



Case Study

EVALUATING THE ANTI-INFLAMMATORY IMPACT OF VIRECANA KARMA WITH MANIBHADRA GUDA IN PSORIASIS (KITIBHAKUSHTHA)

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ABSTRACT


Kushtha is described in Ayurvedic texts as a stubborn skin disorder that falls under the category of *Raktaja vikara's*. In modern parlance, can be correlated with psoriasis, a genetically determined autoimmune inflammatory skin disorder. It is characterized by thickened, red, and scaly itchy plaques, with a pathogenesis that remains unclear in contemporary medicine. The aim of this study is to evaluate the anti-inflammatory effects of *Virecana* by using inflammatory markers such as IL-6, hs-CRP, ESR, and the PASI score. **Methodology:** Pre and post interventional study, the treatment regimen included *Amapacana* with *Citrakadi Vati*, followed by 5 days of *Snehapana* with *Murchita Go Ghrta*, 3 days of *Abhyanga* and *Atapa Sevana*, and *Virecana Karma* with *Manibhadra Guda* for 1 day, followed by 7 days of *Samsarjana Krama*. Consequently, the active study duration ranged from 15 days. Inflammatory markers IL-6, hs-CRP, ESR, and PASI scores were assessed on the 0th day, after treatment (15th day), and one-month post-*Virecana* (45th day). **Results:** Statistical analysis revealed that the mean IL-6, hs-CRP, ESR, and PASI scores showed significant differences across the time points (BT, AT, and AF). **Conclusion:** It is concluded that IL-6, hs-CRP, ESR, and PASI scores were more effectively down-regulated after follow-up compared to after treatment, and both were significantly lower than before treatment.

INTRODUCTION

Pancakarma are five major therapies which can be considered under the spectrum of *Shodhana* therapies. Among the five-fold classification of *Pancakarma* treatments, *Virecana* is one of the major therapies in which *Dosha's* will be eliminated through the anal route (Ca.ka.1/4)^[1]. It also has been considered as one of the important therapeutic options that has to be explored in the management of *Rakta Dushti janya vikara* (Ca.Su.24/18)^[2]. All the *Brihatrayi* have mentioned *Kushtha* as an indication of *Virecana karma*^[3,4]. *Kushtha* is mentioned in Ayurvedic classics as an obstinate skin disorder which comes under the spectrum of *Raktaja vikara* (Ca.Su.24/16, Ca.Su.28/11)^[5,6]. Eighteen types of *Kushtha* are described in *Caraka Samhita* under two categories i.e., seven types under

seven types under *Mahakushtha* and eleven types under *Kshudrakushtha*^[7]. Among eleven types of *Kshudrakushtha*, *Kitibha Kushtha* is a condition in which there is vitiation of *Vata* and *Kapha dosha*^[8]. The presenting features of *Kitibha Kushtha* in various Ayurvedic classics mentioned as *Shyavam* (blackish brown discoloration), *Kinakharasparsham* (rough in touch like a scar tissue), *Parusham* (hard to touch), *Srava* (secretions), *Vrtta* (rounded), *Ghanam* (density), *Ugra kandu* (lesions associated with severe itching), *Ruksha* (dry skin), *Prashantani ca punah punarutpadhyante* (recurring nature of the *Kitibha Kushtha*). (Ca.Ci.7/22, Su.Ni.5/14, A.Hr.Ni.14/20, Ka.Sa.9/2)^[9-11].

In modern parlance *Kitibha Kushtha* can be correlated with psoriasis. It is a genetically determined, auto immune kind of inflammatory skin disorder, the pathogenesis of which is still enigmatic^[12] in contemporary medicine. It is characterized by well demarcated raised red scaly patches that preferentially localize to the extensor surfaces. According to W.H.O the prevalence in different countries is reported as ranging between 0%-11.43%, portraying psoriasis a

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serious global problem^[13] with a prevalence of 0.44-2.8 percent in India^[14]. Cytokines play an important role in the pathophysiology of psoriasis. Serum inflammatory markers are the important components of cytokines and Interleukin -6 (IL-6)^[15] is one of the essential varieties of Serum inflammatory markers, which could be found in high levels in lesion skin and in the peripheral blood of psoriatic patients. High-sensitivity CRP (hs-CRP)^[15] is one among the inflammatory markers used to detect chronic inflammation and it measures low levels of CRP. An erythrocyte sedimentation rate (ESR)^[16] is a type of blood test that measures how quickly erythrocytes (red blood cells) settle at the bottom of a test tube that contains a blood sample. It's an indirect marker of the inflammation levels in the body, because when inflammation is high, it takes longer for the red blood cells to drop. Systemic immune inflammation index (SII)^[17] is also an inflammatory marker. The SII was calculated by the formula: neutrophil x platelet/lymphocyte. WBCs^[18], especially neutrophils, contribute directly to inflammation by releasing cytokines and infiltrating skin lesions, while lymphocytes perpetuate the immune response. The PASI score (Psoriasis Area and Severity Index)^[19] as well as DLQI (Dermatology Life Quality Index)^[20] are the subjective tools used to measure the severity and extent of Psoriasis, which will be helpful to assess the inflammatory status of psoriasis.

Case Report

A 30-year-old male patient (OPD no. 24732-5/7/2024) came to our institute with complains of scaly lesions all over the body associated with itching since 8 years.

RESULT

Table 1: The results of the patient

S.no.	Parameters	Mean scores			Overall improvement (%)
		BT	AT	AF	
1.	IL-6	75.3	70	15	80.07
2.	Hs Crp	1.5	1.4	1.1	26.6
3.	ESR	60	40	24	60
4.	WBC	8100	5800	5200	35.80
5.	SII	342105	279999	260898	23.73
6.	PASI	50.4	33.6	12.6	75
7.	DLQI	27	18	4	85

Past History

N/k/c/o hypertension /diabetes mellitus/asthma or tuberculosis

No H/O - Alcohol consumption or any other drug abuse.

History of Present illness

A 30-year-old male patient, was asymptomatic before 2 years. Then he gradually developed scaly lesions associated with itching all over the body. Then he consulted allopathic doctor and was under treatment for the same. But found only symptomatic relief, on stopping the medications the symptoms used to get aggravated. Hence, he visited SVAYCH for betterment.

Modern Diagnosis

Patient was diagnosed as a case of psoriasis

Ayurvedic Diagnosis

Patient was diagnosed as a case of *Kitibha Kushtha*

Time line of Admission

Date of admission: 5/07/2024 to 20/07/2024

Treatment schedule

Pre and post interventional study, the treatment regimen included *Amapacana* with *Citrakadi Vati*, followed by 5 days of *Snehapana* with *Murchita Go Ghrta*, 3 days of *Abhyanga* and *Atapa Sevana*, and *Virecana Karma* with *Manibhadra Guda* for 1 day, followed by 7 days of *Samsarjana Krama*. Consequently, the active study duration ranged from 15 days. Inflammatory markers IL-6, hs-CRP, ESR, and PASI scores were assessed on the 0th day, after treatment (15th day), and one-month post-*Virecana* (45th day).

Shamana Chikitsa

➤ *Guggulu Tiktaka Ghrta*- 1tsp-0-1tsp: before food followed by ½ cup of lukewarm water.

8.	Candle Grease Sign	1	0	0	100
9.	Auspitz Sign	1	1	0	100
10.	Koebners Phenomenon	1	1	0	100
11.	<i>Shyava varna</i>	4	3	1	75
12.	<i>Kandu</i>	4	3	1	75
13.	<i>Kinakhara sparsha</i>	4	3	1	75
14.	<i>Parusham</i>	4	3	1	75
15.	<i>Daha</i>	4	3	1	75
16.	<i>Utsannata</i>	4	3	1	75

Graph 1: The results of the patient

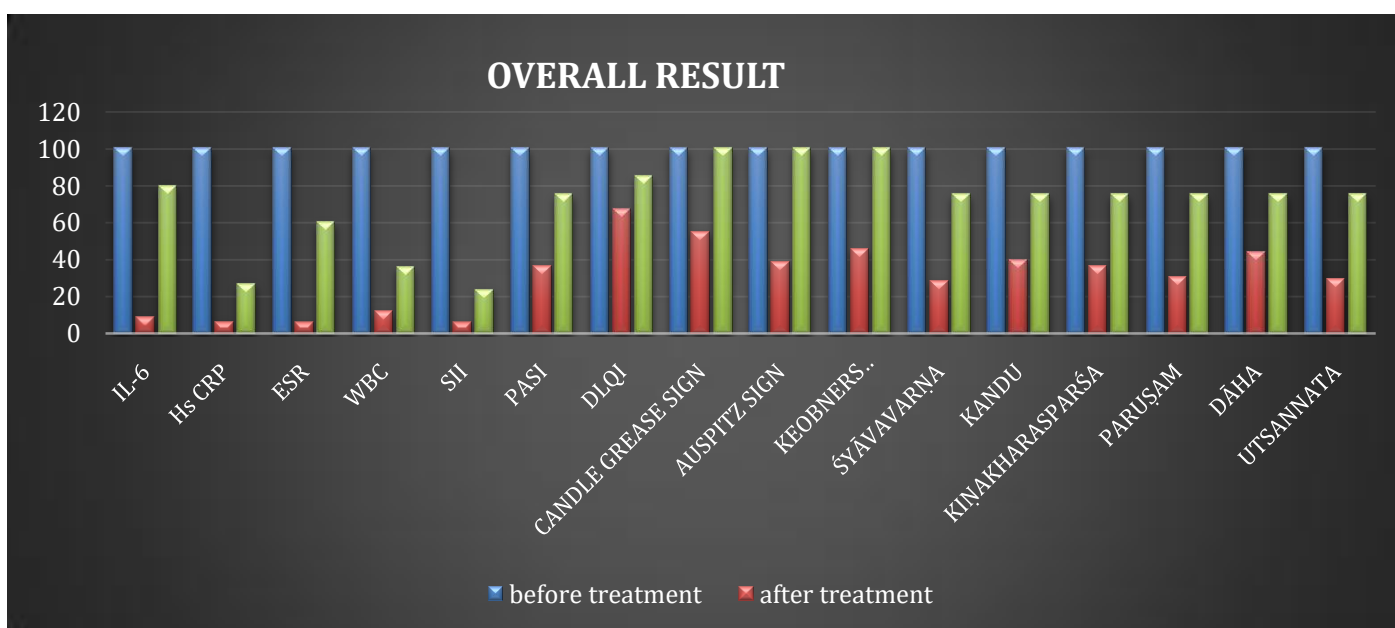


Figure No.1 Showing the before treatment results of the patient



Fig. 4- Before treatment



Fig. 5- After treatment

DISCUSSION

- *Shodhana* therapy is not advisable in *Sama Avastha* of the *Roga*. *Dipana - Pachana karma* plays important role in bringing the *Sama Dosha* to *Nirama* state, as they mobilize the *Doshas* from *Shakha* to *Koshtha* and thus helps in easy expelling of *Dosha* from body. In this case *Chitrakadi Vati* is used for *Dipana - Pacana*. *Shodhananga Snehapana* is an essential preparatory step (*Purvakarma*) to *Virecana karma*, designed for doing the *Utkleshana* of *Dosha* and to mobilize the *Utklishta dosha* from *Shakha* to *Koshtha*. *Snehana Karma* increases *Kapha Dosha*, so after the manifestation of *Samyak snigdha Lakshana* a three-day gap is recommended to reduce *Kaphothklesha* (excess *Kapha*). For achieving *Samyak Virecana karma*, *Manda Kapha Dosha* (a mild state of *Kapha Dosha*) is required. This three-day gap allows the body to reach this *Manda Kapha Avastha*. If *Virecana karma* is performed when *Kapha Dosha* is aggravated, it may lead to *Vamana* instead of *Virecana karma*. During the three-day *Vishrama kala*, subjects were administered *Bahya snehana* and *Svedana*, *Virecana karma* helps to purge harmful substances and toxins that may disrupt gut microbial balance. By cleansing the digestive system, *Virecana karma* aids in restoring a balanced gut microbiota, which is essential for reducing systemic inflammation which helps to maintain healthy gut flora by preventing the overgrowth of harmful bacteria, promoting the growth of beneficial microorganisms.
- *Murchita Go Ghrta* pacifies *Vata* and *Pitta Dosha*, which are primary factors in the pathogenesis of skin disorders like *Kitibha Kushtha*. *Go Ghrta* has well-documented anti-inflammatory and antioxidant properties.
- *Maha Marichadi Taila* pacifies *Kapha* and *Vata Dosha*, reducing inflammation and infection with its anti-inflammatory and antimicrobial properties.
- *Manibhadra guda*, a *Tridosahara* formulation primarily acts as *Kapha* and *Pitta Shamaka* and *Vatanulomaka*, offers anti-inflammatory benefits in managing psoriasis through its key ingredients- *Vidanga*, *Trivrt*, *Amalaki*, and *Haritaki*.

CONCLUSION

- Combination of treatment modalities like *Amapacana*, *Snehapana*, *Abhyanga*, *Svedana*, *Virecana* was found to have significant role in reducing all the subjective and objective parameters.
- *Manibhadra Guda* possesses *Yakrt Uttejaka*, *Rasayana*, *Rakta shodhaka*, *Vatanulomana*, *Recaka*,

Srotoshodhaka and *Tri Dosha shamaka* effects. Thus, led to the *Samprapti Vighatana*.

- Clinically, all the subjective and objective parameters showed significant improvement. With an overall improvement of 71.0125%.

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