



CASE STUDY OF AYURVEDIC MANAGEMENT OF PLAQUE PSORIASIS

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ABSTRACT

Psoriasis is a clinically heterogeneous lifelong skin disease in a group of papulosquamous diseases. These are the diseases in which papules or plaques are covered with scale. An estimated prevalence rate of psoriasis is approximately 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 than females. Psoriasis significantly impairs the quality of life of patients and their families, resulting in significant physical, emotional, and social burdens. In modern science, Psoriasis treatments include topical agents (vitamin D analogues and corticosteroids), phototherapy (narrowband ultraviolet B radiation (NB-UVB), psoralen and ultraviolet A radiation (PUVA), standard systemic (methotrexate, cyclosporine, and corticosteroids) therapies. All these medicines have definite side effects. Ayurvedic treatment can give promising results to such patients. Repeated Shodhan Chikitsa followed by various Shaman Yogas and rasayana chikitsa for continued remission is emphasised in the treatment of Kustha in all ancient Ayurvedic texts. This article presents a case of plaque psoriasis, which was treated successfully with Ayurvedic principles.

Keywords: Psoriasis, Mandala Kustha, Shaman chikitsa, Bahya Malahar Chikitsa

INTRODUCTION

Psoriasis is a papulosquamous disease, i.e. papules or plaques are covered with scales. Psoriasis is a non-infectious chronic inflammatory disease of the skin characterised by well-defined erythematous plaques with a silvery scale. The exact aetiology is unknown, though the current thinking is that psoriasis is one of humans' most common autoimmune diseases. Familial occurrence suggests a genetic predisposition. Mechanical, chemical or radiation trauma can initiate or worsen psoriasis. Drugs like chloroquine, beta-blockers, & NSAIDs can worsen or induce psoriasis. Withdrawal of systemic corticosteroids in a patient with psoriasis can precipitate an erythrodermic or generalised pustular psoriasis attack. Summer improves psoriasis, and winter worsens it. According to W.H.O., the prevalence of Psoriasis is 1-2% worldwide. It spreads fast because of unsuitable lifestyle changes such as dietary patterns, busy schedules, and stress. There is no satisfactory treatment available for Psoriasis. The pathology seen in psoriasis is accelerated epidermal turnover and deficient keratinocyte maturation, which results in visible exfoliation of the skin. Vascular changes lead to erythema, whereas dense neutrophilic infiltration may lead to the formation of pustules. The initial psoriasis lesion is a barely elevated erythematous papule topped by a whitish scale. Sometimes, scales may not be evident unless the surface is stroked or scratched. Papules may enlarge or coalesce to form plaques covered with thick, silvery scales. When the scales are removed, pinpoint bleeding is visible on the involved skin (Auspitz sign). Thus, fully established psoriasis consists of well-defined rounded erythematous plaques covered with thick silvery scales. There may be variations in distribution, such as scalp psoriasis, palmoplantar psoriasis, and nail psoriasis. (1) In Ayurveda, most skin diseases are described under the chapter of Kustha in charaka samhita chikitsa

sthana. Vitiated doshas destroy the skin structure, creating discolouration of the skin. Kustha are divided into two types- (a) Mahakustha. (b) Kshudra Kustha. Mahakustha is again divided into seven types, and kshudra kustha is divided into 11. (2) Commonly described etiological factors for development of kustha are Virodhi Annapan, Drava Snigdha guru bhojan, vegavidharana, eating during Ajirna Avastha, mitthyopachar in panchakarma procedures etc. (3) because of all these etiological factors all three doshas get vitiated and cause vitiation of twak (skin) Rakta (blood) mams dhatu (Muscular tissue) & Lasika (serum/lymph). (4)

Case Report

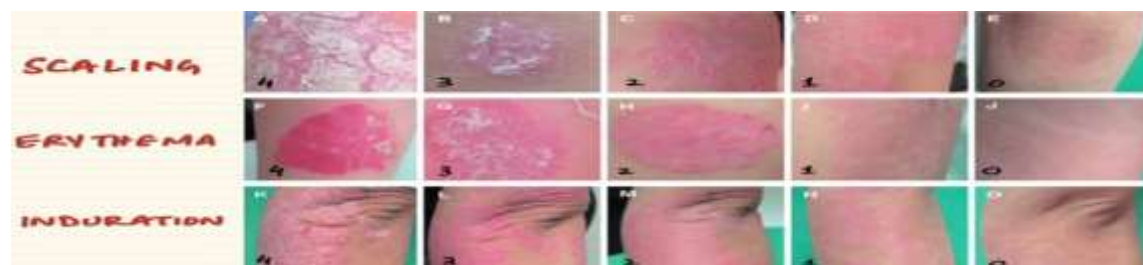
60-year male patient complaining of erythematous thick, scaly lesions over both upper limb lower limb, back, buttocks and abdomen. The patient has had this symptom for the last 15-20 years. The patient had C/O itching and scaling from the plaque region. The patient was previously on immunosuppressant medicine i.e. Tab wysolone 10 mg daily, Tab methotrexate 15 mg once a week. A patient was recently diagnosed to be suffering from diabetes, which might be because of the side effects of corticosteroids. He was on oral hypoglycaemic agent drug tab Gemer 1 – 1 tab daily before breakfast. Their blood sugar level was well within the standard parameter.

Materials & Methods

Four critical parameters – Erythema, Scaling, Induration (Thickness of Plaque) and Itching were considered for the assessment of the patient.

Erythema, Scaling, & Induration measured by severity score –

None- 0, Mild – 1, Moderate-2, Severe-3, Maximum-4.



Source - <https://dermnetz.org/topics/pasi-score>

VAS assessed the itching parameter –

Source- <https://images.app.goo.gl/FgVyXr7dGbQTLGZB9>.



VAS scoring	Meaning
0 points	No Pruritus
0-4	Mild Pruritus
4-7	Moderate Pruritus
7-9	Severe Pruritus
9-10	Very Severe Pruritus

PASI SCALE MEASUREMENT =

(Erythema + Induration+ Scaling) * Area Score* Area Multiplier

Area score is calculated according to the percentage of area covered by psoriatic lesions over different body parts.

Area Score in percentage	Area score measured in parameter
<10 %	1
10-30%	2
30-50%	3
50-70%	4
70-90%	5
>90 %	6

An area multiplier is a fixed digit assigned to different body parts. For example, the multiplier digit for the head and neck is 0.1; for the upper limb, it is 0.2; for the trunk, including the abdomen, genitalia, back, and buttocks, it is 0.3; and for both lower limbs, it is 0.4.



Source - <https://dermnetz.org/topics/pasi-score>

In the current case study – all these parameters are assessed and recorded in tabular form.



	Head	Trunk	Upper Limb	Lower Limb
Erythema	0	3	3	2
Induration	0	4	4	3
Scaling	0	4	4	3
Itching	0	6	6	6
PASI Score	0	$11*3*3=9.9=10$	$11*4*0.2=8.8=9$	$8*4*0.4=12.8=13$

Treatment given to the patient is as follows.

Abhyantara Chikitsa -

Sr. No	Name Of Medicine	Dose	Kaal	Anupana
1	Swayambhu Guggul	250 mg *2	Vyano Udan	Khadira Arishtam 20 ml 2 times
2	Arogya Vardhini	250 mg *2	Vyano Udan	
3	Manasapachak Vati	250 mg *2	Vyano Udan	
4	Tab AK Pills	125 mg *2	Nisha Kaal	Lukewarm Water

Bahya Chikitsa – Erand Sneha Siddha Malahar

Result

	Trunk		Upper Limb		Lower Limb	
	Pre	Post	Pre	Post	Pre	Post
Erythema	3	1	3	1	2	0
Induration	4	1	4	1	3	1
Scaling	4	1	4	0	3	1
Itching	6	2	6	1	6	1
PASI Score	10	3	9	1.2	13	2





DISCUSSION

- वातादयस्तयो दुष्टास्त्वग्रक्तं मांसमम्बु च । दूषयन्ति स कुष्ठानां सप्तको द्रव्यसङ्ग्रहः॥९॥
अतः कुष्ठानि जायन्ते सप्त चैकादशैव च । न चैकदोषजं किञ्चित् कुष्ठं समुपलभ्यते॥१०॥

Cha. Chi. 7/9-10

- सर्वं त्रिदोषजं कुष्ठं दोषाणां तु बलाबलम् । यथा स्वैर्लक्षणैर्बुद्ध्वा कुष्ठानां क्रियते क्रिया ।
दोषस्य यस्य पश्येत कुष्ठेषु विशेषलिङ्गम् उद्विक्तं ।
तस्यैव शमं कुर्यात्ततः परं च अनुबन्धस्य ॥

Cha. Chi. 7/31-32

Acharya Charak has explained kustha vyadhi in detail in chikitsa sthana adhyaya 7. According to Charak, Kustha vyadhi has seven dravya Sangraha, which means dosha involved in kustha vyadhi are Vata Pitta Kapha & dushya are 4 –they are twak, Rakta, Mans, and lasika. Chikitsa Acharya Charaka advises that though all doshas are involved in kustha samprapti, the physician has to decide out of 3 doshas which dosha is more vitiated and which symptoms appear because of that vitiated dosha. Treatment of that vitiated dosha should be given, followed by treatment of other dosha and their symptoms.

In the above case study, there was more kapha dosha dushti. So dosha pradhanata in the above case was kapha pradhan vata anubandhi. So, accordingly, treatment was planned. Medicines kapha kledoghna were given internally, and medicines for vata shaman were given as external applications. Because of vikruta kapha nirmiti, Aam sanchiti, and Kleda utpatti, there was Avarodha (Obstruction) in Rasavaha Strotas. Poshan (Nourishment) of Twacha dhatu depends upon the sarata of rasa dhatu. Because of obstruction in channels of rasavaha Strotas, twacha don't receive nourishment (Sara bhag), resulting in excessive scaling from the plaque region, indicating dead skin cells. (5)

Swayambhuv Guggul, Arogyavardhini, and Manasapachak vati are medicines that were given internally. The main ingredients of Swayambhuv Guggul are Bakuchi, Shilajatu, and Vidanga Haridra. These medicines reduce margavarodha janya Avastha in rasavaha strotas. Other tikta rasatmaka medicines like nimba karanj guduchi Kutaja does the function of Amapachana.

Arogyavardhini contains Katuki Shilajatu, chitrakmool, parad, and gandhak. The main functions of all these contents are kapha Kleda nashan, amapachana, dipan, and malashodhan. They reduce ava-

rodhjanya samprapti and are used in kustha vyadhi for dosha pachan.

Manasapachak vati contains Nimba, patola, and triphala musta, which has specificity (Gamitwa) towards man's Dhatu. Twacha is Upadhatu of mamsa dhatu. So, medicine that has gamitwa for man's Dhatu will also act upon the twacha. All these tikta rasatmak medicines will do pachan karma. They will reduce avarodha in channels that supply Sara bhag to the twacha, and hence, they will improve the skin's texture.

Malahara are medicines which are applied externally. In the above study, erandasneha siddha Malahar was used. For malahar preparation, we used eranda sneha (200 ml) and coconut oil (100 ml) as a base. Fifty gms of bee wax and ten gms of Sarja rasa (Raal Powder) are added to the above-preheated base. This mixture is heated till all bee wax and Sarja rasa (Raal powder) melt and dissolve well with the base. Then, this mixture is filtered using cotton cloth. All impurities and non-assimilated Sarja rasa (raal powder) are removed from the base. This mixture is allowed to settle at room temperature until it converts into semi-solid form. After 20-30 minutes, filtered water is added to the above base and stirred with a battered machine till the whole mixture gets converted into Malahar form. The properties of the local application of malahar are that it coats over the entire skin surface. It soothes the skin, acts as a barrier function, traps moisture, and hence reduces skin scaling. erandasneha is picchila gunatmaka. definition of picchila guna is lepana karma. Also, it has other properties,

such as Sukshma tikshna ushna. So, because of snigdha picchila guna, they reduce rukshata kharata of vata dosha, and because of tikshna ushna sookshma guna, it reduces vikruta kapha sanchiti from twacha.

Tab AK pills contain Aragvadha and kampillaka, which have samsrana properties. They cause kapha pitta rechana and reduce the avarodhjanya samprapti created by Vikruta kapha and Aam.

So, with the help of all the above medicines, the patient got almost 80-90 % relief in his symptoms. His PASI score, which was previously 32, came down to 6 after treatment. The thickness of the plaque was reduced considerably.

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