



Case Study

EFFICACY OF VIRECHANA KARMA ALONG WITH SHAMANA AUSADHA IN VIPADIKA W.S.R TO PALMAR PSORIASIS

Arpita Nandi<sup>1\*</sup>, Chandrika Adhikary<sup>2</sup>, Asish Hazra<sup>1</sup>, Sukumar Ghosh<sup>3</sup>

\*1MD Scholar, <sup>3</sup>HOD & Professor, Department of Kayachikitsa, <sup>2</sup>MD Scholar, Department of Roganidan, I.P.G.A.E & R AT S.V.S.P, Kolkata, West Bengal, India.

Article info

Article History:

Received: 24-12-2023

Accepted: 19-01-2024

Published: 04-02-2024

KEYWORDS:

Vipadika, Palmer-psoriasis, Virechana karma, Sodhana ausadhi, Samana ausadhi.

ABSTRACT

Healthy skin depicts a healthy life. The skin is the largest organ and also a protective covering for more delicate and functionally sophisticated internal viscera. The skin was appreciated primarily as a passive barrier to fluid loss and mechanical injury. Many interrelated factors affect both the appearance and health of the skin including nutrition, hygiene, circulation, age, immunity, genetic traits, psychological state and drugs. Skin conditions can affect anyone- young and old, men and women. Acne vulgaris, psoriasis, eczema, urticaria etc are just a few examples of common skin disorders. Treating skin diseases is like fighting war and if the warriors want to win, it is necessary to accurately assess the strength of the adversary. So accurate diagnosis, application of principle, understanding the *Avastha*, treatment based on *Avastha* are highly essential. *Vipadika* is one of the types of the *Kshudrakushta* in Ayurveda. Here a 57 years old male patient history of repeated exposure to a chemical substance in paddy field with complaint of excessive dryness, pain and fissures in palms since 1 year, diagnosed as *Vipadika* (palmer psoriasis) was treated with *Sodhana* (*Virechana karma* with *Tivrit Avaleha*) as well as *Samana ausadhi* with *Trikatu churna*, *Mahatika Ghrita*, *Khadiraarista*, *Panchatikta Ghrita guggul* and *Nimba taila* (local application) having marked improvement. The study showed that combination of Ayurvedic modalities gives significant result in *Lakshanas* (symptoms) like *Panisphutana* (fissures in palms), *Tivavedana* (severe local pain), *Daha* (burning sensation), *Kandu* (itching) in a span of about 1 month.

INTRODUCTION

Skin reflects the internal individual. Healthy skin depicts the personality of an individual. Skin conditions of any body parts can significantly influence psychological and social functioning. Due to various causes e.g consumption of unhealthy food or lifestyle modification, environmental pollution, chemical substances or due to stress skin problems are increasing day by day. *Vipadika* is one among the *Kshudra kushta*, which is characterized by *Pani-pada sphutan* (fissures in palm and sole), *Teevavedana* (severe pain), *Mandakandu* (itching), *Swaraga pidika* (red patches)<sup>[1]</sup>. As per modern point of view, *Vipadika* bears a resemblance to palmer psoriasis.

It may also occur in feet and hand both or either feet or hand, hence often referred as palmoplantar psoriasis which agitate the beauty of hands and also affects the quality of life of an individual. On the contrary, palmoplantar psoriasis is a variant of psoriasis that characteristically affects the skin and soles. Palmoplantar psoriasis is caused by a combination of genetic and environmental factors. The most common genetic factor associated with palmoplantar psoriasis includes the human leucocyte antigen (HLA) Cw6.<sup>[2,3,4]</sup> In *Samhita*, according to the *Bala* (strength), *Dosha* involvement and *Vyadhi avastha* (condition of diseases), *Shodhan* (purification) and *Shamana Chikitsa* is mentioned in *Kushta*. Due to *Bahudoshavastha*, repeated *Sodhana* is indicated as it eliminates the aggravated dosha from body. As the modern medical science treats psoriasis with PUVA (Psoralen plus ultraviolet - A radiation) along with corticosteroid and immuno-modulators.<sup>[5]</sup> The treatment alternatives accessible in modern medicine are associated with side effects with recurring

Access this article online	
Quick Response Code	
	<a href="https://doi.org/10.47070/ijapr.v12i1.3101">https://doi.org/10.47070/ijapr.v12i1.3101</a>
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

setbacks<sup>[6]</sup>. So here a case of *Vipadika* (palmer psoriasis) is treated successfully with *Sodhana* (*Virechan*) and *Samana Chikitsa*.

### Patients Information

#### Case Report

A 57 years old male patient was complaining of excessive dryness, burning sensation, sometimes itching, pain and fissures in both palms since 1 year.

#### Poorva Vyadhi Vrittanta (History of Past illness)

Patients was not known case of congenital anomalies and attained all developmental milestones without any delay. No any history of surgery. No any history of major illness such as hypertension, bronchial asthma, diabetes.

#### Vartaman Vyadhi Vrittanta (History of present illness)

Patient complain hyperkeratosis with erythema, scaling and fissures in palm (some portion

of thenar, hypothelar and central portion) of both hand since 1 year. Patient took allopathy medication but there was no satisfactory result so he came in OPD of I.P.G.A.E & R AT S.V.S.P, Kolkata for further treatment.

#### Personal History

#### Examination of Skin

#### Inspection

**Lesion-** Thicken scaly lesion in both palm (right and left hand)

**Color-** Slightly red

#### Palpation

**Moisture** – Excessive dry

**Temperature-** Warmth to touch

**Texture-** Rough

**Diet-** Patient habituated with *Pittavardhak ahara* (oily, junk and spicy, non-veg diet)

**Table 1: Treatment Plan**

Medicine	Dose	Route	Duration
<i>Deepan</i> (appetizers), <i>Pachan</i> (carminative) with <i>Panchakola churna</i>	5mg twice daily before food	Oral	5 days
<i>Abhyantar Snehanpana</i> (internal administration) with <i>Mahatikta ghrita</i>	30ml -1 <sup>st</sup> day 60ml-2 <sup>nd</sup> day 90ml - 3 <sup>rd</sup> 120ml- 4 <sup>th</sup> day 150ml- 5 <sup>th</sup> day (empty stomach daily in morning)	Oral	5 days
<i>Sarbanga abhyanga</i> followed by <i>Nadi Swedan</i>	<i>Nimbadi taila</i> L/A followed by <i>Bashpa sweda</i>	External application	3 days
<i>Virechan</i> with followed by <i>Samsarjan karma</i> for 5 days	<i>Tivrit Avaleha</i> 100mg	Oral	For 1 day at morning time after <i>Snehan</i> and <i>Swedan</i>

Patient took *Tivrit Avaleha* (100gm) at 9.00 am. *Vega* was started at 10.00 am. Vital was noted in regular interval (pulse, B.P, Temperature, Respiration rate) to avoid any complications. Patient was advised to take warm water sip by sip when needed. Number of bouts of bowel evacuation (*Vega*) was 14. It was *Kaphantey virechan*. Patient felt lightness in the body.

*Samsarjan Karma* specific diet schedule was followed for 5 days.

#### Samana aushadha

**Table 2: Samana aushadha**

Medicine	Dose	Anupana	Schedule	Duration of time
<i>Aragyabardhini vati</i>	2 tab	With lukewarm water	Twice daily before taking food	For 15 days after <i>Samsarjan karma</i>
<i>Kadirarista</i>	20 ml	With 20 ml normal water	Twice daily after taking food	For 15 days after <i>Samsarjan karma</i>
<i>Gandhak Rasayana</i>	2 tab	With lukewarm water	Twice daily after taking food	For 15 days after <i>Samsarjan karma</i>
<i>Nimba taila</i> (External use)			3 times daily	For 15 days

**Ahara-** Light, easily digestible food, vegetables having bitter taste.

Avoid oily, junk food, milk, curd, any type of sour substance, fish, meat of marshland. Avoid *Samasana*, *Adhyasana*, *Visamasan*.

**Vihara- Dibaswapna** (sleeping in day time) **Ratrijagaran** (awakening in night)

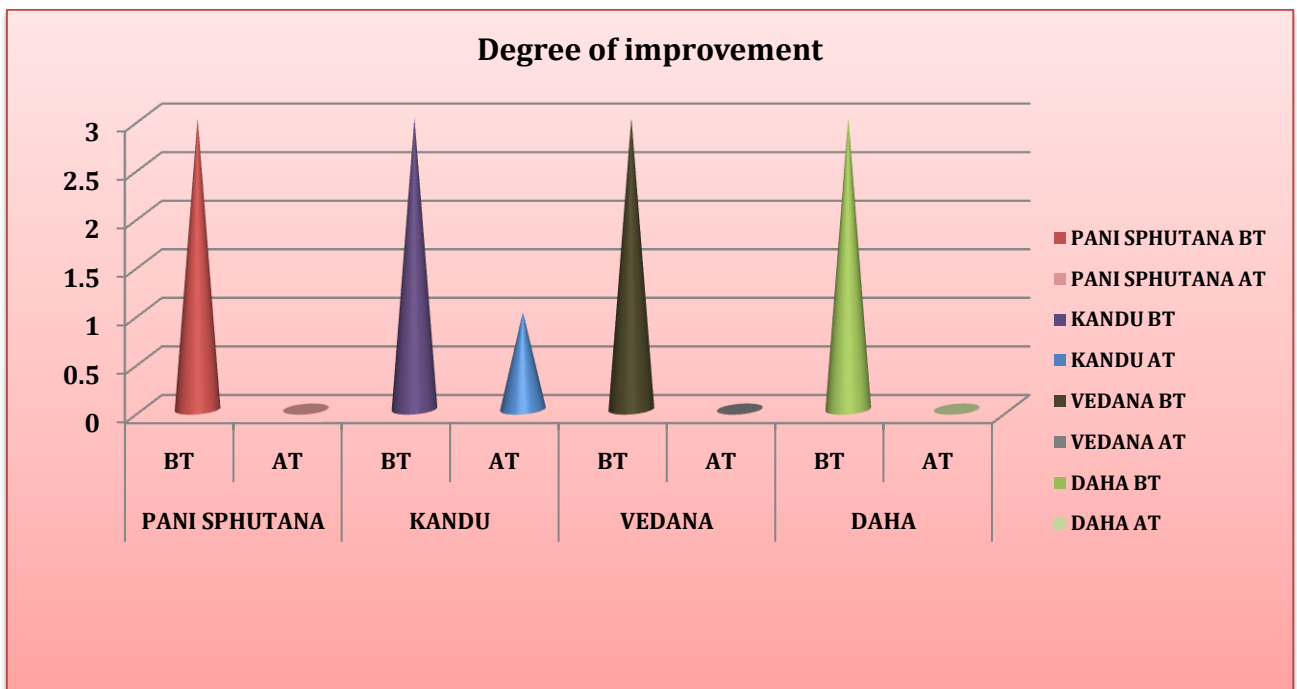
**Assessment Criteria**

**Table 3: Subjective Criteria**

Symptom	Grade 0	Grade 1	Grade 2	Grade 3
<i>Pani sphutan</i>	Absent	Mild	Moderate	Severe
<i>Kandu</i>	Absent	Mild	Moderate	Severe
<i>Vedana</i>	Absent	Mild	Moderate	Severe
<i>Daha</i>	Absent	Mild	Moderate	Severe

**Table 4: Results**

<i>Pani sputan</i>		<i>Kandu</i>		<i>Vedana</i>		<i>Daha</i>	
BT	AT	BT	AT	BT	AT	BT	AT
3	0	3	1	3	0	3	0



**Graph No. 1**



**Fig 1. Before treatment**

**Fig 2. After 10 days of treatment**



**Fig 3. After Virechana**



**Fig 4. 15 days Later of Samana Aushadha**

## DISCUSSION

Palmoplantar psoriasis refers to a localized psoriasis variant. The disease can be associated with many clinical forms, including predominantly pustular lesions to thick scaly, hyperkeratotic plaques, or an overlapping of both of them. According to Ayurveda, it is called *Vipadika* which is characterized by *Pani-pada sphutana*, *Kandu*, *Daha* and *Tivra vedana* where there will be vitiation of *Twaka*, *Rakta*, *Mamsa*, *Lasika* along with *Tridosha* vitiation. So, patient was treated *Sodhana* (*Virechana*) along with *Samana Chikitsa*.

*Virechana* is one of the *Shodhan Chikitsa* specially advised in the *Pitta* and *Rakta Pradhan* disorders and is very effective in various skin diseases. *Virechana* is one of the *Panchakarma* therapies wherein purgation is induced by drugs and it specially aims at the elimination of excessive *Pitta dosha* from the body and also helps in *Rakta prasadan karma*. By expelling it out the disease gets cured. Since *Pitta* is situated at the level of intestines, expelling it from the anal route is easy. On hence *Virechana* treatment is done. *Virechan* was performed by *Tivrit Abaleha*. Due to its *Vata-kaphatmak* properties it mitigates the symptoms of *Vipadika*. All skin disorders there is accumulation of *Kledan*. *Virechan* has *Pitta shodhan* and *Rakta prasadhan* property leads to *Kledana hara*[7]. *Deepan-pachan* was administered with *Panchakola churna* which had enhanced the digestive power and also facilitated for the early digestion of *Sneha* due to its *Katu rasatmaka*, *Ushna virya* properties.

**Mahatikta ghrta:** *Mahatikta ghrta* have a large number of herbs which are bitter in taste. *Tikta rasa* help in balancing of *Pitta dosha*. On the other hand, *Ghrta* itself mitigates *pitta dosha*. It acts mainly on *Kled*, *Meda*, *Lasika*, *Rakta*, *Pitta* and *Kapha* which helps in balancing the vitiated dosha and *dhatu*. It acts as *Raktasodhak*, *Kushtaghna*, *Kandughna*, *Varnya*[8].

**Arogyavardhini vati:** *Suddha parad*, *Suddha gandhak*, *Louha bashma*, *Abhrak Bhashma* are the main ingredients of *Arogyavardhini vati*. It acts as *Uttam Rasayana*, *Deepan*, *Srotosodha*, *Kanduhara*, *Mala-suddhi karak*.

**Khadirarista:** Main ingredients of *Khadirarista* is *Krimigna* and *Kandugna* with *Kapha-pitta samaka* properties. It is helpful in subsiding the symptoms of itching, rashes and sensitivity.[9]

**Gandhak Rasayana:** During making of *Gandhak Rasayana* different twelve *Drawya bhabna* are given to *Suddha gandhak*. These drug helps to destroy the *samprapti* (pathogenesis) of *Vipadika* due to its *Ushna virya* and *Katukashaya rasa*[10]. It also purify the blood.

**Nimba taila:** *Nimba* is having *Varnya*, *Kandhughna*, *Kushtagna*, *Raktasodhak* properties. It mitigate the *Rukshata* and *Sputhan* and helps to break the *Samprapti*.

## CONCLUSION

The result of this case shows marked improvement in overall clinical picture of the *Vicharchika* not only at physical level but also at mental level. *Shodhana* by *Virechana* and *Shamana* by internal medication considerably improve the condition of patient. Further studies on this combination will help *Vicharchika* patient to live a healthy life physically as well as mentally.

## REFERENCES

1. Vagbhata, Astanga Hridayam of Srimadvagbhata, Nidanasthana adhaya 14/23, edited by Dr. Brahmanand Tripathi, Reprint ed. Chaukhamba Sanskrit Pratishthan, Varanasi, 2013
2. Asumalahti K, Ameen M, Suomela S, Hagforsen E, Michaëlsson G, Evans J, Munro M, Veal C, Allen M, Leman J, David Burden A, Kirby B, Connolly M, Griffiths CE, Trembath RC, Kere J, Saarialho-Kere U,

- Barker JN. Genetic analysis of PSORS1 distinguishes guttate psoriasis and palmoplantar pustulosis. J Invest Dermatol. 2003 Apr; 120(4): 627-32. [PubMed]
3. Kingo K, Mössner R, Köks S, Rätsep R, Krüger U, Vasar E, Reich K, Silm H. Association analysis of IL19, IL20 and IL24 genes in palmoplantar pustulosis. Br J Dermatol. 2007 Apr; 156(4): 646-52. [PubMed]
  4. Coto-Segura P, González-Fernández D, Batalla A, Gómez J, González-Lara L, Queiro R, Alonso B, Iglesias S, Coto E. Common and rare CARD14 gene variants affect the antitumour necrosis factor response among patients with psoriasis. Br J Dermatol. 2016 Jul; 175(1): 134-41. [PubMed]
  5. Laws P.M, Young H. S. Topical treatment of psoriasis. Expet Opin Pharmcother. 2010 Aug 1; 11(12): 1999-2009. [PubMed] [Google Scholar]
  6. Ralston S. H., Penman I.D., Strachan M.W.J., Hobson R., editors. Davidson's principle and practice of medicine. 23<sup>rd</sup> ed. Elsevier Health Sciences; 2018 [Psoriasis and other erythematous scaly eruptions]
  7. Kumar Y, Bhaktoti M, Kumar V, Varma S. Efficacy of Virechana Karma Along with Shaman Yoga in Ekakushtha W.S.R Psoriasis: A Single Case Study. J Ayu Herb Med 2020; 6(3): 139-144
  8. Bramhashankar Mishra, Bhaishajya Ratnabali, Vol 3 edition 1<sup>st</sup>, 54/257-260, New Delhi: Chaukhamba Sanskrit Bhavan; 2006. P. 82
  9. Dr. Rashmi Rajendra Shinde and Dr Kriti Bhangale (2017). Khadirarista: A medical review. International Journal of Research Granthaalayah.
  10. Patil Kavita Sachin, Phartale Vaibhav Dattatray, Patil Sachin Madhav. Role of Gandhak Rasayan in Shushka Vicharchika (Eczema). AYUSHDHARA, 2016; 4(3): 1207-1210

**Cite this article as:**

Arpita Nandi, Chandrika Adhikary, Asish Hazra, Sukumar Ghosh. Efficacy of Virechana Karma along with Shamana Ausadha in Vipadika w.s.r to Palmar Psoriasis. International Journal of Ayurveda and Pharma Research. 2024;12(1):130-134.

<https://doi.org/10.47070/ijapr.v12i1.3101>

**Source of support: Nil, Conflict of interest: None Declared**

**\*Address for correspondence**

**Dr. Arpita Nandi**

MD Scholar,  
Department of Kayachikitsa,  
I.P.G.A.E & R AT S.V.S.P, Kolkata,  
West Bengal.

Email:

[nanidiarpita722@gmail.com](mailto:nanidiarpita722@gmail.com)

Contact no. 8017375854

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.