of Rasadhatu is most essential to maintain the proper structure and functions of Tvak.

Kushta is Bahudoshaavastajanya vyadhi, has tridosha involvement along with saptha dhatu as its dushya psoriasis may be put under the categories like kitibha, sidhma, ekakushta according to different presentations Virechana karma is one of the sodhana karma explained for it. As tvacha is a jnanedriya, thus by virechana karma indriya shudhi takes place⁵.

All acharayas explained that kushta is one of the virechana sadhya vyadhi. Thus virechana karma is helpful to manage psoriasis. Moreover Charaka identified Kushta as one among Dheergakaalena roga⁶.

Even though Virechana is best line of treatment modality for pittadosha¹³ it can act on kaphasamsrusta pitta or pittasthanagat kapha. And moreover in case of vatasyopakrama mridu shodhana indicated which refers to mridu Virechana karma⁷. So Virechana is major line of treatment for morbid pittadosha & also it act on morbid kapha and vata dosha. Thus action of-Virechana is seen on all tridosha.

2. Case History

A 23 years old female patient unmarried of Hindu religion consulted Panchakarma OPD of SSRAMC & H Inchal.

Pradhana vedana: Reddish Black lesions over groin, armpit, abdomen. Lower limbs and neck with itching. Since 2 years associated with disturbed sleep since 2 months.

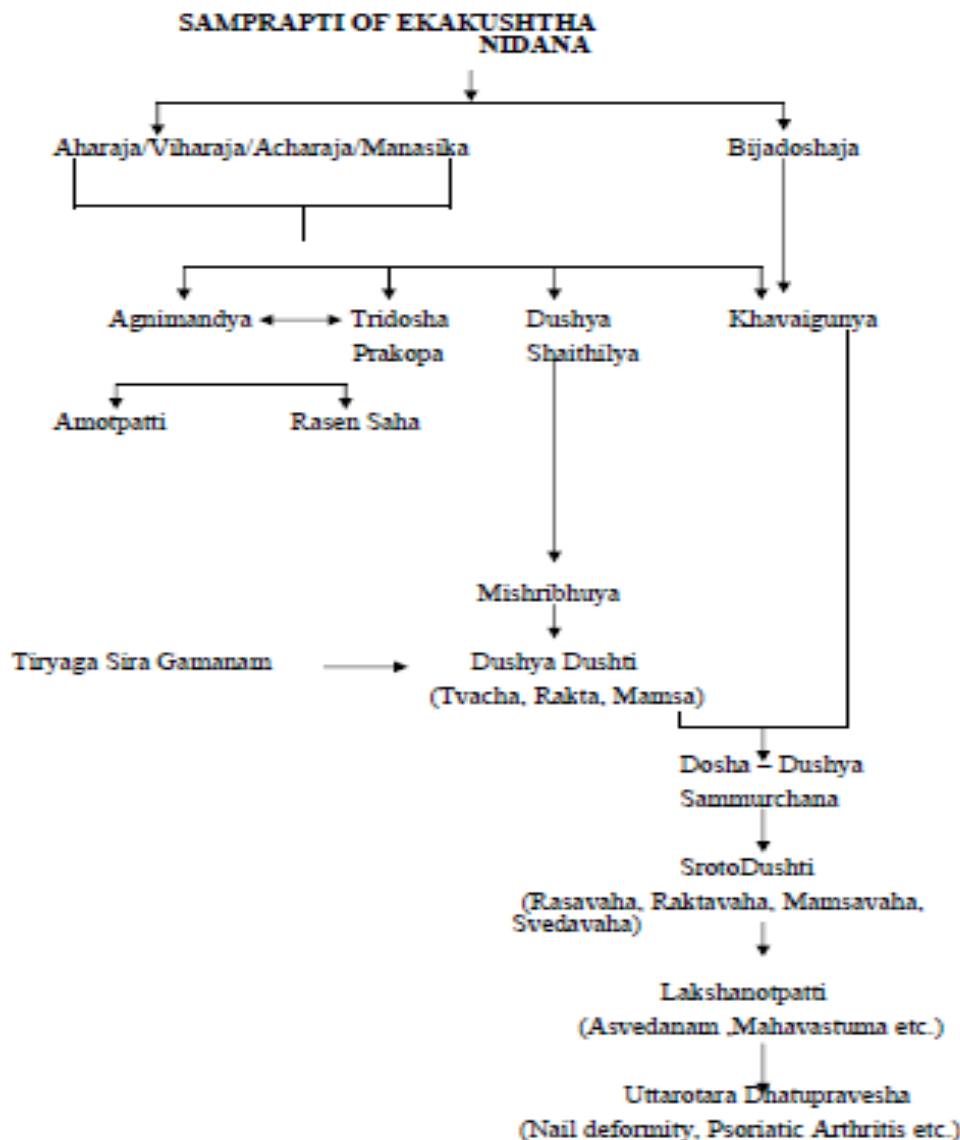
over groin, armpit, and abdomen. Lower limbs and neck with itching, itching is increased during nights, the patient had consulted dermatologist with no improvement in the symptoms later consulted to Panchakarma OPD for the same.

Vedana vrittanta: The patient is said to be healthy before two years later started complaining of Reddish Black lesions

Pareeksha

<ul style="list-style-type: none"> • Dashavidha pariksha • Prakriti: Kaphavata • Vikriti: Vata kapha, pitta, Rasa, Rakta, lasika, mamsa, medha • Sara: Medhasara • Satva: Avara • Satmya: Amla, Lavana, Katu, snigdha, guru • Samhana: Madhyama • Aharashakti <ul style="list-style-type: none"> ○ Abhyavarana: Madhyama ○ Jarana: Madhyama • Vyayama shakti: Madhyama • Pramana: Madhyama • Vaya: Proudha. 	<p>Samprapti ghataka</p> <ul style="list-style-type: none"> • Dosh: Vata, Pitta, Kapha • Dushya: Rasa, Rakta, Mamsa, lasika • Srothas: Rasadi • Srothodusti: Sangha • Udbhavastana: Amashaya • Sancharasthana: Rasavahini • Vyaktasthana: Twacha • Swabhava: Chirikari
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Samprapti of psoriasis as ekakushta



3. Intervention

POORVAKARMA

1) **Deepana** – Pachana: Chitrakadivati 1 tid and Agnitundi vati with sukhosha jala was administered to patient depending on their status of Agni in terms of Sama and Niramata for 3-7 Days till Nirama Lakshanas are seen.

2) **Snehana**: The guggulu tikthaka gritha was given; The initial dose was 30 ml (Hrisiyasi matra) with Luke warm water in early morning, after the digestion of the last night meal. Patient had vomited the Sneha so dose of 30 ml of Sneha was given with peya at 9: 30 am was given. During this period the patients were advised to consume little quantity of hot water in between and to follow all the restriction of Snehapana.

Days	Matra	Sneha jeerna kala	Vyapat
1(01/10/2020)	30 ml (8:15 am)	-----	Patient vomited the Sneha at 8:40 am
	30ml(Sneha)+peya 20ml (9:30 am)	5 hrs	Mild headache, tiredness.
2(02/10/2020)	50 ml (Sneha)+peya30ml (8:00 am)	6 hrs	---
3(03/10/2020)	90ml (Sneha)+Peya 40 ml (8:15 am)	6 hrs	-----

3) **Swedana**: Once samyak snigdha lakshana appears then, from next day Sarvanga Abhangya with murchita Taila followed by Sarvanga Parisheka with ushna jala was performed. Thus Bhaya Snehana and Swedana was performed for 3 days and during this period patient was advised to avoid consumption of Kaphakara Ahara and Vihara.

Pradhana Karma

On the 4th day Trivrit leya of 30 gms with Ushna jala as Anupana was administered to patient on empty stomach in the morning hours at 9 am.

Temperature, Pulse, Respiratory rate, B. P were recorded & careful monitor of the patients during virechana process was done. Then Patient was advised all the restriction and regulation on the day of Virechana karma. Finally OShuddhi lakshana in terms of Laingiki, Vaigiki, Antiki, and Maniki were assessed.

Paschat Karma

The Virechana was executed successfully, deciding the avara Shuddhi, Laingiki, 6 vegas Antiki with kapaha parameters were considered. After the successful completion of Virechana, the patients were asked to follow all the precautions related to Virechana. Then Samsarjana Karma was decided on the basis of Shuddhi lakshana and it was started from the same day evening for 3 days.

Probable mode of action of Virechana Karma

Virechana is indicated for Pitta predominant disease. The Virechana drugs have the properties like Ushna, Teekshna, Sukshma, Vyavayi & Vikashi. Due to their Vyavayi and Vikashi properties, they get quickly circulated into large and small capillaries of the body and pervade all over the body. By virtue of their Ushna and Teeksha qualities the accumulated Doshas get liquefied and breakup into small pieces at cellular level.

Because of their Vikashi Gunathey detach the Mala from Dhatu. Owing to the presence of Sukshma Guna and Anupravana properties the Mala or Dosha float because already body has got Samyaka Snigdhatata and pass through smallest capillaries and ultimately reach to Amashaya. Detached Mala would not be obstructed even in the smallest capillaries. Perform Virechana after the shleshma kala when the levels of Pitta are high. As per Ayurvedic point of view, process of Virechana Karma precedes Deepan Pachana which reduces the Aam dosha and increases Agni. There after medicated or pure Ghrita or Oil is given for the Snehana.

Though texts clearly contraindicated the use of Ghrita, Ksheera, Taila etc. As Snehana in Kushtha but they also suggested Siddha Ghrita or Taila by Ruksha, Ushna drugs for Snehpana purpose which may be helpful in conditions like Kushtha where Kleda is aggravated. All these drugs having Rasayana property may be more beneficial in management of Kustha. Snehpana reduces the burning sensation (Daha), lubricates the body and thus reduces dryness over the scales. It also reduces the scaling (Matsyashakalopamam). Also the external application of Sneha reduces dryness and scaling, hence all these procedures reduces Vatadosha in the body. Sarvanga Sveda removes obstruction in Srotas through Srotoshodhaka process. By the procedure of Virechana, the Kapha dosha and Pitta dosha gets eliminated from the body and reduces itching.

Before intervention

After snehapana



After virechana



Follow up

**4. Results and Discussion**

In the present case patient relived of complaints more than 90% by shodhana and it is evident in pictures. Psoriasis is a major problem among the society till today because of its ugly appearance which may disturb personal, familiar and social life of the patient. Psoriasis can be very persistent complaint. It does not kill but it is responsible for great deal of unhappiness, feeling of depression at some point. Psychological problems can arise from the feelings of the patients about his/her appearance, social rejection, guilt, embarrassment for self and family, and emptiness. Research

studies have shown that psychological stress is often caused by psoriasis, and can be a factor in 'flares' of psoriasis.⁸

In Ayurveda, almost all the disorder of the skin describing in the current science of dermatology can be taken under generalized term "Kushtha". Previous research scholars of Ayurveda have tried to correlate it with Ekakushtha, Kitibha and Sidhma. But typically, people suffered from only one type of psoriasis at a time, but occasionally two or more different types of psoriasis can occur at the same time. However Psoriasis can also occasionally change from one variety to another.

Depending on the expose of Psoriasis patient to different triggering factors, the existence forms of psoriasis may be get converted to another variety or form. Generally one type of psoriasis will vanishes and later another form of psoriasis will manifest.

Thus as the clinical presentation of Psoriasis varies, similarly Ayurvedic approach towards diagnosis of Kushta also differs. So it is very difficult to say that Psoriasis is equal to either Kitibha or Ekakushta or Sidhma etc. variety of Kushta or in other words to say as depending on the different presentation of Psoriasis, one should diagnose the variety of Kushta.

Moreover in Ayurveda the understanding of involvement of predominant Dosh, Dhātu, Mala, Srotas etc. Samprapti ghatak in disease have their own importance for proper planning of the line of medicine or line of treatment rather to correlate it with current Science of medicine. Hence by keeping all the above said facts in backdrop the present study was planned i.e. Virechana karma to manage the Psoriasis was selected instead of concentrating on any single variety of Kushta.⁹ In Ayurveda, the importance of Shodhana has been stressed, prior to Shamana line of treatment. Therefore in present case Virechana Karma was selected for Shodhana purpose.

Kushta Samprapti. As Sharangadhara described regarding the Pitta and Raktha dhātu have Ashreya-ashryi relationship, hence treatment modality of Pittadosha & Raktha dhātu resembling to each other. However among all the types of Swedana Karma, Parisheka is one variety of Swedana which should be used in Vata associated with Pitta disorders.

Kushta is considering as Santarpanotta Bahudoshaavastha Dhirghakalina mahagada. So it was consider as Kricchrasadhya to treat. Because of this reason repeated administration of all the Panchakarma, different varieties of Shamana Chikitsa & even Agada prayoga in certain stages of Kushta. Virechana is one among the Shodhana line of treatment modality was identified and it should be administered at least once in six months.

5. Conclusion

Psoriasis is considered to be inherited as autosomal dominant characters. The exact cause of the disease is not known, but many precipitating factors like environmental, immunological, genetic and psychological have been found. In the present case it can be implied that Virechana gives satisfactory result in Inverse psoriasis.

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