Ayurvedic management of Psoriasis vulgaris: A case study

Viraj V. Shukla 1, *, Shrikant G. Deshmukh 2 and Sonali V. Shukla 3

1 Department of Kayachikitsa, LKR Ayurveda college, Gadhinglaj, Kolhapur, Maharashtra, India.
2 Department of Kayachikitsa, CSMSS Ayurveda College, Cha. Sambhajinagar, Maharashtra, India.
3 Department of Kriya Sharir, LKR Ayurveda College, Gadhinglaj, Kolhapur, Maharashtra, India.

World Journal of Advanced Research and Reviews, 2023, 20(02), 121–125

Publication history: Received on 17 September 2023; revised on 29 October 2023; accepted on 31 October 2023

Article DOI: https://doi.org/10.30574/wjarr.2023.20.2.2205

Abstract

Psoriasis is a Chronic, autoimmune Papulo - squamous, recurrent inflammatory disease of the skin characterised by Circumscribed, erythematosus, dry, Silvery Scaley Plaques with fluctuating manifestation and frequent re-currence. patients suffering from Psoriasis experiences physical, emotional and Socioeconomic stress and embarrassment. The Incidence is about 0.4 % to 2.8 % amongst Indians and prevalence is high in third and fourth decades of life. In Ayurveda all skin Conditions are observed under 'Kushtha' where Psoriasis Can be closely correlated with Kitibha Kushtha having Vata- kapha dominance. the term 'Twacha'is derisved from the Dhatu - twacha samvarne which means body covering. It is described as upa-dhatu of Rasa dhatu and considered as one of 'Jnanendriyas' for perception of sense of touch. 'Twacha' or skin serves as barrier and first line defense against the external environmental factors like physical, Chemical and biological assaults.

The Characteristic Pathophysiological events occurring includes epidermal proliferation, Expansion of dermal Vasculature and accumulation of Inflammatory Cells.

In the present study an effort has been made to treat 46 year female patient suffering from Psoriasis vulgaris Through Samshodhan and sanshaman treatment modalities described in Ayurveda. Initially Viechan chikitsa was administred along with appropriate measures of poorva karma, and then followed by Sansshaman yoga. PASI score is used as a tool to assess the Sevirity of lesion.

Keywords: Psoriasis Vulgaris; Kitibha Kushtha; Ayurveda; Case

1. Introduction

According to Ayurveda the term ‘Twacha’ is derived from the Dhatu – Twatcha samvarne which means body coverings. It is described as upa-dhatu of Rasa Dhatu and considered as one of ‘Jnanendriyas’ for perception of sense of touch. ‘Twacha’ or skin serves as barrier and first line defense against the external environmental factors like physical, chemical and biological assaults.

Psoriasis is a multifactorial diseases showing genetic susceptibility and combined effect of various precipitating factors like trauma, infections, drugs, sun exposure and psychological stresses. The characteristic pathophysiological events occurring includes epidermal proliferation, expansion of dermal vasculature and accumulation of inflammatory cells.

In Ayurveda classical texts all skin conditions are discussed under ‘Kushtha’ which are mainly sub classified as ‘Mahakushtha’ and ‘Kshudrakushtha’. Acharyas has emphasized on vitiation of sapta dushya viz. vata, pitta, kapha,
Twak, Mamsa, Rakta and Lasika in the samprapti of Kushtha. Even Dhatugatavastha is mentioned which indicates the deep rooted condition and explain the need of Samshodhan chikitsa.

In accordance with acharya charaka the ailments treated with shashodhan chikitsa will never reappear unlike the isolated shaman chikitsa. Virechana as a part of samshodhan chikitsa followed by samshaman chikitsa is selected and administered as advocated by Acharya.

Psoriasis vulgaris, the most common presentation clinically manifests as silvery scales, symmetricaly located on scalp, knees, elbow and lower back manifesting koebners phenomenon, positive Auspitz's sign and candle grease sign. Present therapeutics modalities like PUVA therapy has been used for decades but it involves the risk of skin cancers. So there is a need to develop safe, effective and rational therapeutics way to treat such ailment.

Aim And Objective
To evaluate the efficacy of Samshodhan and Samshanan therapy in psoriasis vulgaris.

1.1. Place of Study
The present case study was conducted at Late Kedari Redekar Ayurved College & Hospital Gadhinglaj, Dist: Kolhapur

2. Case Report
Basic information of patients.

- Age – 46 Yrs., Sex – F, Weight – 57 kg.
- Religion – Hindu, Socioeconomic status – Middle class
- Occupation – House wife.

2.1. Chief Complaints
Silvery scales with moderate itching, reddish circular patches over both hands, both feet and abdomen.

2.1.1. H/O Present illness
46 yrs old female patients present with complaints of dry, silvery, scaly plaques with mild to moderate itching over hands, feet and abdomen. She had these symptoms since 8 to 10 yrs on and off aggravating during rainy season. The circular, dry, itchy, silvery scaly, lesions were present symmetrically on both flexors and extensor surface of arms and feet. Pin point bleeding spots appears on removal of scales. There was no H/O any fever, oozing and no involvement of genitalia observed.

2.1.2. H/O Past Illness
No H/O any other major illness.

2.1.3. Family H/O
- Father – HTN
- Mother – Healthy
- No family H/O of psoriasis.

2.1.4. Personal H/O
- Diet – Preferably madhur, Addiction – No
- Non Vegetarian frequently
- Bowel – frequency 1 to 2 times
- Appetite – Normal
- Micturition – Normal
- Sleep – sleep disturbances
- Allergy – Not yet detected
2.2. On Examination

- GC fair
- Afebrile
- Vitals - WNL
- CNS/ CVS / RS / GI System examination shows no abnormality
- Prakriti - Vata Kapha

2.2.1. Integumentary System

- Site of onset – Around both elbows
- Mode of spread – centripetal
- Appearance – papules and plaques, erythematous with silvery scales.
- Size – varying size
- Consistency – moderately thick and dry
- Configuration – Grouped on abdomen
- Margination – well demarcated
- Distribution – bilaterally symmetrical
- Surface Characteristics – Dry, well demarcated
- Primary Lesion - Erythematous papules over abdomen
- Secondary Lesion – Dry, thick, scaly lesions
- Involvement of genitalia – No
- Nail Charges – Pitting present

2.2.2. Signs

Auspitz sign – positive

2.2.3. Diagnosis

Based on clinical history and examination the condition was diaggressed as psoriasis Vulgaris.

2.3. Treatment Protocol

Table 1 Virechan Karma

<table>
<thead>
<tr>
<th>Snehapana</th>
<th>Mahatiktaka Ghrita</th>
<th>Vardhamana matra for 5 days</th>
<th>30ml-60ml-90ml</th>
<th>120 ml- 150 ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahya Snehan followed by Bashpa sweda</td>
<td>Brihammarichyadi Taila</td>
<td>On 6th &amp; 7th day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virechana</td>
<td>Tabs Ichhabhedi rasa- 2 tab</td>
<td>On 8th day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Samsarjan krama</td>
<td>For 3 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raktamokshana (Siravedha Vidhi)</td>
<td>150ml blood Letting is done by using 18 no. needle on 4th day of Samsarjan procedure.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.3.1. Internal medicine

1) Chandraprabha Vati - 250mg 4 tab 3 times a day
2) panchatikta ghrita guggulu - 250mg 2 tab 3 times a day
3) Rakta pachak yoga - 250mg 2 tab 3 times a day
4) Amrutadi Kwath - 10ml 2 times a day
For 15 Days

### 2.4. PASI Score

Psoriasis Area severity index is widely used tool to grade Psoriatic lesions and to assess response to treatment. It calculates the severity of erythema, indurations and percentage of affected area.

Score of 1 to 10 is considered moderate and above 10 is severe.

PASI Score = \((E+I+S) \times \text{Area Score} \times \text{Area multiplier}\)

#### Table 2 Lesion Score

<table>
<thead>
<tr>
<th>Erythema (E)</th>
<th>Induration (I)</th>
<th>Scaling (S)</th>
<th>No symptoms</th>
<th>Mild</th>
<th>Moderate</th>
<th>Marked</th>
<th>Very Marked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Table 3 Area Score

<table>
<thead>
<tr>
<th>Area</th>
<th>0%</th>
<th>1%-9%</th>
<th>10%-29%</th>
<th>30%-49%</th>
<th>50%-59%</th>
<th>70%-89%</th>
<th>90%-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

#### Table 4 Area Multiplier

<table>
<thead>
<tr>
<th></th>
<th>0.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head (H)</td>
<td>0.1</td>
</tr>
<tr>
<td>Upper Limb (UL)</td>
<td>0.2</td>
</tr>
<tr>
<td>Trunk (T)</td>
<td>0.3</td>
</tr>
<tr>
<td>Lower Limb (LL)</td>
<td>0.4</td>
</tr>
</tbody>
</table>

#### Table 5 Before Treatment

<table>
<thead>
<tr>
<th>Lesion Score</th>
<th>Head (H)</th>
<th>Trunk (T)</th>
<th>Upper (UL)</th>
<th>Lower limb (LL) including buttocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erythema (E)</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Induration (I)</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Scaling (S)</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sum : E+I=S</td>
<td>0</td>
<td>7</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Percentage of affected area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Score</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>SUBTOTAL : Sum*Area Score</td>
<td>0</td>
<td>14</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Body area: subtotal * amount</td>
<td>0</td>
<td>14 x 0.3 =</td>
<td>15 x 0.2 = 3</td>
<td>12 x 0.4 = 4.8</td>
</tr>
<tr>
<td>Indicated</td>
<td></td>
<td>4.2</td>
<td>3</td>
<td>4.8</td>
</tr>
</tbody>
</table>

#### 2.4.1. Before Treatment

PASI Score \(H+T+UL+LL=12\)
2.4.2. After Treatment
PASI Score H+T+UL+LL= 0

3. Result and Discussion
As mentioned in Classical texts 'Samshodhana' is very important and Primary management of Kushtha Vikaras. In this Case Study both shodhan therapies ie Virechana & Raktamokshan are administered according to Avastha of dosha. As in Initial presentation Leenavastha of Dushyas was observed indicating bahya- Abhyantar Snehan and Swedan as Poorva karma followed by Virechana as pradhan Karma.

After Samsarjan Krama Shesha Doshas are evacuated though Raktamokshan.

Hence Dosha Shuddhi is achieved by using both Shodhan upakrama. For Shaman purpose Chandraprabha Vati, Panchatikta ghrita guggulu, Raktapachak yoga and Amrutadi Kwath was advised.

It was observed that during 2nd day of Samsarjan Krama. Itching & scaling was completely reduced. But Erythema persists, which was completely relived after Raktamokshan.

For the assessment of Improvement in Lesions, PASI scale was considered. Before Starting The treatment her PASI score was 12 and after treatment PASI score was 0.

4. Conclusion
The Case study highlighted the effectiveness of Combined effect of Samshodhan and Samshaman treatment modalities as prescribed in classical Ayurvedic texts. The study Shows Complete recovery in Psoriasis Vulgaris case within 15 days.

Compliance with ethical standards

Disclosure of conflict of interest
No conflict of interest to be disclosed.

Statement of informed consent
Informed consent was obtained from all individual participants included in the study.

References
[3] Dermatology and sexually Transmitted diseases by Dr. Neena Khanna Chapter 4