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## RESEARCH ARTICLE

### Virechan in Psoriasis- a case report

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#### Abstract

Psoriasis is a long-lasting autoimmune disease characterized by patches of abnormal skin. These skin patches are typically red, itchy, and scaly. They may vary in severity from small and localized to complete body coverage. Injury to the skin can trigger psoriatic skin changes at that spot, which is known as Koebner phenomenon.

Around one-third of people with psoriasis report a family history of the disease, and researchers have identified genetic loci associated with the condition. Identical twin studies suggest a 70% chance of a twin developing psoriasis if the other twin has the disorder. The risk is around 20% for non-identical twins. These findings suggest both a genetic susceptibility and an environmental response in developing psoriasis. Conditions reported as accompanying a worsening of the disease include chronic infections, stress, and changes in season and climate. Others include hot water, scratching psoriasis skin lesions, skin dryness, excessive alcohol consumption, cigarette smoking, and obesity. Psoriasis has been associated with low self-esteem and depression is more common among those with the condition. In this case, the primary aim was to manage Psoriasis with *ayurvedic* medicine and *virechana* therapy. For the first week, the patient was given *rasmanikya* 125 mg, *gandhak rasayana* 250 mg, *panchnimbadi churna* 3 gm, *panchtiktaghrit guggulu* 500 mg twice a day after meals and 777 oil for local application. *Virechan* was given after proper *snehana* and complete remission was observed after 45 days of treatment.

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#### Introduction:-

Unpredictable and irritating, psoriasis is one of the most baffling and persistent of skin disorders. It is characterized by skin cells that multiply up to 10 times faster than normal. As underlying cells reach the skin's surface and die, their sheer volume causes raised, red plaques covered with white scales. Psoriasis typically occurs on the knees, elbows, and scalp, and it can also affect the torso, palms, and soles of the feet(1).

#### Symptoms:-

The symptoms and signs of Psoriasis depend upon the type of Psoriasis a person is affected with. There are several different forms of psoriasis, including psoriasis vulgaris(common plaque type), guttate psoriasis(small, drop-like spots), inverse psoriasis(in the folds like of the underarms, navel, groin, and buttocks), and pustular psoriasis (small pus-filled yellowish blisters). When the palms and the soles are involved, this is known as palmoplantar psoriasis. In erythrodermic psoriasis, the entire skin surface is involved with the disease. Patients with this form of psoriasis often feel cold and may develop congestive heart failure if they have a preexisting heart problem. Nail psoriasis produces yellow pitted nails that can be confused with nail fungus. Scalp psoriasis can be severe enough to produce localized hair loss, plenty of dandruff, and severe itching.

**Diagnosis:-**

The diagnosis of psoriasis is typically made by obtaining information from the physical examination of the skin, medical history, and relevant family history. Skin biopsy is also done sometimes(2).

The condition comes and goes in cycles of remissions and flare-ups over a lifetime. While there are medications and other therapies that can help to clear up the patches of red, scaly, thickened skin that are the hallmark of psoriasis, there is no cure. In this case, an effort is made to improve the quality of life and cut down the rate of reoccurrence of Psoriasis in this patient.

**Case report:-**

A 35 years old male patient came to kayachikitsa OPD in A & U Tibbia College and Hospital on 11-Oct-2015 with chief complaints of erythematous plaques and scaling over trunk and extremities from the past one year. He also complained of mild itching over these areas at night from the past 20-25 days.

History of present illness

According to the patient, he was asymptomatic one year back when he developed itching and dryness over scalp after changing work place to Gurgaon. He then developed papular eruptions over scalp with watery discharge on itching, followed by formation of erythematous plaques with dry scaling gradually. He then developed similar lesions first over trunk, upper and lower limbs and then over his face approximately 7 months back. He also developed mild itching over these areas at night from the past 20-25 days and hair loss associated with the dryness and scaling over the scalp. The patient had taken allopathic medicine irregularly from many skin specialists but did not get relief.

Family history was negative for similar skin conditions. There is no significant past history. The appetite of the patient was normal, bowel and bladder movements were also regular. The patient is not addicted to tobacco and alcohol. Sleep was disturbed owing to itching during night. Physical examination revealed extensive erythematous scaly patches involving the back, the extremities, the scalp and the face. Nails were not involved. The vital signs of the patient were normal. The laboratory investigations revealed slight increase in total leukocyte count and eosinophil count. This patient was diagnosed with ekakushtha or Psoriasis and was treated in the IPD of Kayachikitsa department in A & U Tibbia College and Hospital.

On examination:

Nadi (pulse) – 78/ min

Mala (stool) – Susamhat, nirama, samyak pravritti

Mutra (urine) – Anavil, vednarahit, samyak pravritti

Jeevah (tongue) – Nirama, klinn

Shabda (speech) – Samanya

Sparsh (temperature, skin) – Khar, samanya taap

Druka (eyes) – Samanya

Akruti (built) – Madhyama

Agni (appetite) – Mandya

Raktadaaba (B.P) – 110/70 mm Hg

**Material And Methods:-****Materials:****Table no 1**

Sr. no	Drugs	Dose	Duration	Anupana
1.	Ras manikya	125 mg	1 TDS	Luke warm water
2.	Gandhak rasayana	250 mg	1 BD	Luke warm water
3.	Nimbadi churna	3 gm	1 BD	Luke warm water
4.	Panchtiktaghrit guggulu	500 mg	1 BD	Luke warm water
5.	777 oil	Local application	BD	

**Table no. 2**

Sr. no.	Panchkarma	Duration	Drugs used
1.	<i>Snehapaan</i>	5 days	<i>Panchtikta ghrit+ shudh ghrit</i>
2.	<i>Snehana followed by sarvanga swedana</i>	3 days	777 oil
3.	<i>Virechana</i>	9 <sup>th</sup> day	<i>Kwath of triphala, kutaki and amaltas and abhyadi modak</i>
3.	<i>Sansarjan karma</i>	5 days	

Contents of 777 oil (3):

**Table no. 2**

Drug	Botanical name	Quantity
Sweta kutaja	<i>Wrightia tinctoria</i> R. Br.	100 mg
Neelini	<i>Indigofera tinctoria</i> L.	50 mg
Aiara nili	<i>Indigofera aspalathoides</i> M. Vahl ex DC.	25 mg
Coconut oil	<i>Cocos nucifera</i> L.	QS

Contents of Abhyadi Modak (4):

**Table no. 3**

Drugs	Botanical name	Quantity
Haritaki	<i>Terminalia chebula</i> Retz.	12.69 gm
Amalaki	<i>Emblica officinalis</i> Gaertn.	12.69 gm
Maricha	<i>Piper nigrum</i> Linn.	12.69 gm
Pippali	<i>Piper longum</i> Linn.	12.69 gm
Shunthi	<i>Zingiber officinale</i> Rosc.	12.69 gm
Vidang	<i>Embelia ribes</i> Blum.f.	12.69 mg
Tvak	<i>Cinnamomum zeylanicum</i> Blume	12.69 mg
Tejpatara	<i>Cinnamomum tamala</i> Syn.	12.69 mg
Musta	<i>Cyperus rotundus</i> Linn.	12.69 mg
Danti	<i>Baliospermum montanum</i> Muell.	25.4 mg
Trivrit	<i>Operculina turpethum</i> Sil. Manso	101.55 mg
Sarkara	<i>Saccharum officinarum</i> L.	76.15 mg
Madhu		Q.S

#### Methods:-

Centre of study: Ayurvedic and Unani Tibbia College and Hospital, Karolbagh

Study design: Simple random single case study

A 35 years old male Muslim patient came to kayachikitsa OPD of A & U Tibbia College with chief complaints of itchy patches with flakes all over his body. The onset was insidious with change in place. The signs and symptoms were recorded and graded on the basis of a proforma. The patient was given *rasmanikya* 125 mg, *gandhak rasayana* 250 mg, *panchnimbadi churna* 3 gm, *panchikttaghrit guggulu* 500 mg twice a day after meals and 777 oil for local application for the first 7 days on OPD basis. He was then admitted in kayachikitsa male ward for *panchkarma* therapy. The therapy was performed in three steps.

- Poorvakarma: *Poorvakarma* of *virechana* is *deepan-pachana* and *snehana*. *Deepan-pachana* was done by administration of *chitrkadi vati* 250 mg 1 TDS for 3 days. Internal oleation (*snehpana*) was done by administration of *panchiktta ghrit* and *pure ghrit* as follows:

Day 1	<i>Panchiktta ghrit (20 ml)+ shudh ghrit (20 ml)</i>
Day 2	<i>Panchiktta ghrit (40 ml)+ shudh ghrit (40 ml)</i>
Day 3	<i>Panchiktta ghrit (60 ml)+ shudh ghrit (60 ml)</i>
Day 4	<i>Panchiktta ghrit (80 ml)+ shudh ghrit (80 ml)</i>
Day 5	<i>Panchiktta ghrit (100 ml)+ shudh ghrit (100 ml)</i>

During all these days, patient was advised to take hot water for drinking till *kshudha pravritti* (attainment of hunger). Only light and liquid diet (*krshara*) was advised at that time. The symptoms of *samyak snighdh* (proper internal oleation) were observed on 5<sup>th</sup> day. On the 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> days the patient was subjected to *abhyang* and *swedana* with 777 oil followed by *sarwang swedana*.

- Pradhan Karma* (main therapy): Before administration of *Virechana* (purgation) Drug, *Abhyanga* (massage) by '777 oil' and *sarwanga swedana* (fomentation) was carried out in the morning of *Virechana* day. Pulse, blood pressure, respiration and temperature were recorded at regular interval during the *Pradhana Karma*. On the 9<sup>th</sup> day with overnight fasting, the patient was given 150 ml decoction of 100 gm *triphala*, 50 gm *amaltas* and 25 gm *kutaki* and *abhyadi modak* 250 mg at 11 am.

Drugs for Virechana:

Drug	Botanical name	Quantity
<i>Triphala: Haritaki Amalaki Bibhitaki</i>	<i>Terminalia chebula</i> Retz. <i>Emblica officinalis</i> Gaertn. <i>Terminalia bellirica</i> Gaertn.	50 gm
<i>Amaltas</i>	<i>Cassia fistula</i> L.	50 gm
<i>Kutaki</i>	<i>Picrorhiza kurroa</i> Benth.	25 gm
<i>Abhyadi modak</i>		250 mg

Number of motions after administration of *Virechana* drug was counted till the symptoms of proper purgation like stopping of purgation on its own, passing of stool with mucus in the last one or two motions, feeling of lightness in the body appeared. 18 vegas (number of motions) were observed.

c) *Pashchat Karma* (post procedure of dietetic indication): After the completion of *Virechana* (purgation), patient was kept on *Samsarjana Krama* (post procedure of dietetic indication) of considering the 'Shuddhi' as 'Madhya' type of 'Shuddhi' (moderate purification). Patient was advised to take rest and eat thin rice gruel was given as a food and special diet is advised for 3 to 5 days. Patient was advised to continue the same medicine which he was taking before the therapy on OPD basis.

### Discussion :-

Psoriasis is one of the most common skin disorders and a chronic dermatologic condition marked by periodic flare-ups of sharply defined red patches, covered by a silvery, flaky surface. The main disease activity leading to psoriasis occurs in the epidermis, the top five layers of the skin. The keratinocytes multiply very rapidly and travel from the basal layer to the surface in about 4 days. As the skin cannot shed these cells quickly enough, so they build up, leading to thick, dry patches, or plaques. The underlying dermis, which contains the nerves, blood and lymphatic vessels become red and swollen.

*Kushtha* is a *tridosha vyadhi* and involves all the seven *dhatu*s as *dushya*. Psoriasis can be correlated with *ekakushtha* and *kitibha* according to different presentations. In *kushtha*, *rakta* is considered as one of the main *dhatu* which is responsible for *prasara* stage of *kushta samprapti*. As the *pitta* and *rakta dhatu* have *ashreya- ashryi* relationship, treatment modality of *pitta dosha* and *rakta dhatu* resemble each other. Therefore *virechana* therapy is used in this case for *shodhan karma*.

### Results:-

After *Virechana* (purgation) therapy, there was a reduction in the redness n scaling of the patches in the first 15 days. Complete remission of the patches was seen in 45 days of the treatment.

### Conflict of Interests:-

The authors declare that there is no conflict of interests regarding the publication of this paper.

### Conclusion:-

*Virechana* therapy followed by oral medication is effective in the management of Psoriasis. It also prolongs the recurrence of the symptoms. Repeated *shodhan karma* can even control psoriasis in early stage

Before treatment



After treatment



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