

ROLE OF VIRECHAN AND JALAUKAVACHARAN IN JEERNA VICHARCHIKA W.S.R. TO PSORIASIS VULGARIS: A CASE STUDY

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ABSTRACT

Psoriasis is a long lasting autoimmune disease characterized by patches of abnormal skin. It is affecting upto 2% of world population. In psoriasis skin patches are typically red, itchy and scaly they may vary in severity. Ayurvedic Management is possible in such disease by *Antarparimarjan*, *Bahiparimarjan* and *shastrapranidhana* treatment for complete recovery and to eradicate the disease *Virechan* is treatment under *Shodhana* karma in which vitiated *dosha* are eradicate from body. It helps to avoid the recurrence of the disease. It is choice of treatment in pitta dosha while jalaukawacharan also act on rakta dushti. In this study female patient 48 years consulted at opd with

compliments of large reddish, alay, rough patch Bilateral ankle joint with Slight discharge and itching. The patient is a known case of psoriasis vulgaris Since 2007 and symptoms get aggravated mostly in winter season. The patches was treated with *virechan* and *jalukawacharan* along with *Shaman chikitsa*. Both treatment are given and burning, itching, scaling, discharge, dryness, nature and colour of lesion before and after are observed according to severity.

KEYWORDS:- *Bahiparimarjan*, *Jeerna vicharchika*, *Rakta drushti*.

INTRODUCTION

Psoriasis affecting the human skin and it's important because of the lack of normal skin function as well as sometimes being life threatening can severely impair quality of life. Psoriasis is a commonly occurring dermatological condition it is an immune mediated disease clinically characterised by erythematous, sharply demarcated papules and round plaques covered by silvery micaceous scale.

The most common variety psoriasis is called plaque type affecting up to 2% of world population.^[1] Males and females suffering equally.^[2] Patients with plaque type psoriasis are stable slowly enlarging plaques which remains unchanged for a long.^[3] Plaque psoriasis generally develops slowly. According to Ayurveda kushtha refers to '*kushnati vapu iti kushtam*' or '*kushtham shared ram krishna ti karoti*'.^[4] According to *acharyas* kushtha is mainly of two types i.e *Mahakushtha* (chronic and difficult to treat) and *kushdra kushtha* (mild skin diseases). *Vicharchika* is described under *kshudra kushta* have *tridosha drushti*, *vicharchika* is mainly due to *kaphpardhanta*.^[5] According to *charak shodhan* i.e *vaman* and *virechan* is prior treatment for *kushtha* to eradicate vitiated *dosha*. *Virechan* is helpful to removed both *pitta* and *kaph dosha* from body. *Jalaukawacharan* act on *pitta raktagat dushti*. The patient reported significant improvement in signs and symptoms.

Case description:

A 48 years old female patient, a unmarried women, an computer engineer by profession residing in Ghatkopar, Mumabi, India came to our institute on 25/01/2022 with compliments of large reddish round patches on anterior aspect of the ankle joint bilaterally with slight discharge after itching. In 2007 she diagnosed with psoriasis vulgaris she already consulted an dermatologist and took medicines she get reliefs after medications, but get recurrence after certain period of time. These condition worsened in cold climate. Dermatologist referred to her for *panchakarma* treatment due to her reoccurrence tendency.

Patient has history of psoriasis since 13 years No history of any disease to her parents. The appetite of the patient was abnormal she has *Kshudhamandya*. Her sleep pattern also was changed she had only 4 to 6 hrs daily sleep in nights because she was suffering from *chinta* (Tension). Patients laboratory investigation are normal .Vital signs are normal.

For *Kshudhamandya* and further management of *virechan* treatment 5 days course of *snehapana* chikitsa given.

Table No. 1: Materials and Drugs used for Deepan and Pachan.

<i>Ayshadhi kaal</i>	<i>Ayushadhi dravya</i>	<i>Anupan</i>
<i>Apan kaal</i> (before meal)	<i>Arogya vardhini</i> 500mg	Luke warm water
	<i>Hingvashtak churna</i> 3gm	<i>Goghrit</i>
	<i>Bhunimbadi kwath</i> 20 ml	Luke warm water
<i>Vyanodane</i> (After meal)	<i>Shankhvati</i> 500 mg	Luke warm water
<i>Ratri</i> (At time of sleep)	<i>Gandharva hari taki</i> 5gm	Luke warm water

On 1st day

C/O

*Ubhay paad twak vivarnya....13 years**Kandu (Itaching)**Kandu paschat picchil strava (Mild pus discharge after itching).*

N/H/C/O - DM / HTN / PTB

N/H/C/O- Dengue / typhoid/Malaria/Covid recently.

N/S/H/O – Piles / Fistula / fissure (For *virechan* karma should notice)*Hetusevan – Chinta adhikya, Atapsevan, Fast food (Daily once a day).***On Examination 7th day***Nadi (Pulse) 78/ min**Mala (Stool) - Samyak pravritti**Mutra (Urine) - 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***Table no. 2: Materials and Methods.**

Sr. no.	Panchkarma	Duration	Drug used
1	<i>Snehapan</i>	7 days	<i>Panchtikta ghrit (30-60-90-120-150-180-210ml)</i>
2	<i>Snehan followed by sarvana swedan</i>	3 days	Til oil + <i>Peti swed</i>
3	<i>Virechan</i>	On 11 th day	<i>Trivrutta avleh -75 gm, Manuka fanta</i>
4	<i>Sansarjan kram</i>	Next 7 days	<i>Peya, vilepi, akrut-krut yush, akrut -krut mansaras, ahar</i>
5	<i>Siravedh</i>	On 18 th day	Needle no 22...from bilateral legs
6	<i>Jalaukawacharan</i>	2 sittings.. 7 th days follow up	3 <i>jalauka</i> are applied.

Methods:

Centre of study: R. A. Podar, Ayurvedic college, worli, Mumbai

Study design: Simple random single case study. Patients consent already taken for further treatment and study.

A 42 years old female patient came to panchkarma OPD of R. A. Podar Ayurvedic College with chief complaints of itchy patches on anterior aspect of ankle joint with slight discharge after itching.

a) *Poorvakarma*: *Poorvakarma* of *virechana* is *deepan-pachana* and *snehana*. *Deepan-pachana* was given 5 days.

Deepana Pachana internal Operation (*Snehan*) was done by administration of *panchtikta ghrut*.

Table no. 3: Abhynter snehapan Matra and Lakshans.

Snehapan Day	Panchtikta ghrut Matra	Snehapan symptoms
1	30 ml	-
2	70ml	-
3	110ml	<i>Kalma</i>
4	150ml	<i>Klama, Alpa vatanuloman</i>
5	180ml	<i>Vatanuloman, kshudha vruddhi, klama</i>
6	210ml	<i>Adhastha sneha darshan, vatanuloman, gatrashnighdhata, snehadwash</i>

During all these days, patient was advised to take hot water for drinking till *kshudha pravrutti* (attainment of hunger). Only light and liquid diet (*Laghuahar*) was advised at that time. The symptoms of *samyak snighdh* (proper internal oleation) were observed on 6th day. On the 7, 8 and 9 days the patient was subjected to *abhynga swedana* with til oil followed by *sarvang swedana* by *peti Swedan*.

b) *Pradhan Karma* (Main therapy): Before administration of *virechana* (purgation) Drug, *abhyanga* (massage) by til oil and *sarvanga swedana* (fomentation) was carried out in the morning of *virechan* day. Pulse, blood pressure, respiration and temperature were recorded at regular interval during the *Pradhana Karma*. On the 10 day with overnight fasting, the patient was given 80gm of *trivrutta avleha* as she was *krur koshti*.

Number of motions after administration of *Virechana* drug was counted till the symptoms of proper purgation like stopping of purgation on its own, passing of stool with mucus in the last

one or two motions, feeling of lightness in the body appeared. 22 Vegas (number of motions) were observed.

c) *Pashchat Karma* (Post procedure of dietetic indication). After the completion of *Virechana* (purgation), patient was kept on *Samsarjana Krama* (post procedure of dietetic indication) of considering the '*Shuddhi*' observed pravar type of *Shuddhi* (moderate purification) Patient was advised to take rest and eat thin rice gruel was given as a food and special diet is advised for 7 days. Patient was advised to stop all internal medicine during *virechan karma* only *panchtikta ghris* is allowed to apply externally.

Shastrapranidhan (Siravedh)

After *Samsarjan krama* on the 8th day 1st sitting done of the *siravedh* from bilateral ankle joint around 50 ml blood removed from each extremities with the help of needle no 22. *Siravedh* not only useful to remove *sthanik raag ,daah doshas* but also helpful to improve localized blood supply.

Jalukavacharan

Two sittings of *jalauskavacharn* was done after each 7th day follow up. With continue internal medicines.

RESULT

After *virechan* (Purgation) therapy, there was reduction in the redness n scaling of the patches was seen but to avoid further recurrence and remove *sthanik dosh drushti* of *rakta* and *mansa dhatu drushti* at ankle region one sitting of *siravedh* and 2 sittings of *jalauskavacharn* done. Which is helpful to reduce the burning sensation as *charak* says *jalauskavachran* useful in *putra fakta kushwaha awastha*. Along with internal medicine and local applications all the symptoms of psoriasis are reduced in short period of time.

Symptomatic relief

Parameters	Before Treatment	After virechan	After Siravedh and jalukavachran
Burning	+++	+	Absent
Itaching	+++	+	Absent
Scaling	++	-	Absent
Dischrage	Slight discourage+	-	Absent
Dryness	++++	+	Absent
Nature of lesion	Prominently visible	Mild visible	Very mild visible

Colour of lesion	Reddish brown	Mild reddish	Almost like skin colour.
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Fig. no.1: Before treatment.

Fig no. 2: After virechan.

Fig. no. 3: After Siravedh and Jalaaukavacharan.

DISCUSSION

Psoriasis is one of the most common skin disorders and chronic dermatological condition marked by periodic flare-ups of sharply defined red patches, covered by silvery fatty surface. *Kushtha* is a *tridosh vyadhi* and involves All seven *dhatu*s as *dushya*. Psoriasis can be correlated with *eka kushtha*. In these particular case study psoriasis is chronic and having more pitta *doshas lakshnas* i.e. Scales, *Daah*, itching, redness. In *kushtha Rakta* is considered as one of the main *dhatu* which is responsible for *kushtha samprapti*. As *pitta dosha rakta dhatu* have *ashraya- ashrayi* relationship, *Virechan* therapy is used in this case study for *shodhan*. Which is helpful to avoid recurrence of disease.

CONCLUSION

Virechan therapy followed by *jalaaukavacharn* along with internal medicines are effective in burning, itching, scaling, discharge, dryness, nature colour of lesion in Psoriasis vulgaris. It also prolongs the recurrence of the symptoms.

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