

AYURVEDIC MANAGEMENT OF PSORIASIS: A CASE STUDY

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ABSTRACT

Psoriasis is a skin disease that causes red, itchy, scaly patches, most commonly on the knees, elbow, trunk, and scalp, characterised by erythematous, swollen skin lesions. It is a chronic immune-mediated inflammatory condition mainly affecting the skin and joints. A 45-year-old male came to me with psoriasis with red scaly lesions on his legs and forearms; itching was there over the affected part. He received oral *Ayurveda* medications and signs and symptoms were monitored. After 15 months of treatment, the patient was relieved of signs and symptoms without any adverse effects of treatment. In the present case study, it was observed that psoriasis can be treated efficiently with the help of oral *Ayurveda* medications. It was also found to be affordable and require no hospitalisation.

Key words: Psoriasis, Diet, *Arogyavardhini Vati*, *Kaishora Guggulu*

INTRODUCTION

Psoriasis is a non-infectious, chronic immune-mediated inflammatory condition of the skin by well-defined erythematous plaques with silvery scale, with a predilection for the extensor surfaces and scalp and a regular fluctuating course. They vary in size from pinpoint to large plaques. At times, it may manifest as

localised or generalised pustular eruption. Psoriasis is not contagious; it cannot be passed from person to person. Its prevalence in India is about 0.44 –2.8 percent¹. Males are being affected two times more than females by psoriasis. Various body sites, such as the scalp, face, trunk, palms, limbs, and soles are involved in

psoriasis². The chronic nature, recurring pattern and visibility of psoriasis produce a significant impact on the psychological and social aspects of patients' lives³. In *Ayurveda*, Various skin diseases are collectively considered under a common term called *Kushtha*. According to *Ayurveda Samprapti*, the treatment protocol was adopted. After one and a half years of treatment, the patient's signs and symptoms were relieved without adverse events. Formulations described for the treatment of *Kushtha* have been utilised by physicians to treat skin diseases effectively. In the present case, The *Ayurveda* treatment approach resulted in early recovery in psoriatic skin lesions with no recurrence.

CASE DETAILS

The health seeker is a 45-year-old male who came to us with chief complaints of lesions on his knees and elbows with red demarcation. The duration of suffering was four years. The affected skin was found to be a variable shade of red colour with a dry, silvery white scale. Lesions were demarcated from a few mm to several cm. in diameter. The patient suffered from itching and burning, specifically on the elbow and legs, and associated symptoms like malaise and fever.

LAB INVESTIGATIONS: CBC, ESR, Urine routine and microscopy- within normal limits, Lipid profile, Blood glucose levels- within normal limits

MATERIALS AND METHODS:

GENERAL EXAMINATION:

BP: 130/80 mm of Hg

Pulse rate: 86/min, Regular

Respiratory rate: 26/min

Temperature: 99.6⁰F, Febrile

SYSTEMIC EXAMINATION:

RS: Chest clear

CVS: S1/S2 Normal. No abnormality was detected.

CNS: No abnormality was detected.

Urinary system: No abnormality was detected.

Asthavidha Pariksha:

Nadi- Saama Nadi, 86/min, *Shabdha-* Normal

Mala- Not satisfactory, Constipation

Drika- Normal

Mutra- Normal, *Aakruti-* *Madhyama*

Jivha- *Saama*, *Prakruti-* *Pitta Kaphaja*

He does not have a history of any chronic illness or surgeries. There was no history of smoking, tobacco chewing, and alcohol intake. Their appetite was reduced, and Sleep was normal.

Nidana panchaka

Nidana - Virudha Ahara Sevana, *Pitta vridhikara* and *Rakta Dushtikara Ahara* and *Vihara* (Excessive use of salty, sour food like pickles, tamarind, curd etc)⁴.

Samprapti-

Dosha- *Pitta*, *Kapha* and *Rakta*

Dushya- *Rakta Dhatu*, *Mamsa Dhatu*,

Agni- *Mandagni*, (*Jatharagni mandya*, *Rakta Dhatvagni* and *Mamsa Dhatvagni mandya*).

Adhithana- *Twaka*;

Rogamarga- *Bahya*⁵.

MANAGEMENT:

(A) Table No.1. Medicinal Treatment

Sr. No	Medicine Prescribed	Dose	Time	Anupana
1	<i>Aarogyavardhini Vati</i> -250mg	2-2 tablets	After lunch and dinner	Warm water
2	<i>Raktapachaka Kwatha</i>	30ml- 30ml	Morning-Evening	Warm water
3	<i>Kaishora Guggulu</i>	2- 2 tablets	After lunch and dinner	Warm water
4	<i>Mahamanjishyadi Kwatha</i>	30ml -30 ml	After lunch and dinner	Warm water
5	<i>Triphala Churna</i>	1 gm	At bedtime	Warm water

The patient was asked to take the medicines for 15 months. The patient was advised to follow the strict dietary plan.

Observations:



Figure 1- Before treatment



Figure 2- After 15 months treatment

(B) Dietary management: Patient was advised to avoid *Amlarasa* and *Teekshna Dravyas*, spicy and salty foods, *Pittaja Ahara-Vihara*, *Adhyashana*, *Divaswapna*, *Raatri Jaagarana*, stress, anxiety, etc. He was also advised to avoid *Maida* products, meat, milk, and milk products, *Kulattha*, *Masha*, pickles and sea-food.

OBSERVATION AND RESULTS:

As per the schedule, the patient was given medication for 15 months and asked to follow the diet after three months of treatment; itching and burning were reduced. After nine months of treatment, markable changes were seen in patches; no itching and burning sensation. Red scaly patches on legs and forearm disappeared after 12 months of treatment. Significant improvement in all signs and symptoms was seen. No recurrence of scaly patches on the skin was found after 15 months of treatment. No relapse was found in any sign or symptom.

DISCUSSION

Psoriasis is a chronic, non-infectious disease. In this present study, faulty *Ahara* and *Vihara* lead to *Jatharagni* and *Dhatwaagni mandya*, which in turn resulted into *Tridosha Dushiti*. The disease is *Pitta Kapha* predominant, and *Dushya* were predominantly *Rasa*, *Rakta* and *Mamsa*. *Dosha-Dushya* takes *Sthana Shanshraya* in *Twaka*. This, in turn, later leads to the formation of *Kleda*, which further leads to *Kushtha*. Above *Samprapti Vighatana* achieved with *Piit-takaphashamaka*, *Kushthaghna Chikitsa* and by improving *Agni*. *Tikta Rasa Dravyas* are *Raktaprasadaka* and *Kaphapittahara*. *Arogyavardhini vati* contains *Tikta Rasa Pradhana Dravyas*, so it does *Kaphapitta Shamana*. It has action on *Rasa*, *Rakta*, *Mamsa* and *Meda Dhatu*. It acts as *Agnideepana*, *Raktapachak* and has *Sukshma Srotogami property*. *Abhraka* and *Gandhaka* present in this act on *Rasa and Rakta Dhatu*. *Kutaki* does *Pitta Bhedhana* and removes

obstruction for the action of *Bhrajaka Pitta*⁶. Being *Tikta Rasatmaka* acts on skin, removes *Kleda*. It improves digestion and metabolism and expels waste products from the body due to its *Shodhana* nature. *Raktapachak Kwatha* contains *Sariva*, *Musta*, *Patha*, *Patola*⁷. It acts as *Deepana*, *Pachana*, *Anulomaka* and *Raktaprasadaka*. *Kaishora Guggulu* has an excellent action on the skin. It does *Raktaprasadana* and removes toxins from the body⁸. *Guggulu* has anti-inflammatory properties and is helpful for skin disorders, arthritis, etc. *Triphala Churna* is *Tridosha Shamaka*. It has *Kushthaghna*, *Krimighna* and *Rakta-shodhaka* properties. It removes *Kleda* from the body. *Mahamanjisthadi Kwatha* helps with detoxification. It also acts as a laxative and removes obstruction from blood vessels. It acts as a *Sukshma Srotogami*.

CONCLUSION

Hence, it is concluded that the Oral *Ayurveda* medicines *Arogyavardhini Vati*, *Kaishora Guggulu*, *Raktapachak Kwatha*, *Triphala Churna* and *Maha Manjishtadhi Kwatha* are effective in the management of psoriasis. Dietary and lifestyle modification was also found effective. This is cost-effective and needs no hospitalisation.

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