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The Effect of Virechana with Manibhadra Churna in Psoriasis -A Case Study

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Abstract

Panchakarma is referred as penta-biopurificatory process. Virechana Karma is one among Panchakarma; by which orally administered drug acts on internal Dosha especially Pitta Dosha and expel them out of the body through Guda. Psoriasis is a common chronic skin disorder of autoimmune origin. A 42 year old male patient c/o itching overhead, behind the ears, nails, lower back and legs since 2 years and while itching he gets whitish powder. He has consulted a dermatologist and has taken modern medicine. He got symptomatic relief. As soon as he stops medicines, the condition worsens and reoccurrence of disease was going on. Meanwhile severe burning sensation on chest was also happened. So he has planned to take Ayurveda treatment for the same. There was no history of any systemic illness. The present case was diagnosed as psoriasis from a detailed history taking and clinical examination. A positive family history was noted. A classical way of Virechana Karma was planned with Manibhadra Churna. After Virechana, Samyaka Shudhi Lakshana was achieved; symptoms such as itching, erythema, scaling, candle grease sign and Auspitz sign were not found. Reoccurrence of disease was not found even after 2nd follow up.

Index terms— virechana, psoriasis, manibhadra churna, kushta.

1 Introduction roper

Shodhana Karma brings Roga Apunarbhavatwam 1 ; that means the disease never reoccur. If we speak practically, reoccurrence of disease can be delayed for longer period .Shodhana Karma helps in detachment of Doshas from their root. Panchakarma is also referred as penta-biopurificatory process. Virechana Karma is one among Panchakarma; by which orally administered drug acts on internal Dosha, especially Pitta Dosha and expel them out of the body through Guda. Virechana is the prime treatment for Pittaharana and Amashayagata Pitta 2 . Psoriasis is a common chronic skin disorder of autoimmune origin. The exact cause of the condition is not known. But it is believed that the main culprit behind the pathology may be the autoimmune response of T-lymphocytes and neutrophils which causes the over production of healthy skin cells which rapidly moves to the outermost layer of the skin in days causing a build-up of thick, scaly patches on the skin surface. It is also believed that genetic factor also plays an eminent role in this condition.

In modern medicine, the mild form of this condition is managed by topical agents like corticosteroids, moisturisers etc. Moderate condition is managed by phototherapy. For severe conditions systemic agents like methotrexate, ciclosporin, hydroxyl carbamide etc. are used. Still the condition is usually reoccurred within months.

The word Psoriasis is from the Greek word ps?ra meaning "itch", psoriasis is a chronic, noncontagious disease characterized by inflamed lesions covered with silvery-white scabs of dead skin 3 .Normal skin cells mature and replace dead skin every 28-30 days. Psoriasis causes skin cells to mature in less than a week. Because the body cannot shed old skin as rapidly as new cells are rising to the surface, raised patches of dead skin develop on the arms, back, chest, elbows, legs, nails, folds between the buttocks, and scalp 3 . Psoriasis is considered mild if it affects less than 5% of the surface of the body; moderate, if 5-30% of the skin is involved, and severe, if the disease affects more than 30% of the body surface 3 .

From the available studies, the prevalence of psoriasis in India ranges from 0.44 to 2.8% 4 . In another study it is found that point prevalence of psoriasis is 8%

2 5

.The same study has described that among the psoriasis patients, the ratio of male to female was 1.1:1. Highest prevalence was noted in the age group of 21-30 and 41-50 years 5 .

3 II.

4 Definition

Psoriasis is a non-infectious chronic inflammatory disease of the skin, characterised by welldefined erythematous plaques with silvery scale with predilection for the extensor surface and scalp and a chronic fluctuating course 6 .

5 III.

6 Types of Psoriasis

Dermatologists distinguish different forms of psoriasis according to which part of the body is affected, how severe symptoms are, how long they last, and the pattern formed by the scales.

The most common one is chronic plaque psoriasis (50%); the most common sites of involvement in descending order of frequency were the palms and soles (33%) and scalp (20.8%); nearly 4.1% presented with erythroderma 5 .

Plaque psoriasis 7 -the most common type. Lesions are well demarcated, red with dry, with a silverywhite scale. The elbows, knees and lower back are commonly involved. Other sites of predilection include scalp, nails, flexures and palms.

Guttate psoriasis 7 -commonly seen in children and adolescents and may follow a streptococcal sore throat.

Erythrodermic psoriasis 7 -skin becomes universally red or scaly. As in other forms of erythroderma temperature regulation becomes problematic with hypothermia or hyperthermia.

Pustular psoriasis 8 -there are two varieties; generalised form and localised. It is characterized by blister-like lesions filled with non-infectious pus and surrounded by reddened skin. Generalized pustular psoriasis can make life-threatening demands on the heart and kidneys.

Palomar-plantar pustulosis (PPP) causes large pustules to form at the base of the thumb or on the sides of the heel. In time, the pustules turn brown and peel.

In Ayurveda, psoriasis can be correlated to many varieties of Kushta; such as Sidhma Kushta, Ekakushta, Kitibha Kushta, Mandala Kushta etc. due to similarity of signs and symptoms. The present case is correlated to Sidhma Kushta. Acharya Charaka explained Sidhma under Mahakushta. Sushruta and Vagbhata Acharya described it under Kshudra Kushta. In this case study, Sweta (whitish), Tamra (coppery), Alabu Pushpa Varna (pinkish) and Rajo Brushtam Vimunchati (peeling of skin) features of Sidhma were found. It is Vatakapha predominant disease. In every Kushta, Dooshana of Sapta Dravya (Tridosha, Twak, Rakta, Mamsa and Lasika) occurs. Kushta is difficult to cure, but in classics repeated Shodhana Karma has been advised without harming Prana of Shareera 9 . In Vata predominant condition Sarpipana is administered. In Pitta predominant cases Raktamokshana and Virechana are done. Whereas in Kapha dominant condition Vamana Karma is followed 9 .

7 Aim

To evaluate the effect of Virechana Karma in Psoriasis.

8 Objective

To evaluate the effect of Virechana Karma with Manibhadra Churna in Psoriasis.

9 Place of Study

This case study was done in the department of Panchakarma, MVR AMC, Parassinikadavu, Kannur.

IV.

10 Case Study a) Presenting complaints

A 42 year old male patient c/o itching overhead, behind the ears, nails, lower back and legs since 2 years and while itching he gets whitish powder.

11 b) History of presenting complaints

Patient was apparently normal before 2 years; gradually he developed itching over his head. He has consulted a dermatologist and has taken modern medicine. He got symptomatic relief. After 2months, again itching was started on head and leg associated with severe burning sensation on chest. Again he has taken modern medicine

for the same and got relief. But all the symptoms were remitted as soon as the medicines were stopped. So he has planned to take Ayurveda treatment for the same.

12 c) History of previous illness

Nothing

13 Results

During Snehapana itching, roughness of lesion and scaling were reduced. After Virechana Karma Samyaka Shudhi Lakshana was achieved; symptoms such as itching, erythema, scaling, thickness, candle grease sign, Koebner's phenomenon and Auspitz sign were not found. The weight of the patient was also reduced.0 After the follow up period of 6 months the patient was fine and reoccurrence of the disease was not found. So all the Shamana medicines were stopped. One more follow up was planned again after 6 months. Patient was fine and no reoccurrence of the condition was happened.

14 Signs & Symptoms

15 Discussion

Kushta is noted as Dush Chikitsya due to Prasarana Bhava. Raktadhatu is the main reason for Prasarana Bhava. Pitta and Rakta are Ashraya-Ashrayee Bhava; hence Virechana Karma can bring best result. In the present case study, the patient is Dushchardya too. So Virechana Karma was planned. Agni was deranged in the patient. So Deepana -Pachana Karma before Snehapana was advised. Panchakola Churna was taken 5gm with half glass of Takra; which is Shreshta Pachana and Deepana Dravya. Thus, internal Ama Pachana was brought out and Jadharagni was kindled. For external Rukshana purpose, Udwartanam with Nimba Churna and Aragwadha Churna was done. Nimba (Azadiractaindica) and Aragwadha (Cassia fistula) are anti-fungal, anti-bacterial and anti-pruritic drugs. Udwartana helped in the exfoliation of dead tissues.

Arohanakrama Snehapana with Aragwadha Mahatiktaka Grita was given for 7days.

Samyak Snigdha Lakshana such as Vata Anulomata, Agni Deepti, Snigdha Vit, Twak Snigdhata was obtained. In order to pacify Kapha and promote easy evacuation of Doshas with stools, 3days Vishrama Kala was planned. In these 3days Abhyanga with Psoricure oil and Bashpa Sweda were done. Next day Virechana was administered with Manibhadra Churna 50g in lukewarm water at 8am. It is the drug of choice for Virechana in Kushta. Samyak Virechana Lakshana was obtained. After Virechana Karma Samsarjana Krama has followed for Prakruti Prapta Purusha.

16 VII.

17 Conclusion

The present case study showed that classical way of Virechana Karma with Manibhadra Churna is effective in Psoriasis. All the symptoms of psoriasis were totally reduced. Vyadhi Harana, Agni Vridhi, Laghutwa, Indriya Prasada and Twak Prasada were also obtained. No untoward effect was got during and after the treatment. After Samsarjana Karma, the patient has obtained his Prakruti.

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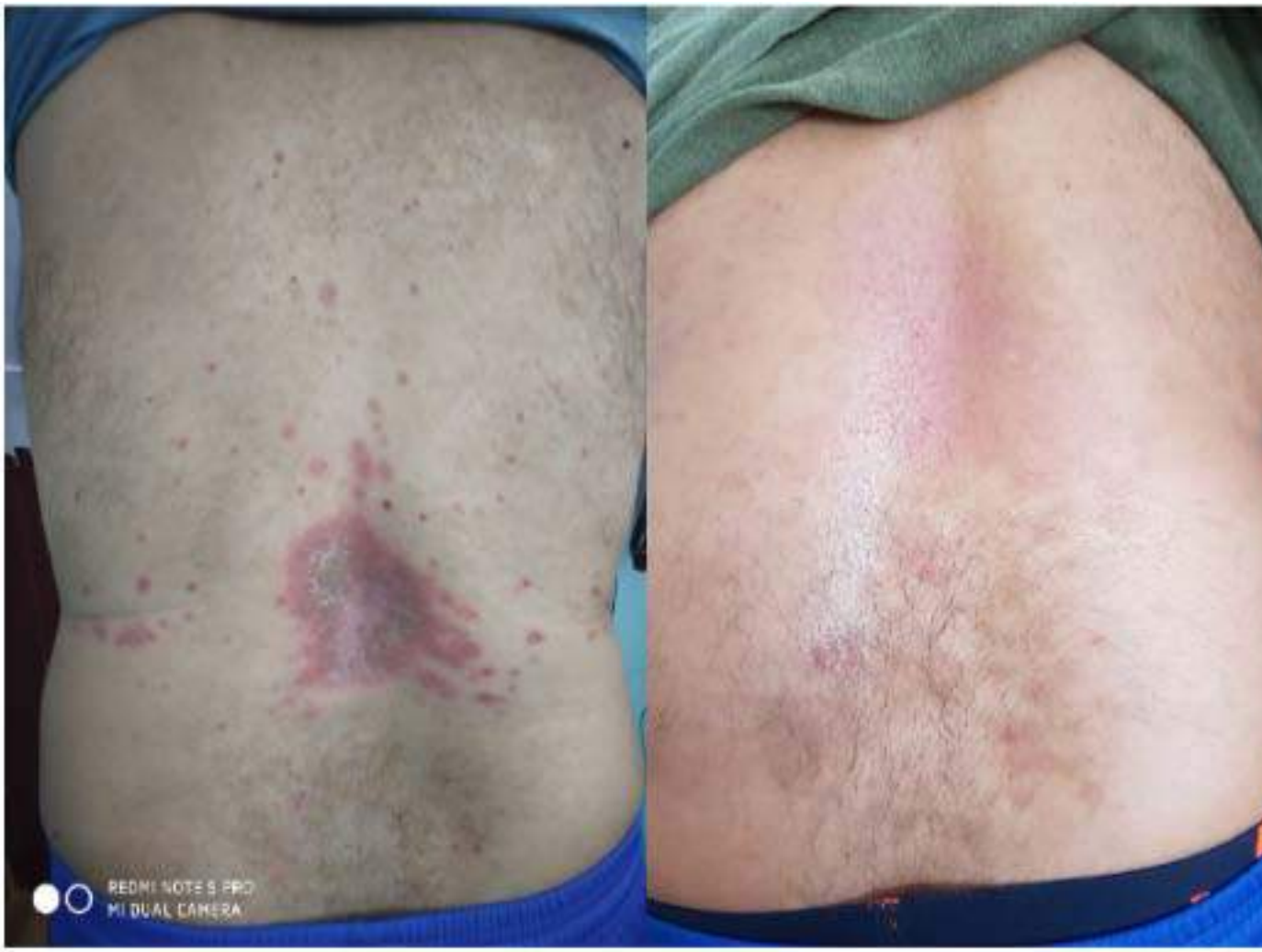

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Figure 1: 5)

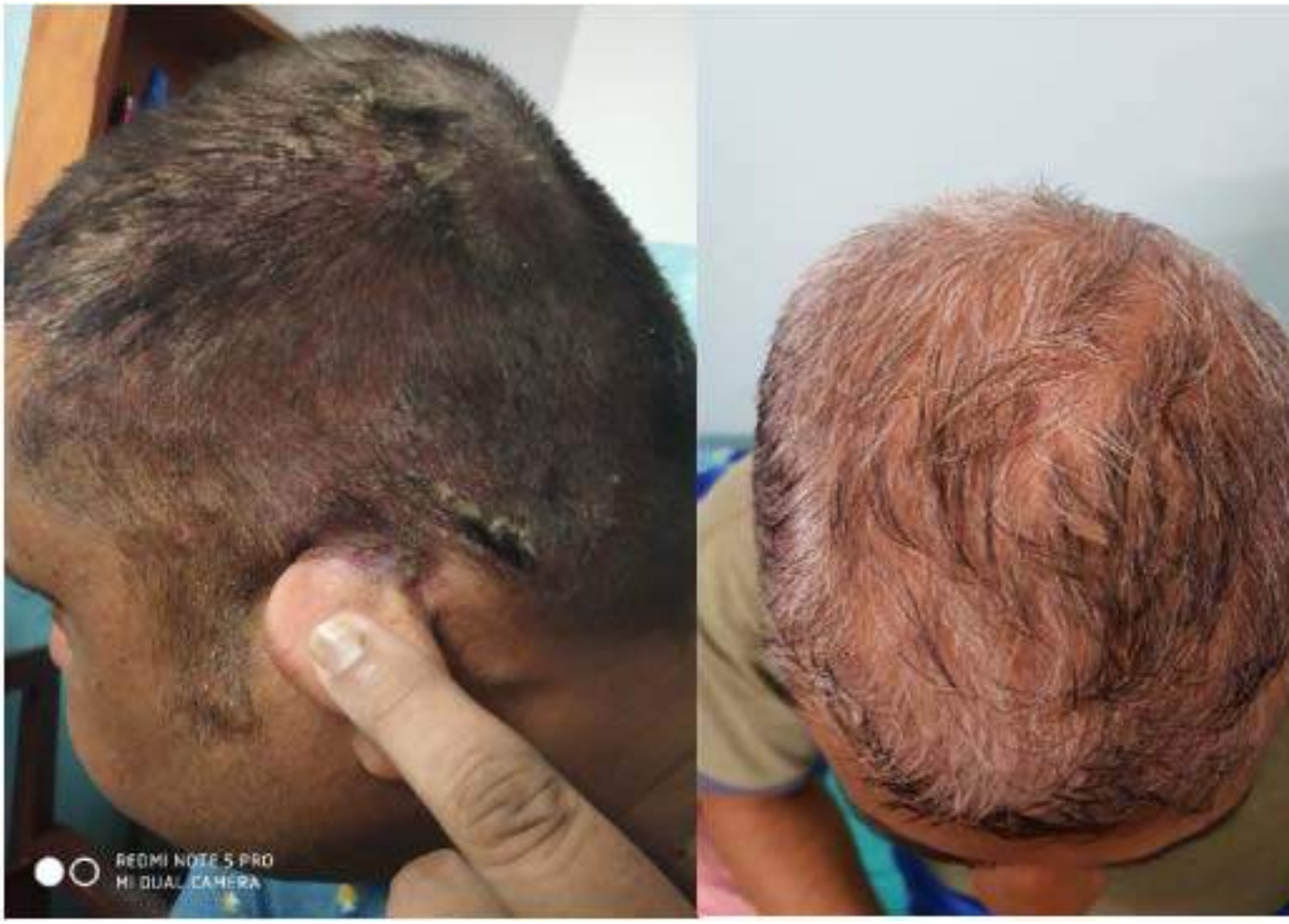

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Figure 2: Fig. 1 :

2) Desha
Bhumi -Jangalam Deha -Sarvashareera
3) Bala

Rogibala -Madhyama Rogabala -Madhyama

4) Kala

Kshnadi -Sharadkala
Vyadhyavastha -Vyakta 5) Analam -Vishamagni 6) Prakruti -Pittakapha

7) Vaya -Youvanam
8) Satwam -Madhyama
9) Satmyam -Sarvarasa 10) Koshta -Krurakoshta

i) Systemic examination RS -Normal CVS -S 1 S 2 heard P/A -Soft, non-tender

j) Skin examination

General inspection of skin -lesion present on scalp, ears, nails, lower back and legs
Skin colour -pinkish
Inspection of lesion -plaque, symmetrical, hard
surface, well demarcated
Palpation -roughness, scaly lesion Koebner's phenomenon -positive
Auspitz sign -positive Candle grease sign -positive
k) Diagnosis On the basis of detail clinical history and examination, the present case was diagnosed as Plaq

l) Assessment Criteria

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