



Effect of Virechana Karma and Shamana Chikitsa in management of Sidhma Kustha w.s.r. to Psoriasis.

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Abstract: Purpose: Due to the increased immunological response to uncertain factors there is proliferation of the unwanted cells on the surface of the skin known as psoriasis. As these proliferated cells die, they appear as white scales on surface of lesion. Likewise due to autoimmune response and scaling pattern the vicious cycle continues and person has to suffer for a longer period of time, sometimes even for entire lifespan. In *Ayurveda* psoriasis is describes as *Sidhma Kustha*. In *Sidhma Kustha* the lesions start mainly from upper body specifically chest and abdomen, then they spread to other part of body. **Material and Method:** One male patient of age 28 year was presented with a symptom of reddish pink lesions on chest, abdomen, back, forearms, elbows and scalp with associated symptoms including severe itching, sometimes bleeding from lesions on itching, burning sensation and white silvery scaling. Patient has a family history of psoriasis in his father and was addicted to alcohol and cigarette. He also has a history of stress. He was treated with *Shodhanartha Snehapana* with *Panchatikta Ghrita* followed by *Sarvanga Abhyanga* with *Bala Taila* and *Sarvanga Swedana*. He was given *Virechana* with *Triphala Kwath*, *Trivrutta Churna* and *Danti Churna*. The *Shamana Chikitsa* included *Panchatikta Kwath* 20ml BD, *Kaishore Guggulu* 2tab BD, *Avipattikara Churna* 3gm BD, *Arogyavardhini Vati* 2tab BD, *Ayyappala Keratailam* for L/A for 3 Months. **Result:** The results of the treatment are recorded as a photographic document. As per the result lesions of the skin became lighter in color and scaling was completely gone. **Conclusion:** With the help of *Ayurvedic* treatment we can completely cure this disease with proper medication and diet management.

Keywords: Virechana Karma, Panchatikta Ghrita, Psoriasis, Sidhma-Kushtha

Introduction:

Skin reflects our emotions and it is a link between internal and external environment. It provides individual identity in the society & maintains beauty and personality. Changes in skin color may indicate homeostatic imbalances in the body. Many interrelated factors affect both the appearance and health of the skin, including nutrition, hygiene, circulation, age, immunity, genetic traits, drugs and psychological state ⁽¹⁾. Psoriasis is a chronic, immune mediated inflammatory skin disease, consisting of red, scaly plaques occurring most commonly on the elbows, knees, scalp, and lower back, but any skin surface can be involved. The condition greatly affects people's quality of life to the extent that it could be life ruining and stigmatizing. The chronic nature, recurring pattern, and visibility of psoriasis produce a great adverse impact on the psychological and social aspects of patients' life. Psychosocial disability affects their daily work as well as social interactions. Psoriasis is now considered a systemic disease; it is associated with

psychological, metabolic, arthritic, and cardiovascular comorbidities. Lifespan is reduced as a consequence ⁽²⁾. Skin disorders are one of the burning problems of modern scientific era. Its prevalence in India is about 0.44–2.8 percent. Males are being affected by psoriasis two times more common than females ⁽³⁾.

In addition to the psychological and social burden related to psoriasis, the cost to patients and healthcare systems is high. Psoriasis can appear at any age, but two peaks of onset are the third and fifth decades of life ⁽⁴⁾. The reported prevalence of psoriasis in countries ranges between 0.09% and 11.4%, making psoriasis a serious global problem. In 2014 the World Health Organization recognized psoriasis as a serious non-communicable disease and the accompanying WHO report (2016) emphasized the need to better understand the global burden of the disease. The etiology of psoriasis remains unclear, although there is evidence for genetic predisposition. The role of the immune system in psoriasis causation is also a major topic of research. Although there is

a suggestion that psoriasis could be an autoimmune disease, no autoantigen that could be responsible has been defined yet. Psoriasis can also be provoked by external and internal triggers, including mild trauma, sunburn, infections, systemic drugs and stress. Stress is the most important factor to precipitate the disease⁽⁵⁾. It is spreading fast because of unsuitable life style changes such as dietary pattern, busy schedule and stress. Psoriasis triggers: Stress, alcohol, injury and some medications.

Treatment of psoriasis is still based on controlling the symptoms. Topical and systemic therapies as well as phototherapy are available. In practice, a combination of these methods is often used. The need for treatment is usually lifelong and is aimed at remission. So far, there is no therapy that would give hope for a complete cure of psoriasis. Additionally, care for patients with psoriasis requires not only treating skin lesions and joint involvement, but it is also very important to identify and manage common comorbidity that already exists or may develop, including cardiovascular and metabolic diseases as well as psychological conditions.

There are five types of psoriasis: Plaque psoriasis, Guttate psoriasis, Pustular psoriasis, Inverse Psoriasis and Erythrodermic psoriasis. Plaque psoriasis is the most common type of psoriasis. Psoriasis symptoms differ from person to person and depend on the type of psoriasis. Areas of psoriasis can be as small as a few flakes on the scalp or elbow, or cover the majority of the body. The most common symptoms of plaque psoriasis include: red, raised, inflamed patches of skin, whitish- silver scales or plaques on the red patches, Dry skin that may crack and bleed, soreness around patches, itching and burning sensations around patches, thick, pitted nails, painful and Swollen joints⁽⁶⁾.

Epidermal proliferation is the earliest pathogenic feature in psoriasis. There is an increase in deoxyribonucleic acid (DNA) synthesis and mitotic activity in the basal layer. The cells rapidly divide, move to the surface and shed as incomplete keratinized scales. Migration of neutrophils into epidermis and collection in subcorneal spaces leads to micro-abscesses formation. Cluster of differentiation 4 (CD4+) and CD8+ T-cells found in the epidermis and dermis play an essential role in developing cutaneous lesions by releasing T helper type 1 (Th1)/Th17 mediators like interferon-gamma (IFN- γ), interleukin 2 (IL2), IL17, IL23 and TNF- α , which acts on keratinocytes⁽⁷⁾.

Ayurveda classics mentioned Sidhma-Kushtha having similar features of psoriasis which is included among Mahakushtas by Charakacharya⁽⁸⁾ and Ksudrakushta by Susruta⁽⁹⁾ & Vagbhata Acharya⁽¹⁰⁾. Sidhma-Kushtha is a skin condition characterized by dryness externally and moistness internally, reddish or white coppery in colour and when rubbed it emits small particles of skin in the form of dust. It appears most commonly on the upper part of body like chest, scalp, back, abdomen etc. Vata and Kapha are the predominant doshas. Deepana (digestion and metabolism enhancing) Snehapana (internal oleation) Shodhana

(purifying process) and Shamana (pacifying) drugs along with proper diet and life style modifications are well explained in the treatment of Sidhma-Kushtha⁽¹¹⁾.

Aim - To evaluate Ayurvedic line of treatment (Chikitsa Sutra) in the management of psoriasis.

Objective – To study the effect of Virechana Karma along with Shamana Aushadha on reducing the symptoms of psoriasis.

Material and Methods:

Patient information- One male IT worker of age 28 year came to the opd with a complaint of reddish white patches over his head, chest, upper limb and back with itching, burning sensation and white silvery scaling from the lesions for 11 months. He took some local and internal allopathic treatment for the same with no improvement in skin condition. The lesions first appeared on the chest and scalp, then spread over back in 3 months and then to upper limbs in over 4 months. Initially it was just the itching and burning sensation with white scaling over lesions but now in the last 3 months this severe itching is followed by slight bleeding. He has a history of constipation for 4-5 years. He was addicted to taking 6-10 cigarettes per day for 3 years and also takes alcohol occasionally. He also has a history of stress because of ill health of mother in the past 1 year. His workplace is airconditioned and eats outside/junk food at least once a day.

Clinical findings- The patient presented with reddish erythematous plaques on the chest, abdomen, frontal part of the scalp, lower back and forearm region. The affected skin was found with a variable shade of red color and the surface covered with large silvery scales. The patient was suffering from itching and burning all over the body. There were some scratch marks present over the lesions with slight bleeding. Candle grease sign, Auspitz sign and Koebner phenomenon were found positive. No signs of psoriatic arthritis and nail bed psoriasis were found.

General examination- RR-22 per minute, BP- 130/90 mmHg, Pulse-84/ min, Body Temperature- 37.8°C, Body Weight- 92kg, Height- 5Ft,8In, BMI- 31.8

Systemic examination- RS- AEBE clear, no adventitious sounds heard; CVS- S1S2 heard, no murmurs; P/A- soft, non-tender; CNS- conscious, oriented to time, place and person.

Local examination- Location- Multiple discoid shaped and some irregular shaped plaques on chest near sternum, abdomen and lower back with few healed blackish patches; irregular shaped large lesions with few discoid shaped lesions merging together to form large lesions over forearm and arm. **Surface-** Thick, rough, elevated, reddish covered with white silvery scales; **Boundaries-** Elevated, not properly demarcated, first discoid in shape then become annular and then coalesce to forms a large irregular shaped plaque.

Ashtavidha Pareeksha- Nadi- Pitta Vataja, 74/min; Mala-Sama (Saprahvana, Guru, Kathina Malapravritti), once/day; Mutra- Samyak Pravartana, 6-7/day(1-2/night); Jivha- Sama (Pita-Shwetabha); Shabda- Prakruta; Sparsha-Samashitoshna, Ruksha, Khara; Druk- Prakruta, Pitabha; Akrti- Sthoola.

Nidana Panchaka- Nidana – Viruddhahara Sevana (simultaneous use of milk and salty snacks) and Raktadushtikar Ahara-Vihara (excessive use of salty food, sour food like pickles, curd and sitting in airconditioned room then going in hot environment outside); Samprapti- Doshavata, Kapha and Rakta; Dushya- Rasadhatu, Raktadhatu, Mamsadhatu, Twacha and Lasika; Agni- Vishamagni; Strotasa- Rasavaha, Raktavaha and Mamsavaha; Adhithana-Twaka; Rogamarga- Bahya; Vyadhi Swabhava- Chirakari (chronic); Udbhavasthana- Aamashaya; Sadhyasadyata-Kricchrasadya (difficult to treat); Poorva Roopa-Abhyantara Daha (feeling of warmth), Kandu (itching), Vibandha (constipation), Mukhapaka (mouth ulcers) and Mandagni (anorexia); Roopa- Trishna (thirst), Daha (burning sensation), Kandu, Tvakavaivarnyata, Mandalotpatti (in present case, skin with a variable shade of red color and the surface covered with large silvery scales, Balahani (generalized weakness); Upashaya- Bahya Shita Sparsha and

Abhyanga (improvement on wet cold sponging and oil application); Anupashaya- Ushna Sparsha (increased symptoms on work in hot and humid climate).

Diagnostic assessment- Patient was diagnosed on the basis of symptoms of psoriasis such as reddish white erythematous plaques with itching and burning sensation, silvery white scaling from the lesion. Candle grease sign, Auspitz sign and Koebner's phenomenon was present in the patient which confirmed the diagnosis as psoriasis.

Therapeutic intervention- Patient was given Deepana Pachana with Trikatu Churna 3gm twice a day before meal with luke warm water for 7 days. Once the Niramavastha was achieved Shodhanartha Snehapana with Panchatikta Ghrita was given for 5 days in Aarohana Krama (30ml, 60ml, 100ml, 150ml, 200ml). Sarvanga Abhyanga with Bala Taila and Sarvanga Swedana was done for 3 days. On the next day he was given Virechana with 200ml Triphala Kwath, Trivrutta Churna 30gm and Danti Churna 10gm. He had 26 Vega without any complication. He was given Sansarjana Krama for 7 days. The *Shamana Chikitsa* included *Panchatikta Kwath* 20ml BD empty stomach, *Kaishore Guggulu* 2tab BD with *Panchatikta Kwath*, *Avipattikara Churna* 3gm BD before meal with luke warm water, *Arogyavardhini Vati* 2tab BD after meal with luke warm water, *Ayyappala Keratailam* for L/A for 3 Months.

Sr. No.	Karma	Formulation	Dose, Frequency and Time	Adjuvant	Duration
1.	Deepana Pachana	Trikatu Churna	3gm before food twice a day for 7 days	Luke warm water	13/04/2022 to 19/04/2022
2.	Shodhanartha Snehapana	Panchatikta Ghrita	30ml, 60ml, 100ml, 150ml, 200ml on successive 5 days early morning between 7am to 7:30am	Luke warm water	20/04/2022 to 24/04/2022
3.	Sarvanga Abhyanga	Bala Taila	Between 9am to 11am for minimum 20-30 minute for 3 days	---	25/04/2022 to 27/04/2022
4.	Sarvanga Swedana	Dashmoola Kwath Vashpa	Between 9am to 11am for minimum 5-10 minute for 3 days	---	25/04/2022 to 27/04/2022
5.	Virechana	Triphala Kwath, Trivrutta Churna, Danti Churna	Triphala Kwath 200ml, Trivrutta Churna 30gm, Danti Churna 10gm at 10 am in morning	---	28/04/2022
6.	Sansarjana Krama	---	For 7 Days	---	28/04/2022 to 04/05/2022
7.	Shamana Aushadha	Panchatikta Kwath	20ml twice a day on empty stomach for 3 months	---	05/05/2022 to 04/08/2022
		Avipattikara Churna	3gm twice a day before meal for 3 months	Luke warm water	05/05/2022 to 04/08/2022

		Kaishore Guggulu	With Panchatikta Kwath For 3 months	Panchatikta Kwath	05/05/2022 to 04/08/2022
		Arogyavardhini Vati	2 tabs twice a day after meal for 3 months	Luke warm water	05/05/2022 to 04/08/2022
		Ayyappala Keratailam	For local application for 3 months	---	05/05/2022 to 04/08/2022

Table No. 1- Showing the entire course of treatment that patient has received.

Result-

Scaling of the patient was gone and reddish plaques were turned to blackish red patch only on the abdomen. Reddish erythematous plaques on hands were completely gone.

Patient had complete relief in itching, burning sensation and constipation. Even after **follow up** of 3 months patient does not have recurrence of any of the symptoms that he had before.

Before Treatment	After Treatment
 <p>Discoid shaped erythematous thick and scaly lesion with some healed patches on chest and abdomen</p>	 <p>Healed patches of psoriatic lesions over abdomen without any scaling and erythema</p>
 <p>Coin shaped erythematous and scaly psoriatic patches on front of forearm</p>	 <p>Healed psoriatic lesions, no scales, no erythema over left forearm</p>
 <p>Land map type scaly erythematous psoriatic lesions on back of forearm</p>	 <p>Healed psoriatic lesions, no scales, no erythema over right forearm</p>



Discoid shaped erythematous, thick scaly lesion with some black healed patches over back

Table No. 2- showing before and after treatment images of the patient's lesions.

Discussion- Kushtha is a broad term for all skin diseases. Separate chapter under the heading of "Kushtha" has been described. Sidhma-Kushtha is one among the 7 Maha Kushtha with the dominance of Kapha & Vata Dosha in particular and Rakta is vitiated in general in its pathogenesis. Psoriasis varies in its presenting features from person to person, hence it can be correlated with different varieties of Kushtha like Ekakushtha, Kitibha Kushtha. Ekakushtha is characterized by absence of perspiration, extensive localization and it resembles the scales of fish⁽¹²⁾. Kitibha Kushtha is characterized as blackish brown in color. It is rough in touch like a scar tissue and it is hard to touch. It produces slight itching sensation also⁽¹³⁾. In this case study the lesions first appeared over Urdhwa Bhaga of Sharir i.e., chest, scalp, upper limb. Patient had symptom of Rajo Ghrishtam Vimunchati i.e., silvery white scaling on rubbing the lesion. These two symptoms are the Pratyatma Lakshana of Sidhma-Kushtha. Hence it can be better correlated to Sidhma Kushtha.

Sidhma is having Vata-Kapha dominance and even involvement of Tridosha can be evident from its signs and symptoms. The line of treatment mentioned in Ayurvedic classics for Kushtha Roga are Nidana Parivarjana, Shodhana, Snehana, Swedana, Raktamokshana, Shamana, Lepa etc. As Sidhma is mostly chronic and Bahudoshajanya, both Shodhana and Shamana therapies has to be followed to provide long lasting results and a better life to patients. As it is a disease of Bahya Rogamarga, both Antahparimarjana and Bahi-parimarjana treatments should be used.

As the treatment aims at Samprapti Vighatana and Nidana Parivarjana, the treatment principle followed was Deepana- Pachana, Vata Sleshmaha, Srotorodhana and Raktaprasadana. Trikatu is having Katu Rasa, Katu Vipaka, Ushna Virya and is Laghu, Tikshna in Guna. It is Kapha Vata Shamaka in nature. Trikatu is good Deepana Pachana drug and is also indicated in Kushtha.

The Panchatikta Ghrita was given for Snehapana. Acharya Charaka mentioned that in Kustha, Prameha & Shotha Snehana should be done with Siddha Ghrita⁽¹⁴⁾. Panchatikta Ghrita contain Nimba (*Azadirachta indica*), Patola (*Trichosanthes dioica*), Kantakari (*Solanum surattense*), Guduchi (*Tinospora cordifolia*), Vasa (*Adhatoda vasica*). In Kushtha there is excessive accumulation of Kleda. Tikta Rasa is Amapachaka & Kleda Shoshaka in nature also in Kushtha Chikitsa Acharya Charaka gives importance to Tikta Rasa⁽¹⁵⁾. The Dravyas of Panchatikta Ghrita are having Tikta- Kashaya Rasa, Katu Vipaka, Laghu Ruksha Guna, mainly Kapha-Pitta Shamaka (Tridosahara) and Kushthaghna Property⁽¹⁶⁾.

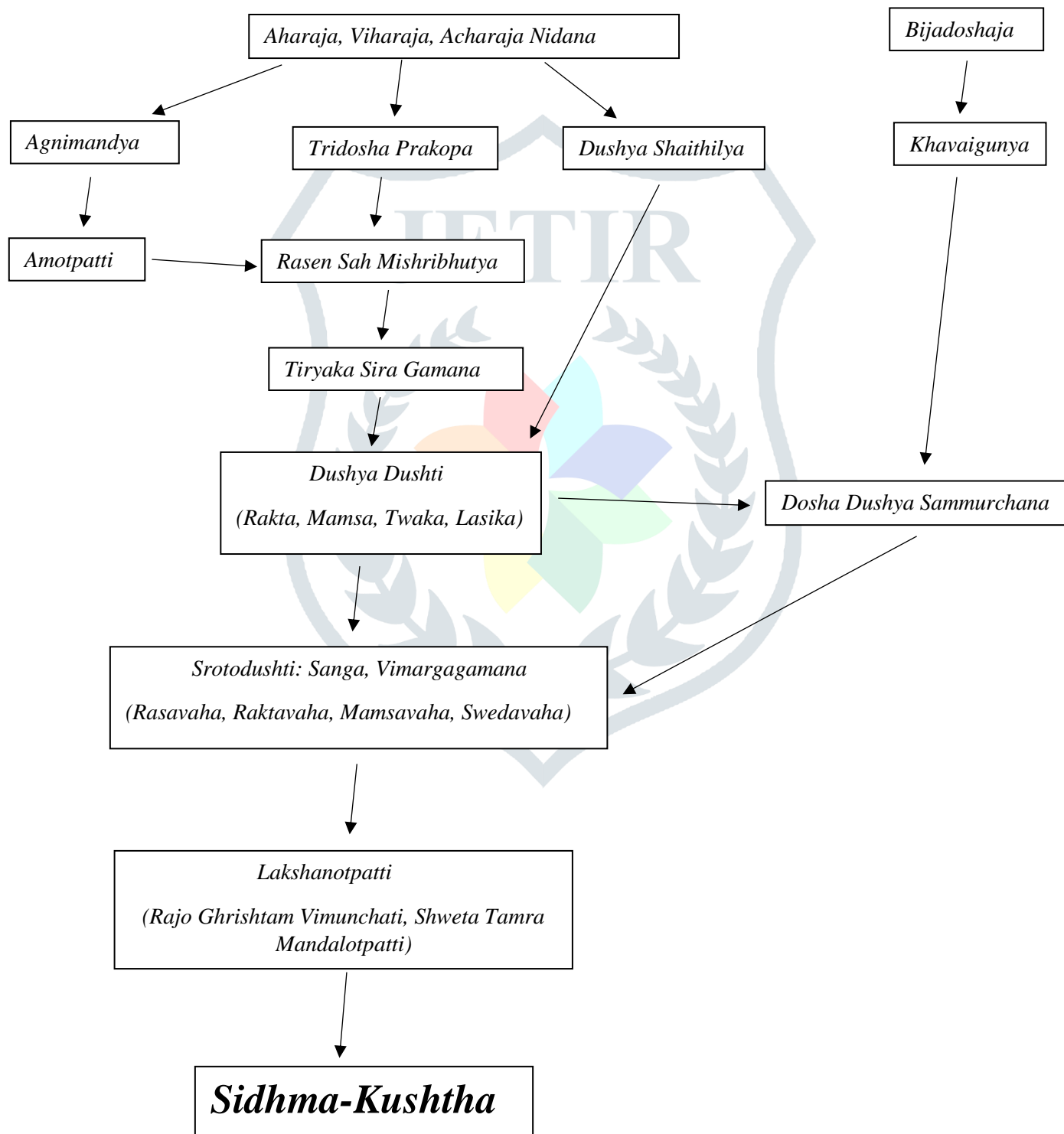
Sidhma-Kushtha particular is having the excessive accumulation of Dosha and Chirakari in nature. Hence Samshodhana therapy seems to be the first line of treatment in Sidhma-Kushtha. All Acharya mentioned that Kushtha is the Raktaja Vyadhi. In all the Twak Vikara, the vitiation of Rakta and Pitta is mentioned. Virechana Karma is taken as it acts on all Dosha in general and Pitta and Rakta in particular. For the Virechana Yoga combination of different drugs having Virechana property were used. Triphala Kwath is Vata-Kaphahara, Anulomaka in nature. Trivrutta Churna is having Tikta-Katu Rasa, Katu-Vipaka, Laghu, Ruksha, Tikshna Guna, Ushna Virya and is Pitta-Kaphahara, Sukh Virechaka in nature. Danti Churna is having Katu Rasa, Katu Vipaka, Guru, Tikshna Guna, Ushna Virya and is Kapha-Pittahara, Bhedaniya in nature. Thus, this Virechana yoga acts on all the three Doshas involved in Samprapti of the disease. Mechanism of Virechana occurs due to following three actions 1. Increase propulsive movement. 2. Reduced absorption. 3. Fluid Accumulation in Gut.

Once the Srotoshodhana was achieved with Virechana, Shamana Aushadha was given for further management. Shamana Aushadha used were having Deepana, Pachana, Pakwashaya Dushti Nashaka, Grahani Balakara, Raktaprasadana, Kandughna and Kushthaghna properties.

Contents of *Ayyappala Keratailam* are *Shweta Kutaja* and *Nimba*. They both are having Tikta – Kashaya Rasa, Sheeta Virya, Kapha-Pitta Shamaka and are Kushthaghna in nature. They help in removing the scales, itching sensation

from the lesions and because of Sheeta Virya and Tikta Rasa they act as Rakta Stambhaka. It is having *Narikela Taila* as a base which helps in removing dryness and Burning sensation from the plaques.

Probable Samprapti:



Conclusion- Psoriasis is commonest dermatological problem today. Modern medicine has no satisfactory management for it as being autoimmune in nature. Long term use of allopathic medication causes other complications. So, the Virechana therapy can be the new hope in the management of psoriasis so as to avoid complications and betterment of patients. On the basis of above case study, it can be concluded that psoriasis can be cured completely or can be controlled to such an extent that it will not affect the quality of life of the patient. With the help of Shodhana therapy like Virechana Karma, internal medicine and proper diet plan, psoriasis can be managed easily.

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