MANAGEMENT OF VAIPADIKA WITH VIRECHANA KARMA - A CASE STUDY

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ABSTRACT
Ayurveda is a science of life and is aiming towards maintaining the health of the healthy individuals as well as to cure the illness of the diseased. Skin manifestations are broadly dealt in the chapter of kushta chikitsa. Out of 18 varieties of kushta explained in the classics, maha kushta and kshudra kushta were the two distinct types mentioned in the classics. Vaipadika kushta is one of the varieties of kshudra kushta mentioned in Charaka Samhita. This disease in current system of medicine has the close resemblance with Plantar Psoriasis. The present disease is a chronic inflammatory skin disease of unknown aetiology affecting 1-2 percentage of the population. With this background, reporting a case study of 11-year-old patient complaining of skin lesions on the plantar aspect of both foot which was associated with pain while walking. With this complaint he approached our hospital for panchakarma treatment. Virechana karma is the second purificatory method in the sequence of panchakarma, chiefly aimed at morbid pitta dosha elimination. (virechanam pittaharanam shreshtam) and is also said to be beneficial in tridosha vitiation. Hence this study was undertaken to evaluate the efficacy of virechana karma in vaipadika kushta.

Keywords: kushta, vaipadika, virechana

INTRODUCTION
Psoriasis is a common dermatological condition. Healthy skin is considered as the beauty symbol and the reflection of overall wellness. Any illness which is related to skin will disturb the physical and mental status of a person. Chronicity of the disease will make the entire body ugly. The disease kushta which is basically characterised by vaivarnyatha, asparshatha, appearance of skin lesions, asweda or atisweda. Basically saptako dravya sangraha was considered for the manifestation of the disease kushta. This includes tridosha, twak, raktha, mamsa and lasika. Based on the clinical features, underlying dosha can be understood and specific line of treatment has to be planned. As per the principle and practice of Ayurveda, any chronic disease needs shodhana treatment prior to the administration of shamana or rasayana therapy, vaipadika is such a disease wherein shodhana is considered to be the initial line of treatment. Plantar psoriasis is commonly identified as vaipadika kushta as per Ayurveda.

CASE REPORT
An eleven-year-old boy visited to the panchakarma opd of sdm Ayurveda hospital udupi along with his parents, presented with drying, peeling and fissuring on both soles which was associated with itching and occasional bleeding from the fissures since 1 year. Along with this there was association of pain during walking. The symptom such as pain and reddish colouration was getting aggravated when he was exposed to cold weather. One year back the patient felt excessive dryness of the soles. Later he also noticed blackish discoloration and peeling of skin over the soles which was also associated with itching. since 5-6 months the condition was versioning and fissuring of the sole was also exaggerated and also there was appearance of discharge from the cracks in the last 1-2 months.

PAST HISTORY
Nothing contributory to the present illness

PERSONAL HISTORY
Bowel – constipated, once in 2 days
Appetite - good
Micturition - normal
Sleep - sound
Diet – mixed

family history
None were suffering with such illness
Table 1: Ashtavidha pariksha

<table>
<thead>
<tr>
<th>Nadi</th>
<th>70/min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mutra</td>
<td>Prakruta</td>
</tr>
<tr>
<td>Mala</td>
<td>Badha</td>
</tr>
<tr>
<td>Gihwa</td>
<td>Liptha</td>
</tr>
<tr>
<td>Shabda</td>
<td>Prakruta</td>
</tr>
<tr>
<td>Sparsha</td>
<td>Anushna sheeta</td>
</tr>
<tr>
<td>Drik</td>
<td>Prakrutha</td>
</tr>
<tr>
<td>Akrithi</td>
<td>Prakrutha</td>
</tr>
</tbody>
</table>

Dashavidha pariksha:

Prakrithi – kapha, pitta
Vikrithi – vata, kapha
Sara – madhya
Samhanana – madhya
Pramana – madhya
Satmya – pravara
Satva-madyama
Ahara shakthi – madhyama
Vyayama shakthi -madhyama
Vaya – bala

General physical examination
- Pallor - present
- icterus - absent
- cyanosis - absent
- koilonychia - absent
- lymphadenopathy - absent
- Oedema - absent

Systemic examination
- CNS-HMF intact
- CVS- S1S2 heard
- RS-NVBS Heard

Skin examination
- Site - Plantar surface of both feet

Inspection
- Colour - krishna aruna varna
- Appearance - khar and ruksha
- Lesions - multiple
- Discharge - present

Palpation
- Temperature - normal
- Texture - rough / dry
- Exfoliation - present

Nidana panchaka:

Nidana - Excess intake of katu, ushna, sushka, teeksha ahara, frequent intake of sheeta jala excess use of ksheera vikara such as dadhi
Poorva rupa - ruksha and katu
Roopa – Pada sphutana
anupashaya – Due to exposure to cold weather
Differential diagnosis:

<table>
<thead>
<tr>
<th>Eka kushta</th>
<th>Charmakhya</th>
<th>Kitibha</th>
<th>Vaipadika</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aswedanam</td>
<td>Bahala</td>
<td>Shyavam</td>
<td>Panipada sphutana</td>
</tr>
<tr>
<td>Mahavaastu</td>
<td>Hasti charmavat</td>
<td>Kinakhara sparsham</td>
<td>Teevra vedana</td>
</tr>
<tr>
<td>Matsya shakalopamam</td>
<td>Parusha</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Vyadhi vinischaya:-vaipadika kushta  
modern diagnosis:-plantar psoriasis  
chikitsa sidhanta:-shodhana -virechana followed by shamana chikitsa  
chikitsa sutra :-kushta chikitsa  
treatment given :- virechana

MATERIALS AND METHODS

Subjective criteria
- Panipada sphutana
  0-absent
  1-mild
  2-moderate
  3-severe
  - Vedana (pain)
    0-no vedana
    1-after pressing
    2-only by touching
    3-without touching
  - Kandu
    0-no itching
    1-1 to 2 times a day
    2-frequently itching
    3-which disturbs the sleep and other daily activities
- Scaling
  0-no scaling
  1 – mild scaling from some lesions
  2-moderate scaling from some lesions
  3-severe scaling from some lesions
  4-very severe scaling from all the lesions
  - Raga (Redness)
    Present/absent

Treatment plan - Patient was treated on IPD basis
Virechana Karma

Method of virechana karma
Virechana karma comprises of three stages
- Purva karma
- Pradhana karma
- Paschat karma

Purva karma
Purva karma of virechana includes

Deepana-Pachana

<table>
<thead>
<tr>
<th>Date</th>
<th>Medicine</th>
<th>Aushadi kala</th>
<th>Anupana</th>
</tr>
</thead>
<tbody>
<tr>
<td>30/11/20</td>
<td>Agni tundi vati</td>
<td>1-1-1  B/F</td>
<td>Sukoshna jala</td>
</tr>
<tr>
<td>30/11/20</td>
<td>Triphala churna</td>
<td>0-0-3gm B/F</td>
<td>Sukoshna jala</td>
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</tbody>
</table>
Abhyantara snehana
Ghrita selected– Tiktaka ghrita

<table>
<thead>
<tr>
<th>Date</th>
<th>Quantity</th>
<th>Time of appetite</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/12/20</td>
<td>25 ml</td>
<td>12 pm</td>
</tr>
<tr>
<td>2/12/20</td>
<td>50 ml</td>
<td>12 pm</td>
</tr>
<tr>
<td>3/12/20</td>
<td>100 ml</td>
<td>1.30 pm</td>
</tr>
<tr>
<td>4/12/20</td>
<td>200 ml</td>
<td>3 pm</td>
</tr>
</tbody>
</table>

4th day of snehapana patient got the samyak snigdha lakshana

Swedana
Abhyanga with karanja taila followed by Aragwadha karanja patra parisheka

Virechana
Virechana karma done with 60 gm of Trivrit leha

Assessment criteria

<table>
<thead>
<tr>
<th>Signs and symptoms</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panipada sphutan</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Kandu</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Teevra vedana</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Scaling</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Vibandha</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Discussion
Vaipadika kushta is explained under the context of kshudra kushta in kushta chikitsa of charaka samhitha. Teevra vedana and panipada sputana are the lakshana explained by acharya charaka. Plantar psoriasis may be understood as vaipadika kushta in Ayurveda. In the above patient, lesions were only seen in the soles. Vaipadika is vata kapha pradhana kushta. As per kushta chikitsa, virechana is the apt line of management. Hence prior to the snehapana, for pachana and deepana agnitundi vati was administered till the appearance of samyak langhita laxana. This was followed by snehapana by administering tiktaka ghrita with the initial dose of 25ml and later it was continued as per the digestion capacity found in the patient maximum for a period of 4 days. In this patient, samyak snigdha laxana was obtained on the 4th day itself. Hence continued with sarvarga abhyanga with karanja taila followed by sarvarga parisheka with aragwadha and karanja patra qwatha for a period of 4 days. On the 4th day of bahya snehana and swedana, virechana karma was performed by administering trivrit avaleha (60 gm) with warm water as anupana. Properly the procedure of virechana was carried out which resulted in 11 virechana vega till next morning also with the appearance of samyak virikta laxana. Hence samsarjana krama was advised for 5 days. There was good improvement appreciated immediately after the virechana karma in signs and symptoms of vaipadika. The symptoms such as scaling, itching, fissuring and pain during walking got reduced after virechana. The associated features such as frequent complains of constipation was also completely relieved after virechana karma. The Patient appreciated very good improvement. Follow up medicine were administered for 30 days(Arogya vardhini vati 1-1-1,swadishta virechana churna 1 tsp HS)Along with internal medication, pathya and apathya were advised to the patient to prevent the recurrence of the disease. No untoward symptoms were recorded during and after the follow up. As it is evident that virechana is considered to be the prime line of treatment in the management of kushta, vaipadika kushta being vata kapha pradhana can also be managed with virechana karma since virechana is said to be beneficial in tridosha avastha. Morbid vata and kapha dosha were also eliminated during virechana karma, hence there was reduction in signs and symptoms.

Conclusion
Vaipadika is one amongst the kshudra kushta which is having a close resemblance with Plantar Psoriasis. It is considered to be one of the chronic diseases presenting with bahudoshavastha which is said to be difficult to cure. Such a disease can be effectively managed through shodhana. The present case was successfully treated and managed through virechana karma. After the treatment there was much reduction in signs and symptoms of vaipadika like pain, dryness, itching and fissures which were presented on both soles of the foot. From the current case study we can draw a conclusion that vaipadika kustha can be successfully treated and managed through Ayurvedic line of treatment. No adverse reactions were observed during the course of treatment and later patient was advised to follow proper ahara and vihara to avoid the recurrences of the disease.
Before treatment (on the day of admission)

after virechana karma

Reference
2. Agnivesha charaka driadabala charaka samhita chikitsa sthana chaukamba sanskrit sansthan 7/22
3. Agnivesha charaka dridabalaharaka samhita chikitsa sthana chaukamba sanskrit sansthan 7/39