

ROLE OF VIRECHANA KARMA (PURGATION THERAPY) IN THE MANAGEMENT OF LICHEN PLANUS

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ABSTRACT

A Hindu male patient of age 33 yrs, with the history of Reddish skin lesions in both foot with severe itching diagnosed as case of Lichen Planus came for treatment at P.G. Department of *Panchakarma*, NIA, Jaipur. Considering the signs and symptoms patient was treated in the lines of *Vata Pitta Pradhana Kushta*. Classical *Virechana Karma* followed by *Shamana aushadhee* was administered. Significant relief found in the signs and symptoms with no recurrence after the treatment.

Keywords: Lichen planus, *Shamana aushadhee*, *Vatapittapradhana Kushta*, *Virechana*

INTRODUCTION

Lichen planus is thought to be the result of an autoimmune process with an unknown initial trigger characterised by typical lesions which are itchy flat-topped polygonal papules, a few mm in diameter which may show a surface network of delicate white lines (wickham's striae). Initially the papules are red, but they become violaceous, papules flatten after a few months to leave pigmentation, but some become hypertrophic.

It may spread rapidly to become generalised within 4 weeks, but the commoner localized forms progress more slowly. Lichen planus may be complicated by nail involvement found in 10% of patients, longitudinal grooving and pitting are reversible but dystrophic/atrophy lesions can produce scarring or permanent nail loss.¹

There is no cure for lichen planus and so treatment purpose is for symptomatic relief or due to cosmetic concerns, when medical treatment is pursued; first-

line treatment typically involves corticosteroids.

Based on the clinical signs and symptoms it can be correlated to *Vata Pitta pradhana Kushta* which exhibits the symptoms like *Kandu*, *Rakta* and *Shyava varna pidika*.² Looking into the prognosis and limitations of management in allopathy medicines, there is a need to come up with an effective and safe treatment based on the *Dosha* dominance. Hence classical *Virechana karma*³ with *Shamana aushadhees* were tested to see its efficacy in lichen planus.

Case Report

A 33 year old male patient having reddish small elevated skin lesion on bilateral aspect of both legs (Figure 1) with severe itching since 4 years visited to outpatient Department of *Panchakarma*, National Institute of Ayurveda, Jaipur.

History of present illness reveals that patient noticed the gradual onset of small elevated reddish lesions in the upper part of both the foot with severe and continuous itching use to disturb the rou-

tine daily activities. For the same he consulted in the Dermatology department of a leading modern government Hospital in Jaipur and underwent routine investigations and skin biopsy and was diagnosed as case of Lichen planus. He was prescribed with oral corticosteroidal drugs for 3 months. But he didn't get any relief; rather there was progression in the symptoms. Hence, for the further treatment patient visited to NIA hospital Jaipur. Clinical examination positive findings were Small multiple Papules in Dorsum of Both the foot with Positive Kobners Phenomenon.

Treatment Given:

Patient was planned for

1. Classical *Virechana Karma*
2. *Shamana aushadhi*

1. *Virechana Karma*

The following steps were followed in the treatment procedure.

- *Deepana* and *Pachana chikitsa*
- *Snehapana*
- *Virechana yoga* administration
- *Samsarjana Krama*

Preparation for *Panchakarma* procedures

Deepana and *Pachana chikitsa* (medicine that augments and assists the process of digestion) *Chitrakadi vati* Dose – 2 tablets three times a day, with Luke warm water for 5 days.

Snehapana (administration of medicated Ghee)

After *Deepana Pachana*, *Snehapana* with *Panchatikta Ghrita* (medicated Ghee) was given to the patient in increasing order for 6 days, starting from 40ml and on the 6th day dose was 210 ml followed by Luke warm water.

Ingredients of *Panchatikta Ghrita*⁴: *Ghrita* (Ghee), *Nimba* (*Azadirachta indica*), *Guduchi* (*Taenospora cordifolia*), *Patola*

(*Trichosanthes dioica*), *Vasa* (*Adhatoda vasica*), *Kantakari* (*Solanum surattense*).

When *Samyaka Snehana Lakshana* produced (features of adequate oleation) like proper movement of *Vata*, loose and fatty stool and increase in appetite. *Snehapana* stopped on 6th day and whole body oil massage and mild steam bath was done for next three days and *Virechana Yoga* (formulation for purgation) was given on 4th day after *Sarvanga Abhyanga* and *svedana*.

During these three days light diet like rice and green gram soup two times a day and sour fruits like orange etc was advised to the patient.

Virechana yoga:

100ml of *Triphala kashayam* (decoction), 20g of *Trivrita churna* (*Operculina turpenthum* powder) and 15g *Kutaki churna* (*Piccorrohozia kuroo* powder) was administered at 10.00 am in empty stomach. Patient was advised to take Luke warm water.

Observations of *Virechana*:

No. of *Vegas* (urges of defecation) produced: 18

It was *Kaphant Virechana* (ended with watery stool mixed with mucous), Considering the *Madhyama Shudhi* (moderate cleansing) patient was advised to take classical *Sansarjana krama* (specific light diet) for next 5 days which contains liquid gruel (*peya*), gruel (*vilepi*), green gram soup (*yusha*) and rice and every form of food is repeated for two meals time.

2. *Shamana aushadhi*:

*Patol katurohinyadi kashayam*⁵ 10 ml thrice a day after food for 1 month was given. Ingredients are *Patola* (*Trichosanthes dioica*), *Katurohini* (*Piccorrohozia kuroo*), *Chandana* (*Santalum album*), *Sariva* (*Hemidesmus indicus*) and *Guduchi* (*Tinospora cordifolia*).

Follow Up: 2 months.

RESULTS

1. Reddish small elevated lesions completely relieved (Figure 2)
 2. Marked Improvement found in Itching.
- Till date there is no relapse in the symptoms, Patient is still in the follow up.

DISCUSSION

Lichen planus is having an unknown aetiology, but an immune pathogenesis is suggested by the finding of IgM at the dermo epidermal junction and an association with some autoimmune diseases. In lichen planus the granular layer is thickened, basal cells show liquification degeneration and lymphocytes infiltrate the upper dermis in a band like fashion.

Chitrakadi Vati used in the *Deepana Pachana* having the ingredients of *Katu Rasa* dominance, helped in *Amapachana* and *Agnideepti*.

Panchatikta Ghrita has been selected for *Abhyantara Snehapana* as it is specially indicated for *Kushtha*. The ingredients of this *Ghrita* is having *Vatapittashamaka*, *Rakta shodhaka*, *Tvachya* and *Kushthaghna* property.

As in case of *Vata Pitta pradhana Kushtha*, *Sarpipana* followed by *Virechana karma* is mentioned. Hence by the *Virechana karma* the *Dooshita Pitta* was eliminated and in turn it corrected the *Dooshita Rakta* also, so significant relief was found in the discolouration and itching after the treatment.

In the one month follow up *Patol katurohinyadi kashayam* was administered as its ingredients are having *Rakta Shodhana* and *Pitta rechaka* property. So probably by this there was no recurrence in the symptom.

CONCLUSION

Lichen Planus was considered as *Vata Pitta Pradhana Kushtha* based on the clinical signs and Symptoms. Accord-

ing to the dominance of *Dosha* classical *Virechana Karma* was given in order to eliminate *Dooshita Pitta*. Further the *Shamana Aushadhees* were administered for *Pitta Rechana* and *Raktashodhana*. Significant improvement with no relapse in the symptoms was found after the treatment.

REFERENCES

1. Harrison's principles of internal medicine, 15th edition, 1998, published by library of congress cataloguing in publication, chapter , p. 351.
2. Agnivesha, Revised by Charaka and Dridhabala, Charaka Samhita with Ayurveda Deepika Commentary of Chakrapanidatta, Chikitsasthana, Kusta chikitsa Adhyaya, 7th chapter, edited by YT Acharya, published by Chaukambha Sanskrit Samsthana; Varanasi. 2004
3. Agnivesha, Revised by Charaka and Dridhabala, Charaka Samhita with Ayurveda Deepika Commentary of Chakrapanidatta, Chikitsa sthana, Kusta chikitsa Adhyaya, 7th chapter edited by YT Acharya, published by Chaukambha Sanskrit Samsthana; Varanasi. 2004
4. Govinddas, Bhaishajya Ratnavali, Hindi Commentary by Ambikadatta Shastri, Chaukambha Sanskrit Sansthan; Varanasi, 20th edition, 2010.
5. Sahasrayoga, Taila Prakarana, Chaukambha Sanskrit Samsthana; Varanasi. 2004

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(Figure 1.a&b) Photo Before the treatment



(Figure 2.a&b) Photo After the treatment