

**TO EVALUATE THE EFFICACY OF SHODHAN AND SHAMAN CHIKITSA IN PALMO PLANTAR PSORIASIS –A CASE STUDY.**Vijeta Marathe¹, Sumit Marathe²

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Article Received: 03/01/2023 - **Peer Reviewed:** 20/01/2023 - **Accepted for Publication:** 29/01/2023.**ABSTRACT**

Psoriasis is a common, non-communicable skin disease. It is an auto-immune disease that causes inflammation of the skin. It is associated with several medical conditions like psoriatic arthritis, and cardio metabolic syndrome. Psychological stress is a well-established systemic triggering factor in psoriasis. In *Ayurveda*, many treatment modalities have been stated as useful in the management of the disease. Here in this article a female patient of age 49 years with palmo-plantar psoriasis has been reported. The treatment protocol was adopted as per *Ayurvedic kushtha Roga Samprapti* (Pathophysiology). Diet as an important disease-triggering factor has also been revalidated. Photographic documentation was recorded with the consent of the patient in regular follow-ups. We can conclude that both *shodhan* (*Virechan karma*) and *shaman Chikitsa* are to be followed in the management of the disease.

Keywords: Palmoplantar Psoriasis, *Virechan*, *Ayurveda*, *Kushtha Roga*.

INTRODUCTION

Psoriasis is an immune-mediated, inflammatory, non-infectious condition affecting mainly skin and joints. With a prevalence of 0.44-2.8 per cent in India, it commonly affects individuals in their third or fourth decade with males being affected two times more commonly than females [1]. Psoriatic lesions demonstrate infiltrates of activated T cells that are thought to elaborate cytokines responsible for keratinocyte hyper proliferation, which results in characteristic clinical findings.

Different types of psoriasis include Guttate psoriasis, Pustular, and Inverse Psoriasis.[2]. Clinical evaluation of psoriasis is done by Candle grease method, Auspitz sign, etc.[3].

As per Ayurvedic understanding, this type of psoriasis can be correlated with *Vipadika Kustha*. A multimodal treatment was adopted in this case, considering

General examination:

Asthavidha pariksha:

Table no. 1 shows Ashtavidha pariksha

| Factor | Assessment |
|--------------|----------------|
| <i>Nadi</i> | <i>Vaataj</i> |
| <i>Mala</i> | <i>Vibadha</i> |
| <i>Mutra</i> | <i>Prakrut</i> |
| <i>Jivha</i> | <i>Saam</i> |

| Factor | Assesment |
|-----------------|---------------------|
| <i>Druka</i> | <i>Prakrut</i> |
| <i>Shabda</i> | <i>Prakrut</i> |
| <i>Prakruti</i> | <i>Vaat- kaphaj</i> |
| <i>Akruti</i> | <i>Krusha</i> |

Blood Pressure - 130/90 mm of hg Respiratory-
NAD

Pulse- 82/ min Cardiovascu-
lar- NAD

Weight- 55 kg

Nidan panchak-

Hetu- Aahar - *Amla aahara, virudhha aahara, va-takara aahar.*

Vihaar - *Ratro jagran.*

twak vaivarnya, vatavikar, kustha Chikitsa, and Rasyana Chikitsa.

Patient information:

A 49years female patient was diagnosed with Palmo-plantar psoriasis for which allopathic treatment was taken before. The patient had a history of severe, joint pain for which Allopath treatment was taken which also led to, overall body skin discoloration and triggered Palmoplantar psoriasis causing severe itching and pain. Blood tests revealed ANA, Anti-ccp, and RF factor positive.

No maternal history, with the same illness, was noted.

Clinical examination:

The patient presented with scaling on Palm and Plan-tar region with severe itching and scaling & general-ized, darkening of the skin. The patient had a low appetite and constipation.

Samprapti-

Dosha- Vaata- Kaphaj

Dushya- Rasa, Rakta, Mansa

Strotas- Rasavaha strotas, Raktavaha strotas, Man-savaha strotas.

Rogamarga- Madhyam

Sadhyata- Sadhya

Purva rupa-

Diagnostic assessment:

PASI SCALE: 3.2

Table no.2 shows the clinical signs and symptoms of the disease.

| Sr No. | Signs and Symptoms | Gradation |
|--------|------------------------------------|-----------|
| 1. | <i>Matsyashaklopamam</i> (Scaling) | Moderate |
| 2. | <i>Kandu</i> (Itching) | Severe |
| 3. | <i>Rukshata</i> (Dryness) | Severe |

Shodhan Karma:

Virechan's treatment was planned considering *Sharad Ritu*. Before *Shodhan karma*, *Deepan- Pachan* and *Vata Anulomak Chikitsa* were given prior 3 days. *Sootashekhara rasa* and *Gandharva Haritaki* were administrated.

Poorva karma:

Abhyantar snehapan was given, *Hrisiyasi matra* of 30 ml was given as the patient's *kostha* was *Krura* in nature, and gradual dosage was increased till *Samyak lakshana* was observed. *Mahatikta Ghrut* was given with *ushna jal as anupana*. *Mahatikta ghrut* is *tikta rasa*, *ushna virya* in nature, and is mentioned as *Kusthahara* in classical texts^[4]. Also, research work has shown this ghrut to be effective in Psoriasis^[5].

Table no. 4 shows *Abhyantar Snehpana's* dose for 5 days.

| Day | Dose |
|-------|--------|
| Day 1 | 30 ml |
| Day 2 | 60 ml |
| Day3 | 90 ml |
| Day 4 | 120 ml |
| Day 5 | 150 ml |

Samyak Siddhi lakshana:

Vita shaithilya (loosening of stools), *Agni Dipti* (increase in appetite), *Sneha darshana* (*ghrut* is seen in stools), *Sneha Dwesha* (unlikeness towards *sneha*), *Twak Mardava* (skin softening).^[6]

2 days' rest after *Abhyantar sneha* was given, were *bahya sarvanga snehan* and *Sarvanga swedan* (massage and fomentation) with *tila taila*, and *Dashmool* and *Nirgundi Kwatha* respectively given on the 6th, 7th day and 8th day.

Pradhana karma:

On the 8th day after *Snehan* and *Swedan Virechan* drug – *Abhayadi Modak* 2 tablets (125 mg) were given. *Abhayadi Modak* is used in *Kustha Roga* as

mentioned in classical texts^[7] After 3 hours of intake, *vega* was seen. No food was given, the patient was given *ushna jal* and *manuka* in-between *vegas*, for *samyak pravrutti*. *Vega* (actual urge of motion) and *upavega* (nearer to urge of motion) and *Antiki dosha lakshna* were observed.

Paschat karma:

After *samyak vega*, the patient was advised to rest. Vitals were examined.

Observations:

Vega- 5 *vega*

Upavega- 3 *vega*.

Antiki dosha- *vata dosha*.

Complications – no complications.

The patient was asked to follow *sansarjana Kram*.

Table no 5 shows day wise *Sansarjan Kram*:

| After <i>Virechan</i> | <i>Peyadi dravya Pana</i> |
|-----------------------|---|
| Day 1 | Morning- <i>Manda</i> (rice gruel) Evening - <i>Manda</i> (rice gruel) |

| | |
|-------|--|
| Day 2 | Morning -Peya (thick rice gruel) Evening- Akruta moonga yusha (moonga soup) |
| Day 3 | Morning- Kruta moonga yush (moonga soup) Evening- Khichadi |
| Day 4 | Morning-Khichadi Evening- Khichadi |
| Day 5 | Morning- Khichadi Evening- Normal diet. |

Benefits of Virechan Karma:

Indriya balam(maintenance of senses),dhatu Sthirita(equilibrium),agni Dipti(activation of digestive fire), chirra-cha pakam vayasa(increase life expectancy) ^[8]

Shaman Chikitsa:

After shodhan Chikitsa the remaining alpa dosha are eradicated with shaman dravya.

After 7 days it was given

Table no.6 shows shaman Chikitsa.

| Sr no. | Drugs | Dosage | Time | Route | Duration |
|--------|---------------------------------------|-----------------|------------|-------------------|----------|
| 1. | <i>Kaishor guggul</i> | 250 mg 1-0-1 | After food | Oral | 1 month |
| 2. | <i>Trifala kwath Dhavan</i> | 0-0-1 | At night | Local application | 1 month |
| 3. | Psoralin – B ointment (Jrk pharma) | 0-0-1 | At night | Local application | 1 month |

Kaishor guggul has been mentioned as *Rasayan* drug and *kustha hara* in texts ^[9]. *Trifala kwataha* is anti-inflammatory, and immunomodulatory ^[10]

Psoralin b ointment has shown antioxidant, anti- glycation, and enzymatic activity ^[11]

After treatment:

Pasi scale score: 0.8

Table no.7 shows after-treatment effects.

| Sr no | Signs and symptoms | Before treatment | After 10days of treatment | After 40 days of treatment |
|-------|------------------------------------|------------------|---------------------------|----------------------------|
| 1. | <i>Matsyashaklopamam</i> (Scaling) | Moderate | Mild | No |
| 2. | <i>Kandu</i> (Itching) | Severe | Mild | No |
| 3. | <i>Rukshata</i> (Dryness) | Severe | Moderate | No |

Blood test:

Table no. 8 shows before and after blood parameters:

| Parameters | Before | After |
|---------------|----------|----------|
| Hemoglobin | 11.2 | 12 |
| Fasting sugar | 103 | 95 |
| RF factor | >120 | >120 |
| Anti ccp | >80 | >64.75 |
| ANA test | positive | Positive |



The combination of medicines has shown *Vyadhipratyanika* (*Kusthahara*) and *Dosha pratyhanika* (*vata-kapha shamak*) effect. According to the *vaat-kapha prakruti* of the patient, this treatment modal was adopted. It was also, observed that stress was also responsible for the reoccurrence of Palmo-plantar psoriasis. The combined effect also led to *Kleda* removal and purification of channels. It helped in resolving the pathogenesis of *Vipadika Kustha*.

DISCUSSION

According to *Ayurveda* Palmoplantar, psoriasis involves *vata-kapha dosha dushti*, *rasadhatu*, *rak-tadhatu Mamsadhatu*, and *Twak dushti*.^[12] After *Shodhan karma lepa Chikitsa* has been mentioned so Psoralin - B ointment was given^[13]. This showed relief in dryness.

CONCLUSION

Satisfactory results were seen in Palmo plantar psoriasis, with both *Shodhan* and *Shaman Chikitsa*, though a large sample size and controlled clinical trials are needed to establish the efficacy of clinical trials in psoriasis.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Vijeta Marathe & Sumit Marathe: To Evaluate the efficacy of Shodhan and Shaman Chikitsa in Palmo Plantar Psoriasis –A Case Study. International Ayurvedic Medical Journal {online} 2023 {cited February 2023} Available from: http://www.iamj.in/posts/images/upload/434_439.pdf