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# ROLE OF VIRECHANA IN EKAKUSHTA A CASE STUDY

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# ABSTRACT

The inflammatory skin condition psoriasis is typified by well-defined erythematous, dry plaques. of different sizes, coated in scales resembling mica; based on its dinical characteristics, it can be associated with Ekakaohta. In India, the lifetime prevalence of psoriasis is 2.3%; globally, the prevalence ranges from 0.44 to 2.88. Medical sciences have accepted several treatment techniques, but they come with a high cost and a variety of negative effects. Therefore, it's imperative to discover a cheap, efficient, and readily accessible medication to treat psoriasis. A 28-year-old female patient had virechana treatment after being diagnosed with ekakushta.

KEYWORDS: Ekakushta, Virechana, Ayurveda, Panchkarma.

# INTRODUCTION

Panchakarma therapy is a unique type of treatment for various chronic autoimmune hormonal and degenerative disorders, where as other sorts of treatments have no satisfactory answer as well equally beneficial for the promotion and preservation of health. Any disease in Ayurveda is managed with Shodhana, Shonana, and Rasayana Chikitsa The same is true for Kushta, which is difficult to treat; for the complete sure it is important to understand the concept, characteristic features indication, and appropriate use of these to get optimurn results Deshay get vitiated by external or internal factors, causing imbalance in them in the form of aggravation, depletion, or both. Abnormal variation and functioning of Dosha is the root cause of development of disease. Psoriasis is a common dermatological disorder in India with prevalence and epidemiological characteristics similar to the presentation of disease in West which varies from 0.44 to 2.8 %.[1]

Psoriasis is a non infective inflammatory skin disorder with lesion size varies from few millimeters to several centimeters. Individual lesions are well demarcated, red with dry silvery white scaling. Lesions most commonly are seen on elbow, knee and lower back. Psoriasis is considered as a one type of Kushtha and may be well correlated to either Ekakushtha, Kitibha or Sidhma due to the resemblance of signs and symptoms. In all the

Kushta basically Saptadravya<sup>[3]</sup> i.e. Tridosha (Vata, Pitta, Kapha), Twak, Rakta, Mamsa, Lasika have important role in manifestation, but still the end result of kushtha shows its sign and symptoms depending upon predominance of Dosha in its pathogenesis. So based on these clinical features underlying Dosha can be understood and specific line of treatment may be planned. [4] To study the treatment of Kushtha systematically it is necessary to look at three principles of the treatment which are described in Krimi Chikitsa i.e. Samshodhana, Samshamana and Nidana Parivarjana<sup>[5]</sup> separately. All Acharya's have emphasized on Shodhana therapy in the management of Kushtha. The therapy which expels out the morbid Doshas from the body is known as Shodhana. By nature, Kushtha is difficult to cure disease, so it is called 'Duschikitsya'. But by the application of Shodhana therapy, cure of the disease becomes easier due to removal of the root cause, hence Shodhana has great importance. Shodhana may be administered based on predominance of vitiated Dosha. [6]

### **CASE REPORT**

A 28 years old female patient came to OPD in Department of Panchakarma in Our hospital with chief complaints of erythmatous plaques and scaling over trunk and extremities, from the past 4 to 5 years. She also complained of severe itching over these areas at night from the past 15-20 days.

On Examination

Nadi (pulse)-78/min

Mala (stool)-Susamhat, Nirama, Samyak Pravritti

Mutra (urine) Anavil, Vednarahit, SamyakPravritti

Jeevah (tongue) - Nirama, Klinn

Shabda (speech)-Samanya

Sparsh (temperature, skin)-Khar, Samanya Taap

Druka (eyes)-Samanya

Akrutí (built)-Madhyama

Agni (appetite)-Mandya

Raktadaaba (8.P) - 110/70 mm Hg

Treatment given

Pachana before Shoshana

Snehapan with tiktak ghrita D1 - 30ml, D2- 60ml, D3 -

90ml, D4 - 120 ml, total 300 ml

Virechana purva vishranti 2 days

Sarvanga snehana and swedana for 2 days before virechana

Virechana with Triphala, Kutki & Nisotha was given along with 25 ml Eranda Tail

### **OBSERVATION**

Symptoms	Before treatment	After treatment
Kandu	+++	+
Daha	++	+
Twak sputana	+++	++

#### DISCUSSION

Poorva Karma

in Poorvakarma, 1 Deepan Pochon was done by administration of Chitrakadi Vati 2 x BD for days. After Deepan-Pachan, Internal oleation (Snehapana) was done by administration of Panchatikta Ghrito after assessment of Kostho and Agni for 4 days. Snehapana was done in increasing order to achieve Samyak Snigdha Lakshan. During Snehapana, patient was advised to take hot water for drinking till Kshudha Pravritti. The symptoms of Samyak Snigdha were observed on 4 day, On 5, 6 and 7 days the patient was subjected to Abhyang with Psoroiin oil followed by Sarvang Swedana.

# Pradhan Karma

On day of Virechana, Abhyang and Swedang was carried out in the morning then Virechana Yog was given. Vitals of the patient was recorded at regular interval during Virechana Karma ie, Pulse, Blood Pressure, SpO, level, Temperature, Respiration etc. in Virechana Yog, approx. 250 ml decoction of Triphala, Kutki & Nisotha was given along with 25 ml Eranda Tail at 11am, Total 18 Vega were noted after completion of process.

### Paschat Karma

After completion of Virechana Korma, patient was kept on Sansarjana Karma for 5 days considering the Shuddhi as Madhya Shuddhi Patient was advised to take proper rest and Peya was given on that day followed by special diet from next day. After Sansarjana Karma, oral medications were given for 1month.

The plaque psoriasis appears to be largely a disorder of hyperkeratinization. The basic defect is rapid displacement of epidermis in psoriatic lesion. Excessive intake of vogurt, nonvegetarian (fish, chicken), salty, and sour foods acts as an aggravating factor in this disease. Samshodhana (purificatory therapy) is one of the important treatments of Ayurveda, which deals mainly with elimination of the aggravated Doshas from the body. [13] Virechan is prescribed once in a week because the Kleda (Moist discharge) accumulating on the account of Pitta due to its Upasneha, Drava (Liquid) and Visraguna is relatively a slow process. Ekakushta (psoriasis) is having Bahudosha Avastha described under the Raktapradoshaja Vvadhi (blood predominant diseases).[14] As Pitta is the Mala of Rakta and have Asraya Asrayibhaya,[S] so for the elimination of Pitta Dosha, Virechana Karma is the best line of treatment. It is less stressful procedure than Vamana and has less possibility of complications. But the patient is already weak due to his age factor and severity of the disease, and in this condition, Bahudosha Nirharana is contraindicated in Kushta because it may lead to further debilitation of the body due to Vata Prakopa. In this context, Acharya Sushruta recommends Nitya Virechana for Kushta as it is a Bahudoshajanya Vyadhi. So considering the strength of the patient, Virechana was selected as Shodhana for the line of treatment.

Probable Mode of Action of Virechana - pacify the morbid Pitta and help to carry out its function normally, hence helping the skin lesions to heal. Virechana removes the toxic materials from the body and provides purification of the body at two Virechana by Srotoshodtak (channel purificatory) property opens the microchannels and improves circulation, resulting in perspiration. Mahavustu (big lesions) are mainly associated with Dushita Kapha Dosha and Raktu Dushya, Virechana with Pitta Kaphahara property corrects Rakta Dhatu, thus reducing big lesions. Matsyushakalopancan (scaling), also called hyperkeratinization, is due to vitiation of Tridosha, Virechana acts on all Doshas and controls scaling Rukshata (dryness) occurs mainly due to Vatu Dosha, Virechana corrects it by Vatanulomana and ultimately reducing Rukshta Kaandu (itching) indicates the involvement of Kapha, Rasa, and Rakta Dushya, Nitya Virechana has Pitta Shodhaka and Rasa Ruktu Prasadunu property, which may be the reason behind reduced Kandu Daha (burning) is mainly due to Pitta Dosha and Rakta Dusti, Virechana removes vitiated Pitra Dosha and Rakta, thus reducing Daha "Candle grease sign" indicates extremely increased Ruksha and Khara Guna in Twaka caused by Vata Dosha, Nitya Virechana. pacifies Vata Dosha and thus reduces candle grease sign Auspitz sign is mainly due to Pitta Dosha and Rakta Dushva, Virechana is an ultimate therapy for Pitta Dosha and Rakta Dushti. In this way, Vrechana helps in breaking pathogenesis, resulting in controlling the symptoms in Ekakushta.

#### CONCLUSION

Virechana was the treatment prescribed for Ekakushta; it helped bring Sanyavastha of Doshas, opened the Strotomukh, and helped remove vitiated Dosha from the body. According to this study, the most effective treatment for removing the Dosha in the 28-year-old patients with Ekakushta was Virechana. Clinically, the use of Virechana along with medication did not have any negative effects. Thus, it may be said that Ayurvedic line management produces acceptable outcomes. Removing poisonous wastes, balancing Tridoshas, and rectifying Agni all have equal benefits for maintaining and promoting health.

#### REFERENCE

- Dogra S, Yadav S. Psoriasis in India: Prevalence and pattern. Indian J Dermatol Venereol Leprol, 2010; 76: 595-601. http://dx.doi.org/ 10.4103/0378-6323.72443 PMid:21079301.
- Christopher RW, Edwards Ian, AD Bouchier, Christopher Haslett and Edwin Chilvers: Davidson's Principles and practice of Medicine, 17 Ed, Churchill Livingston's Publications, 1996; p. 949.
- 3. Agnivesa; Charaka Samhita, with Ayurveda Deepika Tika by Chakrapaanidatta, published by Chaukambha orientalia, Reprint edition, 2011; p. 450.
- 4. Agnivesa; Charaka Samhita, with Ayurveda Deepika Tika by Chakrapaanidatta, published by Chaukambha orientalia, Reprint edition, 2011; p. 451.
- Agnivesa; Charaka Samhita, with Ayurveda Deepika Tika by Chakrapaanidatta, published by Chaukambha orientalia, Reprint edition, 2011; p. 258.
- 6. Agnivesa; Charaka Samhita, with Ayurveda Deepika Tika by Chakrapaanidatta, published by Chaukambha orientalia, Reprint edition, 2011; p. 451.