

MANAGEMENT OF PRURIGO NODULARIS BY PANCHAKARMA THERAPY: A CASE STUDY

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ABSTRACT

Prurigo nodularis is also known as a picker's nodules; a typical form of neuro dermatitis circumscripta. Prurigo nodularis is very hard to treat. It includes steroids, vitamins, cryosurgery, UVB light. However cessation of steroids allows relapse to occur, usually within few weeks. It can be put under the disease category of kushtha from ayurvedic point of view having the dominance of kapha and vata humors. A female of 45 years old has reported to *Panchkarma department* with complaints of multiple, pruritic, excoriated nodules all over the body. The patient has undergone two courses of *virechana* with a gap of one month, thereafter *vamana*, and five settings of *raktamokshana (siravedha)*. Marked improvement was observed during the follow up of each *shodhana karma* in the parameters – itching (*kandu*), *srava* (discharge), *daha*(burning sensation) and pain.

Keywords: Prurigo Nodularis, *Vamana*, *Virechana*, *Raktamokshana*

INTRODUCTION

Prurigo nodularis (PN) is an excoriated eruption characterized by the lichenified nodules¹. It's a diverse cutaneous, metabolic and psychological disorder that cause PN induces itching by small number of shared mechanisms. Looking at the nature of the *doshas* involved, prurigo nodularis can be related to *kapha-vataj kushtha*. In prurigo nodularis, the symptoms endangered by aggravated *vata* are *rukshata* (dryness), *kharata* (roughness), *parushya* (hard), *shava arun varna* (dark brown discoloration) of the nodules and that of *kapha* are the presence of *kandu* (itching), *utsedha* (elevation), *gaurava* (heaviness) in the same². While treating the disease in Ayurveda, it has been said that the physician should comprehend the nature of the disease through *doshas (Vikara prakruti)*, the

site of manifestation of the disease (*Adhishthama*), etiological factors behind it (*samutthana*) and then should proceed for the treatment. Hence the physician, after considering all the above three factors, starts the treatment, will never make a mistake³.

When the kushtha is caused by the vitiation of three *doshas*, it's been said that the physician should ascertain the degree of vitiation of *doshas* and decide the dominance amongst them. Accordingly the dominant *doshas* should be treated with priority⁴. Treatment of *Kushtha* involves all the three major *shodhana* – *vamana*, *virechana* and *Raktamokshana*⁵So, while dealing with the chronic case of prurigo nodularis, primary focus should be kept on removing the morbid humors along with the *shamana* (pacifying) medi-

cines. This approach was adapted in the following case.

Case – A 45 years of unmarried female (sales woman) had reported to panchakarma department of Shree

Ayurved Mahavidyalaya, Nagpur, with complaints of multiple, mild pruritic, excoriated nodules with itching since 4 years affecting the whole body. The details are as follows -

Signs & symptoms –

Signs & symptoms	Features	Ayurvedic description	Duration
Nodules	With the diameter more or less than 1 cm	<i>Deergham</i>	Progressive nature after its onset since 4 years
	Shape – discrete	<i>Mandalakruti</i>	
	Nature - scaly	<i>Darunaka / raja nihssarana</i>	
	Spread – symmetrical	<i>Sama akruti</i>	
	Area – all over body, Above hundreds	<i>Bahu</i>	
	Consistency - firm	<i>Ghana</i>	
	Color - hyper pigmented	<i>Aruna varnata</i>	
Itching	Continuous	<i>Kandu</i>	Variations in the nature from mild to severe depending on various unknown factors
	Severity – severe at the first visit (Observed, repeatedly rubbing the lesions during consultation)	<i>Teevra</i>	
Pain	Some nodules	<i>Vedana</i>	On & off
Secretions	Some nodules	<i>Srava</i>	On & off
Burning sensation	Some nodules	<i>Daha</i>	On & off

Patient’s history:

<i>Mutra- samyaka</i>	<i>Kshudha- manda</i>
<i>Mala -samyaka</i>	Desh- sadharan
<i>Jivha- nirama</i>	<i>Urah- clear</i>
sparsha- khara,ruksha	<i>Udar- soft, non-tender</i>
<i>Akruti-krusha</i>	<i>Koshtha- mrudu</i>

Criteria for assessment of signs & symptoms:

The signs and symptoms were assessed on the following parameters.

1. Vedana - Pain

1	No pain	0
2	Mild pain	1
3	Moderate pain	2
4	Severe pain	3

2. Kandu- Itching

1	No itching	0
2	Mild/occasional itching	1
3	Moderate frequent itching	2
4	Severe frequent itching	3
5	Very severe itching , which disturb sleep and other routine	4

3. Srava - Discharge (exudation)

1	No srava	0
2	Mild srava after itching	1
3	Moderate srava without itching	2
4	Severe srava without itching	3

4. Daha - Burning sensation

1	No burning sensation	0
2	Occasional localized burning sensation	1
3	localized mild burning sensation in a particular part of the day	2
4	Burning sensation throughout the day but tolerable and relieved after cold medications e.g. <i>mahatikta ghrita</i> for external or internal application	3
5	Intolerable(affecting daily routine activity) generalized burning sensation throughout the day which can't be relieved by any cold medications (as above)	4

5. Arun varnata-pigmentation

1	No pigmentation	0
2	Mild pigmentation	1
3	Moderate pigmentation	2
4	Severe pigmentation	3

Treatment plan:

Procedure	Medicines	Dosages & durations
<i>Deepana & pachana</i>	<i>Chitrakadi vati</i>	Three times a day X 3 days with lukewarm water on empty stomach
<i>Snehapana</i>	<i>Panchatikta ghrita 150 g mixed with plain ghee 500 g</i>	40 ml, 80 ml, 120 ml, 160 ml, 200 ml respectively for five days early in the morning around 6am to 7am on empty stomach
<i>Abhyanga & swedana</i>	<i>Abhyanga – Bala Taila</i> <i>Swedana – Bashpa sweda by dashamoola sid-dha water</i>	<i>Abhyanga-</i> approximately for 15-20 minutes for 3 days & on the day of <i>virechana</i> <i>Swedana-</i> for 5-10minutes for 3 days & on the day of <i>virechana</i>
<i>Virechana</i>	<i>Virechana kalpa- nishottar, triphala kashay (200ml)+ eranda taila (50ml), ecchabhedi 2 tabs</i> <i>Mudwika kashaya</i>	On the day of <i>virechana</i> Every half hourly
<i>Samsarjana krama</i>	In Sequence– Initially cooked rice of liquid consistency (<i>peya</i>), followed by semisolid cooked rice (<i>Vilepi</i>), semisolid cooked rice with lentils (<i>Khichadi</i>), solid <i>khichadi</i> and on the 5 th day normal diet	<i>For 5 days</i>
As per above description, 2 nd course of <i>virechana</i> was followed after one month		

Vamana karma:

procedure	medicines	Dosages & duration
<i>Deepana & pachana</i>		Three times a day X 3 days with lukewarm water on empty stomach

Snehapana	<i>Panchatikta ghrta 150 g mixed with plain ghee 500 g</i>	40 ml, 80 ml, 120 ml, 160 ml, 200 ml respectively for five days early in the morning around 6am to 7am on empty stomach
Abhyanga & swedana	<i>Abhyanga – Bala Taila Swedana – Bashpa sweda by dashamoola siddha water</i>	<i>Abhyanga-</i> approximately for 15-20 minutes on rest day & on the day of vamana <i>Swedana-</i> for 5-10minutes on rest day & on the day of vamana
Vamana	<i>Kanthapana – Godugdha (SOS) Vamaka medicines – Madanaphala (8 g), Yashtimadhu (1 g), Pippali (1 g) Vamanopaga medicines – decoction of Yashtmiadhu (SOS)</i>	In the initial phase of vamana During vamana In the later phase of vamana for the continuation of process
Samsarjana krama	In Sequence– Initially cooked rice of liquid consistency (<i>peya</i>), followed by semisolid cooked rice (<i>Vilepi</i>), semisolid cooked rice with lentils (<i>Khichadi</i>), solid <i>khichadi</i> and on the 5 th day normal diet	<i>For 5 days</i>

Raktamokshana (siravedha):

Procedure	Equipments	Dosage and duration
Siravedha	Needle with 18 no bore, Catheter, spirit swab, measuring beaker, cotton ball, sticking, sphygmomanometer	5 settings of bloodletting with the quantities as 100ml, 95ml, 100ml, 70ml and 45ml respectively

Shamana treatment:

After *raktamokshana*, patient was kept on *shaman chikitsa* with-

- *Arogyavardhini vati* – 250 mg twice a day before meal with water
- *Mahamanjishthadi kashaya* - 15ml three times a day with water before meals

- *Panchtikta ghrta* - 20 ml twice a day before meals with lukewarm water

Follow up during the whole process of vamana, virechana and raktamokshana:

Follow up of the patient is taken after 1st *virechana*, 2nd *virechana*, *vamana* and thereafter 1st *siravedha* till 5th *siravedha*

Observations:

Signs and symptoms	After 1 st Virechana	After 2 nd Virechana	After Vamana	After 1 st RM	After 2 nd RM	After 3 rd RM	After 4 th RM	After 5 th RM
<i>Vedana</i> (Pain)	2	2	1	1	1	1	1	1
<i>Kandu</i> (Itching)	2	1	0	0	0	1	1	1
<i>Srava</i> (Discharge)	2	1	0	0	0	0	0	0
<i>Daha</i> (Burning sensation)	2	1	0	0	0	0	0	0
<i>Arun varnata</i> (pigmentation)	2	1	1	1	1	1	1	1



Figure 1 - Before treatment



Figure 2 - After treatment (after 4 months)

DISCUSSION

A. Diagnostic point of view –

It can be observed that the signs and symptoms are mostly *vata kapha* dominant. The nodules are spread all over the body in abundant quantity (*Bahu* – large in number) indicating *Kapha* involvement. They are firm (*ghana*) on touch and nodular in shape (*mandalakruti*). This indicates the *kapha* involvement in the condition. They are spread with almost even size (*sama akruti*) indicating *kapha* involvement again. The size is bigger comparatively (> 1 cm) which again indicate *kapha* dominance. All the nodules shade off scales regularly. Slight *srava* was observed which shows again the involvement of *Kapha* in it.

Having the involvement of both *vata* and *kapha* in a larger quantity (*bahu doshavastha*) with the vitiation of *Tvacha – Rakta – mamsa and lasika*, with spread all over the body and not pacifying with the normal treatment (very difficult to treat), Prurigo nodularis can be considered under *mahakushtha* category with close similarity of its nature to that of *Sidhma kushtha*⁶. Though *vedana* and *daha* are present in some of the nodules throughout the course, prurigo nodularis has all the three cardinal symptoms viz. *kandu*, *vedana* & *daha* indicating the involvement of all the three *doshas* i.e. *vata*, *pitta* and *Kapha*.

B. Prognostic point of view –

It is important to explain to patients that prurigo nodularis lesions may be chronic and very difficult to improve completely⁷. All types of *kushtha* are having

involvement all the three *doshas* as said in *sapta dosha dushya samgraha*⁸. Keeping the view of its progressive nature, chronicity, involvement of all *doshas* and all the 4 *dushyas* with the weak strength of the patient, this case lands in the *kruchhasadhya* category. So, the patient was accepted to treat by both *shodhana* (purificatory) and *shamana* (pacifying) treatment.

C. Treatment point of view –

Prurigo nodularis has chronic involvement and spreads all over the body which shows the *bahu dosha avastha* i.e. maximum involvement of *doshas*. So, primarily the purificatory mode of treatment was planned. Ideally *vamana* should be done first, but the patient had fear for *vamana*. So, primarily *virechana* was planned and thereafter with slight clinical improvement, the patient herself agreed for *vamana*.

Initially, *virechana* was given after proper *poorva karmas* (pre procedures). With slight clinical improvement, *virechana* was repeated again. After proper gap of almost three weeks, *vamana* was planned. As it is said that *siravedha* (venesection) is more appropriate treatment in the cases of *mahat kushthas*, it was the natural choice of further *dosha nirharana* following *virechana* and *vamana*.

It's been seen that after these sessions of treatment, *kandu*, *srava* and *daha* were reduced remarkably. Size and shape of nodules were observed to be reduced. Number of nodules remained almost same, but new eruptions were also not observed. Slight pain was per-

sistent with a little variation towards lower side of its scale.

CONCLUSION

Breaking the itch-scratch cycle requires a multifaceted approach and patients should be encouraged to continue with therapy to reduce scratching and picking at the lesions⁹. Though it was not relieved completely, improvement in maximum signs and symptoms were observed by only *ayurveda* medicines and *panchakarma*. So, one can suggest *ayurvedas shodhana* treatment for the same.

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