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# **Case Study**

## ROLE OF VIRECHAN AND TAKRADHARA IN A CASE OF PRURIGO NODULARIS

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#### **ABSTRACT**

Clinically, Prurigo Nodularis (i.e. Chronic circumscribed nodular/lichenification or pickers nodule) is a chronic, severe itch accompanied by 1 to 5 cm hard, nodules with smooth or warty surface surrounded by hyper pigmentation. The new lesions are usually red and inflamed whereas old lesions are pigmented. The lesion may also be excoriated. The lesion are mostly located in extensor surface of limbs, but they can be located on face and trunk. Among all types of skin disorder, it is the most severe form of prurigo, having very poor prognosis.

In Ayurveda, no typical nomenclature has been found for the said diseases but considering all signs and symptoms of the diseases, it can be treated as *Tridosaja kustha roga* specially having *Vatakapha* predominance. In a case of Prurigo nodularis, *Virechan* and *Takradhara* was administered in a specific schedule for three months. After administration of *Virechan* and *Takradhara* for consecutive three months, it is found that nodules become almost thin and pruritus become completely absent. After four months of completion of the study, the skin color become almost normal. From this result, the authors had tried the same protocol in other three cases of prurigo nodularis which is also very significant. Further study should be carried out in a large sample to establish the role of said therapy on this particular disease.

**KEY WORDS**: Prurigo Nodularis, *Kustha roga, Virechan, Takradhara*.

# INTRODUCTION

In 1909, Hyde and Montgomery first described Prurigo Nodularis as Pruritic Nodules on the extension surface of the lower extremities in middle-aged men. The lesion is mostly located in extensor surface of limbs, but they can be located on face and trunk<sup>[1]</sup>. Prurigo Nodularis can be a troublesome to debilitating disease, usually seen as multiple, intensely Pruritic, excoriated, nodules erupting on the extensor surface of the limbs secondary to itching or

rubbing. The exact cause of this disease still unknown<sup>[2]</sup>.

Factors triggering Prurigo Nodularis keeping it going include nervous and mental condition, reduced function of liver, and kidneys, and skin disorder such as eczema, bullas pemphigoid and dermatitis herpetiformis. In many patients the true cause is never found<sup>[3]</sup>. It is commonly seen in HIV infected person, in sometimes associated with hepatitis with virus coinfection and may be exacerbated by light<sup>[4]</sup>.

The main sign & symptoms of this disease are

- (i) Nodules are discrete, generally symmetric hyper pigmented, Pruritic and Firm.
- (ii) Excoriated lesions are flat, umbilicated or have crusted top.
- (iii) Nodules may appear to begin in the hair follicle.
- (iv) Nodule pattern may be follicular.

The exact nomenclature of this disease is not available in Ayurvedic texts. But considering all sign and symptoms like Kandu, Shyabo varnata, Kshara sparsa, Pidaka Udgama, Sthultva etc, it can be concluded that it is a special type of kustha in which 3 Doshas are involved but Vata-Kapha is predominant in nature. Inspite of so many advancement in the field of medicine, treatment of this disease remains highly symptomatic. This particular study is designed to explore the possibility of effective, safe remedy through Ayurvedic and to evaluate the Combined effect of Virechan & Takradhara.

# AIMS AND OBJECTIVE

To find out the effective Ayurvedic remedy for the disease Prurigo Nodularis.

# **CASE REPORTS**

A 70 years old male patient, residence of Berhampore, Murshidabad, West Bengal, Came to Panchakarma department in J.B.Roy State Ay. Medical College and Hospital with complaints of severe unremitting Pruritus in extension surface of lower extremities since 3 months. He also told that Pruritic hyper pigment nodules formed on that itchy site thereafter. These nodules are increasing in number, and rarely increase in size. Pruritus become very worsened especially at night or when he takes of cloth from his body. Itching only ends when the point starts to bleed by the vigorous scratching by the nail or sharp utensils used by the patients. He was psychologically upset for this disease.

Past history : H/O Jaundice 6 years

ago

Surgical : No such

Family History : Nothing Significant
Diagnosis : Based on clinical

presentation

## **TREATMENT**

Panchakol Churna of 4gm is given to the patient for 7 days for *Agni deepan* about thrice daily before meal. Afterwards internal Sneha is administered (Mahatikta ghrita) as scheduled for 6 days and Abhyanga (massage) and *Svedana* (Fomentation) as scheduled for 3 days. Virechan (purgation) is done by Trivrit Avaleha (40 gm) followed by Samsajana Karma (dietary regimen to be followed after Virechan strictly for at least 3 days). Takradhara was performed over whole body for 21 days prepared by Mustaka (Cyperus rotundus Linn), Amlaki (Emblica officinalis Gaertn), Godugdha (cow's milk) and water.

Table 1: Administration of Mahatiktaghrita for internal Snehan

Date	Time	Dose	Anupan	Jirna lakshana	Diet
09.04.14	6:30 a.m.	40 ml.	Luke warm water	3-hours later	Veg
	o.oo am	10 1111	frequently	0 110 010 10001	
10.04.14	6:45 a.m.	70 ml.	-do-	5-hours later	Veg
11.04.14	6:30 a.m.	120 ml.	-do-	6-hours later	Veg
12.04.14	6:50 a.m.	180 ml.	-do-	8-hours later	Veg
13.04.14	6:50 a.m.	230 ml.	-do-	12-hours later	Veg
14.04.14	6:40 a.m.	260 ml.	-do-	13-hours later	Veg

15.04.14,  $16.04.14 \& 17.04.14 \Rightarrow$  External *Snehan* and *Swedana* was given.

 $18.04.14 \Rightarrow$  patient was advised to take *Trivrit Avaleha* 40 gm at 6:00 a.m. in empty stomach.

# **OBSERVATION**

Patient passed stool 20 times on that day and then patient was advised to take cold water after that *Mudgayusa* was given.

Table 2: Samsarjan Karma

Date	Morning Diet	Night Diet
18.4.14	No diet	Khichdi (Rice : Dal = 1:3)
19.4.14	Khichdi (Rice : Dal = 1:3)	Khichdi (Rice : Dal = 1:3)
20.4.14	khichdi (Rice : Dal = 1:1)	Khichdi(Rice : Dal = 1 :1)
21.4.14	Khichdi (Rice: Dal =1:1)	Veg diet
22.4.14	Veg diet	Veg diet
23.4.14	Rice with chicken soup	Rice with chicken soup
24.4.14	Rice with chicken soup	Normal diet

## **RESULTS**

After *Virechan* and one Course of *Takradhara*, almost all signs and symptoms of Prurigo Nodularis, except nodular elevation were diminished.

# **FOLLOW UP**

Patient was advised to take medicine as per following instruction.

- 1. Saribadyasab 4 TSF twice daily with equal amount of water.
- 2. Tablet *Panchatikta ghrita guggul* 2 tablet thrice daily with water. Patient was also advised to come after 15 days.

## 2nd follow UP

Patient came to OPD at *Panchakarma* department on 03.06.14 and he also told that he is completely free from pruritus but still now pigmented hard nodules persist in lower limbs.

# **TREATMENT**

The second schedule of *Takradhara* was performed again since 04.06.14 and it was completed on 26.06.14 patient took internal medicine along with this therapy.

#### **OBSERVATION**

Nodules become thin and soft. Patient was advised to take previous prescribed medicine as per previous direction for 15 days.

## 3rd follow UP

Patient came to OPD *Panchakarma* department on 15.07.14

#### **OBSERVATION**

Nodules disappeared from his both limbs completely only pigmented patchy area was seen.

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### **TREATMENT**

The 3<sup>rd</sup> schedule of *Takradhara* was performed since 16.07.14 and the treatment was completed on 06.08.14

#### **OBSERVATION**

The skin colour became almost normal.

Date of initiation: 02.04.14

Date of completion: 06.08.14

#### RESULT

The skin became normal in its colour & contour and nodules were diminished totally.

## **DISCUSSION**

This is due to fact that majority of skin disorder involves Raktadhatu dusti as well as Pitta dusti. Virechan is useful in Pitta and Rakta-dusti Iannva According to Bagvatta, Virechan acts in Paittika disorder and Pitta Combined with Kapha in Pitta-Sthana<sup>[5]</sup>. Acharya Bhela mentioned that Virechan acts in Sannipatra condition also. On the other hand Takradhara which contain Kusthahara property drugs may stimulate the endocrine, nervous and immune system and hereby pathology. reduces the disease Takradhara patients feels relaxation both

physically and mentally. Besides, *Takra* has the property of alleviating *Vata* and *Kapha*.

For these above said qualities, *Virechan* and *Takradhara* have been selected to treat this disease.

#### CONCLUSION

Classical *Virechan* followed by *Takradhara* was found to be highly effective in eradication of Prurigo Nodularis. It offers hope in the management of Prurigo nodularis through Ayurvedic treatment.

#### REFERENCES

1. Bope T. Edward, Killerman Rick-D., Conns current therapy 2013, Elsevier Saunders, pg. No. 283.

- 2. Google Search : Prurigo Nodularis overview Medscape reference, http://emedicine.medscape.com/article/1088032-overview, 27.09.14.
- 3. Google search : American osteopathic College of Dermatology, http://www.aocd.org/?page prurigonodularis, 27.09.14.
- Goldman. Lee, and Schafer. Andrew I, Gold Mans Cecil Medicine 24<sup>th</sup> edition Pg. No. 2211.
- 5. Athbale. Vaidya Ananta Damodar, Astanga Sangraha, Indu Commentary, Mahesh Ananta Athbale Atreya Prakashan, 27th chapter, Sutra sthana, Slok No. 4, Pg. No. 196.

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# TREATMENT PHOTOGRAPHS







**Before Treatment** 







**After Treatment**