VIRECHANA IN THE MANAGEMENT OF PSORIASIS – A SINGLE CASE STUDY

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ABSTRACT:
Psoriasis is a long lasting autoimmune disease characterized by patchy skin lesions which will be typically red in colour associated with itching and scaling. It may vary in severity, and the size of the lesions presents either small or large and the area of presentation may be localized in some and even generalized to cover all over the body in many. Because of its recurrent and persistent nature the disease has remained a great problem in the society as there is no certain cure for the disease with contemporary medicine. The symptomatic relief was obtained through the contemporary science will have side effects after its prolonged usage. Low self-esteem and depression is also associated in those who are suffering from Psoriasis for longer duration. In Ayurveda, all skin disorders are broadly classified under the heading Kushta. As per our science, for the treatment aspect the dominance of the dosha has to be considered for the purpose of shodhana and shamana. Since the disease kushta is having bahudoshavastha, and requires to do shodhana as per the dominance of the dosha, a case study was taken who is 27 year old female patient presented with well demarcated raised red scaling silvery patches on head, upper and lower limbs with itching managed by snehapana followed by virechana.

KEY WORDS: PSORIASIS, SHODHANA, SNEHAPANA, VIRECHANA.

INTRODUCTION:
Psoriasis is put under the broad category of Kushta in Ayurveda. As per the different presentations observed in different varieties of Psoriasis, Eka Kushta, Kitibha, Mandala Kushta are having resemblance with Psoriasis. Psoriasis is defined as chronic recurrent autoimmune skin disease characterized by circumscribed erythematos, dry patches of various sizes covered by silvery white scales. The reported prevalence of psoriasis in countries ranges between 0.09-11.43% making it a serious global issue with at least 100 million individuals affected worldwide. In India, it is found that the incidence of psoriasis amongst patients of skin disorders ranges between 0.44 - 2.2% with overall incidence of 1.02%. Psoriasis is one of the most common dermatologic diseases, affecting up to 2% of the world population, it is an immune-mediated disease, characterized by erythematos, sharply demarcated papules and rounded plaques covered by silvery micaceous scale.

CASE REPORT:
A female patient aged 27 years reported in our hospital Panchakarma OPD complaining of well demarcated raised red scaling silvery patches on head, upper and lower limbs with itching and powdery discharge. The condition was gradual in onset which started in scalp region and later the lesions even started appearing in upper and lower limbs associated with itching and silver coloured powdery discharge. Those lesions were found to aggravate during the winter season, whereas lesions were getting relieved by oral medications and also during summer season. The lesions were not severe so as to disturb her routine activities. After thorough examinations as per Ayurvedic parameters by assessing the dominance of dosha, which was exhibiting the symptoms pertaining to pitta associated with kapha dosha, the treatment modality which is suitable to eliminate both pitta and kapha dosha without disturbing vata dosha such as Virechana karma was selected where the patient herself was found to be fit for Virechana karma. The modality was planned by following the pre-operative procedure such as pachana and deepana by administering agnitundi vati 2 tid before food,
and for anulomana avipattikara churna, 5 gms at bed time was given with ushnodaka as anupana. Then in Arohana krama shodhananga snehapana was administered with Tiktaka ghrita until the appearance of samyak snigdha laxanas. This was followed by abhyanga with karanja taila along with karanja patra parisheka for 4 days. Then the Virechana karma was administered by giving 50 gms Trivrit avaleha with 200 ml of hot water. The outcome of virechana was explained in terms of pravara shuddhi as the total vega was 32, along with laingiki lakshanas pertaining to virechana. Hence 7 days of samsarjana karma was advised to the patient.

General examination:

Pallor-absent

Icterus – absent

Cyanosis – absent

Lymphadenopathy – absent

Systemic examinations

Respiratory system – NAD

Cardiovascular system – NAD

Central nervous system – NAD

On Examination of skin:

- Site of the lesion - scalp, B/L upper and lower limbs
- Nature of lesion - maculopapular
- Colour of lesion - reddish
- Distribution of lesion - localized
- Number of lesions - numerus
- Itching - present
- Discharge - on scratching watery discharge
- Scaling - when dries silvery powdery discharge

Tests:

- Candle grease test - positive
- Auzpitz sign - positive

Intervention

- Deepana pachana agnitudi 2 tid
  - Avipattikara churna 5 gms hs with hot water
- Snehapana with tiktaka ghrita
- After attaining samyak snigdha laxana
- Abhyanga with karanja taila followed by araghwada karanja patra parisheka for 4 days
- Fourth day virechana administered with trivrit avaleha 50 gm with ushna jala as anupana
SNEHAPANA CHART

<table>
<thead>
<tr>
<th>VIRECHANA CHART</th>
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</thead>
<tbody>
<tr>
<td>Dravya</td>
</tr>
<tr>
<td>Quantity</td>
</tr>
<tr>
<td>Time of administration</td>
</tr>
<tr>
<td>Anupana</td>
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<tr>
<td>Vegiki</td>
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<tr>
<td>Shuddhi</td>
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<tr>
<td>Langiki</td>
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<tr>
<td>Samsarjana karma</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Time of administration</th>
<th>Jeeryamana Laxanas observed</th>
<th>Jeerna laxanas observed</th>
<th>Samyak snigdha laxana noted</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 ml</td>
<td>6.00 am</td>
<td>Head ache, lalasrava</td>
<td>Trishna pravruti Kshuda pravruti Vatanulomana Udgara shuddhi</td>
<td>Vatanulomana, agni deepth</td>
</tr>
<tr>
<td>85 ml</td>
<td>6.00 am</td>
<td>Headache</td>
<td>Trishna pravruti Kshuda pravruti Vatanulomana</td>
<td>Vatanulomana, agni deepth</td>
</tr>
<tr>
<td>160 ml</td>
<td>6.00 am</td>
<td>Head ache, lalasrava,</td>
<td>Vatanulomana</td>
<td>Vatanulomana snigdha varcha</td>
</tr>
<tr>
<td>200 ml</td>
<td>6.00 am</td>
<td>Angamarda, trishna</td>
<td>Vatanulomana</td>
<td>Vatanulomana, snigdha varcha, asamhata varcha</td>
</tr>
</tbody>
</table>

RESULTS:

Tests
Auzpitz sign : negative
Candle grease test : negative

- Itching – reduced
- Discharge – reduced
- Colour – faded
DISCUSSION

Psoriasis is a common genetically determined autoimmune skin disorder of unknown cause which in its most usual form is characterized by well demarcated raised red scaling patches that preferentially localize to extensor surfaces. Most of the skin diseases are mentioned in Ayurvedic classics under the broad classification of kustā. It is said to be deerghakaleena vyadhī and presents with bahudosHAVastha. It is tridoshaja vyadhī with the involvement of dusyas like twak, rakta, mansa, lasika. Shodhana is the preferable line of management in such cases because there is requirement to eliminate vitiated doshas from its root. In classics vamana and virechana as the ideal line of shodhana in kustā, Here in this study as there is ashraya-ashrayi sambandha of rakta dhatu and pitta dosha, is being better managed by administering virechana karma.

CONCLUSION:

Psoriasis is having high impact on the body as well as the mind. In Ayurvedic parlance this case has the similarity with Ekakustā. This case study demonstrates that Ayurveda management may give the blissful life by boosting immune system as well as it can provide symptomatic relief in this condition. Shodhana line of management helps to remove the root cause of the disease and also it prevents the recurrence of the condition.

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