



AYURVEDIC MANAGEMENT OF PSORIASIS: A CASE STUDY

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Article Received on 26/12/2024

Article Revised on 15/01/2025

Article Accepted on 04/02/2025

ABSTRACT

Skin is the reflecting surface which shine back the action of internal functions of body. Any switch in skin colour may disturbs the patient both physically and mentally. Psoriasis is a long-lasting, noncontagious autoimmune disease characterized by patches of abnormal skin. These areas are red, pink, or purple, dry, itchy, and scaly. Psoriasis varies in severity from small localized patches to complete body coverage. There is no specific treatment for psoriasis. As there is symptomatic relieve from modern medicine but it has its own side effect on long term use. Ayurveda has mentioned diseases like symptoms of psoriasis known as *Kitibhkushtha* type of *Kshudrakushtha*. Ayurvedic management was done by *shodhan* and *shaman chikitsa*. A 60 year old male patient was diagnosed as psoriasis. In this study *Virechana karma* was performed. PASI (Psoriasis area severity index) score was taken for assessment parameter of improvement. AT the time of admission the PASI score was 17.5 At the end of treatment after 10 day the Pasi score was 2.1. Such miraculous changes was shownin patient within 10 day.

KEYWORDS: Psoriasis, Pasi score, *Kitibhkushtha*, *Ayurvedic* management.

INTRODUCTION

Psoriasis is a common dermatologic disease, Koebner's phenomenon present in the active phase affecting up to 1% of the World's population.^[1] both of the disease. Males and females suffering equally.^[2] Psoriasis is derived from Greek word 'Psora' means 'itch' the disease. A condition in which skin cells raise up and form scales and itchy, dry patches.^[3] Psoriasis is thought to be an auto immune system problem.^[4] Provoke include infections, stress and cold. The most common symptom is a rash on the skin, but sometimes the rash involves the nails or joints. The cause of psoriasis is not fully understood. Genetics, seasonal changes, skin damage, climate, immunocompromised state, specific infections, and the use of some medications have been connected with different types of psoriasis.^[5] The diagnosis of psoriasis is primarily conducted with an examination of the skin, based on the appearance of the skin and the reported symptoms of the patient. Skin characteristics typical for psoriasis are scaly, erythematous plaques, papules, or patches of skin that may be painful and itchy.^[6] No special blood tests or diagnostic procedures are usually required to make the diagnosis. Psoriasis is not just a skin disease. The symptoms of psoriasis can sometimes go beyond the skin and can have a negative impact on the quality of life of the affected individuals. Additionally, increase the treatment and financial burden of psoriasis and should be considered when managing

this condition. Patient disturbed physically and mentally. While no cure isavailable for psoriasis.^[7] Topical agents are typically used for mild disease, phototherapy for moderate disease, and systemic agents for severe disease. There is no evidence to support the effectiveness of conventional topical and systemic drugs. Topical corticosteroid preparations are the most effective agents when used continuously, but has its own side effect used for longer duration. Phototherapy in the form of sunlight has long been used for psoriasis.^[8] We have to take precaution during phototherapy as over exposure can cause burning of skin. There are several types of Psoriasis which can be related to certain diseases described in *Samhitas*. *Kitibhkushtha* which having symptoms like psoriasis has been described previously by *Acharya* in *Samhitas* i.e *Charak Samhita*, *Vagbhatt Samhita*, *Sushrut Samhita*, *Madhav Nidan*. *Kitibhkushtha* involving in type of *kshudrakushtha* dominating of *Vata* and *Kaph dosh*.^[9] The causative factor of *Kitibhkushtha* is same as *Kushtha*. Dietary factors as *Viruddha aahara*, excessive consumption of *Drava*, *Snigdha*, *Guru aahar*, *Vega dharana*.^[10] *Acharya Charaka* has mentioned the symptoms of *Kitibhkushtha* as.^[11] The etiological factor leads to vitiation of Tridosha especially *Vata* and *Kapha*. *Tridosha* and *Twacha*, *Lasika*, *Rakta*, *Mansa* are the seven major causative factor for *Kushth*.^[12] Frequent *shodhana* along with *shamana* is main line of treatment.^[13]

AIM AND OBJECTIVE

To evaluate the *ayurvedic* management of Psoriasis. Place of study - The present case study was done in the Dept. of Panchkarma, PGIA Jodhpur Rajasthan.

CASE REPORT

Basic information of the patient

- ❖ Age -60 yrs
- ❖ Religion -Hindu
- ❖ Occupation- He is a farmer. He had addiction of alcohol and tobacco since 25 years. Before one year he had withdraw both addiction.

Pradhan Vedana (Chief complaints)

Sarvang Kandu(itching all over the body with scaling and rashes) since

Twak vaivryata(discoloration of skin)

Twak rukshata (dryness of skin was present)

Vartaman Vyadhivritta (History of present illness)

Male patient having age 60 yrs had came to *panchkarma* OPD with OPD NO. 32333. He was having above complaint since 10 -12 years. He was treated with some allopathic medicine and some steroid, but according to patient the symptom was curring only when the treatment was ongoing. As treatment stop the reoccurrence of symptoms was occurring. Now the above symptom was more since 2-3 month due to which patient was disturbed physically and mentally. So for further management and treatment patient was admitted in *panchkarma* male ipd in PGIA Jodhpur Rajasthan

Purva Vyadhivritta (History of past illness)

Previously diagnosed Benign Prostate Hypertrophy (2021).

Kulaja Vritta (Family history)

No any illness present to family members.

None of the family members having symptoms like patient.

Vaiyaktikavritta (Personal history)

Patient was consuming both veg and non veg

Patient was addicted to alcohol and tobacco before 25 years. Now he does not consume both since 1year. Continuous itching all over the body due to which his sleep was disturbed.

ON EXAMINATION

General Condition – fair

Temperature-afebrile Vitals were normal.

Cardiovascular system, respiratory system and per abdomen examinations had shown no deformity.

Ashtavidha Pariksha

- 1) *Nadi* (pulse) was *kapha pradhana vata anubandhya*.
- 2) *Mutra* (urine) -Dribbling of micturition was present.
- 3) *Mala* (stool) was normal, no any other complaint was present.
- 4) *Jihva* - *Sama* (coated).
- 5) *Shabda* (Speech) - clear.
- 6) *Sparsha* (touch) - *Ruksha*.

7) *Drik* (eyes) – normal no any eye related symptoms present

8) *Aakriti* (appearance) -*madhyam* (normal).

Other Examination: Scalling and itching present both upper and lower limb, abdomen back, head, neck face and groin region.

Diagnosis

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

Treatment

1) *Deepana pachana* with *Amdoshantak churn* 2gm BD for 3 days.

2) *Virechana karma* -As *rutu* is *Sharad rutu*. It is best time for *virechan*. *Panchtikta ghrita* for 3 days in increasing order from 40 ml to 120 ml. *Vishranti kal* with *Mridu snehana* and *Swedana* for 2 days. Then *Virechan karma* was performed by *Triphala kwath* and *Aragwadhfal majja fant* and 3 tab. *Abhayadi Modak* followed by *Samsarjana krama* for 7 days.

3) *Chandraprabha vati* was given for Dribbling of micturition later on patient feels better.

4) *Nimb tail* for local application all over the body as itching was unbearable.

After *Virechan* patient was discharged from *panchkarma* ward, with *shaman chikitsa* as follow.

1) *Arogyavardhini vati* -500 mg BD

2) *Gandhak rasayana*.- 500 mg BD

3) *Krumikuthar ras* - 500 mg BD

4) *Mahamanjishtadi kwath*-30 ml BD

5) *Mridu virechana* with *gandharwa haritaki churn* 2 gm BD

6) *Nimb tail* for local application two times a day

Patient was call for follow up after 07 days. Maximum symptoms of patient has recovered After Treatment. Patient was happy and satisfied with treatment.

PASI SCORE^[14]

1) A representative area of psoriasis is selected for each body region. The intensity of redness, thickness, and scaling of the psoriasis is assessed as none (0), mild (1), moderate (2), severe (3), orvery severe (4).

| Intensity | Absent | Mild | Moderate | Severe | V.severe |
|-----------|--------|------|----------|--------|----------|
| Thickness | 0 | 1 | 2 | 3 | 4 |
| Redness | 0 | 1 | 2 | 3 | 4 |
| scalling | 0 | 1 | 2 | 3 | 4 |

2) The three intensity scores are added up for each of the four body regions to give subtotals A1, A2, A3, A4.

3) Each subtotal is multiplied by the body surface area represented by that region. • A1 x 0.1 gives B1.

• A2 x 0.2 gives B2

• A3 x 0.3 gives B3

• A4 x 0.4 gives B4

4) The percentage area affected by psoriasis is evaluated in the four regions of the body. In each region, the area is expressed as nil (0), 1-9% (score 1), 10-29% (score 2), 30-49% (score 3), 50-69% (score 4), 70-89% (score 5) or 90-100% (score 6).

- Head and neck
- Upper limbs
- Trunk
- Lower limbs

5) Each of the body area scores is multiplied by the area affected.

- $B1 \times (0 \text{ to } 6) = C1$
- $B2 \times (0 \text{ to } 6) = C2$
- $B3 \times (0 \text{ to } 6) = C3$
- $B4 \times (0 \text{ to } 6) = C4$

6) The PASI score is $C1 + C2 + C3 + C4$.

PASI SCORE for patient before and after treatment for the patient was observed for 15 day. $PASI\ SCORE(Cn) = An \times Bn \times Area\ score$. Before Treatment.

| | Area(An) | Constant(Bn) | Area % | Total(Cn) |
|------------|----------|--------------|--------|-----------|
| Head | 3 | 0.1 | 3 | 0.9 |
| Upper limb | 4 | 0.2 | 5 | 4 |
| trunk | 3 | 0.3 | 4 | 3.6 |
| Lower limb | 4 | 0.4 | 5 | 9 |

Pasi score = $C1+C2+C3+C4$ Before Treatment = 17.5



1]



2]



3]



4]

5]



6]

The Above Image From 1 to 6 Are Before Treatment on First Day.

After Treatment(IPD 10 days and follow up of 7 days)

| | Area(An) | Constant(Bn) | Area % | Total(Cn) |
|------------|----------|--------------|--------|-----------|
| Head | 1 | 0.1 | 1 | 0.1 |
| Upper limb | 0 | 0.2 | 2 | 0 |
| trunk | 2 | 0.3 | 2 | 1.2 |
| Lower limb | 1 | 0.4 | 2 | 0.8 |

After Treatment = 2.1



The above images from 1 to 4 are after treatment

RESULT AND DISCUSSION

Psoriasis is a long-lasting, noncontagious autoimmune disease characterized by patches of abnormal skin. It is correlated with certain diseases in *Ayurveda*. Here a case of Psoriasis has been discussed, which is best correlated to *Kitibhkushtha*. *Kitibhkushtha* is type of *Kshudra Kustha* and having dominance of *VataKapha dosha*. The vitiated *Dosha* reaches to *Shithila dushya* like *Twaka* etc. and results into *Sthana samshraya avastha* and then produces symptoms of *Kitibhkushtha*. *Acharya Charaka* says that in *Kushtha*, *Shithilta* is present in whole *Twak*.^[15] This disease having *Parush*(dryness) *Kinkhar sprash*(rough scale) *Shyav*(Blackish Skin). The line of treatment mentioned in *Ayurvedic* classics for *Kushtha roga* are *Nidana Parivarjana*, *Shodhana*, *Snehana*, *Swedana*, *Raktamokshana*, *Prakriti Vishatan*, *Shamana*,

Lepana etc. As *Kitibhkushtha* 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.

For the basis of improvement PASI scale was considered. Before starting the treatment his PASI score was 17.5. After 17 days it was 2.1.

CONCLUSION

This case shows that psoriasis can be cured with ayurveda. No adverse effect and new symptoms was found in patient.

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