

**Impact  
Factor  
4.574**

**ISSN 2349-638x**

**Peer Reviewed And Indexed**

***AAYUSHI  
INTERNATIONAL  
INTERDISCIPLINARY  
RESEARCH JOURNAL  
(AIIRJ)***

**Monthly Journal**

**VOL-V**

**ISSUE-VIII**

**Aug.**

**2018**

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**CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE**

## A Case Study Management of Psoriasis Through Ayurvedic Modalities

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### Abstract

Any change in skin colour disturbs the patient both mentally and physically. Psoriasis is an autoimmune disease in which scaling and itching in the papulosquamous lesion of skin disturbs the daily routine of the patients. Because of its recurrent nature the disease has remained a great problem. There is no certain cure for this disease. Modern medicine provides symptomatic relief but also has side effects in long course. The Ayurvedic diagnosis is considered as Ekakushtha which is a Vata Kapha predominant Kshudrakushtha. Here an effort was made to treat a 32 years old male diagnosed case of Plaque Psoriasis, by combined Ayurvedic regimen. As the principle of treatment of all types of Kushtha is Sanshodhana along with Sanshamana drugs. In this study initially Vamana karma and then Virechana karma, Raktamokshan karma was performed. After Sanshodhana, Sanshamana drugs were given for 45 days. PASI (Psoriasis area severity index) score was taken for assessment parameter of improvement. The skin lesions of the patient was calculated by PASI score before starting the treatment was found to be 35.1 which decreased to 10.4 at the end of treatment. This case report showed that combined Ayurvedic modalities resulted in great improvement in overall condition of the patient with no recurrence since last 1 year.

**Keywords:** Psoriasis, Ekakushtha, PASI score, Ayurvedic management.

### Introduction

Now a day's society is more conscious about external beauty compare to internal beauty and also some professional fields they require good looking and charming beauty. Usually 10-15% cases present before general practitioners are pertaining to skin diseases. Due to altered life style, lack of physical exercise, unhygienic, mental stress, over eating, skin diseases are commonly observed.

Psoriasis is chronic disorder which is commonly encountered in day today's clinical practices. Increased stress and life style are main predisposing factor which is accounting for wide spread prevalence of this disease. The word Psoriasis is derived from Greek word 'Psora' means 'itch' and 'sis' meaning 'acting condition'. Psoriasis is a noninfectious, chronic inflammatory disease of skin, characterized by well-defined erythematous plaques with silvery white scale with a predilection for the extensor surface and scalp, and a chronic fluctuating course. In psoriasis, main abnormality is of increased epidermal proliferation due to excessive multiplication of cells in the basal layers.

The factors involved are genetic, biochemical and immunopathological. Precipitating factors like trauma, infections, sunlight, some drugs and emotions may flare up the disease. As there is no available cure for the disease it has remained a great problem for the patients. Patients not only have physical problems, but also suffer mental and social distress.

All the skin diseases in Ayurveda have been discussed under the broad heading of Kushtha

Which are further divided in Mahakushtha and Kshudra Kushtha. There are several types of Psoriasis which can be related to certain diseases described in Samhitas. While the description of Kushtha is present since Vedic period, Ekakushtha is described in Garuda Purana and almost all Ayurvedic classics after that period i.e. Brihatrayi, Laghutrayi and all texts afterwards. Ekakushtha is mentioned in all Ayurvedic classics under Kshudrakushtha and has predominance of Vata and Kapha dosha.

The causative factor of Ekakushtha is same as Kushtha, Dietary factors as excessive consumption of Drava, Snigdha, Guru aahar, Navanna, Viruddha aahara, Dugdha and dugadha janya products, bekary products, hoteling, mansahar, madyapan, exesive water consumption, Viharaj hetu like Vega dharana specially of vomiting , using wet cloths for long time, avyayam, divaswap, jagran, unbalance dietary habit, Indulgence Chinta, bhaya, krodha, negative mentaliItly are associated mental factor for causing the disease.

The etiological factor leads to vitiation of Tridosha especially Vata and Kapha. These Dosha through Tiryakvahini siras proceed to Bahya rogamarga i.e. Twacha, Rakta, Mamsa, and Lasika and cause the symptoms of disease.

Diagnosis of the disease is made mainly on the basis of clinical symptoms that is, Erythematous sharply defined plaques, covered with silvery white scale, Extensor surface primarily involved such as the knees and elbows, Koebner's phenomenon present in the active phase of the disease, Wornoff's ring often present in the healing phase of the disease. Auspitz sign and candle grease sign are another classic feature of the disease.

The symptoms of Ekakushtha has mentioned as Aswedanam, Rukashatwam, Parushatwam, Kharatwam, Krishna- aruna varnata, Ugra Kandu.

The goal of the treatment for the disease is to alleviate symptoms which interfere with the patient's life both physically and socially. In modern system of medicine coaltar preparations, calcipotriol, retinoid, corticosteroids and ultraviolet radiations are the local measure to manage Psoriasis. The systemic treatment commonly used is photo chemotherapy with PUVA, retinoids, methotrexate and cyclosporine -A and corticosteroids. These medicines usually provide good symptomatic control, but in long term cause a number of unpleasant side effects. Repeated Samshodhana along with Samshamana is main line of treatment. Both Antah parimarjan and Bahiparimarjan therapies have been indicated in Kushtha roga.

This paper highlights a case study of Kitibha Kushta (Psoriasis) treated with the Ayurvedic principles Shodhana and shaman Chikit's.

### **Aim and Objective –**

To evaluate the role of Samshodhana and Samshamana karma in management of Psoriasi

### **Place of study –**

The present case study was done in the Deptt. of Kayachikitsa, Ayurvedic medical college,

### **Case Report**

The patient of Age -32 yrs ,Hindu , Middle class , sadharan desha and has mixed diet pattern. Patient has habit of chewing Gutkha (5-6 packet in 2-3 days), working in IT Company.

### **Pradhan Vedana (Chief complaints):-**

Erythematous rashes on both hands, legs, abdomen and lower back 'Itching in rashes, with scaling on scratching, Unsatisfactory deffication, chest burn, fear.(all symptoms since 18-20 months).

### **Vartaman Vyadhipritta (History of present illness) :-**

The patient was asymptomatic before 2years. After that he developed complaint of hyperacidity, then unsatisfactory deffication, itching over body, scaly rashes on his lower abdomen then lower back which gradually progressed and involved his both legs and both hands with severe itching in the rashes along with burning sensation, and scaling after scratching. He took allopathic medication for about 1 year and then Ayurvedic medication for 4 months which provided symptomatic relief till treatment continues, on discontinuity of the treatment again the symptoms aggravated.

**Purva Vyadhipritta (History of past illness) :-** Patient has no significant past history of any chronic illness, burn, trauma.

**Kulaja Vritta (Family history):-**

Same complaint has occurred in patient's mother, small sister.

**Samanya parikashana:-**

- Nadi- (pulse) was 86/ min Vatadhikatrishoshaja, BP- 130/80
- Mutra-Frequency and colour of Mutra (urine) was normal with no Daha .
- Mala- (stool) was constipated and feeling of incomplete evacuation was there.
- Jihva- was Sama (coated), suggesting improper digestion.
- Sparsha- (touch) was Ruksha.
- Drik- (eyes) were normal.
- Shabda- (Speech) was clear and fluent.
- Aakriti- (appearance) was lean. 68kg wt
- Prakriti- (constitution) was Pittakaphaj.

**On Examination**

- General condition was fair and afebrile.
- Vitals were normal.
- Cardiovascular system, respiratory system and
- Per abdomen examinations had shown no deformity.
- Prakriti (constitution) was Vatapittaja

**Sthanik parikshan Integumentary system Examination-**

Lesions were scaly papules, present on lower abdomen, lower back, both hands and legs. They were symmetrical and well demarcated. Auspitz sign – present Candle grease sign – Present

**Diagnosis-**

On the basis of clinical history and examination the condition was diagnosed as Plaque Psoriasis.

**Treatment protocol**

1. Deepana pachana with Arogyavardhini vati 500mg + aampachak vati 500 mg + Chitrakadi vati 500 mg BD for 7 days.
2. Vamana karma- Abhyantara snehana with Panchtikta ghrita for 4 days in increasing order from 30 ml to 120 ml with cow milk followed by Mridu snehana and Swedana for 2 days. Then Vamana karma was performed by Madanphal and Vacha+saindhayav kwath followed by dhumpun vidhi then Samsarjana krama for 7 days.
3. Virechana karma – After completion of Samsarjana krama patient was given normal diet for 15 days and again Aabhyantara snehana was done for 4 days. After Mridu swedana, Virechana karma was performed and again Samsarjana krama for 7 days was done before starting Samshamana drugs.
4. Raktamoshan
5. Samshamana therapy- For Samshamana therapy following medicines were used-
  - Gandhakrasayan
  - Arogyavardhini vati
  - Khadiradi vati
  - Panchatikta ghrita guggul
  - Guduchi kwath
  - Avipattikar churna



- Paribhadra oil and yashati gruta for local application
- Pathyapatya

**Assessment criteria –**

**PASI Score**

The current gold standard for assessment of extensive Psoriasis has been the Psoriasis area severity index (PASI). PASI combines the assessment of the severity of lesions and the area affected into a single score in the range 0 (no disease) to 72 (maximal disease). The PASI is a measure of the average redness, thickness and scaling of the lesions (each graded on a 0-4 scale), weighted by the area of involvement.

Steps in generating PASI score

- Divide body into four areas: head, arms, trunk to groin and legs to top of buttocks.
- Generate a percentage for skin covered with psoriatic plaques for each area and convert that to 0-6 scale as bellow.

Percentage	Rating scale
00	00
00 - < 10 %	01
10 - < 30%	02
30 - < 50%	03
50 - < 70%	04
70 - < 90%	05
90 – 100%	06

- Generate an average score for the erythema, thickness and scale for each of the areas.
- Sum the score of erythema, thickness and scale for each of the areas.
- Multiply item (c) and (d) for each area and multiply that by 0.1, 0.2, 0.3 and 0.4 for head, arms, trunk and legs respectively.
- Add these scores to get the PASI score

**Assessment criteria –** The improvement of condition of the patient was assessed on the basis of PASI scale

**Before trial**

	Head & neck	Arms	Trunk	Legs	Total
<b>Skin area involved score</b>	0.3	0.5	0.5	0.3	
<b>Redness</b>	2	3	3	3	
<b>Thickening</b>	2	3	3	3	
<b>Scaling</b>	2	3	3	3	
<b>Total</b>	1.8	9	13.5	10.8	35.1

**After 3 months**

	H & N	Arms	Trunk	Legs	Total
<b>Skin score</b>	0	0.4	0.2	0.3	
<b>Redness</b>	0	2	2	2	
<b>Thickening</b>	0	1	1	1	
<b>Scaling</b>	0	1	1	1	
<b>Total</b>	0	3.2	2.4	4.8	10.4

## Result And Discussion

Psoriasis is a chronic inflammatory disorder, characterized by the formation of well-defined raised erythematous plaques, with silvery white scales; that preferentially localize on the extensor surfaces.

It is correlated with certain diseases in Ayurveda. Here a case of Plaque Psoriasis has been discussed, which is best correlated to *Ekakushtha*. *Ekakushtha* is a *Kshudra Kustha* and have *Vata-Kapha* dominance and even involvement of *Tridosha* can be evident from its signs and symptoms. The vitiated *Doshas* reaches to *Shithila dushya* like *Twaka* etc. and results into *Sthana samsraya avastha* and then produces symptoms of *Ekakushtha*. Acharya Charaka says that in *Kushtha*, *Shithila* is in whole *Twak*, while the lesions are produced at the site of enlodgement of *Doshas*. In this disease onset of *Matsyashakalopamam* (silvery scales) in *Mahavastu* (large surface area) along with *Aswedana* (loss of perspiration) is seen.

The line of treatment mentioned in Ayurvedic classics for *Kushtha roga* are *Nidana Parivarjana*, *Shodhana*, *Snehana*, *Swedana*, *Raktamokshana*, *Prakriti Vighatana*, *Shamana*, *Lepana* etc. As *Ekakushtha* is mostly chronic and *Bahudoshajanya*, both *Shodhana* and *Shamana* therapies has to be followed to provide long lasting results and a better life to patients. As it is a disease of *Bahya rogamarga*, so both *Antahparimarjana* and *Bahi-parimarjana* treatments should be used.

Considering the above facts, composite treatment plan was adopted. Initially *Abhyantara shodhana* was done with *Vamana* and *Virechana karma*. *raktamokashana karma* after completion of *Samsarjana krama*, *Samshamana* treatment was performed, with Some dietary modifications like avoiding excess salt, sour taste, fast food, Chinese food, pickles etc. and behavioural corrections like avoiding day sleep were advised to the patient. He showed marked improvement in the lesions and has no signs of recurrence since then.

For the basis of improvement of lesions, PASI scale was considered. Before starting the treatment his PASI score was 35.1, After 6 months treatment his PASI score was 10.4. The patient remained in follow up once every month and his PASI score varied from 3 to 5.4 and have no aggravation of complaints till january 2018.

## Conclusion

In this case study we got good results of Panchakarma and Ayurvedic medicine. The treatment given for *Ekakushtha* (Psoriasis) was *Rukshana/Pachana*, *Shodhan*, *Shamam Yoga* and *patha patya* therapy; which helped in *Aampachan*, removal of vitiated *Dosha* from body and to bring *Samyavastha* (balanced condition) of *Doshas*. So above treatment help to relieve symptoms of disease and also an attempt to provide safe and effective treatment to the patient. No adverse effect and aggravation of the symptoms was found in the patient during and after the treatment.

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