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

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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 Planta Plaque Psoriasis.

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

INTRODUCTION
Psoriasis is a common skin disease affecting 1-2% of the general population\(^1\). 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 unguis\(^2\). 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 therapies\(^4\). Vaipadikam, as an Vata predominant Tridosha 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 condition\(^6\).

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 discoulouration 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 discoulouration 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: Analipta
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 discoloration 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
Sadhyasadhya: Sadhya

**Table 1: Vyavachedhaka Nidana(Differential Diagnosis)**

<table>
<thead>
<tr>
<th>Eka Kushta</th>
<th>Charmakhyam</th>
<th>Kitibha</th>
<th>Vaipadika</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asvedanam</td>
<td>Bahala</td>
<td>Shyavam</td>
<td>Panipada Sphutana</td>
</tr>
<tr>
<td>Mahavaastu</td>
<td>Hasti Charmavat</td>
<td>KinaKhara Sparsham</td>
<td>Teevra Vedana</td>
</tr>
<tr>
<td>Matsya Shakalopamam</td>
<td>Parusha</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Vyadhi Vinischaya: Vaipadika Kushtha  
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 Snehana  
Taila for Abhyanga: Dhanwantara Taila  
Sweda: Bhashpa Sweda  
Vishrama Kaala: 03 days  
Virechana Aushadhi: Trivrit Lehya  
Anupana: GoKsheera  
No.of Vegas-23  
Shuddi: Uttama

Table 2: Scheme of Treatment done

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

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

RESULTS

Table 3: Changes in signs and symptoms,

<table>
<thead>
<tr>
<th>Signs and symptoms</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dryness</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Scaling of skin of soles</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Itching</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Excessive sweating locally</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Redness</td>
<td>Present</td>
<td>Absent</td>
</tr>
</tbody>
</table>

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 Lakshanras explained under the context of Kushta, it be-
It 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 vriddhi 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 Tikta 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 Vishrana 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 Peyadi 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 Vataamulomana 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.
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