

ROLE OF VIRECHANA IN THE MANAGEMENT OF CHRONIC PLAQUE PLANTAR PSORIASIS-VAIPADIKAM- A CASE STUDY

Ajay Bhat U

Asst Professor, Department of Kayachikitsa
Karnataka Ayurveda Medical College Hospital, Mangaluru, Karnataka, India

Email: ajaybhat77@gmail.com

ABSTRACT

Chronic Plaque Psoriasis is a variant of Psoriasis, associated with many forms including predominantly plaque like large well defined erythematous, distributed bilaterally over elbows knees, soles, scalp etc. Although it is localised only in the soles in the Plantar variant, the fissures, the hardening of the hyperkeratosis affect daily routine activities. *Ayurveda* describes the same as *Vaipadikam*, under the context of *Kushta Chikitsa*. *Virechana* is the line of management in *Kushta*. Hence this case study is undertaken to evaluate the efficacy of *Virechana* in the management of Chronic Plantar Plaque Psoriasis.

Keywords: Chronic Plaque Plantar Psoriasis, *Vaipadikam*, *Kushta*, *Virechana*, *Shodhana*

INTRODUCTION

Psoriasis is a common skin disease affecting 1-2% of the general population¹. Its onset is usually second to fourth decade of life. Psoriasis may be clinically classified as chronic plaque, exfoliative, pustular, guttate psoriasis, psoriatic arthritis, and psoriatic unguis². Plaque psoriasis limited to soles may be compared to *Vaipadika Kushta*³ described in *Charaka Samhita*. As per the principles and practises of *Ayurveda*, any chronic disease needs *Shodhana* prior to administration of *Shamana* or *Rasayana* therapies⁴. *Vaipadikam*, as an *Vata* predominant *Tridoshaja* variant of *Kushta*, deserves *Virechana*⁵. *Sneha Virechana* ensures *Vatanulomana* along with elimination of *Vikrata Pitta-Kapha*. *Acharya Charaka* highlights the benefit of *Shodhana* as, it prevents relapse of the condition⁶.

CASE REPORT

A 21 year old female patient, visited OPD of KAMCH, Mangaluru, Dept of *Kayachikitsa* with complaints of drying and peeling of skin over the plantar surface of both feet, along with reddish discoloration and excessive sweating in both feet since 15 years. Itching is felt by the patient when exposed to cold water. The condition aggravates during winter season, with pain, reddish discoloration and sometimes foul smell. Patient underwent *Ayurvedic* treatment for the same, got relieved of pain, but itching and peeling of skin persists. Patient had temporary relief on applying Betamethasone Velarate Cream in the past.

HISTORY OF PAST ILLNESS:

Nothing Specific

PERSONAL HISTORY:

Appetite: Good
 Bowel: Regular, Once per day
 Micturition: Regular, 3-4 times per day
 Sleep: Sound
 Diet: Mixed, prefers spicy and fried items

MENSTRUAL HISTORY:

Regular 28 days cycle, 3-4 days bleeding
 LMP: 20/02/2017

FAMILY HISTORY:

No person in the family has similar complaints

ASHTA STHANA PAREEKSHA:

Nadi: 68/min, *Vata Pitta*
Mala: Once/Day
Mootra: 3-4 times per day
Jihva: *Analipita*
Shabdha: *Avishesha*
Sparsha: *Anushnasheeta*
Drik: *Avishesha*
Aakriti: *Madhyama*

DASHAVIDHA PAREEKSHA

Prakriti: *Pitta Kapha*
Vikriti: *Vata Kapha*
Sara: *Madhyama*
Samhanana: *Madhyama*
Satva: *Madhyama*
Satmya: *Madhyama*
Ahara Shakti: *Uttama*
Vyayama Shakti: *Madhyama*
Vaya: *Taruna*
Pramana: *Madhyama*

GENERAL EXAMINATION

Pallor: Absent
 Icterus: Absent
 Cyanosis: Absent
 Koilonychia: Absent

Lymphadenopathy: Absent

Edema: Absent

Systemic Examination:

CNS: Conscious, Well Oriented
 CVS: S1 S2 heard
 R S: Normal Breath Sounds heard

Skin Examination:

Plantar Surface of Both Feet
 Inspection:
 Colour: Pink
 Appearance: Rough/Dry
 Lesions: Multiple, Spreaded
 Discharge: Absent
 Palpation
 Temperature: Normal
 Texture: Rough/dry
 Exfoliation: Present
 Auspitz sign- Present (Both soles)
 Candle grease test: Positive (Both Soles)

NIDANA PANCHAKA

Nidana: Excessive intake of Ushna, Katu, Teekshna, Shushka Aaharas

Excessive usage of Ksheera vikritis like Curds, Paneer, Cheese

Frequent intake of cold drinks, canned food, instant/fast foods.

Poorva Roopa: Excessive sweating seen on feet

Roopa: Drying and Scaling of skin, localised itching, reddish discolouration of skin

Samprapti: Nidana Sevana- Kapha/Pitta Avarana to Vata- Vata Prakopa- Rasa/Rakta Dushti-Vaipadika

Anupashaya: Aggravates during winter

INVESTIGATIONS:

Blood Routine- Normal findings

Vyadhi Avastha: Nirama, Purana

Sadhyasadhyata: Sadhya

Table 1: Vyavachedhaka Nidana(Differential Diagnosis)

<i>Eka Kushta</i>	<i>Charmakhya</i>	<i>Kitiba</i>	<i>Vaipadika</i>
<i>Aswedanam</i>	<i>Bahala</i>	<i>Shyavam</i>	<i>Panipada Sphutana</i>
<i>Mahavaastu</i>	<i>Hasti Charmavat</i>	<i>KinaKhara Sparsham</i>	<i>Teevra Vedana</i>
<i>Matsya Shakalopamam</i>	<i>Parusha</i>		

Vyadhi Vinischaya: Vaipadika Kushta
Modern Diagnosis: Chronic Plantar Plaque Psoriasis
Chikitsa Siddhanta:
 Shodhana-Virechana, followed by Shamana Chikitsa
Chikitsa Sutra:
 Kushta Chikitsa
Treatment Given
 Classical Virechana,

Sneha used: Guggulu Tiktaka Gritha (GTG)
 Snehana Krama: Arohana Snehapana
 Taila for Abhyanga: Dhanwantara Taila
 Sweda: Bhashpa Sweda
 Vishrama Kaala: 03 days
 Virechana Aushadhi: Trivritt Lehya
 Anupana: GoKsheera
 No.of Vegas-23
 Shuddi: Uttama

Table 2: Scheme of Treatment done

Days	Aushadha	Dose	Time Of Administration	Digested Time
1	Chitrakadi Vati	1-1-1		
2	Chitrakadi Vati	1-1-1		
3	Chitrakadi Vati	1-1-1		
4	Chitrakadi Vati	1-1-1		
5	GTG	30ml	8.00am	2.45pm
6	GTG	60ml	8.00am	2.00pm
7	GTG	90ml	8.00am	2.30pm
8	GTG	120ml	8.00am	4.30pm
9	Sarvanga Abhyanga, Sweda		8.30am	
10.	Sarvanga Abhyanga Sweda		8.30am	
11.	Sarvanga Abhyanga Sweda		8.30am	
12.	Virechana	50g with milk	7.00am	23 vegas

Peyadi Samsarjana Krama was followed after Virechana, for next 7 days.

RESULTS

Table 3: Changes in signs and symptoms,

Signs and symptoms	Before treatment	After treatment
Dryness	Present	Absent
Scaling of skin of soles	Present	Absent
Itching	Present	Absent
Excessive sweating locally	Present	Absent
Redness	Present	Absent

Follow up medicines (for 1 month)

1. Gandhaka Rasayana 1 tab Thrice a day, After food
2. Kadali Madhusnuhee Rasayana Granules- 10gm Twice a day with milk, After Food
3. Pinda Taila for Local Application

DISCUSSION

Plantar Psoriasis may be understood as *Vaipadikam* in *Ayurveda*. It is explained under the context of *Kshudra Kushta* in *Kushta Chikitsa* of *Charaka Samhita*. *Panipada Sphutana* and *Teevra Vedana* are the clinical features explained by *Acharya Charaka*. In the above patient lesions were seen only in the soles. If we analyse the *Nidana*, *Samprapti* and *Lakshanas* explained under the context of Kushta, it be-

comes very evident that, Kushta being a *Pitta Pradhana Tridoshaja Vyadhi*, any treatment has to begin with *Shodhana*. *Vaipadika* is *Vata Kapha Pradhana Kushta*, where *Rooksha*, *Sheeta*, *Khara guna vridhhi* of *Vata* are appreciated.

As per *Kushta Chikitsa*, *Virechana* is the apt line of management, thus 4 days of *Deepana Pachana* was done to the patient, by administering *Chitrakadi Vati*, followed by *Aarohana Snehapana* was done with *Guggulu Tiktaka Gritha* for 4 days. *Guggulu Tiktaka Gritha* being *tikta rasa pradhana* is *Pitta Kapha hara*, *Guggulu* is also considered as the drug of choice for *Aavarana* line of pathologies. *Gritha* by its quality is *Pitta Vata Hara*. On attainment of *Samyak Snigdha lakshanas*, *Sarvanga Abhyanga* with *Dhanwantara Taila* and *Sarvanga Bhaspa Sweda* was performed as a part of *Vishrama Kaala* for 3 days.

Virechana was induced by administering *Trivrutt Lehyam* (50g) with warm *Ksheera*/Milk as *Anupana*. 23 vegas were seen during the day, followed by *Pe-yadi Samsarjana* was administered for 3 *Ahara Kalas* for the next 7 days. Patient appreciated very good results. Follow up medicines were administered for next 30 days. No complaints were recorded during and after the follow up. Among the *Pancha*

Shodhanas, *Virechana* is the treatment of choice for *Kushta*, it being *Pitta Kapha hara* in action, also does *Vataanulomana* makes it a perfect therapy in the management of *Vaipadika*.

As per the principles of Ayurveda, *Rasayana prayoga* is to be executed only after *Shodhana* is performed. Even though all the signs and symptoms were resolved, *Vyadhihara Rasayanas* were administered to prevent relapse of the condition. Currently patient has no appreciable symptoms. However patient is continuing local application *Pinda Taila* regularly.

CONCLUSION

Chronic Plantar Psoriasis being a variant of Psoriasis in *Ayurvedic* perspective may be related to *Vaipadikam*. Hence the line of management employed in this case is *Langhana*. *Langhana* in a broader perspective with reference to *Raktavaha sroto vikaras* like *Kushta* is *Virechana*. *Sneha Virechana* ensures *Vatanulomana* along with elimination of *Vikrata Pitta-Kapha*. In the above case complete resolution of all signs and symptoms were appreciated. Thus *Virechana* is a tailor made solution for Psoriasis.

After *Virechana*, *Rasayanas* should be administered to prevent relapse of the condition.

BEFORE ADMINISTERING VIRECHANA

Figure 1



Figure 2



AFTER COMPLETION OF VIRECHANA

Figure 3



Figure 4



REFERENCES

1. K Pavithran, API Text Book Of Medicine, 7th Edition 2006 P1327
2. K Pavithran, API Text Book Of Medicine, 7th Edition 2006 P1327
3. Agnivesha Charaka Dridabala Charaka Samhita Chikitsa Sthana Chaukhambha Sanskrit Sansthan7/22
4. Agnivesha Charaka Dridabala Charaka Samhita Chikitsa Sthana Chaukhambha Sanskrit Sansthan1/1/24
5. Agnivesha Charaka Dridabala Charaka Samhita Chikitsa Sthana Chaukhambha Sanskrit Sansthan 7/39
6. Agnivesha Charaka Dridabala Charaka Samhita Chikitsa Sthana Chaukhambha Sanskrit Sansthan 16/20

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Ajay Bhat U: Role of Virechana In The Management of Chronic Plaque Plantar Psoriasis-Vaipadikam- A Case Study. International Ayurvedic Medical Journal {online} 2018 {cited May, 2018}
Available from:
http://www.iamj.in/posts/images/upload/1147_1151.pdf