



## Case Study

### AYURVEDIC MANAGEMENT OF PSORIASIS: A CASE STUDY

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#### ABSTRACT

Skin is the mirror which reflects the harmony of internal functions of body. 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 nineteen 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* was performed. After *Sanshodhana*, *Sanshamana* drugs were given for 40 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 5.4 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

Psoriasis is a common dermatologic disease, affecting up to 1% of the World's population,<sup>[1]</sup> both males and females suffering equally<sup>[2]</sup>. The word Psoriasis is derived from Greek word '*Psora*' means '*itch*' and '*sis*' meaning '*acting condition*'. Psoriasis is a non-infectious, 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<sup>[3]</sup>. 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<sup>[4]</sup>. Even though the aetiology is unknown, the factors involved are genetic, biochemical and immunopathological<sup>[5]</sup>. 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<sup>[6]</sup>. Patients not only have physical problems, but also suffer mental and social distress. Diagnosis of the disease is made mainly on the basis of clinical symptoms that is,<sup>[7]</sup>

- Erythematous sharply defined plaques, covered with silvery white scales.
- 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 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<sup>[8]</sup>. These medicines usually provide good symptomatic control, but in long term cause a number of unpleasant side effects.

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*<sup>[9]</sup> 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*<sup>[10]</sup>. The causative factor of *Ekakushtha* is same as *Kushtha*. Dietary factors as *Viruddha aahara*, excessive consumption of *Drava*, *Snigdha*, *Guru aahar*, *Navanna*, *Vega dharana* specially of vomiting are major

aetiologies. Indulgence in sinful act and ill *Manovritti* (negative mentality) are associated mental factor for causing the disease<sup>[11]</sup>. Acharya Charaka has mentioned the symptoms of Ekakushtha as *Aswedanam*, *Mahavastu*, and *Matsyashakalopamam*<sup>[12]</sup> and Acharya Sushruta described its symptoms as *Krishna- aruna varnata*<sup>[13]</sup>. 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<sup>[14]</sup>. Repeated *Samshodhana* along with *Samshamana* is main line of treatment<sup>[15]</sup>. Both *Antah parimarjan* and *Bahiparimarjan* therapies have been indicated in *Kushtha roga*.

**Aim and Objective** - To evaluate the role of *Samshodhana* and *Samshamana karma* in management of Psoriasis.

**Place of study** - The present case study was done in the Deptt. of Kayachikitsa, Gangasheel Ayurvedic medical college, Bisalpur road, Bareilly (Uttar Pradesh).

## CASE REPORT

### Basic information of the patient

- Age -19 yrs
- Religion -Hindu
- Socioeconomic status- Middle class
- He is a farmer and has mixed diet pattern. Patient has habit of chewing *Gutkha* (1 packet in 2-3 days).

### Pradhan Vedana (Chief complaints)

Erythematous rashes on both hands, legs, abdomen and lower back since 3 years.

Itching in rashes, with scaling on scratching.

### Vartaman Vyadhivritta (History of present illness)

The patient was asymptomatic before 3 years. After that he developed complaint of scaly rashes on his lower abdomen and lower back which gradually progressed and involved his both forelegs and both hands. There is severe itching in the rashes along with burning sensation, and scaling after scratching. On enquiry he told that lesions have no relation to seasonal variation and remained constant for whole year. He took allopathic medication for about 1 year and then Ayurvedic medication for 6 months which provided symptomatic relief till treatment continues, on discontinuity of the treatment again the symptoms aggravated.

### Purva Vyadhivritta (History of past illness)

Patient has no significant past history of any chronic illness, burn, trauma or Koebner's phenomenon.

### Kulaja Vritta (Family history)

Same complaint has occurred in patient's sister since 2 months (April 2017).

### Vaiyaktikavritta (Personal history)

- Appetite was normal.
- Predominant *rasa* in *Ahara* was *Madhura*.

- Sleep was disturbed due to itching.
- Habit of incomplete evacuation of bowel.

### 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*.

### Ashtavidha Pariksha

- *Nadi* (pulse) was *Vatadhikatridoshaja*.
- 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.
- *Shabda* (Speech) was clear and fluent.
- *Sparsha* (touch) was *Ruksha*.
- *Drik* (eyes) were normal.
- *Aakriti* (appearance) was lean.

**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

Total duration- 6 months

1. *Deepana pachana* with *Chitrakadi vati* 500 mg BD for 5 days.
2. *Vamana karma- Abhyantara snehana* with *Panchtikta ghrita* for 5 days in increasing order from 20 ml to 100 ml with cow milk followed by *Mridu snehana* and *Swedana* for 2 days. Then *Vamana karma* was performed by *Madanphal* and *Vacha kwath* followed by *Samsarjana krama* for 7 days.
3. *Virechana karma* – After completion of *Samsarjana krama* patient was given normal diet for 15 days and again *Abhyantara snehana* was done for 5 days. After *Mridu swedana*, *Virechana karma* was performed and again *Samsarjana krama* for 7 days was done before starting *Samshamana* drugs.
4. *Samshamana* therapy- For *Samshamana* therapy following medicines were used-
  - *Arogyavardhini vati*
  - *Gandhak rasayan*
  - *Rasamanikya*
  - *Panchatikta ghrita guggul*
  - *Chopchinyadi churna*

- *Khadirarishta*
- 777 oil for local application
- *Guduchi kwath*
- *Mridu virechana* with *Avipattikar churna*

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

**\*PASI Score<sup>17)</sup>**- 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.

- 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 and 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	

**After 2 months**

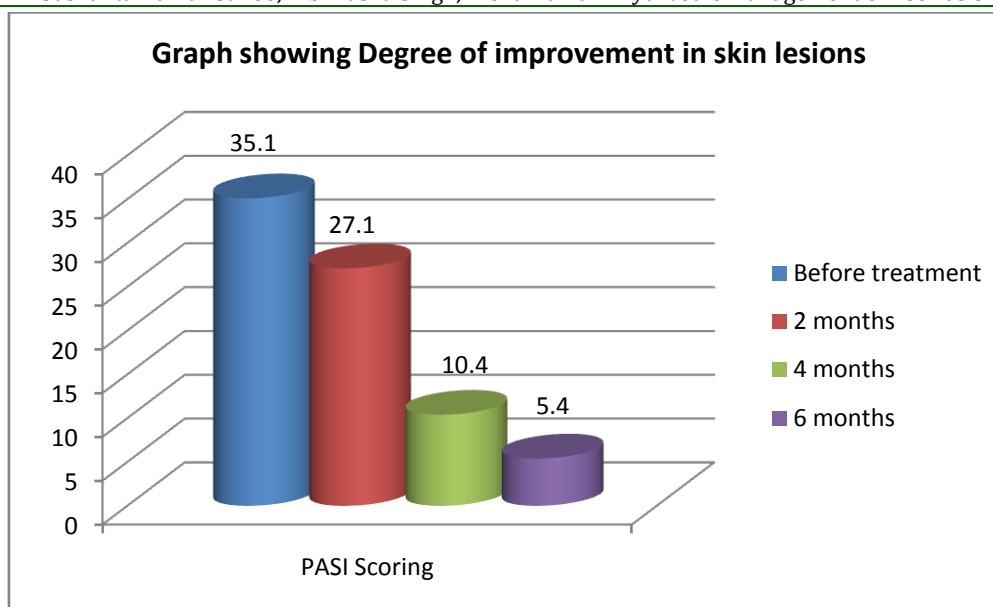
	Head and neck	Arms	Trunk	Legs	Total
<b>Skin area involved score</b>	0.3	0.5	0.5	0.3	
<b>Redness</b>	2	3	3	3	
<b>Thickening</b>	1	2	2	2	
<b>Scaling</b>	1	2	2	2	
<b>Total</b>	1.2	7	10.5	8.4	

**After 4 months**

	Head and neck	Arms	Trunk	Legs	Total
<b>Skin area involved 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	

**After 6 months**

	Head and neck	Arms	Trunk	Legs	Total
<b>Skin area involved score</b>	0	0.2	0.2	0.2	
<b>Redness</b>	0	1	1	1	
<b>Thickening</b>	0	1	1	1	
<b>Scaling</b>	0	1	1	1	
<b>Total</b>	0	1.2	1.8	2.4	



## RESULT AND DISCUSSION

Psoriasis is a chronic inflammatory disorder, characterised 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 samshraya 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*<sup>[16]</sup>. 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 *Bahiparimarjana* treatments should be used. Considering the above facts, composite treatment plan was adopted. Initially *Abhyantara shodhana* was done with *Vamana* and *Virechana karma* and after completion of *Samsarjana krama*, *Samshamana* treatment was performed.

For the basis of improvement of lesions, PASI scale was considered. Before starting the treatment his PASI score was 35.1. After 2 months it was 27.1, after 4 months it was 10.4. After 6 months treatment his PASI score was 5.4. 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 May 2017.

## CONCLUSION

This case report showed that combined Ayurvedic regimen is potent and effective in treatment of Psoriasis. No adverse effect and aggravation of the symptoms was found in the patient during and after the treatment.

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