

THE ROLE OF SHODHANA [VAMANA, VIRECHANA KARMA] AND SHAMANA CHIKITSA [HERBOMINERAL COMPOUND] IN THE MANAGEMENT OF MANDLE KUSHTHA WSR TO PSORIASIS - A CASE STUDY

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ABSTRACT

Psoriasis is one of the commonest skin diseases affecting the patient's life. The available medication like topical and oral steroids and puva therapy etc are associated with several adverse effects and does not provide long lasting relief. The relapse and remission are very common. Hence diagnosed case of Psoriasis was treated with classical *Panchakarma* treatment to find out the effect of *Vamana* and *Virechana Karma* followed by *Shamana* [Herbomineral compound] in psoriasis.

Keywords: *Mandal Kushtha, Psoriasis, Shodana, Vamana, Virechana, Shamanachikitsa*

INTRODUCTION

Psoriasis is a chronic dermatosis characterized by an predictable course of remission and relapses and presence at typical site of well-defined (extensor body area), erythematous papules and plaques, which are surrounded with large, loose, silvery scales. Prevalence of 1%. Bimodal age distribution early 3rd decade & late 5th Decade; No gender prediction; Winter aggravation frequent. The main abnormality in psoriasis is the increased epidermal proliferation due to excessive division of cell in the stratum basale and shorter cell cycle. Basically disease of T cell, with interplay of genetic factor (PSORS1-8 genes) and environmental influence (physical trauma infection and drugs) Classification: several pattern recognized. Chronic Plaque psoriasis, Guttate Psoriasis,

Pustular psoriasis^[1]

In *Ayurveda*, almost all skin disease can be taken under generalized term "*Kushtha*". Psoriasis is considered as type of *Kushtha* and may be well correlated to various varieties of *Kushtha* among them *Mandle Kushtha Ekkushtha, Kitibha* are the commonest due to the resemblance of signs & symptom. Treating various types of *Kushtha* are challenges, psoriasis is not an exception due to remission & exacerbation nature of psoriasis. It has become even a challenging challenge for treatment. *Ayurveda* has its own systemic approach plan to treat diseases. In the case of treating *Kushtha*, *Acharyas* have specifically emphasized on *Shodhana Chikitsa* because of its repeated relapse. So in this present study we selected *Vamana* and *Virechana*

procedures of *Panchkarma* which are like Biopurification procedures of body. *Acharyas* specially mentioned that for overcome the relapse *Shodhana* therapy has a distinct advantage over *Shamana* therapy^[2].

Kushtha is described as one of *RaktapradosajVyadhi* by classical *Ayurvedic* texts. So in the present study both *Shamana* and *Shodhana* therapy has been taken in account for the management of *Mandle Kushtha* (Guttated psoriasis) there are good numbers of drugs described in *Ayurvedic* classics for the management of *Kushtha*.

CASE REPORT:

A 40 year old male patient, registration no. 1143, residing in Jaipur, was visited Kaya-chikitsa OPD of Arogyashala, National Institute of Ayurveda, Jaipur on 7th April 2015, presented with chief complaints of discoloration of skin, elevated patches on elbow, arm, abdomen, face and scalp with severe itching. All these symptoms started since last 3 years. All above mentioned symptoms were progressive in nature and in this period patient consulted many physicians, dermatologist and many other specialty clinics, but did not found relief in the disease. On the basis of sign and symptoms patients were diagnosed as Psoriasis and *Mandle Kushtha* according to *Ayurvedic* view.

General Examination: Pallor-absent, Icterus-absent, Cyanosis-absent, Clubbing – absent, Lymphadenopathy- non palpable, Edema –absent, BP- fluctuating but most of the normal blood pressure observed 130/80 mm of Hg. Pulse – regular 78/min. Systemic Examination: CVS – no abnormality de-

tected in cardiovascular system, RS- no abnormality, P/A-soft, non-tender, CNS-Higher mental function were intact.

Local examination of skin reveals that rough, discoloration of skin, elevated patches with erythematous silvery scaly lesions on elbow arm abdomen face and scalp. Kobner's phenomena, Candle grease sign and Auspitz sign are positive.

Chest X-ray & ECG-WNL. Hematological reports reveals that, Hb% -15.6 gm%, ESR- 23 mm/hr, TLC, DLC and other hematological parameters were normal, renal parameters and blood sugar also within normal limits.

Personal History:

Occupation: Business. Addiction: Chronic alcoholism, Tobacco Chewing.

O/E: *Nadi* (pulse) = 78/min. *Mala* (stool) = not clear (urine) = Normal. *Jeeva* (tounge) = coated. *Agni* = *Kshudhamandya*. *Shabda* (speech) = Normal. *Sparsha* (skin) = *Khar*, *AfebrileDruka* (eyes) = Normal. *Akriti* = *Madhyama*. *Bala* = *Madhyama*. *Raktadaaba* (B.P) = 130/80 mm/Hg.

TREATMENT SCHEDULE:

1. SHODHANA THERAPY (BIOPURIFICATORY) - According to course of the disease and involvement of *Kapha-DoshaPrakopavastha*, *RaktaDhatuTvakaDhushti* and *Sharir-ManasBala* of patient, we planned for *Vamana* and *Virechanakarma*. Table no. 1 and 2 show *ShodhanaChikitsa*.

Table No.1 for ShodhanChikitsa(Vamana karma)

S. No	Karma	Drug	Dose	Administration
1.	Deepa-	Panchkolchurna	2 gm	Twice in a day

	<i>na&Pachana</i>			with lukewarm water for 3 days after meal
2.	<i>Snehapana</i>	<i>Panchtiktaghritam</i>	25ml, 50ml, 100ml, 150ml; 200ml, 250ml, 250ml.	Once in a day in early morning empty stomach for 7 days.
3.	<i>Sarvangasneha-na& Sarvangaaswedana</i>	<i>Dasmool tail& DasmoolKwatha Nadisweda</i>	----- ----	One time for 2 days.
4.	<i>Vamana</i>	Madanphaladi yoga- <i>Madanphalapippalichurna</i> -5 gm <i>Yashtimadhu</i> -2 gm. <i>Vacha</i> -1 gm <i>Saindhava</i> -1 gm & Honey as per required	----- ---	Total - 8 Vegas (<i>Pravara-shudhhi</i>)
5.	<i>Sansarjana karma</i>	<i>Peyavilapikritandakrityushand-mansarasa</i>	----- ----	7days.

Table no. 2 for Shodhana Chikitsa (Virechana karma)

S. N	Karma	Drugs	Dose	Administration
1.	<i>Snehapana</i>	<i>Panchtiktaghritam</i>	50ml, 75ml, 100ml,	Once in a day in early morning empty stomach for 3 days.
2.	<i>Sarvangasnehana& Sarvangaaswedana</i>	<i>Dasmool tail& DasmoolKwath</i>	----- ----	One time for 3 days.
3.	<i>Virechana</i>	<i>TrivrittaAveleha</i>	60 gm	<i>Anupana</i> – <i>TriphalaKwatha</i> . Total – 26 vegas (<i>Madhyamshuddhi</i>)
4.	<i>Sansarjana karma</i>	<i>Peyavilapikritand akrityushand mansarasa</i>	----- ----	5 days.

2. SHAMANA THERAPY (PACIFICATORY) - Certain combination of the drug (Herbomineral Compound) was given continuously for 1 month. (Table no 3.) Table no. 3 Showing Shamana therapy

Table no. 3 for ShamanaChikitsa (Herbomineral Compound)

S. No.	Drug	Dose
1.	<i>SudhGandhak</i>	500 mg
	<i>Rasmanikya</i>	125 mg
	<i>Chopchinichurna</i>	1 gm
	<i>Muktashukti</i>	250 mg
1x2 matra with lukewarm water		
2.	<i>VrihatManjisthadikashaya</i>	40 ml twice in a day. Empty stomach
3.	<i>Panchtaktaghritam</i>	10 ml twice in a day. Empty stomach
4.	<i>Triphlachurna</i>	5 gm HS With luke warm water

IMPROVEMENT-Lesion was markedly reduced, itching is completely reduced, elevation is reduced, and discoloration is reduced.

DISCUSSION

Psoriasis is a chronic and well known disease for its course of remission and exacerbation. On the basis of sign and symptoms that diagnosed as Psoriasis Mandle Kustha in Ayurveda. The disease Psoriasis is not curable as we know well but we can improve the life span and quality of life of the patient. Vamana is indicated for Kapha predominant disease & Virechana is carried out for Pitta & Rakta Vitiated diseases. Kustha is a RaktapradoshajVikar & Mandal Kusthais Kapha predominant type of Kustha. So Vamana & Virechana ultimately pacify the basic causative factors (Doshas) & brings early recovery. Course of Vamana & Virechana also showed a very good effect in pigmentation of skin, GIT symptoms like constipation, loss of appetite, flatulence, etc.

Here some of the preparation selected on the basis of involvement of Doshas, Dushya of the disease. Purified sulphar- *Shudhha-Gandhaka*^[3] is an excellent antiseptic .It is effective in treating liver disease and various skin disorders. By nature, it is digestive and carminative. *Rasmanikya*^[4] is very effective

Photographs

in skin disease due to its contains *Hartal*. *Chopachini*^[5] is most effective in skin disorder and having *Rasayana* property. *Muktapisti*^[6] have *Rakta –Pitta Shamaka* and *Balya* property. *Triphala*^[7] is well known medicine for GIT as well as skin disorder. *VrihatManjisthadikashaya*^[8] has a good *Raktshodhak* property. *Panchtiktaghritam*^[9] has excellent *Vatashamaka* and *Raktashodhaka* property and also help in digestion and enhancing liver function so used. No progress of symptoms were seen during the course of the treatment now also he is on few oral medication and patient on regular follow up and satisfied with Ayurvedic treatment. After complication of treatment (After 2 months) LFT and RFT investigation was done to rule out any adverse effect of drugs. LFT and RFT both with normal limit, so no adverse effects were found. Hence Ayurvedic drugs are more safe and effective in such diseases.

RESULT-

Follow up of study 2 months shows that Ayurvedic management has better role in prevention of relapse of disease. This shows that Ayurvedic management not only controls the disease but also significantly prevents its relapse.

Before Treatment



After Treatment



REFERENCES

1. Harrison T.R. et al; *Harrison's principles of Internal Medicine*; Vol. I, chapter 53, 17th International edition, published by McGraw-Hill Book Co. Singapore; 2007; 316.
2. Agnivesh, Charak. Dridhabala, *Charak-Samhita, Chikitsasthana* Adhyaya 7/9-10, Vidyotini Hindi Commentary by Shastri, K. Chaturvedi, G.N., Edition, Chaukhabha Bharati Academy Varanasi. 2003; 249
3. Mishra Siddhinandan, *Bhaishjyarnavalisiddhipradahindiviyakhasahita*; Adhyaya 3/82; Chaukhabha Bharati Academy Varanasi. 2012; 40.
4. Ibidem *Bhaishjyarnavalisiddhipradahindiviyakhasahita*; Adhyaya; 54/873
5. Chunekar .K.C., Commentator, Bhavamisra *Bhavaprakashsamhitamadyamkhandha* 59/23; 3rd edition, Chaukhabha Bharati Academy Varanasi. 2013; 657.
6. Ibidem *Bhaishjyarnavalisiddhipradahindiviyakhasahita*; Adhyaya 3/152; 53.
7. Shrivastav Shailaja, *Sharangadhara-samhita*, jeevanpradasavimarshahindiviyakhasahita Madhyamkhandha 6/9-11, Chaukhabha Bharati Academy Varanasi. 2011; 174.
8. Ibidem *Bhaishjyarnavalisiddhipradahindiviyakhasahita*; Adhyaya 54/70; 867.

9. Ibidem *Bhaishjyarnavalisiddhipradahindiviyakhasahita*; Adhyaya 27/104-110; 582.

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