



Case Study

ROLE OF VIRECHANA KARMA IN A CASE OF VIPADIKA W.S.R TO PALMOPLANTAR PSORIASIS

Nayek Amrita^{1*}, Barik Shawan²

¹PG Scholar, ²Assistant Professor, Department of Panchakarma, Institute of Post Graduate Ayurvedic Education and Research at SVSP Hospital, Kolkata, India.

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ABSTRACT

Skin diseases of any form bring about huge social stigma along with the pain or trauma caused by the disease itself. This not only affects one's physical health but also significantly disrupts self-esteem and quality of life. Psoriasis is an auto-immune disorder affecting 2-5% of the total population out of which 3-4% are affected by palmoplantar psoriasis, a variety of the disease where only the palm and sole is affected. In Ayurveda, this variety of psoriasis has been described as *Vipadika*, often associated with vitiation of *Vata* and *Kapha doshas*, leading to dryness, thickening of skin, and painful fissures. In this study, a female patient came to OPD with complaints of dry rashes in hands and foot was examined and after diagnosis was subjected to *Virechana* showing remarkable results on follow-up after 15 days.

INTRODUCTION

Vipadika, considered under *Kshudra Kustha* as per *Caraka* is *Vata Kaphaja* predominant disease [1], characterised by *Pani Paade Sphutan* [cracking of skin in palm and sole] and *Ruja* [pain][2] accompanied by itching and bleeding sometimes.

Vipadika develops due to:

- *Vata* dominance → causes dryness, cracking, and pain.
- *Kapha* involvement → contributes to thickening and stiffness.
- Aggravated by exposure to cold, dry weather, excessive walking, or standing.

The imbalance disrupts the *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle), and *Lasika* (lymph) *Dhatu*. These symptoms can be correlated with palmo-plantar psoriasis.

Psoriasis is an auto-immune disease affecting epithelial cells causing lesions with itching and scales similar to fish scales. It is a condition where the over reacting immune system signals leading to over production of skin cells resulting into flaky crusty patches.

Although there are several varieties of Psoriasis that affect the skin cells of the entire body. Palmoplantar variety is one that as the name suggests is restricted to just the palm and sole of the upper and lower extremities respectively. Prevalence of this variety of psoriasis records to 3-4% of cases of total 2-5% of psoriasis affected people. There are vast studies globally on Psoriasis. Indian researchers were ranked 11th when compared to most active countries and were reported to actively contribute to psoriatic research as evidenced by their substantial publications, 849 publications during 1973-2012 that accounts to 2% of total global publication on psoriasis.[3]

Characterised by hyperkeratotic pustules on the palms and soles, this disease highly affects day to day life activities with highly affecting the patient's mental status as a result of the social stigma associated with skin diseases. This particular study aims to assess the role of *Panchakarma* therapy *Virechana* in the treatment of *Vipadika*.

MATERIALS AND METHODS

A 27year old female reported to Panchakarma OPD complaining of dry scaly lesions on her palm and sole associated with itching and occasional bleeding since 6-7months. She was examined thoroughly, with a positive Auspitz sign and was diagnosed as a case of *Vipadika*. *Panchakarma* procedure was planned accordingly.

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Case Study

A female patient came to Panchakarma OPD at I.P.G.A.E&R at S.V.S.P Hospital, with complain of

- Painful lesions in both the palmar and plantar aspect of upper and lower limbs respectively.
- Associated with severe itching and bleeding from the lesions.
- Duration: 6-7 months

Mode of onset: Chronic

Progress: Gradual

Aggravating factor: Cold, dampness, exposure to moisture.

Relieving Factor: None

No significant past history

Personal History

Appetite: Diminished

Bladder: Normal

Bowel: Irregular

Digestion: Normal

Sleep: Normal

Occupation: Student

Diet: Non- vegetarian

Addiction: None

General Examination

Pallor: Not present

Oedema: Not present

Jaundice: Not seen

Clubbing: None

Blood Pressure: 126/80 mm of Hg

Pulse: 75/min

Respiratory rate: 18/min

Height: 5ft 1 inch

Weight: 56kg

Diagnostic assessment: After thorough examination the patient is diagnosed as a case of *Vipadika* [palmo-plantar psoriasis].

Parameters

- Pain
- Itching
- Scaling
- DLQI Score ^[4]

Treatment Plan

After proper examination, the patient was admitted for *Virechana karma* [purgation]. ^[5]

Virechana Karma: [Purgation]: Classical *Virechana* therapy was given as described below.

Table 1

Stepwise therapy	Detailed Description
<i>Ama Pachana</i> [Digestive]	The patient was given <i>Deepana-Pachana</i> with <i>Panchakola</i> powder- 5gm TDAC daily for 7 days.
<i>Snehapana</i> [Oleation]	<i>Snehapana</i> was done with <i>Mahatikta Ghrita</i> in <i>Madhyam Matra</i> for <i>Sodhana</i> as per <i>Samhita</i> ^[6] in increasing dose each day with initial dose of 30ml until final dose of 220ml on 5 th day on appearance of <i>Sneha siddha Lakshana</i> [signs of proper oleation] ^[7] as mentioned in the <i>Samhitas</i> . Total consumption of <i>Ghrita</i> being 570ml. The patient was advised to take lukewarm water during <i>Snehapana</i> with brief walking from time to time for easier digestion of the <i>Sneha</i> followed by <i>Laghu Ushna Ahara</i> (light easily digestible food).
<i>Parihara kala</i> [Rest period]	Three nights of <i>Parihara kala</i> [rest period] ^[8] was given prior to <i>Virechana</i> , with <i>Abhyanga</i> [massage] with <i>Neem Taila</i> followed by <i>Sarvanga Swedana</i> [whole body fomentation] was given during this period. <i>Pitta Vardhaka Ahara</i> was given on previous night of the therapy.
<i>Virechana</i>	On the day of <i>Virechana</i> , patient was advised to stay empty stomach <i>Abhyanga</i> and <i>Sarvanga Swedana</i> was done. Thereafter, <i>Trivrttilehyam</i> was administered for <i>Virechana</i> after proper assessment of <i>Kostha</i> of the patient. Patient was advised to take lukewarm water the entire day. A total of 15 <i>Vegas</i> occurred. <i>Samsarjana krama</i> ^[9] of 11 <i>Annakalas</i> was given as per classics.

RESULTS

The patient was treated in the indoor patient department for 15 days with proper dietary and lifestyle restrictions. And after completion of therapy, patient showed significant results with complete reduction in palmar lesions and minute residual lesions on sole with DLQI Score from 10 to 2. Pictures of before and after procedure are given as follows.

Before Treatment



Fig: 1(a)

Fig: 1(b)

After treatment



Fig: 2 (a)

Fig: 2 (b)

Variation in DLQI SCORE in 2weeks

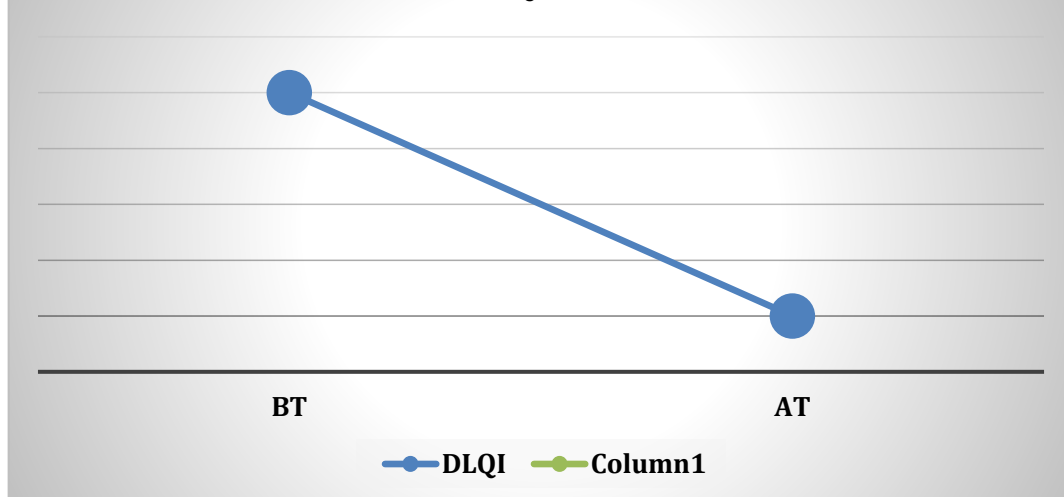


Fig:3

DISCUSSION

Ama Pachana: Ama is defined as undigested part of ingested food. This Ama deposits in channels producing Srota channel obstruction as a result causing accumulation of Doshas and finally into manifestation of disease.

Panchakola powder consisting of Pippali, Maricha, Chavya, Chitrak, Nagara is Ushna, Laghu, Avidahi, Grahi helps in easy break down of food making it convenient to digest and thus preventing formation

of Ama. Ama Pachana plays a huge role as Purvakarma in both Vamana and Virechana, helping in quicker absorption of drugs during Shodhana procedure due to increased Agni.

Snehapana: Internal administration of Sneha Dravya i.e., Ghrita Taila Vasa Majja or any form of fatty substance is known as Snehapana. It is considered as the pillar of Shodhana therapy. Internal Snehana is oral administration of Sneha, Snehapana generally includes

ingestion of a certain amount of *Sneha* for a scheduled period of time.

Sodhana prior *Snehapana* is an important step of *Purvakarma*. According to classics *Madhyam Matra Sneha* is advised in *Shodhana*. Ingesting such larger amount of *Sneha* is said to cause increase in *Rasa dhatu* and *Klinnata* in body, also easier movement of *Doshas* from *Sakha* to *Kostha* resulting in easier evacuation of the toxin from the body during *Shodhana*.^[10]

Mahatikta Ghrita,^[11] is a *Tikta Rasa Sneha* used here keeping in mind the *Vata-kapha* predominance in the disease. The *Sneha Guna* helps in increasing *Klinnata* also pacification of *Vata* and the *Tikta Rasa* helps in pacification of *Kapha* making it an ideal choice for *Snehapana* in the specific disease.

Virechana: The process of evacuation of *Dosha* through *Adho Marga* [downward direction] is known as *Virechana*.^[12] One of the prime therapies among the five modalities of body purification, *Virechana* is a detoxification procedure held out using drugs which help in forceful evacuation of *Doshas*.

Trivrtllehyam^[13] is a widely used drug for *Virechana* as *Trivrt* is a *Sukha-Virechak* [a drug that induces easy evacuation of stool with not much difficulty caused to the individual]. It is the first *Virechana* drug mentioned by *Caraka*.^[14]

Limitation of Study: The mentioned study has been performed as a single case, large scale studies with higher number of cases can be more helpful in assessing efficacy of the treatment.

CONCLUSION

The present study was aimed to assess the role of *Panchakarma* therapy in *Vipadika*, and as seen in results the patient showed remarkable improvement in the signs and symptoms as well as in quality of life. *Virechana* therapy is seen to play a significant role in treatment of *Vipadika* without causing any complications or further aggravation of the disease.

Continued application of *Panchakarma* therapy in such cases shall help providing more knowledge on effectiveness of *Virechana* in skin disorders. Other therapies can also be applied to see varying efficacy of *Panchakarma* in such disease and thus help simplify treatment procedure in these diseases.

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***Address for correspondence**

Dr. Nayek Amrita

Post Graduate Scholar,
Department of Panchakarma,
Institute of Post Graduate Ayurvedic
Education and Research at SVSP
Hospital, Kolkata.
Email: dramritanayek@gmail.com

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