

Role of Virechan & Shaman Chikitsa in the management of Eka Kushtha with special reference to Plaque Psoriasis – a Case Study

Akshaya Sitaram Wagh¹, Anaya Pathrikar², Vd.Nitin Kamat³.

1. PG Scholar, Department of Kayachikitsa
2. H.O.D., Department of Kayachikitsa
3. Honorary Physician, Department of Kayachikitsa

APM's Ayurveda Mahavidyalaya, Sion, Mumbai - 22

***Corresponding Author:** Email- akshayawagh37@gmail.com; Ph: 9619019880

Abstract:

Among the various skin disorders Psoriasis has prime importance & has raised challenges for medical fraternity. Psoriasis is a multifactorial, Autoimmune, chronic, relapsing, inflammatory skin disease affecting 1-2% of general population. Effective therapeutic agents (e.g. - PUVA) for the treatment of Psoriasis in contemporary medicine may have long-term toxic side effects like Melanoma (Skin CA), Nausea, Hepatotoxicity, etc. which makes Ayurvedic medications a good choice because it overcomes the said limitations. Psoriasis is commonly correlated with Ekakushtha which is one among the Kshudra Kushtha having Vata-Kaphaj predominance. According to, Ayurvedic management of *Kushtha*

prime importance is given to repeated “*Shodhan*” procedure. Hence present study highlights, case study of *Eka-Kushtha* treated with combined shaman & *Shodhan Chikitsa* i.e. *Virechan*. Here an effort was made to treat a 20 years old male patient having classical signs & symptoms of Eka-Kushtha since 1 year. As the principle of treatment of all types of *Kushtha* is *Shodhan* along with shaman drugs. In this study initially Shaman Chikitsa is given followed by *Shodhan* i.e. *Virechan*.

Keywords: Psoriasis, *Kushtha*, *Shodhan*, *shaman*, *Virechan*, PASI.

Introduction:

Kushtha is a Vyadhi which disfigures the skin¹. *Kushtha* is bahudoshavastha janya Vyadhi having Tridosha involvement with Dushya

which is termed as “Saptako Dravya Sangraha²” (Tridosha + Twak+ Rakta+ Mamsa + Ambu). Even though kushta is considered as a disease of Bahya roga marg³, the initiation of pathogenesis is from the Koshta. In Ayurvedic classics all skin disorders are categorized under broad heading “Kushtha” which is again divided into 7 Mahakushtha and 11 Kshudrakushtha⁴. Eka-Kushtha is one among the Kshudrakushtha presenting with Aswedan, Mahavastu, Matsyashakalopam & having *Vata Kaphaj predominance*⁵. The signs and symptoms of *Eka-Kushtha* in *Ayurveda*

are similar to that of chronic plaque psoriasis.

Psoriasis is among the widest spread chronic, non-infectious, relapsing inflammatory skin disease having unknown etiology, characterized by well-defined dry scaly erythematous patches and covered with adherent silvery white scales. Its prevalence rate is 1- 2% of world population⁶. Modern medical science treats psoriasis with PUVA and corticosteroids having serious untoward effects if used long term. Psoriasis can be correlated with Eka-Kushtha due to resemblance in their symptoms.

CASE REPORT-

Chief Complaints: - A 20 yr old male patient came in OPD of Kayachikitsa Dept. with following chief complaints- Reddish circular patches over bilateral upper limb & lower limb, abdominal region, lower back region associate with severe itching since 1 year, it got aggravated since 5-6 months.

History of Present Illness: - Patient was normal before 1 year, since then patient had above mentioned complaints since 1

year, it got aggravated since 5-6 months. He is 1st year engineering student by occupation hence unintentionally faulty diet is consumed by the patient. For this he took treatment from different allopathic doctors but he didn't get any relief, hence came in our OPD for further management. Patient is having habit of taking milkshake at the time of breakfast, curd at the time of Lunch & fish on every Sunday along with night awakening.

General Examination: - (Table no.1)

• <i>Nadi</i> - 80/min	• <i>Mutra</i> - <i>Prakrut</i>
• <i>Akruti</i> - <i>Madhayam</i>	• Weight- 66kg
• <i>Mala</i> - <i>Vibandha</i>	• <i>Jivha</i> - <i>Saam</i>
• BP- 130/80	• <i>Bala</i> - <i>Madhyam</i>

Examination of Skin: - (Table no.2)

Sr.No	Inspection of Lesion	Description
1)	Site of Lesion:-	- Upper limbs, Lower limbs & Trunk (both front & back area)
2)	Morphology:-	
	a) Nature of Lesion:	Macule & plaque (with erythematous base)
	b) Shape	Circular
	c) Color	Shiny red
3)	Distribution:-	- Exposed parts (both hand & leg) - both flexor & extensor surface -Sweating part (Abdominal + Lower back area)
4)	Configuration:-	Scattered & annular
5)	Other:- Itching	Severe
	Burning	Moderate
	Chronicity	Chronic (since 1 year)
6)	Clinical signs:-	
	-Auspitz Sign	Positive
	-Koebners Phenomenon	Negative
	-Candle Grease Sign	Positive
7)	PASI Score	33

Aims & Objects:

- To evaluate Efficacy of *Virechan* in the management of *Eka-Kushtha*.

- To evaluate combined effect of *Shodhan (Virechan)* & *Shaman Chikitsa* in the patient suffering from *Eka-Kushtha*.

Methods: A) Type of Study: - Simple random single case study

B) Centre of Study: - Sion Ayurvedic Hospital (Kayachikitsa OPD)

Material: (Treatment) – (1) Shaman Chikitsa: - (Table no. 3)

Sr.No.	Dravya	Matra	Kala		Anupana
1)	Arogyavardhini Vati	500mg	1-1-1	Adhobhakta	Koshna jala
2)	Gandhak Rasayan	250mg	1-1-1	Adhobhakta	Koshna jala
3)	Muktadi Vati	500mg	1-0-1	Adhobhakta	Koshna jala
4)	Yashtimadhu Tail	100ml	Local Application over affected site × thrice a day		

2) Shodhan Chikitsa: - (Table no.4)

Date	Day 1 st to 3 rd	A) Dipan-Pachan:- (for 3 days)	Observation
28/12/18 to 30/12/18		Aampachak Vati- 500mg, Thrice a day, Abhakta Along with Koshna jala.	Samyak Kshudha pravrutti, Sharir Laghavata
	Day 4 th to 7 th	B) Abhyantar Snehapan:- (for 4 days) As per Koshtha Parikshana “Panchatikta Ghruta” is selected & started from 50ml	Samyak snigdha lakshana:- Twak mardavta & Snigdha Varcha
1/1/2019 to 4/1/2019	4 th Day to 7 th Day	4 th Day - 50ml, 5 th Day - 100ml 6 th Day - 150ml, 7 th Day - 200ml	
5/1/2019	8 th Day	Adhastad Sneha Darshan (morning 8:00am)	Hrullas & Aruchi
5/1/2019 & 6/1/2019	8 th & 9 th Day	C) Sneh-Swedana:- Snehan with – Yashtimadhu tail Swedan- Peti Sweda	Samyak swinna lakshana were observed
7/1/2019	10 th Day	D) Virechan: 2 tabs. Of Abhayadi Modak + 40ml of Eranda tail – on empty stomach (10:00am) Followed by Sanasrjan Krama.	Total No. of veg- 08 P- 80/min BP- 130/80

Virechan Chart:-

Time	Episode	Pulse	BP	Swarup
10:45 am	1	68/min	130/70 mmhg	Loose stool
11:30 am	1	56/min	150/80 mmhg	Loose stool
12:30 pm	1	60/min	110/70 mmhg	Sticky loose stool
01:45 pm	1	58/min	140/80 mmhg	Sticky loose stool
02:30 pm	1	66/min	130/80 mmhg	Watery stool
03:00 pm	2	70/min	120/70 mmhg	Watery stool
3:30	1	60/min	110/80mmhg	Oily yellowish loose stool

Observation: (Table no.4) [Criteria of Assessment]:-

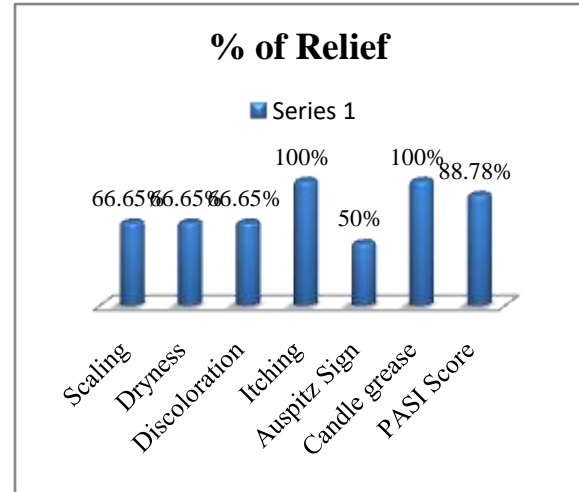
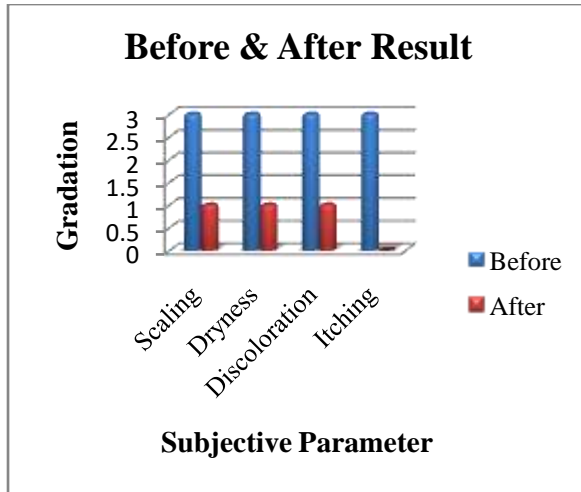
Subjective Parameters	Gradations			
	0	1	2	3
<i>Matsyashakalopam</i> (Scaling)	No scaling	Mild scaling by rubbing/by itching	Moderate scaling by rubbing/by itching	Severe scaling by rubbing / by itching
Dryness (<i>Rukshata</i>)	No line on scrubbing by nail	Faint line on scrubbing	Dryness leading to itching	Excessive dryness leading to crack & bleeding
Itching (<i>Kandu</i>)	No itching	Mild itching	Itching distracting subjects attention	Intolerable Itching disturbing sleep
Discoloration (<i>Arunatwa</i>)	No discoloration	Faint or near to normal skin	Blanching with red color	Red color
Objective Parameter	Gradations			
	0	1	2	3
Auspitz sign	No bleeding	Mild bleeding	Moderate bleeding	Severe bleeding
Candle Grease sign	No scales	Mild scales	Moderate scales	Severe scales

PASI Score:-

	PASI Score (Before Rx)				PASI Score (After Rx)			
	Head	Upper L.	Trunk	Lower L.	Head	Upper L.	Trunk	Lower L.
Erythema	2	3	3	3	1	1	1	1
Indurations	1	2	2	2	0	0	1	1
Scaling	2	2	2	2	0	0	1	0
Total	5	7	7	7	1	1	3	2
	5×0.1	7×0.2	7×0.3	7×0.4	1×0.1	1×0.2	3×0.3	2×0.4
	= 0.5	=1.4	=2.1	=2.8	=0.1	=0.2	=0.9	=0.8
Area Score	3	5	5	5	1	1	2	2
	3×0.5	5×1.4	5×2.1	5×2.8	1×0.1	1×0.2	2×0.9	2×0.8
	= 1.5	=7	=10.5	=14	=0.1	=0.2	=1.8	=1.6
	$1.5+7+10.5+14 = 33$				$0.1+0.2+1.8+1.6 = 3.7$			
Final Score	33				3.7			

Result: - (Table No.7)

Signs & Symptoms	Result		
	Before Treatment	After Treatment	% of Relief
A) Subjective Parameter			
1) <i>Matsyashakalopam</i> (Scaling)	3	1	66.65%
2) <i>Rukshata</i> (Dryness)	3	1	66.65%
3) <i>Arunatwa</i> (Discoloration)	3	1	66.65%
4) <i>Kandu</i> (Itching)	3	0	100%
B) Objective Parameter			
5) Auspitz Sign	2	1	50%
6) Candle Grease Test	2	0	100%
7) PASI Score	33	3.7	88.78%



DISCUSSION: - probable modes of action of treatment given to the patient are as follows-





A) Shaman Chikitsa	
1) <i>Arogyavardhini Vati</i>	Most of the drugs are katu, tikta, kashaya rasatmak as well as Laghu, Ruksha gunatmak which act on vitiated Kapha Dosha & Eka-Kushtha is Kapha predominant Vyadhi so Arogyavardhini Vati works as Doshapratyanika Chikitsa. Kutaki, Nimba act as Kushthaghna i.e. Vyadhipratyanika Chikitsa and Krimihara property ⁷
2) <i>Gandhak Rasayan</i>	Gandhak is only Rasa-Aushadhi in this Vati which is, Kushthaghna, vishaghna, jantughna and yogavahi in nature. Chaturjat (tvaka, ela, patra, keshar) is Pittashamak – acts on tikshna and Ushna guna of pitta. Guduchi is rasayani, pittodrekanashak, dahanashak. Amalaki is pittaghna, Rasayan. Bibhitaki is vranaghna, stambhaka, kaphaghna. Bhringaraj is Vatashamak ⁸ .
3) <i>Muktadi Vati</i>	As in present case study pitta dosha is predominant hence Muktadi vati is selected and most of the drug from this kalpa is highly Pittashamak and Dahaghna.
4) <i>Yashtimadhu Tail</i>	Due to its Varnya, snigdha and Pittashamak properties it's selected for local application
B) Shodhan Chikitsa	
a) <i>Abhyantar Snehapan</i>	<i>Ghruta</i> is Vata pitta har & by its samskara it also acts as <i>kaphahara</i> & <i>Kushta</i> is raktapradoshaj .Ghruta act as <i>pittahara</i> &

	<i>raktashodhaka</i> ⁹ .
b) <i>Snehan & Swedan</i>	In <i>vishrama kala abhyanga</i> and <i>Swedan</i> helps in bringing <i>shakhagata doshas</i> to <i>Koshta</i> from where they can be easily expelled out, By <i>Vruddhi</i> (increasing) <i>Vishyandana</i> (dissolving) <i>Paka</i> (digesting) <i>Srotomukha vishodhana</i> (cleaning the orifice of Srotas) & <i>Vayu nigradhana</i> the morbid doshas may be brought back from Srotas to <i>koshta</i> ^{6,10} .
c) <i>Virechak Yoga:</i> - (<i>Abhayadi Modak + Eranda Tail</i>)	- It consists of <i>Haritaki, Amalaki, Pippali, Pippalimula, Maricha, Twak, Sunthi, Danti, Vidanga, Musta, Trivruttha, Madhu & Sharkara</i> . Among them <i>Haritaki & Amalaki</i> is <i>Anulomak</i> , <i>Danti</i> is <i>tikshna virechak</i> , <i>Trivruttha</i> is <i>Sukha Virechak</i> . <i>Pippali</i> is <i>pitta virechak</i> and <i>Maricha</i> has <i>Pramathi guna</i> along with <i>Kaphashamak & Vatanuloman</i> ¹¹ . <i>Eranda Tail</i> is <i>snigdha virechak</i> , <i>adhobhaghar, Kruminissarak</i> .
d) <i>Virechan:</i>	Drugs carry out the therapeutic purgation due to their <i>Prabhav</i> (potency). As these drugs are having <i>Jala</i> and <i>Pruthvi Mahabhuta</i> dominancy, they have a natural tendency to go downward and thus they can help in induction of purgation ¹² .

CONCLUSION:-

The present study reveals that, After *Virechan* there was significant reduction in Itching, Erythema, Dryness & scaling. The skin lesions of the patient was calculated by PASI score before starting the treatment was

found to be 33 which decreased to 3.7 at the end of treatment. This case report showed that combined effect of *Shaman & Shodhan Chikitsa* resulted in great improvement in overall condition of the patient.

Before Treatment	After Treatment	Before Treatment	After Treatment
			
			

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