AYURVEDIC MANAGEMENT OF PSORIASIS (A CASE REPORT)

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ABSTRACT

Introduction- Psoriasis is a mentally agonising and a notoriously chronic autoimmune skin disease. It is well known for its course of remission and relapses. Methods- The present clinical study is a case report on the efficacy of Shamana(pacifying) medication, Virechana(Therapeutic Purgation) and Raktamokshana(controlled bloodletting) in the management of a patient diagnosed as erythrodermic psoriasis. Looking into the nature of the disease, a controlled and stepwise management of the disease was planned, with resolution of the disease as the primary objective. Results- PASI (Psoriatic assessment severity Score) score improved significantly from 30.5 to 4.8. DLQI(Dermatological Life Quality Index) improved from 11 to 1. Discussion- The collected data from this study suggests that Ayurvedic Dosha pratyanika Shodhana(measures of elimination of physiological humours) treatment along with Shamana medications having attributes Kushtaghna(Alleviators of skin disorders), Medhya(brain tonic) and Rasayana(Rejuvinative) can provide an efficient result for managing psoriasis.

Key words;- Psoriasis, Eka Kustha, Blood Letting, Sira vedha(venepuncture), Jalouka avaharana (leech therapy), Vamana.

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INTRODUCTION

Psoriasis is a common autoimmune skin disease characterized by raised patches of abnormal skin. These skin patches are typically red, itchy and scaly. The exact etiology of Psoriasis is still unknown, but it is believed to have a genetic component. Multifactorial inheritance, most likely a familial history of psoriasis is found in 30% of patients. It is mediated by T-Cells. (DMT) Psoriasis is seen worldwide in all race and both sexes with a prevalence from 0.1 to 3%. There are two epidemiological patterns of Psoriasis, First an onset in the teenage and early adult age. Such individuals frequently have a family history of psoriasis and there is increased prevalence of (HLA)-Cw6. In second pattern onset is in an individual’s fifties or sixties, a family history is less common and HLA group CW6 is not so prominent. So triggering factors for Psoriasis are hereditary or having a family history, injury to skin, Hypercholesteremia, certain toxic drugs, emotional stress & anxiety.

KUSTHA w.r.t. PSORIASIS

In Ayurveda, all skin diseases are grouped under a broad heading of Kushtha Roga. Eka kushtha is one of such disease explained under the heading of Kshudra Kushtha (minor skin ailments). Even though, in terms of Severity, Incidence and Prognosis, it is not a minor kind. The classical symptoms of Eka kushtha described in Ayurveda resembles with Psoriasis.

Clinical features of Psoriasis (Rupa of Eka kushtha)

- Reduced sweating (Asweda)
- Extended skin lesions (Mahavastu)
- Resemblance of the fish (Matsya shakalopama)

Aim and objectives

To evaluate the efficacy of Shamana medications and Virechana followed by Raktamokshana in the management of Plague Psoriasis.

Case report

A 33 year old Indian Female patient with height 166cm, weight 68 kg, was referred to AIIA Panchakarma OPD. She was a diagnosed case of Psoriasis since 13 years. She was presenting with symptoms such as erythema, scaling and itching of skin all over the body.
Table 1: Astha vidha pariksha

<table>
<thead>
<tr>
<th>SL.no.</th>
<th>Factor</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Naadi</td>
<td>Kapha Vataj</td>
</tr>
<tr>
<td>02</td>
<td>Mala</td>
<td>Sa-Ama</td>
</tr>
<tr>
<td>03</td>
<td>Mutra</td>
<td>Kaphaja</td>
</tr>
<tr>
<td>04</td>
<td>Jihwa</td>
<td>Malavrrata</td>
</tr>
<tr>
<td>05</td>
<td>Shabda</td>
<td>Spashita</td>
</tr>
<tr>
<td>06</td>
<td>Sparsha</td>
<td>AnushaSheeta</td>
</tr>
<tr>
<td>07</td>
<td>Drik</td>
<td>Normal</td>
</tr>
<tr>
<td>08</td>
<td>Akriti</td>
<td>KaphaPittaja</td>
</tr>
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</table>

Table 2: Dasha Vidha Pariksha

<table>
<thead>
<tr>
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<th>Observation</th>
</tr>
</thead>
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<tr>
<td>01</td>
<td>Prakriti</td>
<td>KaphaVataj</td>
</tr>
<tr>
<td>02</td>
<td>Vikriti</td>
<td>Tridoshaja (Kapha Vata Pradhana)</td>
</tr>
<tr>
<td>03</td>
<td>Saara</td>
<td>Meda</td>
</tr>
<tr>
<td>04</td>
<td>Samhanana</td>
<td>Madhyama</td>
</tr>
<tr>
<td>05</td>
<td>Satmya</td>
<td>Madhyama</td>
</tr>
<tr>
<td>06</td>
<td>Satwa</td>
<td>Madhyama</td>
</tr>
<tr>
<td>07</td>
<td>Aharashakti</td>
<td>Madhyama</td>
</tr>
<tr>
<td>08</td>
<td>Vyayamashakti</td>
<td>Madhyama</td>
</tr>
<tr>
<td>09</td>
<td>Vaya</td>
<td>Madhyama</td>
</tr>
<tr>
<td>10</td>
<td>Bala</td>
<td>Madhyama</td>
</tr>
</tbody>
</table>

MATERIALS AND METHODS

Diagnosis

Psoriasis: The patient was diagnosed as a case of Psoriasis by identifying its characteristic lesion i.e, itchy, deep pink to reddish, well demarcated, indurated plagues with silvery-micaceous scaling present particularly over the extensor surfaces.

Table 3: TREATMENT PLAN in Chronological order

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Treatment Plan</th>
<th>Days</th>
<th>Assessment Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Shamana/Deepana Pachana1</td>
<td>1st–15th day</td>
<td>BT</td>
</tr>
<tr>
<td>02</td>
<td>Sneha Pana2</td>
<td>16th–22nd day</td>
<td>--</td>
</tr>
<tr>
<td>03</td>
<td>Abhyanga/Swedana3</td>
<td>23rd–24th day</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Vamana</td>
<td>24th day</td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Samsarjana Karma2</td>
<td>24th–28th day</td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Shamana</td>
<td>29th–59th day</td>
<td>AT1</td>
</tr>
<tr>
<td>07</td>
<td>Sira Vyadha</td>
<td>59th and 74th day</td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Jalouka Avacharana</td>
<td>81st, 88th, 95th and 102nd day</td>
<td>AT2</td>
</tr>
<tr>
<td>09</td>
<td>Follow up at an interval of 15 days for a month from the end of Jalouka Avacharana (Shamana Medication was being continued from the end of Samsarjana Karma till follow up)</td>
<td>117th day and 132nd day</td>
<td>AT3</td>
</tr>
<tr>
<td>10</td>
<td>Total duration of treatment</td>
<td>132 days</td>
<td></td>
</tr>
</tbody>
</table>

Table 4: Shamana /Deepana Pachana medicines

<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Treatment given</th>
<th>Medicine used</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Shamana</td>
<td>Kaishore Guggulu1</td>
<td>2tab (three times a day before food)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mahamanjisthadi Kashaya8 (ah 15/17 202)</td>
<td>15 ml (three times a day before food)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Saraswata arista9</td>
<td>15 ml (three times a day after food)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arogyavardhini vati10</td>
<td>2 tab (two times a day after food)</td>
</tr>
</tbody>
</table>
Amlaki Choorna\textsuperscript{11} & 3 gm (two times a day after food) \\
Pancha Nimbadi Choorna\textsuperscript{12} & 3 gm (two times a day before food) \\
Deepan Pachana & Chitrakadi Vati\textsuperscript{13} & 1 tab (three times a day before food) \\
Snehapana & Tikta ghrita\textsuperscript{14} & 750 ml \\
Sarvanga Abhayanga & Nalpamaradi keram\textsuperscript{15} & 200 ml \\
Bashpa Swedana & Dashmooladi kwatha\textsuperscript{16} & 100 gm \\
Vamana & Madanphala & 10 gm \\
 & Vacha choorna & 2 gm \\
 & Madhu & 10 gm \\
 & Saindhava lavana & 1 gm \\
Virechana & Trivrita Avaleha/Trivrit Kulsamba\textsuperscript{17} & 90 gm \\
 & Trivala kwatha\textsuperscript{18} & 100 ml \\

**Materials for Rakta mokshana**

1. **Sira Vyadha**\textsuperscript{19}
   (a) Scalp Vein Set 20 Gauge- 4 per sitting
   (b) Cotton Roll 75 gm
   (c) Surgical Spirit 50 ml

2. **Jalouka Avacharana**\textsuperscript{20}
   (a) 8 Jalouka (Hirudo medicinalis) 5-6 cm in size
   (b) Triphala Choornai 100 gm for Gharshan (ss ch 37 sh 56 & 57 page 316 & 317)
   (c) Shata Dhauta Ghrita (made in AIIA hospital)
   (d) Cotton Roll 100 gm
   (e) Turmeric Powder 100 gm
   (f) Saindhava Lavana (rocksalt) 100 gm
   (g) Hypodermic needle 22G
   (h) Bandage roll (2 inch Wide) 4 No.

**Discussion**

Eka Kustha being a Kapha Vata predominant disease, a planned protocol for elimination of kapha, pitta and impure blood and pacification with bitter and astringent drugs was undertaken as mentioned by Acharya Charaka.

The basic line of management with Shamana medications being selected for the treatment of concerned disease is focused mainly on the medications having attributes Kushtaghna, Medhya and Rasayana properties.

Deepana Pachana with Shamana medications was planned with drugs consisting of mainly Tikta (bitter) and Kashaya (astringent) Rasa taste.

Kaishore guggulu alleviates all skin disorders when used with lukewarm water or Mahamanjisthadi kwatha. It is also indicated in Manda Agni which was essential for Agni deepana in Kustha. Kaishore guggulu is a good blood purifier with anti inflammatory properties.\textsuperscript{21}

Amlaki choorna has both Deepana Pachana property and is Medhya, and Kusthaghna. Amlaki choorna is widely used as a Rasayana. It has also potent anti oxidant property\textsuperscript{22}.

Arogyavardhini Vati has Deepana Pachana properties, it is indicated in Kustha and Jwara.

Saraswata Arista having Medhya, Rasayana and Sarva Dosha Hara...
properties was prescribed to mitigate the mental stress of the patient.

Panchanimbadi Choorna mitigates diseases originated due to vitiation of Pitta and Kapha Dosha. It is indicated in all types of Kustha and all Raktaj Rogas.

Vamana was done considering the predominance of the symptoms of Kapha dosha such as whiteness, coldness, itching, stable patches and feeling of heaviness.

Follow up was done weekly for one month keeping the patient on the foresaid Shamana medication. Due to lack of desired outcome of the treatment, the next step of management was undertaken.

Considering the stable, deep seated hard patchy lesion, Rakta Mokshana was planned via Sira vyadha. Sira vyadha being the choice of Bloodletting since it evacuates the impurities from whole of the body.

After observing the mitigation of Sign and symptoms of Psoriasis via Sira vyadha, Jalouka Avacharana was planned as it is also indicated in Alpa Kustha\(^2\). Moreover Jalouka Avacharana is indicated for relieving the Pittaja predominant symptoms, which seemed essential to manage erythema as dominant sign at that time. Based on this principle, Jalouka avacharana was deduced as the suitable means for bloodletting. It is also considered the most gentle amongst the bloodletting procedures which was necessary for regular blood letting\(^2\).

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**Images:**

*Image 1. Before treatment*

*Image 2. After treatment*
RESULT
PASI score improved significantly from 30.5 to 4.8. DLQI improved from 11 to 1. Auzpitz sign resolved to negative. Symptoms such as erythema, induration, itching and scaling reduced significantly.

CONCLUSION
Lastly it can be concluded with this clinical study that Ayurvedic treatment is effective in the management of Psoriasis when managed on the line of treatment of Eka kustha, and it will give encouraging results, since no complication was observed in this clinical study. Such kind of research work may be designed in future for more conformation to provide the better Ayurvedic treatment on the management of complicated cases of Psoriasis.

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