

An International Journal of Research in AYUSH and Allied Systems

Case Study

ROLE OF *VIRECHANA* IN *PSORIASIS (KITIBHA KUSHTA)* – A CASE STUDY Athira C^{1*}, Ajay Bhat U²

*1PG Scholar, ²Associate Professor, Department of Kayachikitsa, Karnataka Ayurveda Medical College, Karnataka, India.

KEYWORDS: Psoriasis, <i>Kitibha. Shodhana, Virechana.</i>	ABSTRACT Psoriasis is a common chronic, recurrent, autoimmune disease of the skin and joints. It can have a significant negative impact on the physical, emotional and psychosocial well-being of affected patients. The use of modern medicine has greatly improved psoriasis treatment by providing symptomatic relief. However, some individuals fail to respond to treatment or lose initial efficacy, and it may be difficult to find the optimal treatment for these patients. Also, modern medicines have their own side effects in long course.
*Address for correspondence Dr Athira C PG Scholar, Department of Kayachikitsa, Karnataka Ayurveda Medical College, Karnataka, India. Email: <u>athira.yes@gmail.com</u> Mob: 9496978288	 The Ayurvedic diagnosis is considered as <i>Kitibhakushta</i>, which is a <i>Vatakapha</i> predominant <i>Kushta</i>. Here, an effort was made to treat a forty-nine years old male diagnosed with long standing moderate to severe erythrodermic psoriasis who had received systemic therapies in modern medicine without sufficient response previously, by classical Ayurvedic regimen. As the principle of treatment of all types of <i>Kushta</i> is <i>Samshodhana</i> along with <i>Samshamana</i> drugs, in this study, <i>Virechana</i> was given followed by which <i>Samshamana</i> drugs were given for 30 days. Assessment of skin lesions were done at the end of treatment.

INTRODUCTION

Psoriasis is one of the commonest skin diseases characterized by scaly papules and plaques. Prevalence of psoriasis in different parts of the world varies from 0.1 to 3%. Onset of psoriasis is most common in the second to fourth decades of life though it can appear just after birth or in old age. A high familial occurrence of psoriasis (7-36%) suggests that genetic factors play a role in its aetiology. Psoriasis occurs with almost equal frequency in males and females.^[1] Ayurvedic diagnosis is considered as *Kitibhakushta*, a *Vata* – *kapha* predominant *kushta* presenting with *Shyava varna, Kharasparsha* and *Parushya*^[2] and the principle of treatment of all types of *Kushta* is *Samshodhana* followed by *Samshamana* drugs.^[3]

Case Report

A male patient aged 49 years, visited OPD of Karnataka Ayurveda Medical College Hospital, Mangalore, Department of Kayachikitsa, with complaints of reddish white irregular dry, scaly lesions over both lower limbs, lower back, abdomen and forearms since 20 years. He also complains of severe itching and bleeding on itching which is more during cold season. Patient underwent allopathic treatment and was using topical steroids for the past 20 years but had only temporary relief.

History of past illness

No history of DM/HTN/other systemic disorders.

Personal history

- Diet: Mixed diet, prefers spicy and dry fried food Appetite: good
- Bowel: Regular, once per day
- Micturition: Normal.4-5 times per day
- Sleep: Disturbed

Family history

No person in the family has similar complaints

Ashtasthanapareeksha

Nadi: 70 bpm, *Kapha pitta Mala*: once/day *Mootra*: 4-5 times/day

Jihwa: Alipta	Exfoliation: Present				
Shabda: Prakruta	Temperature: Normal				
Sparsha: Anushnasheeta	Auspitz sign: Positive				
Drik: Prakruta	Candle grease sign: Positive				
Akruti: Madhyama	Koebner's phenomenon: Absent				
Dashavidhapareeksha	Nidanapanchaka				
Prakruti: Kapha pitta	Nidana: Excessive intake of Ushna, Katu,				
Vikruti: Vatakapha	Shushkaahara, intake of fast-food and cold drinks				
Sara: Madhyama	Poorva Roopa: Excessive sweating				
Samhanana: Madhyama	Roopa: Reddish white irregular dry, scaly lesions				
Pramana: Madhyama	over both lower limbs, lower back, abdomen and				
Satwa: Pravara	forearms.				
Satmya: Madhyama	Samprapti				
Ahara Shakti: Madhyama	Intake of <i>Nidana</i> leads to vitiation of <i>Doshas</i> ,				
Vyayama Shakti: Madhyama	especially Vata and Kapha. This causes Dooshana rasa, Rakta, Mamsa Dhatus and Lasika, whi				
Vaya: Madhyama	reaches the <i>Bahyamarga</i> and presents with skin				
General examination	manifestations like Mandala utpatti, Bahu kandu,				
Pallor: Absent	Shyava varna, Kharasparsha and Parushya.				
Icterus: Absent	Anupashaya: Aggravates during winter				
Koilonychias: Absent	Sampraptighataka:				
Lymphadenopathy: Absent	Dosha: Vata, Kapha				
Edema: Absent	Dooshya: Rasa, Rakta, Mamsa				
Systemic examination	Agni: Jatharagni, Dhatwagnimandya (Rasa,				
CNS: Conscious, well oriented	Rakta, Mamsa)				
CVS: S1, S2 heard	Ama: Agnimandyajanyaama				
R.S: Normal vesicular breathing sounds heard	Srot <mark>a</mark> s: Rasavaha, Raktavaha, Mamsavaha				
Skin examination	Srotodushtiprakara: Sanga				
Inspection	Utbhavasthana: Koshta				
Lesions: Well defined erythematous papules	Sancharasthana: Sarvashareera				
and plaques with silvery white scales	Adhishtana: Twak, Rakta, Mamsa, Lasika				
Surface: dry/rough	Vyaktasthana: Twak				
Discharge: Absent	Rogamarga: Bahya				
Texture: Dry/rough	Vyadhiavastha: Chirakari				
Table 1: Vyavachedakanidana (Differential diagnosis)					

Eka kushta	Charmakhya	Kitibha
Aswedanam	Bahalam	Shyavam
Mahavastu	Hasticharmavat	Kinakharasparsham
Matsyashakalopamam		Parusham

Vyadhi Vinischaya

Kitibhakushta Sadhyasadhyata: Sadhya

Modern Diagnosis

Chronic erythrodermic psoriasis

Chikitsa Siddhanta

Shodhana - Virechana, followed by Shaman Chikitsa

Chikitsa Sutra

Kushta Chikitsa

Treatment given

a) Classical Virechana

Deepanapachana with Laghusutashekhara rasa Snehapana with Guggulutiktakaghrita Sarvanga abhyanga with Nalpamaraditaila followed by Bashpasweda Virechana with Trivrutlehya 60g + Icchabhediras No: of Vegas: 17 Shuddhi: Uttama

Peyadisamsarjana karma was followed after *Virechana* for next 7 days.

	Table 2. If cathlent schedule					
Date	Treatment	Medicine	Dosage			
19-04-2019 to	Deenananachana	Laghusutashekhara rasa	2BD			
21-04-2019	Deepanapachana					
22-04-2019		Guggulutiktakaghrita	30ml			
23-04-2019	Snahanana		60ml			
24-04-2019	- Snehapana		120ml			
25-04-2019			240ml			
26-04-2019 to	Sarvanga abhyanga,	Nalpamaraditaila	0.5			
28-04-2019	Bashpasweda	Naipamaraana	Q.S			
29-04-2019	Virechana	Trivrutlehya	60grams			
		Icchabhedi rasa	2 tab			

Table 2: Treatment schedule

b) Shamanaoushadhis

Gandhakarasayana 2 BD with milk Panchatiktaghritaguggulu 2 BD with milk Haridra khanda 2tsp BD with milk Nalpamaradikeram for E/A Six C ointment for E/A (SOS)

RESULTS

Table 3: Changes in signs and symptoms

Signs and symptoms	Before treatment	After treatment
Dryness	Present	Absent
Itching	Present	Absent
Scaling of skin	Present	Absent
Excessive sweating	Present	Reduced
Discoloration of skin	Present	Reduced

DISCUSSION

According to Ayurveda, *Kitibha* is a *Vatakaphapradhanakushta* and the principle of treatment of all types of *Kushta* is *Samshodhana* followed by *Samshamana* drugs. There was significant increase of *Rooksha, Khara* and *Sheetaguna* in the patient. Therefore *Snehavirechana* was planned endowing *Snigdha* and *Ushnagunas*. As the *Vyadhitadesha* is *Anupadesha*,

due to excess humidity, increased sweating was presented by patient. The *Kleda* thus lost caused more of *Vataprakopa* and added to the *Rookshata*. There was significant reduction in skin lesions after *Virechana*. To expel the remaining *Dushti*, *Shamanoushadhis* possessing *Tikta* and *Snigdhaguna* was administered. Present treatment schedule has given him good relief from the

AYUSHDHARA | September - October 2019 | Vol 6 | Issue 5

symptoms after *Shodhana* treatment i.e. *Virechana* and he were discharged in an improved condition with *Shamana* medicines.^[4]

CONCLUSION

This case study is a documented evidence for the successful management of Psoriasis vis-à-vis Kitibhakushta through Shodhana and Shamana chikitsa. By nature, Kushta is a difficult disease to cure, hence called 'Duschikitsva'. But by the application of *Shodhana* therapy, cure of the disease becomes easier due to removal of the root cause. Hence Shodhana has great importance in Bahudoshaavastha. Acharya Sushruta opines repeated *Shodhana* for complete cure of the disease. Therefore patient is asked to undergo the same treatment after a gap of 6 months in order to avoid recurrence and to achieve complete cure.

REFERENCES

1. Shah.N.Siddharth, API Textbook of Medicine, 8th edition 2009, volume 2,p 1400.

- Agnivesha, Charaka Samhita with Ayurveda dipika commentary of Chakrapanidatta, revised by Charaka and Dridhabala, Ed. Y.T.Acharya; Chaukhamba Sanskrit Sansthan, 5th edition 2001, Chikitsa sthana 7th chapter, verse 22, p 451.
- Agnivesha, Charaka Samhita with Ayurveda dipika commentary of Chakrapanidatta, revised by Charaka and Dridhabala, Ed. Y.T.Acharya; Chaukhamba Sanskrit Sansthan, 5th edition 2001, Chikitsa sthana 7th chapter, verse 41,p 452.
- 4. Sushruta, Sushrutasamhita, Nibandhasangraha commentary of Shri Dalhanacharya and Nyayachandrikapanjika on Nidanasthana commentary of Shri Gayadasacharya, by: Vaidya Yadavji Trikamji Acharya, Chaukhamba Sanskrit sansthan, Reprint edition 2015, Chikitsasthana, 9th chapter, verse 43,p 446.

Cite this article as: Athira C, Ajay Bhat U. Role of Virechana in Psoriasis (Kitibha Kushta) – A Case Study. AYUSHDHARA, 2019;6(5): 2360-2364. Source of support: Nil, Conflict of interest: None Declared

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.



AFTER ADMINISTERING VIRECHANA

