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. Disfigurement, 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*, *Giloysatva*, *Shuddhaswarnagairik*, *Gandhaka Rasayana*, *Pancha-tiktaghritagugguluvati*, *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 | | | | |
| 1- Slight | | | | |
Induration/Thickness | 2- Moderate | | | |
| 3- Severe | | | |
| 4- Very severe | | | |

<table>
<thead>
<tr>
<th><strong>Lesion score sum (A)</strong></th>
</tr>
</thead>
</table>

| **Percentage area affected** | **Area score** | **Head** | **Upper limbs** | **Trunk** | **Lower limbs**
--- | --- | --- | --- | --- | ---
Area Score (B) | Degree of involvement as a percentage for each body region affected (score each region in between 0-6) | 0 = 0% | | |
| 1 = 1% - 9% | 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).

<table>
<thead>
<tr>
<th><strong>Subtotals (C)</strong></th>
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</table>

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

<table>
<thead>
<tr>
<th>Plaque characteristic</th>
<th>Head</th>
<th>Upper limbs</th>
<th>Trunk</th>
<th>Lower limbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erythema</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Induration/thickness</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Scaling</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Area Score</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>5.6</td>
<td></td>
</tr>
</tbody>
</table>

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 Trivrit 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**

<table>
<thead>
<tr>
<th>Plaque characteristic</th>
<th>Trunk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BT</td>
</tr>
<tr>
<td>Erythema</td>
<td>2</td>
</tr>
<tr>
<td>Induration/thickness</td>
<td>1</td>
</tr>
<tr>
<td>Scaling</td>
<td>1</td>
</tr>
<tr>
<td>Area Score</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plaque characteristic</th>
<th>Lower Limbs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BT</td>
</tr>
<tr>
<td>Erythema</td>
<td>2</td>
</tr>
<tr>
<td>Induration/thickness</td>
<td>1</td>
</tr>
<tr>
<td>Scaling</td>
<td>1</td>
</tr>
<tr>
<td>Area Score</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PASI score</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.6</td>
<td>1.1</td>
<td></td>
</tr>
</tbody>
</table>

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 Upasthittha Doshas i.e. when Doshas are in Kostha and in Pradhanavastha. [9]

Deepanapanchana drugs owing to their Agnideepana and Amanapanchana 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 Shakh 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 Kushta (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 Kushtahara, 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 Kasyayarasa madhura vipaka and Sheetvivya gairika is Pitta shamaka and Kaphahara. [13]

Gilosatva 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.

Panchakttaghritaguggulu have Tikta rasa dravya which is basically Pittashamaka and Rakhtashodhaka in nature. Tiktarasa have the Kushta and Kandushamaka properties as well. [14] Panchakttaghritaguggulu has been mentioned as Kushtaghna 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 Ghistam 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

Cite this article as:

Source of support: Nil, Conflict of interest: None Declared

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