

MANAGEMENT OF CHRONIC PLAQUE PSORIASIS (VAIPADIKA KUSHTHA) THROUGH JALAUKAVACHARANA AND SHAMANA CHIKITSA- A CASE STUDY

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ABSTRACT

Background- *Raktamokshana* is one of the indicated treatments in *Kushtha Vyadhi* and *Jalaukavacharana* is one of the types of *Ashastra Kruta Raktamokshana*. **Aim-** To evaluate the efficacy of *Jalaukavacharana* in *Vaipadika Kushtha*. **Objective-** To study *Vaipadika Kushtha* from *Samhitas* and modern references, To study *Jalaukavacharana* from *Samhitas* and modern references, To study the effect of *Jalaukavacharana* on PASI scores **Materials and methods-** This is a case study of Chronic Plaque Psoriasis (*Vaipadika Kushtha*) of a 65-year-old female patient having symptoms *Ubhaya Hasta Tala Shyavata*, *Ubhaya Paada Tala Shyavata*, *Ubhaya Hasta Paada Tala Khara Sparsha*, *Ubhaya Hasta Paada Tala Sphutana*, *Ubhaya Hasta Paada Tala Teevra Vedana*, *Dakshina Paada Tala Vrane Raktasrava* since 5 years. Symptoms were indicating a clear diagnosis of *Vaipadika Kushtha*. The assessment was done by Simplified PASI (Psoriasis Assessment and Scoring Index). Management- *Jalaukavacharana* was done at *Ubhaya Hasta* and *Paada Tala* 3 times with the interval of 7 days. *Shamana Chikitsa* was also given for 1 month. Results and Conclusion- Significant results were found in the cardinal signs of *Vaipadika Kushtha*. It also provided significant results to improve the Simplified PASI score of the patient. Thus, *Jalaukavacharana* plays an important role in the management of *Vaipadika Kushtha*.

Keywords: Chronic plaque psoriasis, *Vaipadika kushtha*, *Jalaukavacharana*

INTRODUCTION

Skin is one of the vital organs of the body and it is one of the longest organs of the body also. It is important for not only color, complexion but also for protection, thermoregulation. Psoriasis is one of the most important skin diseases. It is classified as chronic plaque, exfoliative, pustular, guttate psoriasis, psoriatic arthritis, and psoriatic unguis ⁽¹⁾. Chronic Plaque Psoriasis is a variant of psoriasis associated with many forms including predominantly well-defined plaque distributed bilaterally over elbows, knees, soles, palms, and scalp. Although it is localized in palms and soles in the plantar variant, the fissures, and the hardening of the hyperkeratosis affect daily routine activities ⁽²⁾. Psoriasis is noninfectious, chronic inflammatory disease of the skin. The prevalence is approximately 1- 2% in some Asian populations ⁽³⁾. It is genetically complex, and a large number of genes is thought to be important in its pathogenesis. Histological changes show that there are keratinocytes hyperproliferate with grossly increased mitotic index and an abnormal pattern of differentiation leading to retention of nuclei in the stratum comeum. There is a large inflammatory cell infiltrate ⁽⁴⁾. Chronic plaque psoriasis is the most common type observed. When it is present on palms and soles, the plaques are poorly demarcated and are barely erythematous, making this type difficult to differentiate from eczema. In *Ayurveda*, Chronic plaque psoriasis can be compared to *Vaipadika Kushtha* as it is limited to soles and palms. There is *Rukshata*, *Shyavata*, *Sphutana* at *Paada Tala* and *Hasta Tala*. There is *Kandu* and there can be *Raktasrava* from the wound. *Acharya Charaka* has counted this type under 11 types of *Kshudra Kushtha* ⁽⁵⁾. Considering *Dosha Dushti*, *Vaipadika Kushtha* is *Vata Kaphadhika*. *Acharya Vagbhata*

states that in *Vaipadika Kushtha*, there is *Alpa Kandu*, *Aarakta Varni Pitika* also ⁽⁶⁾. *Chikistopakrama* of *Kushtha* mentions *Shodhana* as the primary treatment as *Kushtha Vyadhi* occurs due to the vitiation of all 3 *Doshas*. *Shodhanopkrama* includes *Vamana*, *Virechana*, *Nasya* and *Raktamokshana*. *Acharaya Vagbhata* mentions the use of *Shodhana Chikitsa* as *Vamana* after every 15 days, *Virechana* after every 30 days, *Nasya* after every 3 days, *Raktamokshana* after every 6 months. So *Raktamokshana Chikitsa* was done by using *Jalauka* ⁽⁷⁾. *Jalauka* are used for *Raktamokshana* in *Avagadhatara Doshas* and also in *Pitta Dushta Rakta Avastha* ⁽⁸⁾. It is also indicated in *Sukumara Rugnas* for *Raktamokshana*. So, considering the age factor, *Jalaukavacharana* was preferred. *Jalaukavacharana* was done 3 times with an interval of 7 days in between, as *Jalaukavacharana* can be done after 7 days by using the same *Jalauka* in the same patient. Assessment of the patient was done by Simplified PASI (Psoriasis Assessment and Scoring Index) ⁽⁹⁾.

Aim- To evaluate the efficacy of *Jalaukavacharana* in *Vaipadika Kushtha*

Objectives- 1) To study *Vaipadika Kushtha* from *Samhitas* and *modern* references

2) To study *Jalaukavacharana* from *Samhitas* and *modern* references

3) To study the effect of *Jalaukavacharana* on PASI scores

Materials And Methods-

Age- 65 years

Gender- Female

Past illness - No specific history

Chief complaints-

Ubhaya Hasta Paada Tala Shyavata,,
Ubhaya Hasta Paada Tala Khara Sparsha,
Ubhaya Hasta Paada Tala Sphutana
Ubhaya Hasta Paada Tala Teevra Vedana,
Dakshina Paada Tala Vrane Raktasrava
General examination-

for 5 years

<i>Ashtavidha Pariksha-</i>	<i>Satmya- Madhyama</i>
<i>Nadi- Pitta Kpaha 65/ min</i>	<i>Aahara shakti- Madhyama</i>
<i>Mala- 1 Vega / day - Samyaka</i>	<i>Vyayama shakti- Madhyama</i>
<i>Mootra- 3-4 Vega / day- Samyaka</i>	<i>Vaya- Vriddha</i>
<i>Jivha- Eeshat saama</i>	<i>Pramana- Alpa</i>
<i>Shabda-Prakruta</i>	General Examination-
<i>Sparsha- Anushnasheeta</i>	Pallor- Present (+)
<i>Druka- Prakruta</i>	Icterus- Absent
<i>Aakruti- Krusha</i>	Koilonychias- Absent
<i>Dashavidha pariksha-</i>	Lymphadenopathy- Absent
<i>Prakruti-Pitta- Vata</i>	Edema- Absent
<i>Vikruti- Vata kapha</i>	Systemic Examination-
<i>Sara- Madhyama</i>	CNS- Conscious, oriented
<i>Samhanana- Krusha</i>	CVS- S1S2 Normal
<i>Satva- Heena</i>	RS- AEBE, Clear

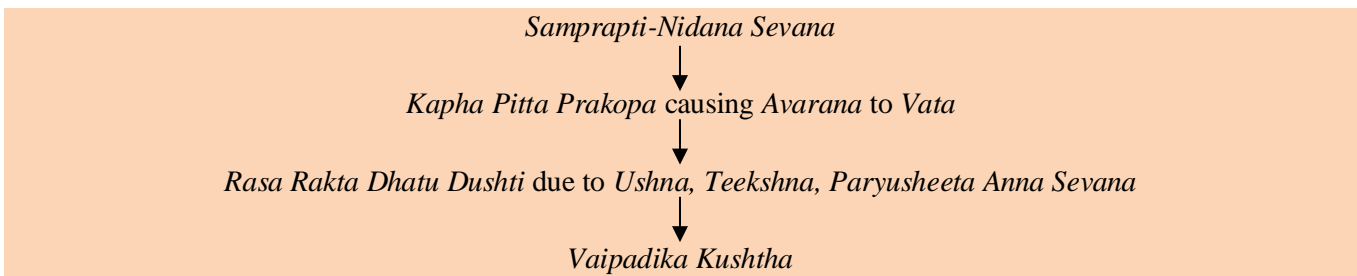
Table 1: Skin Examination

	The plantar surface of both soles	Palmar surface of both palms
Color	Black	Black
Appearance	Rough Dry	Rough Dry
Lesions	Multiple	1-2
Palpation-		
Temperature	Normal	Normal
Texture	Rough Dry	Rough Dry
Exfoliation	Present	Absent
Auspitz sign	Present at both soles	Absent
Candle grease sign	Absent on both soles	Absent

Nidana panchaka-

Nidana- Excessive intake of *Katu, Ushna Teekshna, Shushka Anna Sevana, Paryusheeta Anna Sevana Poorva Roppa-* Excessive *Rukshata* on palms and soles

Roopa- Drying and scaling of skin at soles, blackish discoloration of skin at palms and soles, localized itching of the skin, bleeding from the wound at soles



Vyadhi Avastha- Purana
Sadhya Sadhyatwa- Sadhya
Vyavachedaka Nidana⁽¹⁰⁾-

Table 2: Vyavachedaka Nidana of Vaipadika Kushtha

<i>Eka kushtha</i>	<i>Charmakhya</i>	<i>Kitibha</i>	<i>Vaipadika</i>
<i>Aswedanam</i>	<i>Bahala</i>	<i>Shyavam</i>	<i>Panipada Sphutana</i>
<i>Mahavastu</i>	<i>Hasti Charmavat</i>	<i>Kina Khara Sparsha</i>	<i>Teevra Vedana</i>
<i>Matsya Shakalopamam</i>	<i>Parusha</i>		

Vyadhi Vinishchaya- Vaipadika Kushtha

Modern Diagnosis- Chronic plaque psoriasis

Chikitsa siddhanta- Shodhana- Raktamokshana- Jalaukavacharana followed by Shamana Chikitsa

Management-

Table 3: Shodhana Chikitsa

<i>Shodhana chikitsa</i>	Days of treatment
<i>Jalaukavacharana</i>	3 times with the interval of 7 days

Table 4: Shamanana Chikitsa

<i>Shamana Chikitsa</i>	Pharmacy	Dosage	Duration
<i>Aushadhee</i>			
<i>Rasapachaka Vati</i>	<i>Rasamruta pharmacy</i>	250 mg <i>Vyanodana</i> (1 tablet Twice a day after meals)	1 month
<i>Mahamanjishthadi Kwatha</i>	<i>Rasamruta pharmacy</i>	20 ml <i>Vyanodana</i> (2 tsp Twice a day after meals)	1 month
<i>Haridra Khandapaka</i>	<i>Rasamruta pharmacy</i>	2 gm <i>Vyanodana</i> (2 gm Twice a day after meals)	15 days
<i>Haridra+ Triphala+ Nimba Choorna Lepa</i>	<i>Rasamruta pharmacy</i>	<i>Haridra</i> - 2gm <i>Triphala</i> - 2gm <i>Nimba</i> – 1gm <i>Lepana</i> Twice a day mixed with water	15 days

Observations-

Table 5: PASI scoring before treatment

Plaque characteristic	Lesion score	Lesion score for upper limbs	Lesion score for lower limbs
Erythema	0= None	0	0
Induration / Thickness	1= Slight	2	3
Scaling	2= Moderate	1	4
Lesion score sum (A)	3= Severe 4= Very Severe	3	7

% Area affected	Area score	Upper limbs	Lower limbs
Area score (B)	0=0% 1= 1%-9% 2= 10%-29% 3= 30%-49% 4= 50%- 69% 5= 70%-89% 6= 90%-100%	1	5

Subtotals (C)	Upper limbs	Lower limbs
	3	35

Body surface area (D)	Upper limbs	Lower limbs
	0.6	14

PASI score- (Addition of subtotals D) = 14.6

Table 6: PASI scoring after treatment

Plaque characteristic	Lesion score	Lesion score for upper limbs	Lesion score for lower limbs
Erythema	0= None	0	0
Induration / Thickness	1= Slight	0	1
Scaling	2= Moderate	1	1
Lesion score sum (A)	3= Severe 4= Very Severe	1	2

% Area affected	Area score	Upper limbs	Lower limbs
Area score (B)	0=0% 1= 1%-9% 2= 10%-29% 3= 30%-49% 4= 50%- 69% 5= 70%-89% 6= 90%-100%	0	1

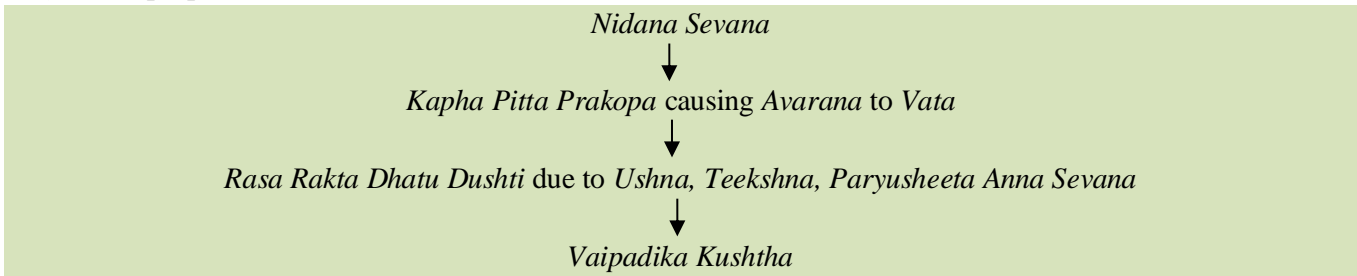
Subtotals (C)	Upper limbs	Lower limbs
	0	2

Body surface area (D)	Upper limbs	Lower limbs
	0	0.8

PASI score- (Addition of subtotals D) = 0.8

DISCUSSION

Rugna Samprapti-



Samprapti Bhanga-

1) Jalaukavacharana ⁽¹¹⁾

According to *Charaka Samhita*, *Raktampkshana* is one of the important treatment modalities in *Kushtha Vyadhi*. The change in the composition of blood occurs after bloodletting. It also helps the bone marrow to replace old stagnant blood with new fresh blood.

The diversion of blood flow takes place towards the open outlet of the superficial vessels from some internal organs and that helps to nourish superficial skin layers.

Table 7: Constituents of *Jalauka saliva*

Sr. No	Constituent	Function
1	Hirudin	Inhibits blood coagulation by binding with thrombin
2	Calin	Inhibits blood coagulation by blocking the binding of Von Willebrand factor to collagen, inhibits collagen-mediated platelet aggregation
3	Bdellins	Anti-inflammatory inhibits plasmin, trypsin, and acrosin
4	Hyaluronidase	Increases interstitial viscosity and antibiotic action
5	Tryptase inhibitor	Inhibits proteolytic enzymes of host mast cells
6	Eglins	Anti-inflammatory inhibits the action of α chymotrypsin chymase, Substilisin, elastase, and cathepsin G
7	Factor Xa inhibitor	Inhibits the activity of coagulation factor Xa by forming equimolar complexes
8	Carboxypeptidase A	Increases the inflow of blood at the bite site
9	Acetylcholine	Vasodilator
10	Histamine like	Vasodilator

Mechanism of action appears to be the secretion of biologically active substances from the salivary glands of *Jalauka*. There are various bioactive materials in Leech saliva. These secretions contain anti-inflammatory, bacteriostatic, analgesic actions. These eliminate micro circulation disorders and can establish good collateral circulation at the skin level. It also restores damaged vascular tissue, damaged vascular permeability of tissues and organs, eliminates hypoxia, reduces blood pressure, increases immunity, increases the bioenergetic status of the organism.

Hyaluronidase and collagenase enzymes are responsible for tissue penetration and the spread of their bio active molecules. They also support antimicrobial activity. As a whole, it promotes circulation and renders thrombolytic, anti-inflammatory, and immune stimulant action.

The enzyme Carboxypeptidase kinase 1 N and M participate in kinin degradation, resulting in β agonism which causes Bradykinin-related inflammatory response. The anti-inflammatory response of Leeches is stated to be working on $\beta 1$ receptors than $\beta 2$ and

stated that $\beta 1$ is responsible for chronic inflammation which can be found in Chronic Plaque Psoriasis.

2) *Rasapachaka Vati*-

It contains constituents as- *Kutaja Beeja* (Indrayava), *Patola Patra*, *Katuka*. Among them, *Kutaja Beeja* is

Tikta Rasatmaka, *Sheeta Veeryatmaka* and *Katu Vipaki*. *Patola* is *Tikta Rasa*, *Ushna Veerya*, *Katu Vipaki*. While *Katuka* is *Tikta Rasatmaka*, *Sheeta Veerya* and *Katu Vipaki*.

Table 8: Contents of *Rasapachaka Vati*

Drug name	Rasa	Veerya	Vipaka	Srotasa Karma
<i>Kutaja Beeja</i> ⁽¹²⁾	<i>Tikta</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Rakta Shodhaka</i> , <i>Kaphaghna</i>
<i>Patola</i> ⁽¹³⁾	<i>Tikta</i>	<i>Ushna</i>	<i>Katu</i>	<i>Vranashodhana</i> , <i>Vranaropana</i> , <i>Virechanopaga</i> , <i>Raktashodhaka</i> , <i>Shothahara</i> ,
<i>Katuka</i> ⁽¹⁴⁾	<i>Tikta</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Raktashodhana</i> , <i>Shothaghna</i> , <i>Raktagata</i> ↓ <i>Kaphapitta</i> <i>Deepana</i> , <i>Krumighna</i>

3) *Mahamanjishthadi Kwatha*⁽¹⁵⁾-

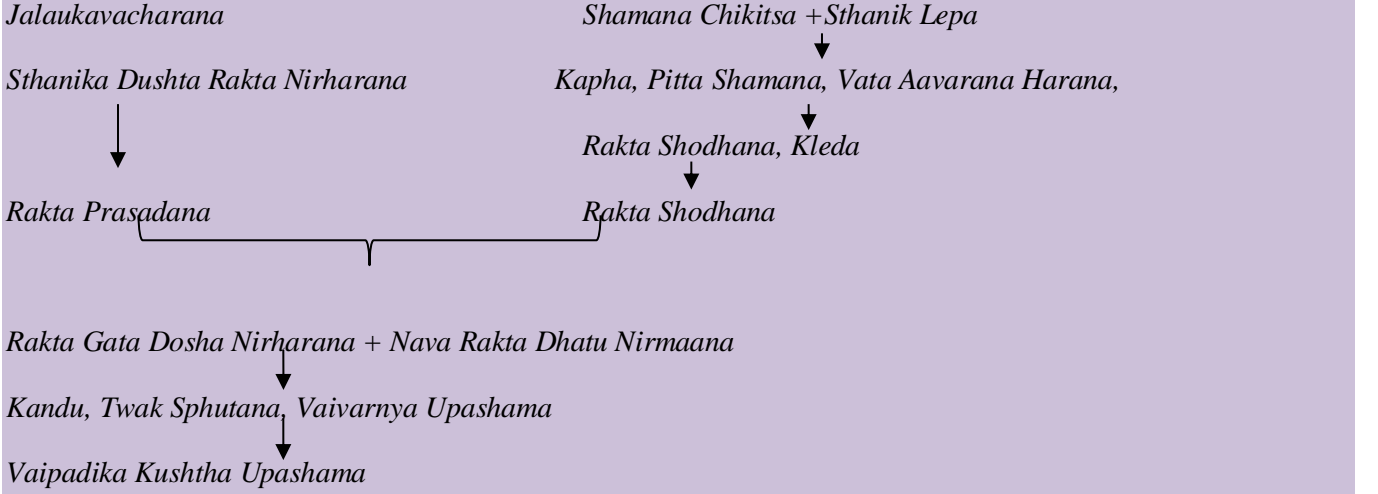
The majority of ingredients of *Mahamanjishthadi Kwatha* are *Tikta*, *Katu Rasatmaka*, *Teekshna Gunatmaka*. These all ingredients work on *Kapha*, *Kleda*, *Krumi*. These drugs are also *Rakta Shodhaka* and *Rakta Prasadaka*. It is also helpful for the pacification of *Vata* and *Kapha Dosha*.

4) *Haridra Khandapaka*⁽¹⁶⁾-

Haridra- *Haridra* is also *Tikta*, *Katu Rasatmaka*, *Ushna Veerya*, *Shotha Hara*, *Varnya*, *Kushthaghna*, *Lekhana*. *Haridra* is *Rakta Prasadaka*, *Rakta Vardhaka*, *Rakta Stambhaka*. *Haridra* is *Kandughna*, *Krumighna* also. *Trivrutta*- Being *Kashaya*, *Madhura*, *Tikta Rasatmaka*, *Trivrutta* is *Pitta Shamaka* and due to *Ruksha guna* it is *Kaphashamaka*. It is used as *Adhobhaga Harana* in *Kapha Pitta Vyadhi*.

Haritaki- *Haritaki* is *Pancharasatmaka*, *Ushna Veerya* drug. It is *Shothahara*, *Vedanasthapana*, *Vrana Shodhana*, *Vrana Ropana* on external applications. It is *Rakta Shuddhikara* also. Due to its *Kashaya Rasa*, it is *Twak Shuddhikara*. It is responsible for the *Anulomana* of *Doshas* and hence it helps to remove morbid *Doshas* from the body. Rest ingredients are responsible for *Rakta Shodhana*, *Rakta Prasadana*, *Kandu Nashana*, *Krumi Nashana*, *Shothagna*.

5) Local application of *Haridra*, *Nimba*, *Triphala* is *Kledaghna*, *Krumighna*, *Kandughna*, *Varnya*, *Twak Prasadana*. Hence due to the combined effect of *Shodhana*, *Shamana* and *Sthanik Chikitsa Vaipadika Kushtha* were treated.



CONCLUSION

Jalaukavacharana is effective in the management of *Vaipadika Kushtha*.



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