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# Role of *Virechana Karma* and *Shamana Chikitsa* in *Ek Kustha* w.s.r. to Psoriasis - A Case Report

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## ABSTRACT

*Ek Kustha* is a type of *Kshudra Kustha* occurring mainly due to the imbalance of *Vata* and *Kapha Doshas*. A case of Psoriasis was admitted, Patient complained of Severe Itching, Dry Scales and red patches over arms, legs, back and abdomen. *Sanshodhan (Virechana)* and then *Shaman Chikitsa* was given. Patient was having complaints for 7 to 8 years which shows its chronicity; hence *Sanshodhan (Virechana)* was given to patient to remove *Doshas* from body. In Modern medicine, Corticosteroids and PUVA is the only treatment for Psoriasis due to which relapse occurs hence a good Ayurvedic management for Psoriasis is the need for study.

**Key words:** *Ek Kustha, Psoriasis, Virechana.*

## INTRODUCTION

Clinically, *Ek Kustha* is compared with Psoriasis. Psoriasis is a chronic, immune mediated inflammatory skin disease, consisting of red, scaly plaques occurring most commonly on the elbows, knees, scalp, and lower back, but any skin surface can be involved. Psoriasis varies in severity from small, localized patches to complete body coverage. In 2014 the World Health Organization recognized psoriasis as a serious non-communicable disease. The five main types of psoriasis are Plaque, Guttate, Inverse, Pustular, and Erythrodermic.<sup>[1]</sup> Plaque psoriasis, also known as

psoriasis vulgaris, makes up about 90% of cases.

The pathophysiology of psoriasis is multifactorial and involves epidermal hyper proliferation, abnormal differentiation of epidermal keratinocytes, and inflammation with immunologic alterations in the skin. The hyper proliferation is characterized by increased DNA synthesis and a markedly decreased turnover rate for the epidermis.

Abnormal keratinocyte differentiation involves increased expression of certain keratins (6 and 16) and a delay in expression of other keratins (1 and 10) that are expressed in normally differentiating skin. Inflammation results from an infiltrate of neutrophils in the epidermis and superficial dermis and an infiltrate of T lymphocytes in the dermis with a predominance of CD8+ cells.<sup>[2]</sup>

In Ayurveda, *Mithyahara* and *Vihara* vitiate *Tridosha* which further lead to the affliction and aggravation of *Rasa, Rakta, Mamsa* and *Lasika*. Predominance of *Vata* can be elicited with symptoms like blackish discoloration, hardness, dryness and roughness to touch. *Kapha* predominance can be appreciated with the presence of severe itching on the affected area.

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## CASE REPORT

A 23 years old male patient came to OPD in Department of Panchakarma in Mahaveer College of Ayurvedic Science, Rajnandgaon (Chhattisgarh) on 04-09-2021 with chief complaints of erythematous plaques and scaling over trunk and extremities, from the past 7 to 8 years. He also complained of severe itching over these areas at night from the past 20-25 days.

### History of present illness

According to the patient, he was asymptomatic 7 to 8 years back when he developed itching and dryness over scalp. He then developed papular eruptions over scalp, 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 back approximately 6-7 years back. Patient had taken Allopathic treatment also from many skin specialists for several times but couldn't get relief from that. After taking medication he feels better but after few months recurrence of Psoriasis occurs many times. He also developed itching over these areas at night from the past 20-25 days and hair loss associated with the dryness and scaling over the scalp.

**Family History** - was negative for similar skin conditions.

**Past History** - There is no significant past history.

### Personal 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 over the abdomen. Nails were also slightly 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 Department of

Panchakarma in Mahaveer College of Ayurvedic Science, Rajnandgaon (Chhattisgarh).

### 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

## MATERIALS AND METHODS

**Table 1: Schedule of Samshodhana Chikitsa**

| SN | Panchakarma              | Duration             | Drugs Used                                       |
|----|--------------------------|----------------------|--|
| 1. | <i>Deepan – Pachan</i>   | 3 Days               | <i>Chitrakadi Vati</i>                           |
| 2. | <i>Snehapana</i>         | 4 Days               | <i>Panchatikta Ghrita</i>                        |
| 3. | <i>Snehana – Swedana</i> | 3 Days               | Psorolin Oil                                     |
| 4. | <i>Virechana</i>         | 11 <sup>th</sup> Day | <i>Triphala + Nisotha + Kutki + Eranda Taila</i> |
| 5. | <i>Sansarjana Karma</i>  | 5 Days               | -  |

**Table 2: Medicines used for Shamana Chikitsa**

| SN | Medicine                   | Dose   | Duration | Anupana        |
|----|----------------------------|--------|----------|----------------|
| 1. | Cap. Bactimo Psor          | 500 mg | 1 BD     | Lukewarm water |
| 2. | <i>Arogyavardhini Vati</i> | 250 mg | 2 BD     | Lukewarm water |

|    |                     |                   |    |                |
|----|---------------------|-------------------|----|----------------|
| 3. | <i>Khadirarista</i> | 20 ml             | BD | Lukewarm water |
| 4. | Psorolin Oil        | Local Application | BD |                |

Table 3: Contents of Psorolin Oil<sup>[3]</sup>

| Drugs                           | Quantity (Each 5 ml contains) |
|---------------------------------|-------------------------------|
| <i>Wrightia tinctoria</i>       | 100 mg                        |
| <i>Indigofera tinctoria</i>     | 50 mg                         |
| <i>Indigofera aspalathoides</i> | 25 mg                         |
| <i>Oleum cocos nucifera</i>     | Q.S.                          |

## METHODS

**Centre of Study:** Department of Panchakarma, Mahaveer College of Ayurvedic Science, Rajnandgaon, Chhattisgarh.

### Poorva Karma

In *Poorvakarma*, 1<sup>st</sup> *Deepan - Pachan* was done by administration of *Chitrakadi Vati* 2 x BD for 3 days. After *Deepan - Pachan*, Internal oleation (*Snehapana*) was done by administration of *Panchatikta Ghrita* after assessment of *Kostha* and *Agni* for 4 days. *Snehapana* was done in increasing order to achieve *Samyak Snigdha Lakshan*. During *Snehapana*, patient was advised to take hot water for drinking till *Kshudha Pravritti*. The symptoms of *Samyak Snigdha* were observed on 4<sup>th</sup> day. On 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> days the patient was subjected to *Abhyang* with *Psorolin* oil followed by *Sarvang Swedana*.

### Pradhan Karma

On day of *Virechana*, *Abhyang* and *Swedana* was carried out in the morning then *Virechana Yog* was given. Vitals of the patient was recorded at regular interval during *Virechana Karma* i.e., Pulse, Blood Pressure, SpO<sub>2</sub> level, Temperature, Respiration etc. In *Virechana Yog*, approx. 250 ml decoction of *Triphala*, *Kutki* & *Nisotha* was given along with 25 ml *Eranda Tail* at 11am. Total 18 *Vega* were noted after completion of process.

### Paschat Karma

After completion of *Virechana Karma*, patient was kept on *Sansarjana Karma* for 5 days considering the *Shuddhi* as *Madhya Shuddhi*. Patient was advised to take proper rest and *Peya* was given on that day followed by special diet from next day. After *Sansarjana Karma*, oral medications were given for 1 month.

## DISCUSSION

Psoriasis is a chronic inflammatory skin disease involving accelerated proliferation of the epidermis layer of the skin. It generally consists of erythematous, well-demarcated papules and rounded plaques, covered by silver-colored scales. The characteristic anatomy of psoriasis is hyper proliferation of the epidermal layer of skin.<sup>[4]</sup> The keratinocytes multiply very rapidly, skin cannot shed these cells quickly, so they build up, leading to thick, dry patches.

*Kustha* is a *Tridoshaja Vyadhi* and involves all 7 *Dhatus* as *Dushya*. Psoriasis can be correlated with *Ekkustha*. In *Kustha*, *Rakta* is considered as main *Dhatu* which is responsible for *Prasara* stage in *Kustha Samprapti*. As *Pitta* and *Rakta Dhatu* have *Ashraya - Ashrayi Bhava*, treatment modality of *Pitta Dosha* and *Rakta Dhatu* resembles each other. Therefore, *Virechana Karma* is used in this case as *Shodhana* therapy.

## RESULT

After *Virechana* therapy, there was reduction in the itching, redness and scaling of patches in the 1<sup>st</sup> 15 days follow up. Complete remission of patches was seen in 45 days of treatment. Patient continued oral medication for 90 days.

## CONCLUSION

*Virechana Karma* along with *Shamana Chikitsa* is found very effective in management of *Ekkustha* (Psoriasis). It also prolongs the recurrence of the symptoms. Repeated *Shodhana Karma* at regular interval controls the Psoriasis as well.

Before Treatment



After Treatment



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