THE ROLE OF SHODHANA [VAMANA, VIRECHANA KARMA] AND SHAMAN-NA 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), erythematos 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 basaland 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 “Kushta”. Psoriasis is consider as type of Kushta and may be well correlated to various varieties of Kuksham among them Mandle Kustha Ekkushta, Kitibha are the commonest due to the resemblance of signs & symptom. Treating various types of Kushta are challenges, psoriasis is not on exception due to remission & excesbation nature of psoriasis. It has become even divesting challenge for treatment. Ayurveda has its own systemic approach plan to treat diseases. In the case of treating Kushta, Acharyas has specifically emphasized on Shaodhana 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 Kayachikitsa OPD of Arogyashala, National Institute of Ayurveda, Jaipur on 7th April 2015, presented with chief complaint 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 patient 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 detected 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 erythematosus 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:**


**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)**

<table>
<thead>
<tr>
<th>S. No</th>
<th>Karma</th>
<th>Drug</th>
<th>Dose</th>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Deepa-</td>
<td>Panchkolchurna</td>
<td>2 gm</td>
<td>Twice in a day</td>
</tr>
</tbody>
</table>
2. Snehapan

Panchiktaghritim

25ml, 50ml, 100ml, 150ml, 200ml, 250ml, 250ml.

Once in a day in early morning empty stomach for 7 days.

3. Sarvangasnehan

Sarvangaaasweda

Dasmooll tail & DasmoolkwathaNadiswa
e

One time for 2 days.

4. Vamana

Madanphaladi yoga-

Madanphalapippalichurna - 5 gm

Yashtimadhu - 2 gm.

Vacha - 1 gm

Saindhava - 1 gm & Honey as per required

Total - 8 Vegas

(Pravara-shudhhi)

5. Sansarjana karma

Peyavilapikritandakrityushand- mansarasasa

7 days.

Table no. 2 for Shodhana Chikitsa (Virechana karma)

<table>
<thead>
<tr>
<th>S. N</th>
<th>Karma</th>
<th>Drugs</th>
<th>Dose</th>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Snehapan</td>
<td>Panchiktaghritim</td>
<td>50ml, 75ml, 100ml</td>
<td>Once in a day in early morning empty stomach for 3 days.</td>
</tr>
<tr>
<td>2</td>
<td>Sarvangasnehan &amp; Sarvangaasweda</td>
<td>Dasmool tail &amp; DasmoolKwath</td>
<td>---------------------------</td>
<td>One time for 3 days.</td>
</tr>
<tr>
<td>3</td>
<td>Virechana</td>
<td>TrivrittaAveleha</td>
<td>60 gm</td>
<td>Anupana – TriphalaKwatha. Total – 26 vegas (Madhyamshudhhi)</td>
</tr>
<tr>
<td>4</td>
<td>Sansarjana karma</td>
<td>Peyavilapikritand akrityushand mansarasasa</td>
<td>---------------------------</td>
<td>5 days.</td>
</tr>
</tbody>
</table>

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)
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 Kushta 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 Vitiates diseases. Kushta is a RaktapradoshVikar & Mandal Kustha is Kapha predominant type of Kushta. 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- Shudha-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 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. Panchtiktaghriram[^9] has excellent Vatashamaka and Rakta-shodhaka 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 managment not only controls the disease but also significantly prevents its relapse.

![Photographs](image)

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Drug</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>SudhGandhak</td>
<td>500 mg</td>
</tr>
<tr>
<td></td>
<td>Rasmanikya</td>
<td>125 mg</td>
</tr>
<tr>
<td></td>
<td>Chopchinchurna</td>
<td>1 gm</td>
</tr>
<tr>
<td></td>
<td>Muktashukti</td>
<td>250 mg</td>
</tr>
<tr>
<td>2.</td>
<td>VrihatManjisthadikashaya</td>
<td>40 ml twice in a day. Empty stomach</td>
</tr>
<tr>
<td>3.</td>
<td>Panchtaktaghritam</td>
<td>10 ml twice in a day. Empty stomach</td>
</tr>
<tr>
<td>4.</td>
<td>Triphlachurna</td>
<td>5 gm HS With lukewarm water</td>
</tr>
</tbody>
</table>

1x2 matra with lukewarm water

[^1]: Dr. Kumari Priya Et Al: The Role Of Shodhana [Vamana, Virechana Karma] And Shamana Chikitsa [Herbomineral Compound] In The Management Of Mandle Kushtha Wsr To Psoriasis - A Case Study
[^2]: www.iamj.in IAMJ: Volume 4; Issue 07; July- 2016
REFERENCES


4. Ibidem Bhaishjyaratnavalisiddhipradahindivyakhasahita; Adhyaya; 54/873


8. Ibidem Bhaishjyaratnavalisiddhipradahindivyakhasahita; Adhyaya54/70;867.

9. Ibidem Bhaishjyaratnavali siddhipradahindivyakhasahita; Adhyaya 27/104-110;582.

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