



Case Study

MANAGEMENT OF PSORIASIS THROUGH AYURVEDA- A CASE STUDY

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ABSTRACT

Psoriasis is one of the most common dermatologic diseases, affecting up to 1% of the world's population. It is a chronic inflammatory skin disorder clinically characterized by erythematous, sharply demarcated papules and rounded plaques, covered by silvery micaceous scale. It has poorly understood etiology and presence of 50% positive family history. Drugs used now a day are basically immunosuppressive which have severe side effects along with remission of disease as well therefore holistic approach of Ayurveda can be a better approach to such disease. Psoriasis due to its different manifestation in different types can be correlated to different types of *Kustha* mentioned in Ayurveda. So the case being presented here is a male patient with red demarcated patches with severe itching in armpits, groin and nipple.

Material and method: The patient was administered with *Virechana* with *Trivritaavaleha* followed by *Shamana* drugs.

Results: After *Virechana* there was the complete improvement in itching and redness of patches was reduced to some extent but after using *Shamana* drugs there was moderate reduction in all the symptoms along with mild remission.

Conclusion: There is need to develop a management for psoriasis which can give benefit on a long run without any adverse effects so, Ayurvedic system of medicine could be answer to this question.

KEYWORDS: Psoriasis, *Kustha*, *Trivrita avaleha*, *Shamana*, *Virechana*.

INTRODUCTION

The word Psoriasis named from the Greek word *psōra* meaning itch.^[1] But the disease has wide variability of features in its presentation. Psoriasis is a chronic inflammatory skin disorder clinically characterized by erythematous, sharply demarcated papules and rounded plaques, covered by silvery micaceous scale affecting up to 1% of the world's population.^[2] In India, the incidence of psoriasis among total skin patients ranged between 0.44 and 2.2%, with overall incidence of 1.02%. Highest incidence was noted in the age group of 20-39 years.^[3]

There is no specific etiology identified for the disease. Although there is a suggestion that psoriasis could be an autoimmune disease, no autoantigen that could be responsible has been defined yet. Psoriasis can also be provoked by external and internal triggers.^[4] Traumatized areas often develop lesions of psoriasis (Koebner or isomorphic phenomenon). Additionally, other external factors may exacerbate psoriasis including infections, stress, and medications (lithium, beta blockers, and antimalarials).^[5] Psoriasis causes great physical, emotional and social

burden. Quality of life, in general, is often significantly impaired. Disfiguration, disability and marked loss of productivity are common challenges for people with psoriasis.^[6] In modern medicine there are number of drugs used like PUVA, Methotrexate, corticosteroids retinoids etc. with which emission remission of symptoms occur. The adverse side effects of these drugs are renal dysfunction, Hepatotoxicity, pulmonary toxicity, Teratogenicity, osteophyte formation.^[7] Therefore, there is need to develop a management for psoriasis which can give benefit on a long run without any adverse effects. So, Ayurvedic system of medicine could be answer to this question.

In Ayurveda psoriasis can be better correlated with symptoms of *Ekkushtha*.^[8]

1. Reduced sweating (*Asweda*)
2. Extended skin lesions (*Mahavastu*)
3. Scaling of skin similar to the scales of the fish (*Matsya shakalopama*)
4. Pink discoloration (*Aruna varna*)
5. Blackening of the part (*Krishnavarna*) etc.

As *Ekakushtha* is chronic and relapsing in nature and also there is an involvement of *Tridosha* and *Twaka, Rakta, Mamsa, Lasika* and *Kleda*, hence repeated *Shodhana* is required for treatment. *Samshodhana* is one of the important treatments of Ayurveda which deals mainly with elimination of the aggravated *Doshas* from the body. Since the aggravated *Dosha* are *Pitta* and *Dushyarakta* which can be better eliminated out with *Virechanakarma*. Therefore, first the patient was administered with *Virechanakarma* then medicines given orally were *Rasmandikya, Giloyatva, Shuddhaswarnagairik, Gandhaka Rasayana, Pancha-tikttaghritagugguluvati, Mahamrichyaditail* for local application.

These drugs are basically *Katu* and *Tikta* in properties therefore *Kapha* and *Vatashamaka* in nature, hence it was observed that patient has significant relief after taking Ayurvedic treatment slight remission of symptoms were found to occur but with less severity than before.

MATERIAL AND METHOD

A 22-year-old male patient, Hindu by religion, businessman and married since 3yrs, arrived on

4/08/2017 with well demarcated raised red patches on armpits, groin and nipple. He complained of severe itching and burning on patches while scaling was minimal. He had above complaints since 10 years and diagnosed of psoriasis by allopathic physicians. Initially lesions were small sized and vague shaped and started from groin and armpit but later spread like plaque around nipple and umbilicus. Hence, it was clear case of inverse psoriasis. For this, patient took allopathic treatment for 1 month but got no relief.

His general health was good and both physical examination and all blood tests (routine test) were within normal range. The skin lesion was sent for culture and sensitivity test and report showed no growth.

Assessment Criteria

The Psoriasis Area and Severity Index (PASI) is a quantitative rating score for measuring the severity of psoriatic lesions based on area coverage and plaque appearance.

| Plaque characteristic | Lesion score | Head | Upper limbs | Trunk | Lower limbs |
|-----------------------|----------------|------|-------------|-------|-------------|
| Erythema | 0- None | | | | |
| Induration/Thickness | 1- Slight | | | | |
| Scaling | 2- Moderate | | | | |
| | 3- Severe | | | | |
| | 4- Very severe | | | | |
| Lesion score sum (A) | | | | | |

| Percentage area affected | Area score | Head | Upper limbs | Trunk | Lower limbs |
|---|----------------|------|-------------|-------|-------------|
| Area Score (B) | 0 = 0% | | | | |
| Degree of involvement as a percentage for each body region affected (score each region in between 0-6) | 1 = 1% - 9% | | | | |
| | 2 = 10% - 29% | | | | |
| | 3 = 30% - 49% | | | | |
| | 4 = 50% - 69% | | | | |
| | 5 = 70% - 89% | | | | |
| | 6 = 90% - 100% | | | | |
| Multiply Lesion Score Sum (A) by Area Score (B), for each body region, to give 4 individual subtotals (C). | | | | | |
| Subtotals (C) | | | | | |
| Multiply each of the Subtotals (C) by amount of body surface area represented by that region, i.e. x 0.1 for head, x 0.2 for upper body, x 0.3 for trunk, and x 0.4 for lower limbs | | | | | |
| Body surface area | X0.1 | X0.2 | X0.3 | X0.4 | |
| Totals (D) | | | | | |

| |
|---|
| Add together each of the scores for each body region to give the final PASI Score |
|---|

PASI Score =

Findings before treatment

| Plaque characteristic | Head | Upper limbs | Trunk | Lower limbs |
|-----------------------|------------|-------------|-------|-------------|
| Erythema | 0 | 0 | 2 | 2 |
| Induration/thickness | 0 | 0 | 1 | 1 |
| Scaling | 0 | 0 | 1 | 1 |
| Area Score | 0 | 0 | 2 | 2 |
| PASI Score | 5.6 | | | |

The patient was administered with *Virechana* followed by oral drugs. The details are

Virechana procedure- proceeds in 3 stages:

1. **Purvakarma**- includes *Deepana* – *Pachana*, *Snehana* and *Abhyanga-Svedana*. The patient was administered with *Chitrakadivati* 2 B.D. and *Panchakola phanta* 40ml B.D. for 10 days for *Deepana* and *pachana*. *Snehana* (oleation) before *Virechana* procedure is performed by '*Snehapana*' first and then with *Abhyanga*. '*Snehapana*' (internal oleation therapy) was done by pure Ghee. After 6 days when '*Samyaka Snigdha Lakshana*' were observed then patient was given '*Abhyanga* (massage) with '*Nimbadi tail*' and *Sarvanga dasamoola kwath bashpa swedana* for 3 days. During all these days, light and liquid warm diet was given. Thereafter, on the fourth day morning, *Virechana* was performed.

2. **Pradhana Karma**- *Abhyanga* and *Svedana* was done in the morning after which at 10:00 am '*Virechana Yoga*' prepared from 100ml decoction of 25gm of *Triphala* powder along with *Trivrita Avaleha* 60gm was given to the patient. Pulse, blood pressure, respiration and temperature were recorded. As the purgation starts the patient was given luke warm water repeatedly after every *Vega*.

3. **Pashchat Karma**

In the evening the patient have 11 *Vegas* i.e. *Avarashuddhi* was there, *Samsarjanakrama* for 3 days was prescribed.

After *Virechanakarma*, patient was administered for 2months with:

1. *Ras manikya* 65mg
2. *Shuddh swarna gairika* 125mg
3. *Giloy satva* 250mg
4. *Panchtikta ghrita guggulu* 2 tab BD

RESULT**Trunk**

| Plaque characteristic | BT | AT |
|-----------------------|----|----|
| Erythema | 2 | 0 |
| Induration/thickness | 1 | 1 |
| Scaling | 1 | 0 |
| Area Score | 2 | 1 |

Lower Limbs

| Plaque characteristic | BT | AT |
|-----------------------|----|----|
| Erythema | 2 | 0 |
| Induration/thickness | 1 | 1 |
| Scaling | 1 | 0 |
| Area Score | 2 | 2 |

| | BT | AT |
|------------|-----|-----|
| PASI score | 5.6 | 1.1 |

There was complete remission in erythema in all the lesions. Reddish patches with severe itching were replaced by hyperpigmented patches with complete relief in itching after treatment. So, the thickness remained the same with 100% removal of slight scaling present before treatment. Area occupied by the patches got 50% decrease in upper limbs but remains the same in lower limbs even after treatment. After treatment PASI score was significantly reduced from 5.6 to 1.1.

In the follow up of 6 months, patient has no recurrence of previous patches, also no new patches developed at any other sites of the body.

DISCUSSION

According to *Astangakaara Deepana Pachana* has to be adopted prior to the administration of

Snehana and *Swedana* and finally *Shodhana* have to be administered according to the condition and *Bala* of the patient. It is very important to bring the *Doshas* from the *Shakha* (~extremities) to *Kostha* (~alimentary tract) which is very necessary for *Shodhana*. *Shodhana* can be employed only in the case of *Upasthitha Doshas* i.e. when *Doshas* are in *Kostha* and in *Pradhana Avastha*.^[9]

Deepanapachana drugs owing to their *Agnideepana* and *Amapachana* properties removes the *Ama* associated with *Doshas*. *Sneha* owing to their *Sukshma* and *Dravaguna* prevent the hindrance and helps in the easy flow of *Amarahita* vitiated *Doshas* and also toxic waste materials from *Shakha* to *Kostha*. *Virechanayoga* owing to their purgative action expel out *Doshas*.

Abhyanga and *Swedana* before *Virechanakarma* for 3 days is done to make the *Doshas* vulnerable to get liquefied and easily transferred to *Kostha* for expulsion through administration of *Virechanayoga* in the morning. *Virechana* normalizes *Pitta* and *Kaphadosha* by extracting them out, since the route selected for elimination is anal route. The main seat of *Vata* i.e. *Pakwashaya* is also cleansed thereby alleviation and normalization of *Vata* occurs which proves that *Virechana* (purgation) is beneficial for *Tridoshas*.^[10]

Rasamanikya is a famous drug, frequently used by Ayurvedic physicians for *Vata-Kaphaja* diseases like *Shwasa*, *Kasa* and *Kushtha* (Skin disorders). Generally it is prepared by *Shuddha Haratala*, which is kept between two thin transparent *Abharaka Patra* (mica sheets).^[11] Thus its main contents are basically *Kushthahara*, *visa-Raktabhutanuth* and *Tridoshaghna* hence break the *Samprapti* of the disease.^[12] *Shuddha Swarnagairika* shows beneficial effects in skin diseases, piles, bleeding disorders, ulcers, boils, urticaria, etc. Due to its *Madhura* and *Kashayarasa madhura vipaka* and *Sheetvirya gairika* is *Pitta shamaka* and *Kaphahara*.^[13]

Giloyasatva have *Tikta*, *Kashaya*, *Rasa Madhura* in *Vipaka* as per modern psoriasis has no specific etiology behind it so using such a potent immune modulator can enhance the chances of improvement in the symptoms.

Panchatiktaghritaguggulu have *Tikta rasa dravya* which is basically *Pittashamaka* and *Raktashodhaka* in nature. *Tiktarasa* have the *Kustha* and *Kandushamaka* properties as well.^[14] *Panchatiktaghritaguggulu* has been mentioned as *Kushthaghna* in texts.^[15] It is useful in cooling the inflamed part of the body, mostly due to aggravated *Pitta*. Conditions such as psoriasis and arthritis have traditionally been treated with this *Ghritam* which

improves digestion, purify the blood from toxins. It is also beneficial in skin disorders of *Vata* and *Kapha* predominance.^[16]

CONCLUSION

Psoriasis, after considering its different clinical presentations, can be precisely correlated to *Kustha* in Ayurvedic context. In the present study, line of treatment of *Kustharoga* has been taken and the results were significantly good. Hence, there is need to develop a management for psoriasis which can give benefit on a long run without any adverse effects. Ayurvedic system of medicine could be answer to this question.

REFERENCES

1. Psoriasis. Encyclopedia of Children Health Forum [Internet]. [cited 2017 Nov 16]. Available from: <http://www.healthofchildren.com/P/Psoriasis.html#ixzz4yam6lS56>
2. Eczema, Psoriasis, Cutaneous Infections, Acne, and Other Common Skin Disorders. Fauci, Kasper, Longo, Braunwald, Hauser, Jameson, Loscalzo. Harison internal medicine. 17th edition. Mc-Graw Hill
3. Dogra S, Yadav S. Psoriasis in India: Prevalence and pattern. Indian J Dermatol Venereol Leprol [serial online] 2010 [cited 2017 Nov 16];76:595-601. Available from <http://www.ijdv.com/text.asp?2010/76/6/595/72443>.
4. Irmina Maria Michalek, Belinda Loring (Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention); and Swen Malte John (University of Osnabrueck) Global report on psoriasis. World Health Organization. Germany; 2016.
5. Eczema, Psoriasis, Cutaneous Infections, Acne, and Other Common Skin Disorders. Fauci, Kasper, Longo, Braunwald, Hauser, Jameson, Loscalzo. Harison internal medicine. 17th edition. Mc-Graw Hill.
6. Irmina Maria Michalek, Belinda Loring (Department for Management of Non-communicable Diseases, Disability, Violence and Injury Prevention); and Swen Malte John (University of Osnabrueck) Global report on psoriasis. World Health Organization. Germany; 2016.
7. Eczema, Psoriasis, Cutaneous Infections, Acne, and Other Common Skin Disorders. Fauci, Kasper, Longo, Braunwald, Hauser, Jameson, Loscalzo. Harison internal medicine. 17th edition. Mc-Graw Hill.

8. Ashwini Patil et al. Psoriasis (Eka Kushtha) Through Ayurveda – A Case Study www.iamj.in IAMJ. 2015Aug; Volume 3(8).
9. Bhavya BS, Pampanna Gouda H.A Literary review on concepts of Deepana and Pachana Jour. of Ayurveda & Holistic Medicine; volume-II (VII) 04/09/14.
10. Dr. Manisha Talekar Dr. Sisir Kumar mandal. Ayurvedic Management of Psoriasis - A case study. World Journal of pharmacy and pharmaceutical sciences volume 4(08), 11001 108. 13 July 2015
11. Ashok kumar Panda et. Al. Arsenical compounds in Ayurveda medicine: a prospective analysis. Int. J. Res. Ayur. Pharm. 2012; 3(6):772-776.
12. Hartal. Djayurveda: [Internet]. Darshit Joshi. Jamangar: B.Pharma [Ayurveda]2008-[cited 2017 Nov 16]. Available from: Djayurveda.blogspot.com
13. Gairika (Red Ochre): [Internet]. Anupama 2016-[cited 2017 Nov 16]. Available from: <https://www.bimbima.com/ayurveda>
14. Pt. Kashi Nath Shastri and Gorakh Nath Chaturvedi. Vidyotini commentary of Charaka Samhita. Sutra Sthan Chapter 26, Verse 34. Chaukhamba Bharti Academy: Varanasi. Reprinted 2012.p. 507
15. Bhaishajya Ratnawali, edited by Kaviraj shri Ambikadatta shashtri, Reprinted:2016, 54 verse 233-236, Varanasi, Chaukhamba Prakashan. p.904
16. Panchatikta Guggulu Ghrita: Benefits, Dosage, How To Use, Side Effects, Ingredients, [Internet]. -[cited 2017 march 15].Available from <https://ayurvedinfo.com>

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