ROLE OF VIRECHNA AND SHAMANA LINE OF MANAGEMENT IN PALMO-PLANTAR HYPERKEROTIC PSORIASIS (CHARMADALA) – A CASE STUDY

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ABSTRACT
A female patient of 56yrs working as a bank employee often working on computers complains of painful and itchy thick, cracked palms and soles since one year. Initially there were fine scales being shed from the area she itched, as months passed by there were plaques of thick skin shed on itching, the thick skin even with a mildest stretch got cracked open so for these complaints she approached to our OPD, was diagnosed as Kaphapittaja Charmadala, Virechana was planned for management of the same. Patient was treated with Virechana followed by Samsarjana Krama for successive three times. The Therapy reduced the hyperkeratinisation of palms, cracking and scaling of skin plaques in palms, itching was reduced in palms. In the soles there was a complete remission observed after the second course of virechana, without a recurrence. There was a marked reduction in the Psoriasis Debility Index from 34 to 16.

KEYWORDS: Palmo-Plantar Psoriasis, Kaphapittaja Charmadala, Snehana, Virechana.

INTRODUCTION
Palms and soles are crucial for function and as a consequence Palmoplantar Psoriasis leads to a disproportionately greater impairment of health related quality of life compared with plaque psoriasis on other parts of body. The significant amount of pain in palms and soles, difficulty in working and walking with impaired dexterity of hands suffered by the patients has a...
profound impact on quality of life, regardless of there being a low BSA <10% affected, the National Psoriasis Foundation considers Palmoplantar psoriasis to be a severe form of psoriasis.

_Charmadala_ is a form of _Kshudra Kushta_ where in the palms and soles of the patient there will be severe itching, different kinds of pain will be experienced like burning, sucking types of pain.\[^1\]_Virechana_ a form of _Aantarika Shodhana_ has proved to provide quicker benefit in this case with a complete remission of plantar psoriasis without a recurrence.

**CASE STUDY**

A female patient of 56yrs working as a bank employee often working on computers, complains of painful and itchy thick, cracked palms and soles since one year. The patient was said to be apparently healthy one year ago. In midst of busy working hours she used to develop itching in the palms and in evenings in the soles very often for which she neglected initially. Gradually the intensity and frequency of itching began to increase. Itch became uncontrollable and she used to itch with whatever she got handy during which she saw powder like fine scales being shed from the area of her palms and soles which appeared yellowish after it. After a span of about two months she noticed that the areas she used to itch intensely had developed thick skin which appeared more yellow and used to crack open on skin stretch due to any means. The thick skin was less sensitive to touch, crack even on contact with paper or a cloth piece too. The condition became very painful and she noticed fine bleeding spots in the cracked skin areas which all together hampered her from doing her daily routines even. The above complaints got gradually increased in intensity which hampered her daily activities like walking, bathing, dressing up, performing household chores, working at the bank etc. she approached our centre for better management of the condition. She had an episode of herpes zoster 25 years ago.

**Clinical Findings**

Patient was fully conscious, had a normal rhythmic pulse of 78/min, respiratory rate 19 cycles/min, 140/90 mm Hg Blood Pressure, body temperature 98.6 °F, weight 68 kgs, height 5 ft. Her palms and soles were having hyper keratinised macular lesions all over, which were brittle, broke on mild contact even, desquamation of large areas of skin with pinhead bleeding spots were observed. Itching and severe pain was present. The lesions were having yellowish tinge. Auspitz sign and Koebner’s phenomenon were positive.
MATERIALS AND METHODS

A single case study of a patient diagnosed to be suffering from Palmo-Plantar Psoriasis (Charmadala) with repeated Virechana course and Shamana medications in between the Shodhana course.

Assessment Criteria

Itching was considered as subjective criteria, whereas Hyperkeratinisation of palms and soles were found to be objective criteria. Cracking, desquamation of palms and soles[2]-present, grade 4 Psoriasis Area & Severity Index (PASI)[2]: lesion score 4, area score 5 and Psoriasis Disability Index (PDI).[3]-34 SCORE.

Treatment

The treatment protocol included shodhana as well as shaman therapy.

Step 1. Aamapaachana with Agnitundi Vati and Chitrakadi Vati 1-1-1 for 2 days before food.

Step 2. Snehashana with Panchatikta Guggulu Ghrita, in a successive dosage.

Step 3. Abhyanga with Moorchita Taila and Ushnodaka Snana immediately followed by Gurupravarana as Swedana.


Step 4. Samsarajana krama followed for 3 days with 3 annakalas of peya, vilepi, akruta yusha, kruta yusha.

Internal medications in between the courses of Virechana of SDM Pharmacy, Udupi

1. Kaishoora guggulu 450 mg 1-1-1
2. Laghusoothashekhara vati 800mg 1-1-1
3. Mahamanjistadi kwatha 20ml -0- 20ml

Thus this shodhan procedure, with same set of internal medications were repeated for 3 times, results documented, analysed properly.
RESULT

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Before treatment</th>
<th>After 1st course of Shodhana</th>
<th>After 2nd course of Shodhana</th>
<th>After 3rd course of Shodhana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperkeratinisation of soles</td>
<td>Present in soles</td>
<td>Reduced by 60% in soles</td>
<td>Absent in soles</td>
<td>Absent in soles</td>
</tr>
<tr>
<td>Hyperkeratinisation of palms</td>
<td>Present in palms</td>
<td>Reduced by 60% in palms</td>
<td>Reduced by 90% in palms</td>
<td>No changes observed in palms.</td>
</tr>
<tr>
<td>Cracking, desquamation of soles and palms</td>
<td>Grade 4 in soles</td>
<td>Grade 3 in soles</td>
<td>Grade 0 in soles</td>
<td>Grade 0 in soles</td>
</tr>
<tr>
<td></td>
<td>Grade 4 in palms</td>
<td>Grade 3 in palms</td>
<td>Grade 2 in palms</td>
<td>Grade 1 in palms</td>
</tr>
<tr>
<td>Itching in soles</td>
<td>Present &amp; severe in soles.</td>
<td>Increased by 20% in soles</td>
<td>Absent in soles</td>
<td>Absent in soles</td>
</tr>
<tr>
<td>Itching in palms</td>
<td>Present &amp; severe in palms</td>
<td>Increased by 20% in palms</td>
<td>Reduced to moderate in palms</td>
<td>Reduced to mild in palms</td>
</tr>
<tr>
<td>Psoriasis Debility Index</td>
<td>34 Score</td>
<td>19 score Improved drastically</td>
<td>17 score Mild improvement</td>
<td>16 score Moderate improvement</td>
</tr>
<tr>
<td>PASI</td>
<td>1+1+1.5+1.5=5</td>
<td>1+1+1+1=4</td>
<td>0.5+0.5+0+0=1</td>
<td>0.5+0.5+0+0=1</td>
</tr>
</tbody>
</table>

DISCUSSION

Guggulutiktaka ghritha mentioned under Kustadhikara was selected which contain tiktarasa dravyas help to decrease the kledata, is Raktashodaka and Vranaropaka. Purana Guggulu has an effect of lekhana on hyperkeratinised areas. Moorchita tila taila was used for Abhyanga and was followed by Ushnodaka Snana and Gurupravarana as Swedana a form of nirgani sweda was used. Virechana with T. Regulax forte. The tablet contains Shodita Jayapala(Croton tiglium) 5mg, Triphala (Terminalia chebula, Terminalia bellirica, Emblica officinalis) 30mg, Nishottar (Ipomoea turpethum) 10mg, Sonamukhi (Cassia angustifolia) 10mg which exerts laxative action and softens the stools. Shunti (Zingiber officinale)5mg is immuno-modulatory, anti-inflammatory in nature. Pippali (Piper longum) & Maricha (Piper nigrum) 5mg each. Bhavana with Bhringaraja (Eclipta alba) 25 mg regulates the bowel movements.

With each course of Virechana there was a reduction observed in erythema, Hyperkeratinisation, cracking and desquamation of palms and soles, itching. There was about 3-4 kgs of weight reduction at the end of each course of Shodana which can be considered as a corrective means to one of the precipitating factor obesity. As the patient was away from the work atmosphere for about 2 weeks during each course the stress and constant friction of palms two triggering factors were also decreased. She is able to walk comfortably, work hassle free, eat with her hands. There is complete remission of the condition in the soles noticed after the second course of the Shodana without a recurrence. The Dushita Vata, Pitta,
Kapha undergo Shodana and are normalised in both quality and quantity by the Virechana. (Figure 1-4).
The present case can be considered as Charmadala predominant of kaphapitta, a variety of Kshudra Kushta. As per Acharya Sushruta Snehapana is the best means for a recent origin skin manifestation.\textsuperscript{[4]} because of its nature to create Dosha utklesha and to induce Dosha gati from Shaka to kosta. As the Kusta disorder is considered as Bahudoshavastha because of involvement of all three Dosha, multiple Dhatus for a chronic time period hence Shodana would be the best line of management. Among the Shodana varieties, Virechana is to be administered every month to the patient suffering from Kushta for better relief of the disease.\textsuperscript{[5]} Because of the work pattern and practical problems the treatment was given successively with a gap of 5-6 months to attain the best results. These successive sittings of Virechana therapy led to remission of plantar psoriasis, reduction in complaints of palmar psoriasis in this patient along with oral medications.

**CONCLUSION**

The Palmoplantar psoriasis treated with successive course of Virechana therapy gave very good results. The plantar psoriasis showed complete remission after 2\textsuperscript{nd} course of Virechana in a span of 6 months with no recurrence. The palmar psoriasis showed marked reduction in hyperkeratinisation, desquamation, itching. A repeated Shodhana in form of Virechana proves to be the best form therapy for a complete cure and avoid recurrence of the condition.

**REFERENCES**