

MARVELLOUS EFFECT OF AYURVEDIC MANAGEMENT IN PSORIASIS – A CASE STUDY

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ABSTRACT

Skin is a very important and largest organ that is just like a mirror which shows emotions and personality of individuals, so every person is cautious about their skin. Among all dermatological disorders, Psoriasis is one of the most important condition which have substantial psychological and social impact on patient's life. It is affecting upto 2.5% of the world's population. It is a non-infectious chronic inflammatory skin disorder clinically characterized by pink-red, silvery scale, sharply demarcated lesions on the skin surface especially over elbows, knees, scalp and presacral areas. In *Ayurveda*, it can be correlated with *Kitibha Kushtha* due to their similar clinical presentations. Here an effort was made to treat a 44 years old male, well diagnosed case of Psoriasis, through *Ayurvedic* principles. In this single case study initially *Samshodhana Karma* (Purification therapy) i.e. *Vamana Karma* and then *Virechana Karma* were performed. After that *Samshamana Chikitsa* (Palliative therapy) was given. PASI score was taken for assessment parameter of improvement. This case report showed that combined (*Samshodhana & Samshamana*) *Ayurvedic* modalities results in great improvement in overall condition of the patient.

Keywords: Psoriasis, *Kitibha Kushtha*, *Samshodhana*, *Shamshamana*

INTRODUCTION

In *Ayurveda*, all skin disorders are described under one broad term called *Kushtha*, which is further categorized into two major groups i.e. *Maha Kushtha* and *Kshudra Kushtha* ^[1]. There is no clear cut explanation for this division but commentators have tried to solve this query. According to *Acharya Chakrapani*, in *Kshudra Kushtha*, the symptoms are manifested in

milder form as compare to *Maha Kushtha*. *Acharya Dalhana* explained about the word '*Mahata*' means the ability to penetrate the deeper tissues (*Dhatus*). The *Kshudra Kushtha* does not have ability to penetrate the deeper *Dhatus*. *Kitibha Kushtha* is considered as one of the *Kshudra Kushtha*. Careful analysis of the nature of the disease shows a close resemblance of

symptoms between Psoriasis and *Kitibha Kushtha*. According to *Acharya Charaka*, *Kitibha* is *Vata-Kapha* [2] predominant and according to *Acharya Sushruta*, it is *Pitta* [3] predominant *Kshudra Kushtha*. *Kitibha Kushtha* is characterized by patches which are blackish brown in colour, rough and coarse in nature, exudative, round, thick along with severe itching [4][5]. The aetiological factors for *Kitibha Kushtha* are *viruddha aahara*, excessive consumption of *Drava*, *Snigdha*, *Guru anna*, *Adharniya Vega dharana* specially of *Chhardi*, *Nava anna sevana*, indulge in sinful activities etc. [6].

The word Psoriasis is derived from Greek words 'Psora' and 'sis' [7]. Psora means 'Itching' and sis means 'Action'. So psoriasis is a disease in which itching action is important feature. Psoriasis is a common, chronic, disfiguring, inflammatory and proliferative condition of the skin, in which both genetic and environmental influences have a critical role. The most characteristic lesions consist of red, scaly, sharply demarcated, indurated plaques, present particularly over extensor surfaces and scalp. The disease is enormously variable in duration, periodicity of flares and extent. Morphological variants are common [8]. Globally, males & females both are commonly affected. There are two onsets. Early onset at about 22 years in males & 16 years in females, most cases have family history & late onset at about 50-60 years [9]. The ratio of male to female in India (2.46:1) was very high which could not be clearly accounted. Highest incidence was noted in the age group of 20-39 years and the mean age of onset in males and females were comparable [10]. It is twice common in males as compared to females, and most of the patients are in their third or fourth decade at the time of the presentation.

The exact aetiological factors of the disease are still unknown, but it is believed to have a genetic component [11]. Psychological stress is emphasized as one of the major triggering factor in the exacerbation of the disease [12]. Psoriasis is mentally agonising disease and has an impact on quality of life of patient [13]. In Psoriasis, main abnormality is of increased epidermal proliferation due to excessive multiplication of cells in the basal layers. The transit time of keratinocyte is

shortened and epidermal turnover is reduced to 5-6 days from 28-30 days [14].

Diagnosis of the disease is made mainly on the basis of clinical symptoms that are [15] -

- Erythematous sharply defined plaques, covered with silvery white scales
- Primarily involvement of extensor surfaces such as knees and elbows
- Koebner's Phenomenon present in their active phase of the disease
- Auspitz's sign and Candle Grease sign are another classic features of the disease.

Psoriasis is notoriously chronic and is well known for its course of remission and relapses [16]. *Acharya Kashyap*, also described remission and exacerbation of *Kitibha Kushtha* (*Punaha Punaha Utpatadhyante Kitibhni*) [17]. There are many treatments available for Psoriasis but due to its chronic recurrent nature, it is a challenge to treat. Modern system of medicine treats Psoriasis with Topical & Systemic Corticosteroids, PUVA Photo-chemotherapy and Anti Mitotic drugs. But all these have serious side effects like bone marrow suppression, liver toxicity, renal impairment etc. are again area for reconsideration of the therapy for longer duration. So patients are continuously looking with a hope towards *Ayurveda* to overcome this challenge. Hence, it is the need of the time to find out safe and effective medicine of Psoriasis and here comes the role of *Ayurveda*. The unique treatment modality of *Ayurveda* provides long lasting results and a better life to patients through its three basic principles of treatment i.e. *Nidana Parivarjana* (Removal of the causes), *Samshodhana* (Purification therapy) and *Samshamana* (Palliative therapy). In the present study, we have tried to treat a chronic case of Psoriasis through these above *Ayurvedic* principles, as described below.

Case Presentation

Chief Complaints

A 44 year old male patient, named Ezaz Ahmed was registered in the P.G. Department of Kayachikitsa OPD (OPD No. 42151) of Dr. S. R. Rajasthan Ayurved University, Jodhpur on 04/10/2018. He had complaints of Reddish patches on all over the body,

Scaling of skin over patches, Itching on patches since 17 years.

History of Present Illness

The patient states that he was quiet well before 17 years. Then patient had a gradual onset of dandruff on scalp followed by reddish patches with itching which gradually spreads on abdomen, trunk, back, upper and lower extremities. For this, patient underwent on various allopathic treatments but couldn't get relief completely. Then he came to our hospital, Dr. S. R. Rajasthan Ayurved University in the P.G. Department of Kayachikitsa OPD for proper and better management.

History Of Past Illness: Patient had a history of Typhoid fever 22 years back. Besides of this he had no significant history of chronic illness and trauma.

Family History: His family history revealed that there was no such complaint ever.

Personal History

Personal history revealed that patient was on mixed diet with normal appetite, irregular bowel habits, normal sleep, and frequency of micturition 4-5 times per day and had not have any kind of addiction

General Examination

Patient's general condition was fair and vitals were pulse rate 74/min, respiration rate 17/min, blood pressure 110/80mmHg and afebrile body temperature.

Systemic Examination: Cardiovascular system, Respiratory system, Gastrointestinal system, Central nervous system examination had shown no deformity.

Integumentary System Examination- Lesions were scaly erythematous macules, papules and plaques, well demarcated, presented on scalp, abdomen, trunk, back and both extremities.

Auspitz's Sign – Positive

Candle Grease Sign – Positive

Ashtavidha Pariksha

Nadi (Pulse) - *Vatakaphaja*.

Mala (Stool) – *Vibandha, Sama*

Mutra (Urine) - *Samyaka*

Jihwa (Tongue) - *Sama*

Shabda (Voice) - *Spashta*

Sparsh (Touch) - *Ruksha*

Drik (Eyes) – *Raktabha shweta*

Aakriti (Appearance) - *Samyaka*

Dashvidha Pariksha

Prakriti – Vatakaphaja

Vikriti – Vikriti Vishama Samaveta

Sara – Mamsa-Asthi Sara

Satva – Madhyma

Samhanana – Madhyma

Pramana – Madhyma

Satmya – Sarvarasa

Vaya – Madhyma

Aahara Shakti – Madhyma

Vyayama Shakti – Madhyma

Investigations – Routine investigations such as complete blood count, blood sugar, urine routine and microscopic were in normal ranges.

Diagnosis – On the basis of clinical history and examination, the condition was diagnosed as Psoriasis (*Kitibha Kushtha*).

Treatment Protocol

Treatment duration – Approx. 6 Months

Treatment plan was comprised of both *Samsodhana* and *Samshamana Chikitsa*.

Samshodhana Chikitsa

1. *Deepana Pachana* by *Kwatha* of *Nagarmotha, Shunthi, Khadira* for 3 days.
2. *Snehapana* with *Mahatiktaka Ghrit* until *Samyaka Snehapana Lakshana* (For 7 Days) followed by *Sarvanga Abyanga Swedana* for 1 day.
3. *Vamana Karma* with *Vamaka Yoga (Madanphala 5gm, Madhuyashthi 5gm, Saindhava Lavana 2gm, Madhu 20gm)* and *Go-dugdha 2 ltr, Madhuyashthi Phanta 3ltr, Lavanodaka 3 ltr* followed by *Samsarjana karma* for 7 days.
4. *Snehapana* with *Mahatiktaka Ghrit* for 3 days followed by *Sarvanga Abyanga Swedana* for 1 day.
5. *Virechana Karma* with 75gm *Trivrata Avaleha* followed by *Samsarjana Karma* for 7 days.

After completion of *Samshodhana Karma* patient got relief in erythema, scaling and itching.

Samshamana Chikitsa

Patient was advised following *Shamana Chikitsa* after 5 days of completion of *Vamana* and *Virechana Karma* for 15 days.

1. Well prepared combination of *Gandhak Rasayana* 500mg, *Rasa Manikya* 100mg, *Panchatikta Ghrita Guggulu* 250mg, *Manjishtha Churna* 2gm, *Vyadhiharana Rasayana* 250mg twice a day after meal with lukewarm water
 2. *Mahamanjishthadi Kwatha* 20ml twice a day after meal with lukewarm water
 3. *Khadirarishtha* 20ml twice a day after meal with equal amount of water
 4. *Aarogyavardhini Vati* 2-2 tablet twice a day after meal with lukewarm water
 5. 777 Oil and *Neem Karaja Taila* for local application on affected areas
 6. *Erand Bhrisht Haritaki Churna* 3gm at bed time with lukewarm water
- Follow up was carried out after every 15 days for 3 months. Patient's examination and relief in symptoms were observed in every follow up. Patient got much relief in all symptoms with *Samshamana Chikitsa*.
- Samshodhana Chikitsa**
- In the month of March 2019, *Samshodhana Karma* was done again for better results as described above. After that, patient got more relief and normalization of his skin patches.

Photographs Before Treatment –



Photographs After Treatment –



Assessment Criteria

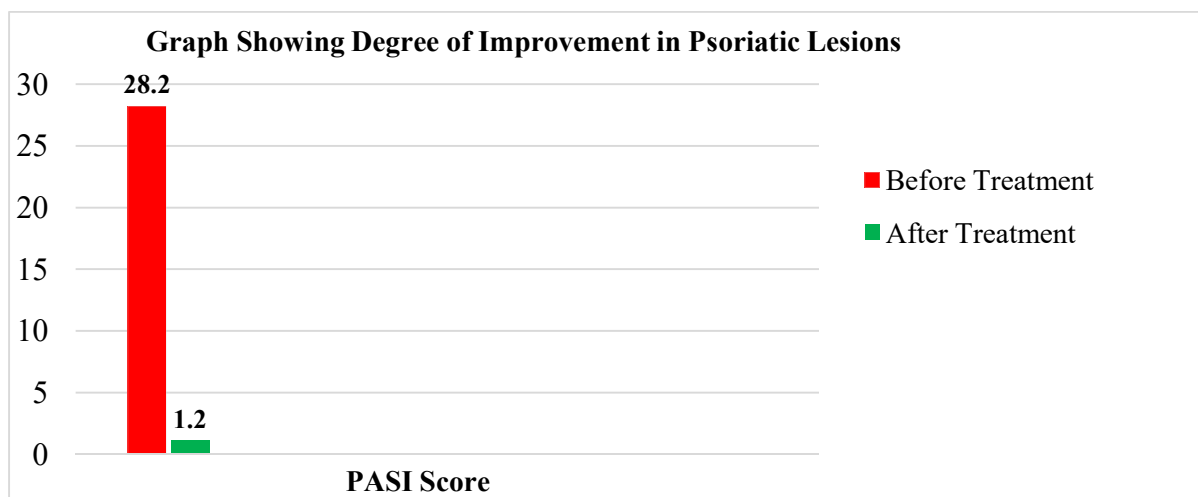
With above mentioned treatment patient got complete relief from the symptoms of Psoriasis. The improvement of the condition was assessed on the basis of PASI Score (Psoriasis Area and Severity Index).

Steps to get PASI Score are-

1. Divide body into 4 areas; Head, Upper limb, Trunk, Lower limb
2. Measure average erythema (redness), Induration (thickening) and Desquamation (scaling) of lesions with the help of 0-4 scale as 0 = none, 1 = mild, 2 = moderate, 3 = severe and 4 = very severe.
3. Get the area of each involved body part [Area Score (B)] with the help of 0-6 scale as 0 = 0%, 1 = 1%-9%, 2 = 10%-29%, 3 = 30%-49%, 4 = 50%-69%, 5 = 70%-89% and 6 = 90%-100%

4. Multiply lesion score sum (A) to Area Score (B) for each body part to get subtotal (C) 0.1 for head, 0.2 for upper limb, 0.3 for trunk and 0.4 for lower limb
5. Multiply lesions of the subtotal (C) to amount of body surface area represented by that region i.e. 6. Add together each of the score to get final PASI Score

Characteristic	Before Treatment				After Treatment			
	Head	Arms	Trunk	Legs	Head	Arms	Trunk	Legs
Redness	1	3	3	2	0	0	0	0
Thickening	1	3	3	2	0	1	1	0
Scaling	1	3	3	2	0	0	0	0
Lesion score sum (A)	3	9	9	6	0	1	1	0
Area Score (B)	1	4	5	3	0	1	2	1
Subtotal (C)	3	36	45	18	0	1	2	1
Multiply with body surface area	0.3	7.2	13.5	7.2	0	0.2	0.6	0.4
Final Pasi Score	28.2				1.2			



DISCUSSION

Psoriasis is a common, chronic, recurrent inflammatory disease of the skin of unknown origin, characterized by well circumscribed erythematous, dry plaques of various sized, covered with mica like scales [18]. It is correlated with certain diseases in *Ayurveda*. Here a case of plaque psoriasis has been discussed, which is best resembled with *Kitibha Kushtha*. It is a *Kshudra Kushtha* and have *Vatakapha* predominance. It is characterized by patches which are blackish brown in colour, rough and coarse in nature, exudative, round, thick along with severe itching. According to *Ayurvedic* classics, incompatible and unwholesome diet plays an important role in the aetiology of Psoriasis. It is an accepted fact that the immunity of the body may

be decreased due to such type of diet and regimen. *Ahita dravyas*, *Amadosha* etc. cause vitiation of *Doshas* resulting in different allergic, hypersensitive reactions and ultimately leads to Psoriasis. *Acharya Charaka* specifically emphasized on extensive *Samshodhana* in *Bahudoshavastha of Kushtha* [19]. *Acharya Charaka* also mentioned that *Ghritapana* should be done in *Vata* dominant *Kushtha*, *Vamana* in *Kapha* dominant *Kushtha* and *Raktamokshana* & *Virechana* in *Pitta* dominant *Kushtha* [20]. *Samshodhana (Vamana & Virechana) Karma*, a well reputed speciality of *Ayurveda* is known not only for uprooting the disease, but it also provides immunity against disease, most of the skin diseases are chronic with frequent relapses and remission due to accumu-

lated *Amadosha*, *Visha* or *Dushi Visha* (Endotoxin/antigen), *Samshodhana* has got vital role in eliminating the accumulated endotoxin as well as to prevent the relapses. *Samshodhana* not only eliminates the morbid *Doshas* from the body but it also cleanses various types of obstructions in micro circulatory channels (*Srotovarodha*) at various levels because of the bio-purification of the whole body. It creates an ideal environment in the biological system for the better bioavailability of the *Shamshamana* drugs administrated thereafter.

Samshodhana Chikitsa has its key strength in preventing relapse of disease. *Acharya Charaka* has specifically mentioned that there is a chance of recurrence of disease when treated with only *Shamshamana Chikitsa* but when *Samshodhana* is done, there is no chance of recurrence or it is reduced significantly [21]. As recurrent relapse is the major problem for Psoriasis, so the *Vamana & Virechana Karma* were proved beneficial in preventing relapse. *Vamana* is indicated for *Kapha* predominant disease & *Virechana* is carried out for *Pitta & Rakta* vitiated diseases. *Kushtha* is a *Raktapradoshaja Vikara* and *Kitibha Kushtha* is *Vata-kapha* predominant type of *Kushtha*. So *Vamana & Virechana* ultimately pacify the basic causative factors (*Doshas*) & results in early healing of Psoriatic lesions. So in this case both *Samshodhana* and *Shamshamana Chikitsa* were done to follow the line of treatment of *Acharya Charaka*.

Shamshamana medications which are used in this case study have *Tikta-Katu-Kashaya Rasa*, *Ushna Veerya*, *Kushthghna*, *Kandughna*, *Krimighna*, *Vranaropana*, *Raktaprasadaka*, *Shothahara*, *Deepana-Pachana*, *Rasayana*, Antioxidant properties. Because of these properties, drugs pacify the vitiated *Doshas* mainly the *Kapha Dosh*. On the account of having dominance of *Tikta-Katu-Kashaya Rasa & Ushna Veerya* causes digestion of *Ama* and clears state of *Mandagni* which is the main causative factor of *Kushtha*.

CONCLUSION

This case study showed that *Vamana*, *Virechana Karma* followed by *Shamshamana Chikitsa* along with local application is effective in management of Psoria-

sis as it is safe, cost effective and free from any side effects. No aggravation was found in the patient during and after the treatment.

REFERENCES

1. Vaidhya Yadav Ji Trikam Ji. *Charaka Samhita of Agnivesha* (revised by *Charaka and Dridhbala*) with *Ayurveda Dipika* commentary of *Acharya Chakrapani*, *Nidansthan-5/4*. Varanasi: Chaukhambha Sanskrit Sansthan; 1984
2. Rajeshwar Dutta Shashtri et.al. *Charaka Samhita of Agnivesha* (revised by *Charaka and Dridhabala*) *Chikitsasthan-7/30*. Varanasi: Chukhambha Sanskrit Sansthan, 2005.
3. Kaviraj Ambika Dutta Shashtri. *Sushruta Samhita Nidanasthan – 5/16*. 14th edition. Varanasi: Chaukhambha Sanskrit Sansthan; 2003.
4. Rajeshwar Dutta Shashtri et.al. *Charaka Samhita of Agnivesha* (revised by *Charaka and Dridhabala*) *Chikitsa sthan-7/22*. Varanasi: Chaukhambha Sanskrit Sansthan; 2005.
5. Bhishagacharya Harisastri Paradakara Vaidya. *Ash-tanghridayam Nidana Sthan 14/20-21*. 10th edition Varanasi: Chaukhambha Sanskrit Sansthan; 2017
6. Rajeshwar Dutta Shashtri et.al. *Charaka Samhita of Agnivesha* (revised by *Charaka and Dridhabala*) *Chikitsasthan-7/4-8*. Varanasi: Chaukhambha Sanskrit Sansthan; 2005.
7. Claeyton L-Thomos. *Taber's Cyclopedic Medical Dictionary*. 20th edition. F.A. Davis Company; P.1805
8. DA Burns, SM Breathnach, NH Cox et.al. *Rook's Textbook of Dermatology*. 8th edition. Edinburgh: Blackwell Publishing Ltd; 2010. Vol-I; Chapter 20.1;871
9. Henseler T, Christophers E. Psoriasis of early and late onset; Characterization of two types of Psoriasis Vulgaris, *J Am Acad Dermatol* 1985; 13:450-6.16
10. Smith AE, Kassab JY, Rowland Payne CME, Beer Wc Bimodality in age of onset; *Indian Journal of Dermatology, Venerology and Leprology*, Vol.76, No.6, Nov-Dec.2010, P.595-601
11. DA Burns, Stephen Breathnach, Neil Cox and Christopher Griffiths. *Rook's Textbook of Dermatology*. 8th edition. Volume -1. 2010.
12. Nickoloff BJ. The immunologic and genetic basis of psoriasis. *Arch Dermatol* 1999; 135:1104-10

13. Irwin M. Freedberg et.al. Fitzpatrick's Dermatology in General Medicine. 5th edition (International edition). Volume-1. 1999. P.503
14. Nicki R. Colledge, Brian R. Walker et.al. Davidson's Principles and Practice of Medicine, 21st edition. Churchill Living Stone Publication; 2010. Chapter – Disease of the Skin; P.900
15. De Korte J, Sprangers MAG, Mommers FMC et.al. Quality of Life in Patients of Psoriasis: A Systemic Literature Review. J Invest Dermatol Symp Proc 2004. 9; 140-7
16. Calvin O. McCall, Thomas J. Lawley, Anthony S. Fauci et.al. Harrison's Principles of Internal Medicine. 17th edition. New Delhi: Mc Graw Hill Companies; 2008. P.316
17. Prof. P.V. Tiwari. *Vridhajivak, Kashyapa Samhita*, Preached by *Maricha Kashyapa*, Redacted by *Vatsya, Chikitsasthan, Kushtha Chikitsa*. Varanasi: Chaukhambha Vishwabharti; 2008. P.120
18. Aspi F. Golwalla, Sharukh A Golwalla. Golwalla's Medicine. 23rd edition. Church gate Mumbai: Aspi Golwalla empress court; 2011. Chapter 14; P.805
19. Rajeshwar Dutta Shashtri et.al. *Charaka Samhita of Agnivesha* (revised by *Charaka and Dridhabala*) *Chikitsasthan-7/41*. Varanasi: Chaukhambha Sanskrit Sansthan; 2005.
20. Rajeshwar Dutta Shashtri et.al. *Charaka Samhita of Agnivesha* (revised by *Charaka and Dridhabala*) *Chikitsasthan-7/39*. Varanasi: Chaukhambha Sanskrit Sansthan; 2005.
21. Rajeshwar Dutta Shashtri et.al. *Charaka Samhita of Agnivesha* (revised by *Charaka and Dridhabala*) *Sutrasthana-16/20*. Varanasi: Chaukhambha Sanskrit Sansthan; 2005.

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