

## ROLE OF VIRECHNA AND SHAMANA LINE OF MANAGEMENT IN PALMO-PLANTAR HYPERKEROTIC PSORIASIS (*CHARMADALA*) – A CASE STUDY

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### ABSTRACT

A female patient of 56yrs working as a bank employee often working on computers complains of painful and itchy thick, cracked palms and soles since one year. Initially there were fine scales being shed from the area she itched, as months passed by there were plaques of thick skin shed on itching, the thick skin even with a mildest stretch got cracked open so for these complaints she approached to our OPD, was diagnosed as *Kaphapittaja Charmadala*, *Virechana* was planned for management of the same. Patient was treated with *Virechana* followed by *Samsarjana Krama* for successive three times. The Therapy reduced the hyperkeratinisation of palms, cracking and scaling of skin plaques in palms, itching was reduced in palms. In the soles there was a complete remission observed after the second course of *virechana*,

without a recurrence. There was a marked reduction in the Psoriasis Debility Index from 34 to 16.

**KEYWORDS:** Palmo-Plantar Psoriasis, *Kaphapittaja Charmadala*, *Snehana*, *Virechana*.

### INTRODUCTION

Palms and soles are crucial for function and as a consequence Palmoplantar Psoriasis leads to a disproportionately greater impairment of health related quality of life compared with plaque psoriasis on other parts of body. The significant amount of pain in palms and soles, difficulty in working and walking with impaired dexterity of hands suffered by the patients has a

profound impact on quality of life, regardless of there being a low BSA <10% affected, the National Psoriasis Foundation considers Palmoplantar psoriasis to be a severe form of psoriasis.

*Charmadala* is a form of *Kshudra Kushta* where in the palms and soles of the patient there will be severe itching, different kinds of pain will be experienced like burning, sucking types of pain.<sup>[1]</sup> *Virechana* a form of *Aantarika Shodhana* has proved to provide quicker benefit in this case with a complete remission of plantar psoriasis without a recurrence.

### CASE STUDY

A female patient of 56yrs working as a bank employee often working on computers, complains of painful and itchy thick, cracked palms and soles since one year. The patient was said to be apparently healthy one year ago. In midst of busy working hours she used to develop itching in the palms and in evenings in the soles very often for which she neglected initially. Gradually the intensity and frequency of itching began to increase. Itch became uncontrollable and she used to itch with whatever she got handy during which she saw powder like fine scales being shed from the area of her palms and soles which appeared yellowish after it. After a span of about two months she noticed that the areas she used to itch intensely had developed thick skin which appeared more yellow and used to crack open on skin stretch due to any means. The thick skin was less sensitive to touch, crack even on contact with paper or a cloth piece too. The condition became very painful and she noticed fine bleeding spots in the cracked skin areas which all together hampered her from doing her daily routines even. The above complaints got gradually increased in intensity which hampered her daily activities like walking, bathing, dressing up, performing household chores, working at the bank etc. she approached our centre for better management of the condition. She had an episode of herpes zoster 25 years ago.

### Clinical Findings

Patient was fully conscious, had a normal rhythmic pulse of 78/min, respiratory rate 19 cycles/min, 140/90 mm Hg Blood Pressure, body temperature 98.6 °F, weight 68 kgs, height 5 ft. Her palms and soles were having hyper keratinised macular lesions all over, which were brittle, broke on mild contact even, desquamation of large areas of skin with pinhead bleeding spots were observed. Itching and severe pain was present. The lesions were having yellowish tinge. Auspitz sign and Koebner's phenomenon were positive.

## MATERIALS AND METHODS

A single case study of a patient diagnosed to be suffering from Palmo-Plantar Psoriasis (*Charmadala*) with repeated *Virechana* course and *Shamana* medications in between the *Shodhana* course.

### Assessment Criteria

Itching was considered as subjective criteria, whereas Hyperkeratinisation of palms and soles were found to be objective criteria. Cracking, desquamation of palms and soles<sup>[2]</sup>-present, grade 4 Psoriasis Area & Severity Index (PASI)<sup>[2]</sup>: lesion score 4, area score 5 and Psoriasis Disability Index (PDI).<sup>[3]</sup>- 34 SCORE.

### Treatment

The treatment protocol included shodhana as well as shaman therapy.

*Step 1. Aamapaachana* with *Agnitundi Vati* and *Chitrakadi Vati* 1-1-1 for 2 days before food.

*Step 2. Snehapaanawith Panchatikta Guggulu Ghrita*, in a successive dosage.

*Step 3. Abhyanga* with *Moorchita Taila* and *Ushnodaka Snana* immediately followed by *Gurupravarana* as *Swedana*.

*Step 4. Virechana* with Tab. Regulax Forte 2 Stat of Charak Pharmacy.

*Step 4. Samsarajana krama* followed for 3 days with 3 annakalas of peya, vilepi, akruta yusha, kruta yusha.

Internal medications in between the courses of *Virechana* of *SDM Pharmacy, Udupi*

1. *Kaishoora guggulu* 450 mg 1-1-1
2. *Laghusoothashekhara vati* 800mg 1-1-1
3. *Mahamanjistadi kwatha* 20ml -0- 20ml

Thus this *shodhan* procedure, with same set of internal medications were repeated for 3 times, results documented, analysed properly.

## RESULT

Parameters	Before treatment	After Ist course of Shodhana	After IInd course of Shodhana	After IIIrd course of Shodhana
Hyperkeratinisation of soles	Present in soles	Reduced by 60% in soles	Absent in soles	Absent in soles
Hyperkeratinisation of palms	Present in palms	Reduced by 60% in palms	Reduced by 90% in palms	No changes observed in palms.
Cracking, Desquamation of soles and palms	Grade 4 in soles	Grade 3 in soles	Grade 0 in soles	Grade 0 in soles
	Grade 4 in palms	Grade 3 in palms	Grade 2 in palms	Grade 1 in palms
Itching in soles	Present & severe in soles.	Increased by 20% in soles	Absent in soles	Absent in soles
Itching in palms	Present & severe in palms.	Increased by 20% in palms	Reduced to moderate in palms	Reduced to mild in palms
Psoriasis Debility Index	34 Score	19 score Improved drastically	17 score Mild improvement	16 score Moderate improvement
PASI	1+1+1.5+1.5=5	1+1+1+1=4	0.5+0.5+0+0=1	0.5+0.5+0+0=1

## DISCUSSION

*Guggulutiktaka ghritha* mentioned under *Kustadhikara* was selected which contain *tiktarasa dravyas* help to decrease the *kledata*, is *Raktashodaka* and *Vranaropaka*. *Purana Guggulu* has an effect of *lekha* on hyperkeratinised areas. *Moorchita tila taila* was used for *Abhyanga* and was followed by *Ushnodaka Snana* and *Gurupravarana* as *Swedana* a form of *nirgani sweda* was used. *Virechana* with T. Regulax forte. The tablet contains *Shodita Jayapala* (*Croton tiglium*) 5mg, *Triphala* (*Terminalia chebula*, *Terminalia bellirica*, *Emblica officinalis*) 30mg, *Nishottar* (*Ipomoea turpethum*) 10mg, *Sonamukhi* (*Cassia angustifolia*) 10mg which exerts laxative action and softens the stools. *Shunti* (*Zingiber officinale*) 5mg is immuno-modulatory, anti-inflammatory in nature. *Pippali* (*Piper longum*) & *Maricha* (*Piper nigrum*) 5mg each. *Bhavana* with *Bhringaraja* (*Eclipta alba*) 25 mg regulates the bowel movements.

With each course of *Virechana* there was a reduction observed in erythema, Hyperkeratinisation, cracking and desquamation of palms and soles, itching. There was about 3-4 kgs of weight reduction at the end of each course of *Shodana* which can be considered as a corrective means to one of the precipitating factor obesity. As the patient was away from the work atmosphere for about 2 weeks during each course the stress and constant friction of palms two triggering factors were also decreased. She is able to walk comfortably, work hassle free, eat with her hands. There is complete remission of the condition in the soles noticed after the second course of the *Shodana* without a recurrence. The *Dushita Vata*, *Pitta*,

*Kapha* undergo *Shodana* and are normalised in both quality and quantity by the *Virechana*.(Figure 1-4).



Figure 1 : Images of soles and palms before the *Virechana* Therapy



Figure 2 : Images of soles and palms after first course of the *Virechana* Therapy



Figure 3 : Images of soles and palms after second course of the *Virechana* Therapy



**Figure 4 : Images of soles and palms after third course of the *Virechana* Therapy**

The present case can be considered as *Charmadala* predominant of *kaphapitta*, a variety of *Kshudra Kushta*. As per *Acharya Sushruta Snehapana* is the best means for a recent origin skin manifestation.<sup>[4]</sup> because of its nature to create *Dosha utklesha* and to induce *Dosha gati from Shaka to kosta*. As the Kusta disorder is considered as *Bahudoshavastha* because of involvement of all three *Dosha*, multiple *Dhatus* for a chronic time period hence *Shodana* would be the best line of management. Among the *Shodana* varieties, *Virechana* is to be administered every month to the patient suffering from *Kushta* for better relief of the disease.<sup>[5]</sup> Because of the work pattern and practical problems the treatment was given successively with a gap of 5-6 months to attain the best results. These successive sittings of *Virechana* therapy led to remission of plantar psoriasis, reduction in complaints of palmar psoriasis in this patient along with oral medications.

## CONCLUSION

The Palmoplantar psoriasis treated with successive course of *Virechana* therapy gave very good results. The plantar psoriasis showed complete remission after 2<sup>nd</sup> course of *Virechana* in a span of 6 months with no recurrence. The palmar psoriasis showed marked reduction in hyperkeratinisation, desquamation, itching. A repeated *Shodhana* in form of *Virechana* proves to be the best form therapy for a complete cure and avoid recurrence of the condition.

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