

EXPLORING AYURVEDIC POTENTIAL IN THE MANAGEMENT OF PSORIASIS: A SINGLE CASE STUDY

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ABSTRACT

Eka-Kushtha is one of the most common disorders of *Vata* and *kapha* imbalance, which closely resembles Plaque Psoriasis. The Prevalence of Psoriasis in India is 0.44-2.8%.¹ Phototherapy with narrow-band UVB or PUVA and various corticosteroids have been used for decades in contemporary medicine with good results.² But their long-term use increases the risk of developing skin cancers, also when the treatment stops the symptoms reoccur. **Aims and objectives:** -This study aimed to study the efficacy of *Ayurvedic* management including *Shaman*, *Shodhan*, and lifestyle modification in the treatment of Psoriasis. **Materials and Methods:** It is a single case study. A 48 - year-old man who was already diagnosed with plaque Psoriasis in the last 2 years correlated with *Eka-kushtha* symptomatically, approached to *Ayurvedic* hospital and was treated with *Panchakarma* treatment like *Rakta Mokshan*, along with *Shamana Chikitsa* and lifestyle management. The treatment was continued for three months. **Results:** Symptomatic assessment of the patient was carried out after three months with Auspitz sign resolved to negative and overall quality of life of the patient was significantly improved. **Conclusion:** The aforementioned therapy gives symptomatic relief in the management of *Eka-kushtha*.

Key words: Psoriasis, *Eka-kushtha*, *Shodhan*, *Raktamokshan*, *Shaman Chikitsa*.

INTRODUCTION

Psoriasis is a noncontagious, autoimmune disease characterized by raised areas of abnormal skin.^[3] It is characterized by circumscribed, erythematous, dry, scaly plaques of varying sizes.^[4] Although the condition found described many decades ago, the exact aetiology is still not known, but it is believed to have a genetic component. Multifactorial inheritance, most likely a familial history of psoriasis is found in 30% of patients.^[5] The rate of psoriasis varies according to age, region, and ethnicity. It can occur at any age, although it most commonly appears for the first time between the ages of 15 and 25 years. Psoriasis affects both sexes equally. It is mediated by T-Cells. Patients suffering from psoriasis are at higher risk of developing cardiovascular and other Non-Communicable Diseases.^[5] There are two epidemiological patterns of Psoriasis, first an onset in the teenage and early adult age. Such individuals frequently have a family history of psoriasis and there is an increased prevalence of (HLA)-Cw6. In the second pattern, onset is in an individual's fifties or sixties, a family history is less common and HLA group CW6 is not so prominent.^[4] Skin diseases are described under *Kushtha* in Ayurveda. *Kushtha* is divided into two types that is *Mahakushtha* and *Kshudra Kushtha*. *Eka kushtha* is one such disease explained under the heading of *Kshudra Kushtha* (minor skin ailments). Even though, in terms of Severity, Incidence, and Prognosis, it is not of a minor kind. The classical symptoms of *Eka kushtha* described in Ayurveda resemble Plaque Psoriasis. Clinical features of Psoriasis [*Rupa of Eka kushtha*]^[6] are

1. Reduced sweating (*Asweda*)

2. Extended skin lesions (*Mahavastu*)

3. Resemblance of the fish (*Matsya shakalopamam*).

The efficacy of ayurvedic herbs in the management of psoriasis is known, but the multifaceted aetiology of the disease needs multimodal treatment. Skin diseases are commonly found due to disturbed lifestyles, poor hygiene, food habits, and mental stress.^[7] So, the Dietary aspect mentioned in Ayurveda is as important as medicine. The present work has been undertaken to check the efficacy of *Shaman Chikitsa*, *Raktamokshan*, and *Pathya –Apathya* in the management of *Ek Kushtha*. The multimodal treatment approach resulted in early recovery from psoriatic lesions with no recurrence so far.

Case Report:- A 48-year-old male visited OPD of *Swasthavritta* department of GAC & Hospital, Nagpur with complaints of *Tvakvaivarnya* (whitish discoloration) over the abdomen, *Kandu* (itching), loss of appetite, Swelling on both lower limbs.

History of present illness

The patient was suffering from this condition for the last 2 years. In the initial stage discoloration with itching on the abdomen started on a very small region but later on, it covered most of the region of the abdomen. He was diagnosed with a case of plaque psoriasis by an allopathic practitioner and was on allopathic medicine like corticosteroids which relieved symptoms for some time but after their effects reduces, it relapses.

Past history: No history of any other major illness.

Family history: No family history was found regarding any skin disease.

Table 01: *Astha vidha pariksha*

Sr.no	Factor	Observation
1	<i>Nadi</i>	88/min, <i>Madhyam</i> , <i>Pittaj-Kaphaj</i>
2	<i>Mala</i>	<i>Asamadhankarak</i>
3	<i>Mutra</i>	<i>Samyak</i>
4	<i>Jivha</i>	<i>Saam</i>
5	<i>Shabda</i>	<i>Spashtha</i>
6	<i>Sparsha</i>	<i>Anushna-sheeta</i>
7	<i>Druk</i>	<i>Prakrit</i>
8	<i>Aakriti</i>	<i>Madhyam</i>

Table 02: *Dasha Vidha Pariksha*

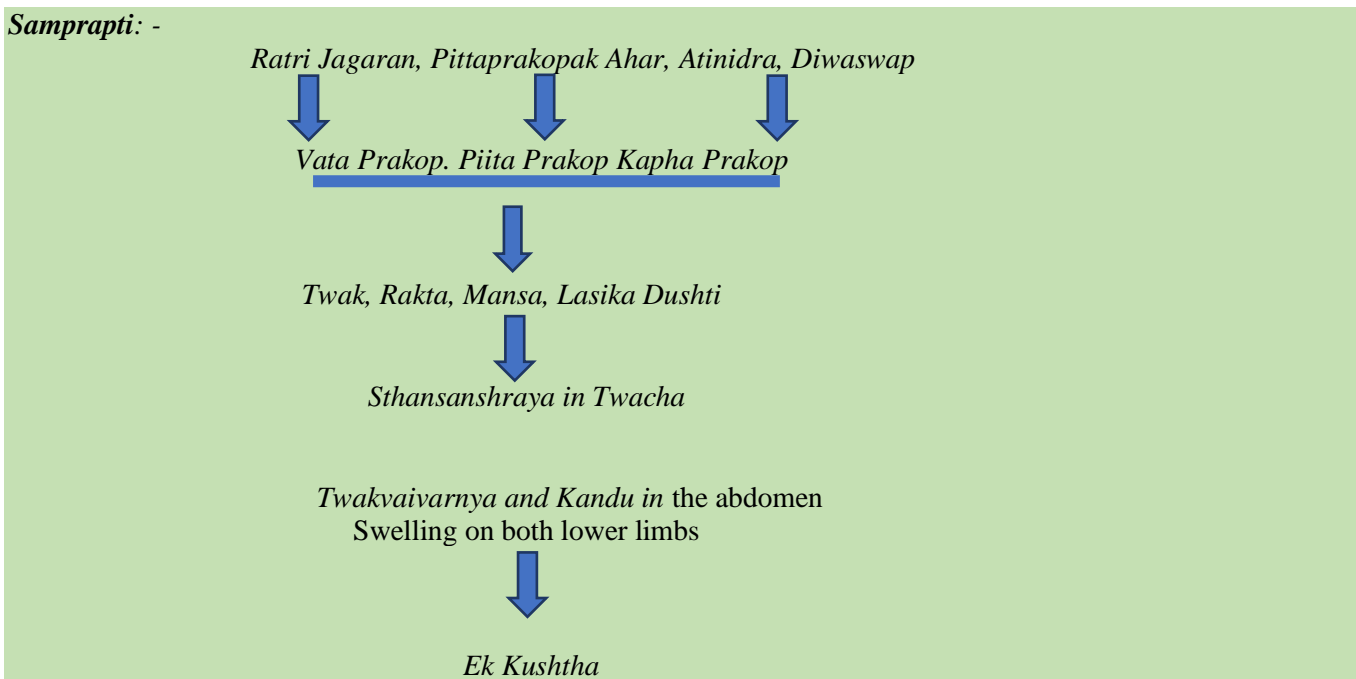
Sr.no	Factor	Observation
1	<i>Prakriti</i>	<i>Pittaj-Kaphaj</i>
2	<i>Vikriti</i>	<i>Tridoshaj</i>
3	<i>Saarata</i>	<i>Meda</i>
4	<i>Samhanan</i>	<i>Madhyam</i>
5	<i>Sarata</i>	<i>Madhyam</i>
6	<i>Satwa</i>	<i>Madhyam</i>
7	<i>Aahar shakti</i>	<i>Madhyam</i>
8	<i>Vyayam Shakti</i>	<i>Madhyam</i>
9	<i>Vaya</i>	<i>Madhyam</i>
10	<i>Bala</i>	<i>Madhyam</i>

Hetu: -

- 1) *Aaharaj*- Nonveg twice per week, Spicy food
- 2) *Viharaj*- *Diwaswap*
- 3) *Manasik*- Stress, Anger

Roop: - *Twakvaivarnya* (White discoloration), *Kandu* (itching), Loss of appetite, Swelling on both lower limbs, Scaling, Erythema.

Samprapti: -



Samprapti ghataka:-

1. *Dosh – Tridosh*
2. *Dushya - Twak, Rakta, Mansa, Lasika*
3. *Strotas – Rasavaha, Raktavaha*
4. *Udbhavsthan – Aamashaya*
5. *Vyaktasthana – Twacha*
6. *Rogamarga – Bahya*

MATERIALS AND METHODS

Diagnosis

Psoriasis- The patient was diagnosed with a case of Psoriasis by identifying its characteristic lesion i.e., itchy, deep pink to reddish, well-demarcated, indurated plaques with silvery-micaceous scaling present, particularly over the abdomen.

Treatment plan

a) Shaman Chikitsa with Internal Medication and External Medication

b) Shodhan Chikitsa-Raktamokshan

c) Patya-Apathya

Shaman chikitsa

Deepan Pachan- Aarogyavardhini Vati for 7 days.

Internal medication: -1) *Raktapachak Kashay*

2) *Gandhaka Rasayana*

3) *Kanchanar Guggul*

4) *Laghu Sutashekhar Ras*

External medication:-1) *Triphala Choorna* and *Nimba Patra Kwath* For *Dhawan*

2) *Nimba Tail* and *Karanja Tail* for Local application

Table 1: Showing treatment schedule.

Date	Treatment
15/06/22 -22/06/22	<i>Aarogyavardhini Vati</i> 2 BD before the meal <i>Triphala Choorna</i> and <i>Nimba Patra Kwath</i> for <i>Dhawan</i> <i>Nim Tail</i> and <i>Karanja Tail</i> for Local application
23/06/22 -15/07/22	<i>Raktapachak Kashay</i> 20ml BD empty Stomach <i>Gandhaka Rasayana</i> 2BD after the meal <i>Kanchanar Guggul</i> 2 BD after Meal <i>Laghu Sutashekhar Ras</i> 2 BD before Meal <i>Triphala Choorna</i> and <i>Nimba Patra Kwath</i> For <i>Dhawan</i> <i>Nim Tail</i> and <i>Karanja Tail</i> for Local application
16/07/22-15/08/22	<i>Raktapachak Kashay</i> 20ml BD empty Stomach <i>Gandhaka Rasayana</i> 2BD after the meal <i>Kanchanar Guggul</i> 2 BD after Meal <i>Laghu Sutashekhar Ras</i> 2 BD before Meal <i>Triphala Choorna</i> and <i>Nimba Patra Kwath</i> For <i>Dhawan</i> <i>Nim Tail</i> and <i>Karanja Tail</i> for Local application
16/08/22-15/09/22	<i>Raktapachak Kashay</i> 20ml BD empty Stomach <i>Gandhaka Rasayana</i> 2BD after the meal <i>Kanchanar Guggul</i> 2 BD after Meal <i>Laghu Sutashekhar Ras</i> 2 BD before Meal <i>Triphala Choorna</i> and <i>Nimba Patra Kwath</i> for <i>Dhawan</i> <i>Nim Tail</i> and <i>Karanja Tail</i> for Local application

Dhawan: -

<i>Triphala Dhawan</i>	<i>Nimba Patra Dhawan</i>
1.Quantity-100 gms in 1 litre of water	1.Quantity-100 gms in 1 litre of water
2.Region- psoriatic patches on abdomen	2.Region- psoriatic patches on abdomen
3.Duration- 20 mins daily for 3 months at morning	3.Duration- 20 mins daily for 3 months at evening

b) Shodhan Chikitsa:- Raktamokshan

2 settings of Jaloukavacharan were done at an interval of 30 days.

1st at 30/06/22 and 2nd at 30/07/23



c) Pathya-Apathya-

Complete treatment includes *Nidan-Parivarjana, Bheshaj, and Pathya-Apathya. Mithya/Viruddha Aahar, Asatmya Bhojan, Adhyashan, and Mansaahar* are the risk factors for *Kushtha*^{1,81} *Kushtha* is relapsing in nature so, it is necessary to maintain diet habits. So, *Pathya* has equal importance as medicine in *Kushtha*

Table 2: Showing diet.

Type of Diet	<i>Pathya</i> (Do)	<i>Apathya</i> (Don'ts)
Cereals	Old rice, Wheat, Barley	Newly harvested
Pulses	Green gram, Red lentils	Black gram, <i>Kulitha</i>
Vegetables	Bitter vegetables, Bitter gourd, <i>Patola, Haridra, Nutmeg, Ginger</i>	<i>Mulak</i>
Fruits	Pomegranate, <i>Aamalaki, Grapes</i>	
Other	<i>Goghruta, Honey, light diet</i>	Milk products, nonveg, sour and salty food, sesame, jaggery, curd, fish
Lifestyle	Mild exercise, bathing, <i>Atyambupaan</i>	Day sleeping, suppression of natural urges, mental stress, excessive exercise

RESULT

Table 3: Showing result.

Features	Before Treatment	After Treatment
Itching	Present	Absent
Pain	Present	Absent
Erythema	Present	Absent
color	Reddish	Reduced
Scaling	Present	Absent
Depression	Present	Reduced
Auzpitz sign	Positive	Negative

DISCUSSION

Eka Kushtha being a *Kapha Vata* predominant disease, a planned protocol for the elimination of *Kapha, Pitta*, and impure blood and pacification with

bitter(*katu*) and astringent(*kashay*) drugs was undertaken as mentioned by *Acharya Charaka*. In this case, the patient was treated for a period of 3 months. The treatment regimen was planned in 3 phases.

- a) *Shaman Chikitsa* with Internal Medication and External Medication
 b) *Shodhan Chikitsa- Ratkamokshan*
 c) *Patya-Apathya*

Prescribed medication with their actions are shown in the table

Table 4: Showing prescribed medication with Ingredients and Their actions.

Medication	Ingredients	Actions
<i>Aarogyavardhini vati</i>	<i>Shuddha Parad, Shuddha Gandhak, Abhrak bhasma, Triphala, Shuddha Shilajit, Shuddha guggul, Chitratwak, Kutaki, Bhavana Nimbapatra Swaras</i>	<i>Aamdoshanashak, Hepatoprotective, Vata and Kaphanashak, Kushthaghna</i>
<i>Gandhak Rasayana</i>	<i>Shuddha Gandhak Bhavana Dravya (Cow's milk, Bhrungaraj, Dalchini, Tamalpatra, Nagakeshar, Haritaki, Sunthi, Bibhitaki, Aamalki)</i>	Antibacterial, Antiinflammatory, <i>Kushthaghna, Raktagat Doshapachana</i> , mainly acts on <i>Ras, Rakta</i>
<i>Kanchanar Guggul</i>	<i>Kanchanar Twaka, Triphala, Trikut, Varun Twaka, Ela, Dalchini, Tejpaan, Shuddha Guggul, Ghrut/Erand Tail</i>	<i>Vata- Kaphanashak, Granthi Nashak, Kushthaghna, Vrana nashaka</i>
<i>Laghu Sutshekhar</i>	<i>Shuddha Suvarn Gairik, Sunthi, Nagavalli Swaras Bhavana Dravya</i>	<i>Raktapitta Nashak, Daha, Mukhpaka, Pittaprasadak</i>

After observing the Sign and symptoms of Psoriasis, *Jalouka Avacharana* was planned as it is also indicated in *Kshudra Kustha*.^[8] Moreover, *Jalauka Avacharana* is indicated for relieving the *Pittaja* predominant symptoms, which seemed essential to manage erythema as the dominant sign at that time. Based on this principle, *Jalouka Avacharana* was deduced as the suitable means for bloodletting. There was risk factor like *Ratrijagaran, Diwaswap*, improper timing of lunch and dinner, the habit of eating street, spicy and oily food, and nonveg which vitiates *Tridosha* and show symptom like loss of appetite, constipation, Itching, blood discharge, skin discoloration which leads to *Ek-Kushtha*. So to pacify the vitiated *Doshas*, lifestyle modification was advised. The patient was advised to avoid *Diwaswap Atinidra* and Nonveg and hence *Kaphashaman* is done. The patient is also advised to avoid Spicy and salty food. Along with medication, in this way, *Sampraptibhang* is done. For 3 months course of treatment, the patient has reported 95% improvement in his symptoms. He had 100% relief from itching, blood discharge, and swelling. Only 10% discoloration of skin were remaining. Also, the patient had developed normal bowel habits and appetite.

CONCLUSION

Ek-Kushta is a relapsing disease difficult to manage. In the present case, the patient got 95% symptomatic relief. In this case, underlying causes like disturbed lifestyle, poor hygiene, food habits, and mental stress are treated for *Samprapti Vighatan* and hence, the importance of a wholesome diet as a health Promoter is also revalidated. A *Shaman Chikitsa along with Ratkamokshan* proved to be very effective in the management of *Ek Kushtha*. Lastly, it can be concluded with this clinical study that, Multimodal Ayurvedic treatment is effective in the management of Psoriasis and can give encouraging results. Since no complication was observed in this clinical study, such kind of research work may be designed in the future for more conformation to provide better Ayurvedic treatment on the management of complicated cases of Psoriasis.

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