

EFFECT OF VIRECHAN WITHOUT PRIOR VAMAN IN PSORIASIS**Paradkar Hemant*, Tathed Pankaj******Assistant Professor, **Assistant Professor, Department of Panchakarma
APM's Ayurved Mahavidyalaya, Sion, Mumbai.***ABSTRACT**

Psoriasis is a common chronic scaling disorder. Ayurveda has a well proven *Panchakarma* treatment and many *Vaidyas* follow *Vaman*, *Virechan* and *Raktamokshan* repeatedly as described in *Ayurvedic* texts for *Ekakushtha* (~Psoriasis).^[1] We also follow this regimen regularly at our hospital. *Panchakarma* is a method of purification and rejuvenation. It is a therapy for cleansing of body toxins. *Vaman*, *Virechan* and *Raktamokshan* is a part of these basic five procedures. The logic being that as a cloth needs to be purified or cleaned of impurities and dust before it can be permeated with a new color, similarly the body needs to be cleansed before it can be permeated with new color of youthfulness, health and vigor. In fact, most of the time, *Panchakarma* is a main curative therapy rather than a prelude to other therapeutic measures. *Vaman* is an emesis therapy to eliminate the *Doshas* through mouth while *virechan* is a Purgation therapy which eliminates *doshas* through rectum. *Raktamokshan* is a blood letting therapy to clear blood impurities. At our hospital we treat psoriasis patients as per the severity and area of disease. If the predominance of signs is above the umbilicus, we first go for *Vaman* and if it is below umbilicus we usually prefer *Virechan* therapy to start with. In generalized scaling we usually follow *Vaman* followed with *Virechan* and *Raktamokshan* or as per requirement.

Ayurvedic texts suggest *Vamana* followed by *Virechana* in treatment of *Ekakushtha* (~Psoriasis) We report a case of a patient having Psoriasis vulgaris with whole body scaling, who received proper *Virechan* therapy but without prior *Vaman* as mentioned in *Ayurvedic* Texts. He showed exaggeration of all symptoms probably due to the absence of *Vamana* initially. However, he settled down later after receiving properly sequenced *Vamana* and *Virechana* therapy. He showed complete regression of symptoms like scaling and itching after *virechana*.

Keywords : Psoriasis, *Virechana*, *Vamana*, *Ekakushtha*

INTRODUCTION:

Psoriasis vulgaris is an autoimmune, hyperproliferative skin disorder, affecting >2% of the world's population. A survey suggests that, in India as many as two in every hundred of the total population may suffer from it at any time in their life.^[2] As per *Ayurvedic* texts, signs and symptoms of Psoriasis are similar to *Ekakushtha*, a type of *Kshudra kushtha*.^[3] *Kushtha* (~Skin disorder) is a

condition where *Shodhana* (i.e. excretion of toxins through induced emesis or laxation or blood letting) is essentially indicated at specific time intervals.^[1]

Panchakarma is the main treatment modality in skin disease and is widely used in *Ayurveda*. The *Shodhana* therapy is admired more by virtue of its capability to completely cure the *Kushtha*.^[4] But it is crucial that this therapy should be given with proper

indication and with *Purva-Karma* i.e Pre-procedure or it may cause undesirable reactions. To avoid unwanted effects, proper *Purva-karma* has been specifically instructed by stalwarts of Ayurveda.^[5] Before the actual operation of purification begins, there is a need to prepare the body to encourage the release of toxins, for which two main procedures are *Snehana* and *Swedana*. *Snehapana* is a major pre-procedure because of its multifaceted action. *Abhyantara Snehapana* i.e. oral intake of medicated or non medicated ghee or oil helps the toxins to move towards the gastro-intestinal tract, is advised before *Vamana* and *Virechana*. It is specifically mentioned that *Vamana* is an essential prerequisite especially in suspected cases of *Kapha Vruddhi (Vitiated Kapha)* to prevent the complication of *Grahani Acchadana (Leads to Sprue or IBS like condition)*^[6]

Case Report:

Type of Study: Observational

Study Centre: APM's Ayurved Mahavidyalaya and Seth R.V. Ayurved Hospital, Sion, Mumbai 22.

Study Details: A man, 48 years of age, came to *Kayachikitsa* outpatient department for the treatment of Psoriasis.

Brief history: A 48 years old male, came to *Kayachikitsa* Outpatient department with *Mahavastu* (~generalized) *Ekakushtha* (~psoriasis). The patient was interested in *Ayurvedic Panchakarma* treatment hence was admitted for *Shodhana* treatment modality.

Chief complaints and its duration:

The patient had itchy plaques of red, inflamed skin, covered with loose, silver-colored scales covering almost each and every part of his body including scalp for last 3 years and was diagnosed as a case of psoriasis. He was treated with both modalities Al-

lopathy as well as *Ayurved*. With Allopathic treatment (like salisilic acid application and internal steroid therapy patient had symptomatic relief initially, but experienced a consistent rise in signs despite prolonged treatment. Oral *Ayurvedic* treatment was also not found to be much effective in this case. He came to our outpatient department seeking *Panchakarma*. He had no other major complaints or history of depression.

On examination plaques of red, inflamed skin, covered with loose silver-colored scales on chest, abdomen, back, upper and lower limbs were seen and diagnosis of Psoriasis was confirmed clinically.

General examination:

All vital parameters were within normal limits. His general condition was good.

Weight 58 Kg, Blood pressure 120/80 mm of Hg Hemoglobin- 13mg%, CBC-WNL, ESR-40, LFT-WNL, X-ray chest-Normal, ECG-WNL Red, inflamed skin with silver-colored scales (Figure 1 a, b).

Diagnosis:

Ekakushtha (Psoriasis).^[3] **Treatment Plan:** Patient was admitted for *Shodhan* therapy for Psoriasis. After detailed study it was initially planned to give *Vaman* (Emesis) therapy. The patient started taking *Mahatikta Ghrut* for *Abhyantar snehan*. *Snehapana* started with 50 gm *Mahatikta Ghrut* on day one after confirming *Koshtha* and *Agni* of the patient. The daily dose of *Snehapana* was increased gradually (100 gms on day 2, 150 gms on day 3, 200 gms on day 4 and 250 gms on day 5) until *Samyak Snigdha Lakshanas* were found on day 5th of *Snehapana*. Subsequently, he expressed *Ghruna* (severe aversion) to emesis hence we had to change the plan of giving *Vamana* and decided to undertake *Virechan* without preceding *Vamana*. After 2 days of complete rest with

Bahya Snehan and *Swedan*, *Virechan* was given on 8th day with *Icchabhedi Rasa* 3 tablets (375 mg.) with water.

The patient had experienced 22 episodes of *Virechana* with all *Samyak Virikta Lakshnas*. Accordingly *Sansarjan Krama* was started and he was discharged after 2 days. On the fifth day of discharge patient followed up with *Kayachikitsa* Out Patient department with exaggeration of symptoms (Figure 2 a, b).

He was then again admitted to Hospital. Again proper *Snehapana* was given and proper *Vamana* was conducted. The itching stopped completely after *Vaman* he felt relieved almost 50% in scaling after *Vamana* therapy. 20 days after *Vaman*, proper *Virechan* was given and all symptoms were relieved. Skin became normal without Itching and scaling (Figure 3a,b). *Shamana* treatment for long-term benefits was started. The patient is still on oral *Ayurvedic* medicines viz. *Aarogyavardhini*, *Mahatikta Ghrut* (*Shamana Matra*),^[7] *Gandhak Rasayana*, *Manjishthadi Choorna* and regularly giving follow up in OPD since last 6 months. Mild scaling erupts but subsides immediately as well. Symptoms are well controlled.

DISCUSSION:

In our hospital we usually see approximately 50 cases of psoriasis per year. They are treated in the prescribed way with *Vamana* followed by *Virechana*. The response in controlling the symptoms is very good. It has been observed many times that improper *Snehapan* (pre procedure) or *Ayoga* of *Shodhan Karma* (Improper conduct of main procedure) leads to increase in disease

symptoms but this was a first case documented by us, where even with *Samyak Snehapan* (Proper preprocedure) and *Pravar Virechan* (Perfectly conducted procedure), *Vyadhi lakshnas* (Disease symptoms) were increased. This could be due to not following the basic principle of *panchakarma*, where it is advised to give *Virechan* only after proper *Vaman Karma*. *Virechan* may eradicate all vitiated *Doshas* through *Adhobhag* (Rectum) but *Doshas* which remain (*Avashista*) may create more trouble to the patient.



Figure 1. Pretreatment lesions A) Posterior, B) Anterior; **Figure 2.** Post *Virechan*: A) Posterior, B) Anterior; **Figure 3.** Post *Vaman* & *Virechan*: A) Posterior, B) Anterior

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CORRESPONDING AUTHOR

Dr. Hemant Paradkar

Assitant Professor, Department of Panchakarma, APM's Ayurved Mahavidyalaya, Sion, Mumbai, Maharashtra, India

Email: paradkar@gmail.com
