

## ROLE OF VIRECHANA KARMA & MADHUTAILIKA BASTI IN THE MANAGEMENT OF EKAKUSHTA

Shubha C<sup>1</sup>, Amanda Kittie Kynshikhar<sup>2</sup>, Pooja B A<sup>3</sup>, Sangamitra Pattnaik<sup>4</sup>, Abhishek Biswas<sup>5</sup>

<sup>1</sup>Intern at Sushrutha Ayurvedic Medical College and Hospital, Bangalore, Karnataka, India

<sup>2</sup>Intern at Sushrutha Ayurvedic Medical College and Hospital, Bangalore, Karnataka, India

<sup>3</sup>Associate professor, dept of panchakarma, Sushrutha Ayurvedic Medical College and Hospital, Bangalore, Karnataka, India

<sup>4</sup>HOD of Panchakarma, Sushrutha Ayurvedic Medical College and Hospital, Bangalore, Karnataka, India

<sup>5</sup>RMO at Sushrutha Ayurvedic medical college & hospital, Bangalore, Karnataka, India

Corresponding Author: [shubhachandrashekhar06@gmail.com](mailto:shubhachandrashekhar06@gmail.com)

<https://doi.org/10.46607/iamj15p5052021>

(Published online: July 2021)

### Open Access

© International Ayurvedic Medical Journal, India 2021

Article Received: 17/06/2021 - Peer Reviewed: 03/07/2021 - Accepted for Publication: 03/07/2021



## ABSTRACT

A Hindu female patient of age 30 yrs. with a history of dry scaly white patches over the skin since childhood with prevailing signs of swelling wounds over the patches on the right foot and left palm for six months, diagnosed as a case of Psoriasis came for treatment at Sushrutha Ayurvedic Medical College & Hospital, Bangalore. Considering the signs and symptoms patient was treated in the line of *Ekakushta*. Classical *Virechana Karma* followed by *Shamana Aushadhi* and *Madhutailika Basti* was administered. Significant relief was found in the signs and symptoms with no recurrence after the treatment.

**Keywords:** Ekakushta, Psoriasis, Classical *Virechana*, *Madhutailika Basti*, *Shamana Aushadhi*.

## INTRODUCTION

Psoriasis is an inflammatory and proliferative disease of the skin that results in a rapid turnover of the skin cells. The turnover of cells can rise to seven times the

normal rate, leading to thickening of the superficial layers of the skin. The <sup>1</sup>prevalence is approximately 2% in the European population. Accurate figures for

many other parts of the world are not available but there seems to be consistent evidence that the prevalence of psoriasis is lower in people of African origin and lower still in some Asian communities such as Japanese. The most characteristic lesions consist of sharply demarcated, dull red or salmon-pink thickened patches with silvery scales. The extensor surfaces of the limbs (especially the elbows, knees, and shins), scalp, and lower back/buttocks are particularly affected, but psoriasis may involve any part of the body. When psoriasis involves the groins, armpits, perineum and the area under the breasts, the lesions tend to be less scaly and rather shiny. The disease is highly variable in duration and extent, and there are several common morphological variants. Contrary to popular belief, up to 50 per cent of affected patients experience significant itch, especially on the scalp and lower legs. Based on the clinical signs and symptoms it can be correlated to *Ekakustha*<sup>2</sup>. *Ekakustha* is the skin disease among the *Kshudra kustha* which has symptoms of *aswedanam* (not perspire), *mahavastu* (extensive), *yana matsyoshakalalopamam* (looks like fish scale) and *aruna varna* (discolouration).

### Case Report

A 30 yrs. old female patient having itchy, dry, and scaly white patches since childhood with prevailing signs of swelling wounds over the patches on the right foot and left palm from last six months, visited the outpatient Department of Panchakarma, Sushrutha Ayurvedic Medical College & Hospital, Bangalore. History of present illness reveals that the patient has been diagnosed with Psoriasis since childhood and she noticed pain, bleeding, pus formation and itching spreading over other parts of the body even after taking allopathic medications. She noticed the severe spreading of the whitish discolouration over the elbow crease and abdomen in the last six months. For the same she consulted with the Department of Panchakarma, Sushrutha Ayurvedic Medical College & Hospital, Bangalore and underwent *Virechana Karma* followed by *Shamana aushadhi* and *Yoga Basti*. Refer Table 1.

### Treatment Given:

The patient was planned for –

1. Classical *Virechana Karma*
2. *Shamana Aushadhi*
3. *Yoga Basti*

### Preparation of Panchakarma procedures

#### 1. Classical *Virechana Karma*

The following steps were followed in the treatment procedure:

- *Deepana* and *Pachana chikitsa*
- *Snehapana*
- *Virechana yoga* administration
- *Samsarjana krama*

#### a. *Deepana* and *Pachana Chikitsa*

*Deepana* and *Pachana chikitsa* (medicine that augments and assist the process of digestion) *Chitrakadi vati* – 2 tablets three times a day, with Lukewarm water for the first 2 days and *Agnitundi vati* Dose – 2 tablets three times a day, with Lukewarm water for the next 3 days.

#### b. *Snehapana* (Administration of medicated Ghee)

After *Deepana Pachana*, *Snehapana* with *Mahatik-taka gritha*<sup>2</sup> (medicated Ghee) was given to the patient in increasing order for 2 days, with a dose of 30ml on 1<sup>st</sup> day and 100ml on the 2<sup>nd</sup> day followed by Lukewarm water.

On the 2<sup>nd</sup> day of *Snehanapana*, *Samyaka Snehana Lakshana* (features of adequate oleation, like producing proper movement of *Vata*, loose and fatty stools and increase in appetite) were observed. *Snehapana* stopped on the 2<sup>nd</sup> day, *Sarvanga Abhyanga* (a whole-body oil massage) and *svedana* (a mild steam bath) were given for the next 4 days with *Virechana Yoga* on the 4<sup>th</sup> day.

**Diet during *Vishrama Kala*:** During the first 3 days of *Sarvanga Abhyanga* and *svedana*, *ganji* diet was advised to the patient.

#### c. *Virechana Yoga*

40g of *Trivrit lehya* (*Operculina turpenthum* paste) and 150ml of *Triphala Kashaya* (decoction) was administered at 9:00 am on empty stomach. The patient was advised to take Luke in warm water.

Observations of *Virechana Yoga*:

No. of Vegas (urges of defecation) produced: 14  
It was observed as *Kaphant Virechana* (ended with yellowish thick liquid stool).

**d. Samsarjana krama**

Considering the *Madhyama Suddhi* (moderate cleansing), the patient was advised to take classical *Samsarjana karma* (specific light diet) for the next 5 days which contains *Ganji, khichdi*, rice and dal.

**2. Shamana aushadhi:**

The following *aushadhis* were given in the treatment procedure along with warm water for 15 days:

- *Mahatiktaka gritha* Gel capsule – 1 tablet (Morning and Night, A/F)
- *Gandhaka rasayana* – 1 tablet (Morning and Night, A/F)
- *Arogyavardhini vati* – 1 tablet (Morning and Night, A/F)
- *Mahamanjista kwatha* – 10ml (Morning and Night, B/F)

**Follow up:** 18 days

**Results:** The following results were observed after the *Virechana Yoga* and *Shamana aushadhi* treatment was given:

1. Itching reduced
2. Patch and dryness reduced
3. Bleeding stopped

But the patient still noticed signs of swelling wounds over the Psoriasis patches on the right foot and left palm.

**3. Yoga Basti:**

The patient visited the department after 18 days for follow-up and was advised to undergo *Yoga Basti*. *Madhutailika<sup>3</sup> Niruha Basti* and *Anuvasana Basti* were given. One course of *Yoga Basti* was administered for 8 days, during this period *Stanika Abhyanga* and *Swedana* were given which are a part of *Purvakarma* for *Basti*.

**Preparation and dosage of Niruha and Anuvasana Basti:**

*Niruha Basti:* The preparation of *Niruha Basti* is based on *Madhutailika Basti*.

Dose of *Niruha Basti*

- *Makshika* – 100 ml
- *Saindhava Lavana* – 6 gm
- *Mahatiktaka ghrita* – 100 ml
- *Shatapushpa* – 6 gm
- *Nimba churna* – 6 gm
- *Eranda Moola Kwatha* – 200 ml
- *Madanphala* – 6 gm

Dose of *Anuvasana Basti*

- *Gandharvahastadi taila<sup>4</sup>* – 50 ml
- *Guggulu tiktaka gritha<sup>5</sup>* – 50 ml
- *Saindhava and Shatapushpa* – 5 gm

**Table 1:** Showing the details of Basti Administration and Pratyagamana kala on each day.

Day	1	2	3	4	5	6	7	8
Type of Basti	<i>Anuvasana</i>	<i>Niruha</i>	<i>Anuvasana</i>	<i>Niruha</i>	<i>Anuvasana</i>	<i>Niruha</i>	<i>Anuvasana</i>	<i>Anuvasana</i>
Retention Time	8min	10min	8hrs40mins	10mins	6mins	13mins	8hrs	5hrs

**Results:** The following results were observed after the *Yoga Basti* treatment was given:

1. Swelling reduced
2. Itching reduced
3. Patch and dryness reduced

To date, there is no relapse in the symptoms. The patient is still in the follow-up and is being administered for the following *aushadhis* under *Shamana aushadhi* treatment for 1 month:

- *Mahatiktaka gritha* Gel capsule – 1 tablet (Morning and Night, B/F)

- *Gandhaka rasayana* – 1 tablet (Morning and Night, B/F)
- *Gopichandanadi vati* – 1 tablet (Morning and Night, A/F)
- *Gorochanadi vati* – 1 tablet (Morning and Night, A/F)
- *Khadirarishtai* – 3 spoons with equal quantity of water (Morning and Night, A/F)
- *Mahamarichyadi taila* – External application

**Follow up:** 3 months

**Table 2:** Showing the psoriasis area and severity index score.

Psoriasis Severity Index Score		
1	Scalps and hairline	0
2	Face, Neck and Ears	0
3	Arms and armpits	0
4	Hands, fingers and fingernails	±
5	Chest and abdomen	0
6	Back and shoulders	0
7	Genital area and/or around the anus	0
8	Buttocks and thighs	0
9	Knees, lower legs and ankles	±
10	Feet, toe and toenails	+

**The current average severity of Psoriasis:** 5 (Intensely inflamed skin with/without postulation)

**Overall state of Psoriasis:** 3 (Moderately severe with obvious redness, scaling or thickening)

## DISCUSSION

In *Ayurveda*, all the skin disorders have been mentioned under one umbrella- *Kushta*. Looking into signs & symptoms, specially *Dosha-Dushya Samuthana* in can be considered as *Eka Kushta* parallel in Allopathic science as Psoriasis. As per classical reference, (a) In *Bahu-Dosha Avastha Nitya Virechana* is indicated. (b) *Punah-Punah Shodhana* in *Kushta*. (c) *Virechana* is the 1<sup>st</sup> line of treatment for *Pitta & Raktaja Vyadhi*. Hence, *Virechana* was administered. *Chitrakadi Vati & Agnitundi Vati* used in *Deepana-Pachana* having ingredients of *Katu Rasa* dominance which helps in *Ama-Pachana & Agnideepana*. *Mahatiktaka Ghrita* was given for *Abhyantara Snehapana*. As *abhyantara snehapana* is contraindicated in *Kushta* but, as a prerequisite before *virechana karma*, *snehapana* is mandatory. As per literature in that case *tikta sadhita dravya snehana* administration has been specified. In *Charaka Samhita*, while explaining *Kushtachikitsa*, it is mentioned as “*Virechanam cha agrey*”. Hence using trivrit lehya *virechana* was administered. as it helps to eliminate *vikrita pitta* along with another *Dosha*.

According to *Acharya charaka* *basti* is contraindicated in *kushta* but based on *avastha Basti* can be administered. Hence in this present case looking into the

symptoms, *Basti* treatment was also planned and also skin lesion was more in the lower part of the body, as *Acharya Sushruta* also mentions if the lower part of the body is affected, *Basti* is the treatment of choice. *Madhutailika Basti* was administered in the form of *yoga basti* protocol. Though *Basti* is contraindicated in *Kushta*, Acc. *Sushruta Acharya*, “*basti vate cha pitte cha kaphae rakte cha sashyate; samsarge sannipate cha bastireva hita sada*”<sup>6</sup>, *basti* is useful in disorders of *tridosha*. In this case *pitta pradhana*, *tridosha* involvement was observed. Hence after the treatment, significant improvement was seen. After treatment through significant improvement was observed, to prevent the reoccurrence following *shamanaushadhi* was administered as a part of *Vyadhiprathanika Chikitsa*.

## CONCLUSION

According to *Ayurveda Kushta* is considered as one among *bahudosha avastha vyadhi* where repeated *samshodhana* is required. The signs & symptoms can be compared to Psoriasis in Allopathic Science, which is widespread chronic, frequently re-occurring disease of the skin in the present era. Based on the *doshic predominance*, *Virechana karma* was given to eliminate the vitiated *pitta*. Further, *shamanaushadhis* were advised, followed by *Basti karma*. Thus, this treatment was found to be efficacious in the management of the present clinical case of *Kushta*.

## REFERENCES

1. Davidson's principle & practise of medicine, 22<sup>nd</sup> edition, 2014, published by Churchill Livingstone publication, chapter no. 28, Skin Disease, page no. 1287.
2. Agnivesha, Charaka samhita, Ayurveda deepika commentary by chakrapani data, 7<sup>th</sup> chapter, Kush-tachikitsa adhyaya, verse no.21 & 150, published by Chaukambha orientalia, Varanasi; 2<sup>nd</sup> edition, the year 2000; page no.151-157.
3. Sushruta, Sushruta Samhita, edited by Vaidya Yadavji Trikamji Acharya & Narayan Ram Acharya, published by Chowkhambha krishnadas Academy, Varanasi, reprinted in 2004; Chikitsa sthana 38/114, Page no. 548.
4. Govinddas, Bhaisajya ratnavali, Vriddhirogachikitsa prakaran 43/105-108, Hindi commentary by Ambika-datta shahstri, Chaukhambha Sanskrit sansthan; Varanasi, 20th edition, 2010.
5. Vagbhatta, Ashtanga hridaya with sarvanga sundara commentary, edited by Harishashtri Paradkar, published by Chaukambha orientalia, Varanasi, 7<sup>th</sup> edition, 1982; page no.726-728.
6. Sushruta, Sushruta Samhita, edited by Vaidya Yadavji Trikamji Acharya & Narayan Ram Acharya, published by Chowkhambha krishnadas Academy, Varanasi, reprinted in 2004; Chikitsa sthana 35/6, Page no. 525.



Fig. 1.a. Before treatment



Fig.1b. After treatment



Fig.2a. Before treatment



Fig.2b. After treatment



Fig.3a. Before treatment



Fig.3b. After treatment

**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Shubha C et al: Role Of Virechana Karma & Madhutailika Basti In The Management Of Ekakushta. International Ayurvedic Medical Journal {online} 2021 {cited July, 2021} Available from: [http://www.iamj.in/posts/images/upload/3050\\_3054.pdf](http://www.iamj.in/posts/images/upload/3050_3054.pdf)