

## EFFECT OF VIRECHANA KARMA (SHODHANA) AND ABHYANTAR CHIKITSA IN EKA-KUSHTHA-A CASE STUDY

Dr. Pradnya Kabra\*<sup>1</sup>, Dr. Vandana Avhad<sup>2</sup> and Dr. Sushrut Deshpande<sup>3</sup>

<sup>1</sup>PG Scholar Panchakarma, MAM'S Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune.

<sup>2</sup>Associate Professor, Panchakarma Department, MAM'S Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune.

<sup>3</sup>Assistant Professor, Panchakarma Department, MAM'S Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune.

Article Received on  
18 Jan. 2021,

Revised on 08 Feb. 2021,  
Accepted on 28 Feb. 2021

DOI: <https://doi.org/10.17605/OSF.IO/ZABYP>

### \*Corresponding Author

Dr. Pradnya Kabra

PG Scholar Panchakarma,  
MAM'S Sumatibhai Shah  
Ayurved Mahavidyalaya,  
Hadapsar, Pune.

### ABSTRACT

**Introduction:** In Ayurveda, all the skin diseases are explained under *Kushtha roga* and are classified in two groups. *Eka-kushtha* is one of them and having similar signs and symptoms that of psoriasis explained in modern science. **Materials & Methods:** A male patient aged 26yrs presented with sign and symptoms as well defined, slightly raised silvery scales over both the hands, legs, head and over lower back region along with severe dryness, powdery discharge with severe itching and erythema since 25 yrs diagnosed it as *Eka-kushtha*. Also complaining of memory loss, joint pain and inflammation i.e sausage like swelling mainly at distal interphalangeal predominantly in later

stages of psoriasis. It was treated with both external and internal therapy after *pachana*. Which included *Shodhana (virechana)* and *Shamana (Abhyantara) chikitsa* for almost 2 months. Patient was clinically assessed with PASI score. **Observation & Result:** After the treatment PASI score was reduced from 42.7 to 0.2, also patient felt notable reduction from *Kandu* (itching), Scaling, dryness and gradual reduction of erythema during treatment. **Conclusion:** This case study revealed that *Sodhana (virechan)* and *Abhyantar chikitsa* are significantly effective and clinically safe as no adverse drug reactions were reported during treatment period in the management of *Eka-kushtha*.

**KEYWORDS:** *Virechana, Sodhana, Shamana, Ekakushtha*, Psoriasis.

## INTRODUCTION

The biggest blanket, the widest barrier and the strongest warrior SKIN represents the inner health and outer beauty of the individual. It is the largest organ in the body comprises 16% of body weight; surface area 1.8M.<sup>[2]</sup> Skin reveals both pathological and healthy state of an individual.<sup>[1]</sup> In Ayurveda, all the skin diseases are explained under *Kushtha roga* in classical texts.<sup>[2]</sup> The disease which is recurrent in nature and which leads to deformity of skin in the form of discolouration is known as '*Kushtha*'. *Kushtha* is enlisted in '*Raktapradoshaj vikara*'.<sup>[3]</sup> *Kushtha* is further divided into *Mahakushtha* and *Kshudra*. There are seven *Mahakushtha* (major variety of skin disorders) and eleven *Kshudra kushtha* (minor variety of skin disorders). *Kushtha* is a *Bahudoshavyadhi* which means there is vitiation of *Doshas* to a greater extent. But the type of *kushtha* depends on the predominance of particular *doshas*. *Eka-kushtha* is one of the eleven *Kshudra kushtha*, characterized by *Aswedanam* (dryness), *Mahavastu* (which covers entire body) and *Matsyashakalawat twacha* (skin resembles scales of fish) described by *Charak acharya*<sup>[4]</sup> in classical texts. *Acharya Bhavaprakasha* describes that the lesions of *Eka-kushtha* are *chakrakara* (circular) and *Abhrakapatrasama*, that is silvery scales such as mica.<sup>[5]</sup> *Eka-kushtha* is described as *Vata Kapha Pradhan Kushtha*.<sup>[6]</sup> These features of *Eka-kushtha* are similar to that of psoriasis explained in modern medicines.

Psoriasis is a common, long-lasting, persistent inflammatory and proliferative auto immune skin disease caused due to unidentified cause, categorizes by well circumscribed erythematous dry plaques with several sizes and shapes, covered with fishlike scales prominently occurring over scalp, trunk and extremities. Prevalence of psoriasis worldwide varies between 0.09% and 11.4%. In most developed countries it is observed to be between 1.5% and 5%. Its prevalence rate in India ranges from 0.44% to 2.8%.<sup>[7]</sup>

Modern medical science treats psoriasis with PUVA and corticosteroids. There is recurrence of disease in most cases as well as these drugs are limited in number and may have long term toxic side effects like kidney and liver failure, which makes Ayurveda a good choice in alternative system of medicine as it may overcome these limitations. The main line of treatment for *Kushtha* described in Ayurveda is *Shodhana* (Internal purification) which eliminates vitiated *Doshas* from body. *Acharya Vagbhat* has advised *Vamana* once 15 days, *Virechana* once in a month, *Raktamokshana* once in 6 months and *Nasya* once in 3 days.<sup>[8]</sup> Thus, it was presumed that *Shodhana* procedure along with *Shaman Aushadhi* and *Nidan parivarjana* (avoidance of etiological factors) would be helpful in the treatment of *Eka-kushtha*.

**AIM**

To study the outcome of *Virechana karma*(*shodhana*) and *Abhyantar Chikitsa* in *Eka-kushtha*.

**OBJECTIVE**

1. To study *samprapti* of *Eka-kushtha*.
2. To study the outcome of *Virechana karma* (*Shodhana*) and *Abyantar Chikitsa* of *Eka-kushtha*.

**MATERIAL AND METHODS**

A 26year old male patient presented with history of erythematous dry silvery scaly patches all over body (prominently over both hands, legs, lower back and scalp region) with *Kandu* (powdery discharge with itching), *Daha* (burning sensation), *Vaivarnya* (discoloration) since 25 years also having complaints such as memory loss, joint pain and inflammation i.e sausage like swelling mainly at distal interphalangeal predominantly since 2 years. Also the symptoms were observed to be aggravated during cold season. Patients had taken modern treatment for many years along with local application. But he did not get better relief.

- Past history: No significant medical history seen other than above.
- Personal history:
  1. Profession: Student
  2. Diet: More intake of Spicy oily diet, nonveg, salty food (pickle and papad daily)
  3. Sleep: Disturbed
  4. Addictive habits: Alcohol (2 shots of 30 ml) twice a week
- Family history: Psoriasis (Father)

**Diagnosis & Treatment:** Patient was diagnosed with *Eka-Kushtha* and was planned for *Shodhana Chikitsa* (*Virechana*) after *Pachana* and then *Abhyantar chikitsa* was advised.

Prior to *Virechana* some investigations were done for fitness of patient which include: Haemogram with ESR, Urine routine and microscopic, BSL-random, ECG

**Management**

**Table 1: *Pachana Chikitsa* for 3 days.**

Drug	Dose	Anupaan	Kala	Action
<i>Amapachak vati</i>	250 mg	<i>Koshnajala</i>	<i>Vyanodan</i> (after meals)	<i>Amadosha Nashak</i> , <i>Agni vardhak</i>

**Table 2: Snehapana.**

Day	Amount	Time of snehapana	Kshudbodbh	Jarankala	Lakshana	Chikitsa
1 <sup>st</sup>	50ml	7:00 am	8:10 pm	13hr 10min	<i>Shirashool</i>	<i>Koshna jalapaan</i>
2 <sup>nd</sup>	80ml	7:15 am	5:00 pm	10hr 15min	<i>Alpa shirashool, Asamhata varchas</i>	<i>Koshna jalapaan</i>
3 <sup>rd</sup>	100ml	7:15 am	4:30 pm	9hr 15min	<i>Twaksnigdhata, Asamhata varchas</i>	<i>Koshna jalapaan</i>
4 <sup>th</sup>	120ml	7:45 am	5:00 pm	9hr 45 min	<i>Twaksnigdhata, Hrullas, Durghandit picchil malapravrutti</i>	<i>Sunthi siddha jalapaan (muhur muhur)</i>
5 <sup>th</sup>	150ml	7:30 am	5:15 pm	9hr 45 min	<i>Twaksnigdhata, Snehadwasha, Adhastat Snehdarshana</i>	-

*Snehapana* was administered with *Panchatikta ghrita*.

*Snehavishram* was given for two days in which *Bahya Sarvanga Snehana* with *Tila taila* and *Sarvanga Bashpapeti Swedana* was done.

#### *Virechana*

*Virechana yoga*- *Abhayadi Modak* (4 in no- 255mg each)

*Virechanopaga* – *Triphala kwath* (100 ml)

*Virechan shuddhi* observed

1. *Vaigiki*- 17
2. *Laingiki*- *Shirolaghavta*, *Udarlaghavta*, *Indriyaprasadanta*
3. *Antiki*- *Pittanta*

According to *Shuddhi*, *Sansarjankram* was given for 5 days. After completing *sansarjana krama* patient came for follow up, almost 60% relief was noted.

After *Sodhana*, other *Panchakarma* treatment was advised for 7 days and *Abhyantara chikitsa* for 1month.

**Table 3: Other Panchakarma treatment.**

Sr. No.	Karma	Drugs / Procedure
1.	<i>Patrapottali</i>	<i>Nimba + Daruharidra + Karanja taila Bharjan</i>
2.	<i>Shirodhara</i>	<i>Takradhara</i>
3.	<i>Yogbastikrama</i>	<i>Anuvasan- Karanj taila(30ml) + Panchatikta ghrita(30ml)</i> <i>Niruha- Kusthaghna basti</i> <i>(Kwatha-500ml + Sneha-(Karanj taila 40ml + Panchatikta ghrita 40ml) + Saindhav 5gm)</i>

**Table 4: Abhyantar chikitsa.**

Sr. No.	Drugs	Dose	Kala	Anupana
1.	Rasapachak Vati (Rasamrut pharmacy)	250 mg	Vyanodana	Koshnajala
2.	Laghmalini vasant (Rasamrut pharmacy)	125 mg	Rasayana	Koshnajala
3.	Arogyavardhini Ras (Rasamrut pharmacy)	250 mg	Vyanodana	Koshnajala
4.	Mahamanjishthadi Kashaya (Rasamrut pharmacy)	2 tsp	Vyanodana	Koshnajala
5.	Kaishoor guggula (Rasamrut pharmacy)	500mg	Vyanodana	Koshnajala

**Assessment:** Patient was assessed clinically with PASI (Psoriasis Area Severity Index) score.

**Table 5: Assessment criteria.**

Lesion score
0 = None
1 = Slight
2 = Moderate
3 = Severe
4 = Very severe

**Table 6: Before the treatment.**

	Head	Upper limb	Trunk	Lower limb
Erythema	0	3	1	2
Induration/Thickness	1	2	1	2
Scaling	4	4	2	3

Add together of the 3 scores for each body region to give 4 separate sums. Multiply lesion score sum by Area score, for each body region, to give 4 individual subtotals. Multiply each of the subtotals by amount of body surface area represented by that region, i.e x 0.1 for head, x 0.2 for upper body, x 0.3 for trunk, and x 0.4 for lower limbs. Add together each of the scores for each body region to give the final PASI score.

Before the treatment patient's score was observed to be 42.7

**Table 7: After the treatment.**

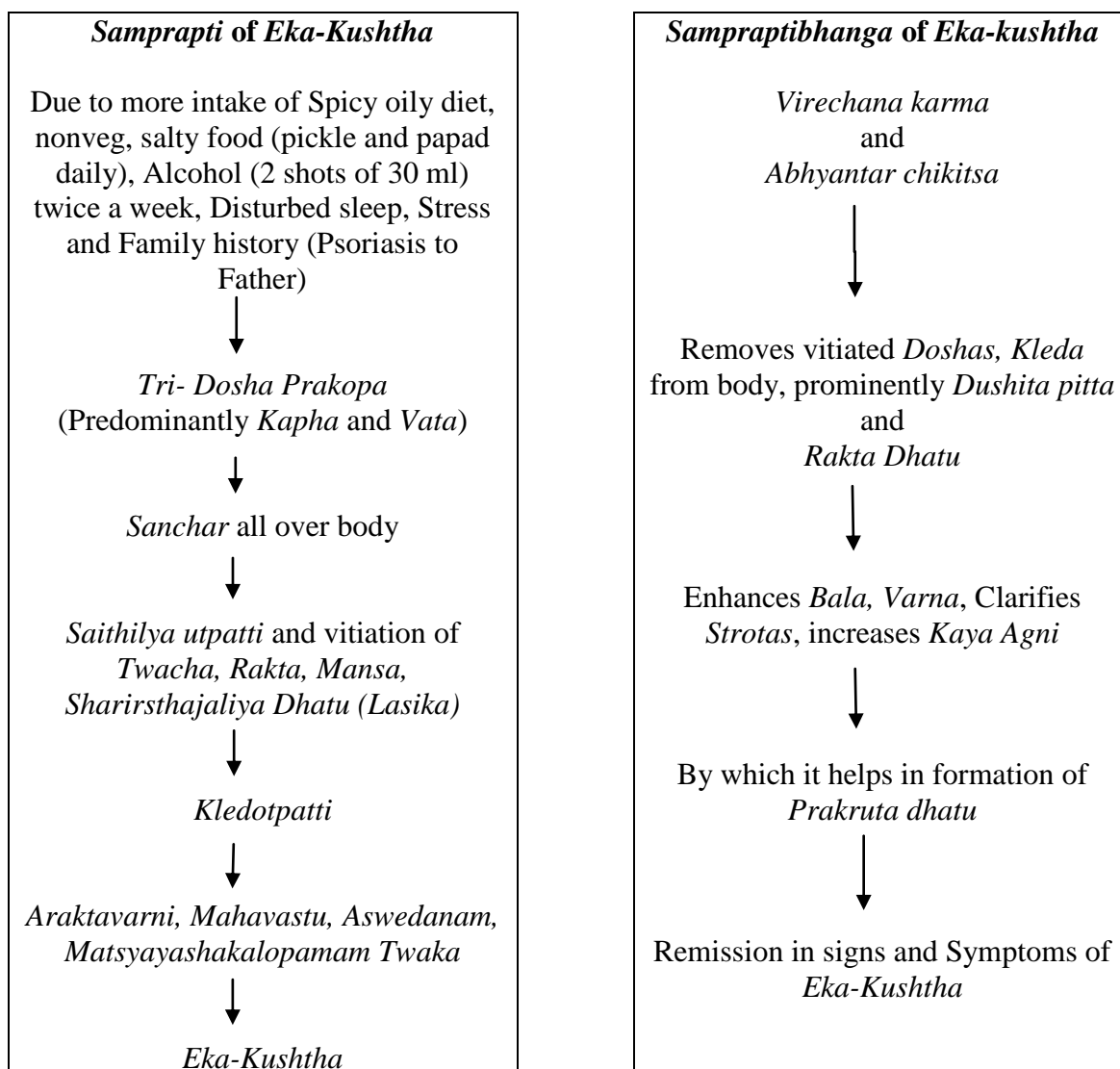
	Head	Upper limb	Trunk	Lower limb
Erythema	0	0	0	0
Induration/Thickness	0	0	0	0
Scaling	1	0	0	0

After the treatment PASI score was noted to be reduced to 0.2.

**Before treatment****Image 1****Image 2****During *snehapana*****Image 3****Image 4****After treatment****Image 5****Image 6**

## OBSERVATION

Erythema (redness) was fully reduced after treatment, induration (thickness) was rough before treatment but it was reduced after three follow-ups, scaling was much before treatment and was fully reduced after third follow-up and itching was more before treatment was reduced after *Shodhana* and *Shamana*.



## DISCUSSION

Patients with *Kushtha* approach various health care systems with a hope to get cure. *Kushtha* is difficult to cure, so it is called '*Dushchikitsya*'. *Charak Acharya* has described *Bahudoshavstha* in *Kushtha*, in which *sanshodhan* has great importance. Also *Acharya Vagbhata* has mentioned importance of *sanshodhan* in *Kushtha* by mentioning *Virechana* once a month, *Vaman* once in 15 days, *Raktamokshana* once in 6 month and *Nasya* after

every 3 days in chikitsa.<sup>[9]</sup> *Saptadravyasangraha* has been explained in *nirmitee* of *Kushtha*. There is *dushti* of *Tridosha*, *Twak*, *Rakta* in *Kushtha*.

*Amavastha* in *Kushtha*, *Ama Pachana* should be the first aim in treatment so *Amapachak vati* is given. *Acharya Charak* mentioned *Sarpipaan* in *Chikitsasutra* of *Kushtha* for *Vatadosha Pradhan Kushtha*. *Eka-Kushtha* is *Vata Kaphaj Pradhan Kushtha* so *Snehapana* with *Panchatikta grita* is advised in *Bhaishajaratnavali* in *Chikitsa* of *Kushtha* in increasing order, which mainly acts as *Kledaghna*, *Vranashodhak* as *Tikta rasa* is *Ruksha* and acts against *Kledaka*, *Abhishyandi Gunas* of *Kapha* and also it acts against *Ruksha*, *Khara Gunas* of *Vata* by its *Snigdha Guna*. It also improves complexion (*Tvachya*), decreases *Daha* (burning sensation, *Rukshata*(dryness) and *Kandu*(itching). *Abhyanga* mainly decreases scaling and dryness. *Sarvanga Swedan* decreases obstruction and increases *Swedana* (*Sroto Shodhaka*) as it pacifies all the morbid *doshas* and helps them to bring to *koshtha* for *shodhana* by nearest possible way.

In most of skin diseases the *Dosha Avastha* is *Prabhootha*-so *Shodhana* is must. Due to specificity of *Virechana karma* for major pathology of *Kushtha* and being *Raktapradoshaj vyadhi*, *Virechana* is useful in treatment of *kushtha*. *Pitta Dosha* and *Rakta Dhatu* are functionally related with each other as *Pitta* is the mala of *Rakta*. *Virechana* is mainly described in treatment of *Pitta Dosha*. It acts on *pakwashayashrita Pitta Dosha*. *Virechana* acts on removing morbid matter from body. *Virechana* drugs can reach to smallest channels of the body due to their *Veerya* and *Prabhava*. There they conjugate with morbid *Doshas* and toxins in body, help them to bring to *Koshtha* for *Shodhana*. Due to *poorva karma snehana* and *swedana*, *leena doshas* have become soft and they are in state of *shodhanopaga*. These morbid *doshas* are given specific energy to get excreted by *Virechana* drugs. *Virechana* will pacify vitiated *Pitta Dosha* as well as vitiated *Rakta Dhatu*, hence *Virechana Karma* acts effective in treatment of *Eka-Kushtha*.

For *Virechan*, *Abhayadi Modak* is used which contains *Dantimula* as a *Pradhana Dravya*. *Acharya Charak* has indicated *Dantimula* and *Triphala* best for use as a *Virechaka Dravya* in *Kushtha Chikitsa*. After *Virechana*, *Samsarjana Karma* was advised for 5 days, which works on *Agni Dipan* and increase immunity. When patient came for follow-up, he was having almost 60% relief in symptoms and but not much improvement in movement of distal interphalangeal joint and sleep disturbance.

In the treatment of *Eka-Kushtha*, *Vata Kapha shamana* with *Raktaprasadana* are the main principles. Also if there is involvement of joints in later stages of psoriasis, prevention of *Sthanasamsraya* of *doshas* in other site like *Asthi* and *Sandhi* to prevent arthritic manifestations are very important in treatment.

In aggravation of symptoms of psoriasis, stress plays an important role. Hence *Shirodhara* was advised to patient. *Shirodhara* is anxiolytic and helps to reduce mental stress to pacify all stress related symptoms.

So then after other *Panchakarma* Treatment was advised for 7 days, which includes *Takradhara* medicated with *Jatamansi* and *Amlaki churna* to have better effects to relieve mental stress and improve sleep disturbance.

*Sarvanga Patrapottali* was given having *Kushthaghna* drugs such as *Nimba*, *Daruharidra* dipped in *Karanja taila* for better result which provide relief from pain, inflammation, swelling and stiffness associated with joints. *Patrapottali* is form of *sankara sweda* in which fresh leaves are used for fomentation. The drugs used are *tilkta rasatmaka* hence help for purification of *rakta dhatu* also they are responsible for *Shamana* of *Bhrajaka Pitta* and thus resolving skin related symptoms. *Swedana* process is responsible for resolving stiffness at joints and since patient was having joint deformities so it was used.

*Acharya charaka* and *Acharya Sushruta Basti karma* is directly contraindicated because it aggravates *Kushtha roga*. But in *Cha. Chi.7/46* it was again explained *Asthapana Basti* can be prepared by adding *Sneha* with *Kushthaghna* drugs are advised in *Kushtha roga*. So, *Anuvasan basti* (*Karanja Taila* 30ml + *Panchatikta Grita* 30 ml) and *Kushthaghna Niruha basti*<sup>[10]</sup> (*Kwatha dravya*- *Daruharidra*, *Nimba*, *Brihati*, *Ushir*, *Patool*, *Madanphal*, *Araghvadha*; *Kalka dravya*- *Musta*, *Indrayava*) was advised alternately for 7 days.

Along with the above *panchakarma* treatment *Abhyantar chikitsa* is must. so *Abhyantar chikitsa* was given for 1 month which include, *Rasapachak vati*, which clears out body channels i.e *Strotorodha*, *Dipan-Pachan* (improves digestive fire), reduces *rakta dhatu vikruti* and nourishes *rasa dhatu* along with other ordered *dhatu*.

*Arogyavardhini rasa*, is mentioned in *Chikitsa* of *Kushtha* in *Rasaratnasamuchaya*. It helps in *Agni Deepana* and proper *Rasa dhatu* formation. The main ingredient *Katuki* helps in elimination of *Dushita Pitta* and *Rakta*.<sup>[11]</sup>

*Mahamanjishthadi Kwatha*, is described to be useful in all types of *Kushtha*. It is *Twak prasadak*, *Vranaropak*, *Kandughna* and *Pakahara* in nature.

*Laghmalini vasant*, an effective natural remedy for body heat, general weakness and indicated in health issues where *pitta* and *rakta* vitiation is there. The potent *Vasantakalpa* acting on *Rasarakta* *Dhatu* formation.

*Kaishoor Guggulu*, is indicated in Skin diseases and Joint Disorders. Having the main content as *Guduchi* (*Tinospora cordifolia*). Which mainly help in skin health promoter, blood cleanser, reduces inflammation and pain in joints so that movements of joints are increased.

After this 1month treatment patient came for follow-up and what a remarkable change noticed. Patient was having almost 90-95% relief in all symptoms along with movement of joints upto 50% relief.

## CONCLUSION

As there is remission in Sign and Symptoms of patient upto 90-95% and also PASI score was reduced to 0.2 from 42.7, it can be concluded that both *Shodhana karma* (body purification therapy) and *Shamana Karma* (palliative and conservative therapy) played an important role. Hence, *Virechana karma* and *Anyantar Chikitsa* played effective role in management of *Eka-Kushtha*.

**Focal points:** *Kushtha* (Psoriasis) needs periodical *Shodhana*. Maintaining the balance of *Vata-Kapha* in *Twak* is absolutely essential. *Rasa- Rakta sudhi* is basic target. Take care to prevent new *Sthanasamsraya* of *doshas* by episodically given *Shodhana* and *Rasayana* as there is the risk of involvement of *Sandhi*, *nakha* and *kesa*. Stress management is inevitable part of the programme.

## REFERENCES

1. Singh Satyapal, Tripathi J.S Rai N.P. Preventive measures for dermatological disorders; An Ayurvedic Perspective. World J Pharma Sci, 2015; 3(3): pg no.678-681.
2. Agnivesha, Charak Chapter 7, Shloka 3. In: Shukla A, Tripathi RD, editors. Charaksamhita Nidan Sthana. Varanasi, India: Chowkhamba Sanskrit Pratishthan: add pg no.181.
3. Yadavji Trikamji Charak Samhita Sutrasthana, Chapter 28, Verse no.11. Varanasi: Chaukhamba Prakashana, 2013; pg no.179.

4. Agnivesha, Charak Chapter 7, Shloka 3. In: Shukla A, Tripathi RD, editors. Charaksamhita Nidan Sthana. Varanasi, India: Chowkhamba Sanskrit Pratishthan: add pg no.182.
5. Bhavamishra, Chapter 54, Shloka 24. In: Mishra BS, editor. Bhavaprakasha (Vidyotini commentary). 3<sup>rd</sup> ed. Varanasi, India: Chowkhamba Sanskrit Series office: Madhyama Khanda; add pg no.529.
6. Yadavji Trikamji Charak Samhita with Ayurveda Deepika commentary of Chakrapanidatta, Chikitsa sthana chapter 7, Varanasi: Chaukhamba Prakashana, 2015; pg no 451.
7. Dogra S, Yadav S. Psoriasis in India: Prevalence and Pattern. India J dermatolvenereol, 2010; 76: 595-601.
8. Krishna Shastri Navare, Astang Hrudaya of Vagbhata, Chikitsa Sthana, Chapter 19, Varanasi: Choukhamba Sanskruta Samsthana; 2010; pg no.718.
9. Krishna Shastri Navare, Astang Hrudaya of Vagbhata, Chikitsa Sthana, Chapter 19, Varanasi: Choukhamba Sanskruta Samsthana; 2010; pg no.718.
10. Yadavji Trikamji Charak Samhita with Ayurveda Deepika commentary of Chakrapanidatta, Chikitsa sthana chapter 7/46, Varanasi: Chaukhamba Prakashana; 2015; pg no.452.
11. Kaviraj Sri Ambikadatta Shastri, Rasaratna Samuchaya of Sri Vagbhatacharya Varanasi: Chaukhamba Prakashana; 1995, pg no.400.