



AYURVEDIC MANAGEMENT OF PSORIASIS: A CASE REPORT

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ABSTRACT

Psoriasis is a Chronic autoimmune skin condition characterized by the development of red, scaly patches on the skin, affecting millions worldwide. This case study presents the journey of a 50-year-old male patient diagnosed with Psoriasis, highlighting the complexities of treatment. The case outlines the diagnostic process, including clinical evaluation and assessment of disease severity. Furthermore, the case explores the psychosocial aspects of living with psoriasis, including the impact on mental health and quality of life. Through this case study, insights into the challenges and considerations in managing psoriasis are provided, contributing to the evolving understanding of this complex dermatological condition.

KEYWORDS: Psoriasis, *Kusta*, *Shamana*, Skin disease, Ayurveda.

INTRODUCTION

Psoriasis, a chronic autoimmune skin condition, affects millions worldwide, presenting a myriad of challenges for both patients and health care professionals. It is characterized by abnormal growth of skin cells, resulting in raised, red, scaly patches that can be both physically uncomfortable and emotionally distressing for those affected. This condition affects approximately 2-3% of the global population, making it a prevalent dermatological concern. While the exact cause of Psoriasis remains elusive, it is believed to stem from a combination of genetic predisposition and environmental triggers. Immune system dysfunction plays a central role in leading to accelerated skin cell turnover and inflammation. This abnormal cycle results in the formation of plaques, the hallmark symptom of psoriasis, typically found on the elbows, knees, scalp and lower back. Psoriasis manifests in different forms, with plaque psoriasis being the most common. Other presentations include guttate, pustular, inverse, and erythrodermic psoriasis, each exhibiting distinct characteristics and severity levels. Additionally, psoriasis is not solely a skin condition; it can also affect nails, joints, and other organs, contributing to systemic complications.

In Ayurveda, Psoriasis is often referred as *Kitibha* or *Sidhma kusta*, and it is believed to result from an imbalance in the body's doshas particularly *pitha* and *kapha*. According to Ayurveda Psoriasis is considered a manifestation of vitiated *raktha dhatu* and *mamsa dhatu* leading to the formation of thickened scaly patches on the skin. Ayurveda treatments include Panchakarma

therapy, which involves various detoxifying procedures like *Virechana*, *Vamana* etc, which will eliminate the toxins from the body thus helps in retaining the *doshic* balance.

Beyond physical symptoms, psoriasis takes a toll on mental and emotional well-being. The visible nature of the condition can lead to social stigma, decreased self-esteem, and impaired quality of life. Individuals with psoriasis often grapple with feelings of embarrassment and isolation, highlighting the need for comprehensive care that addresses both the physical and psychosocial aspects of the disease. Psoriasis being a complex dermatological disorder that poses challenges for both patients and healthcare providers has no cure. Numerous treatment options exist to manage symptoms and improve quality of life. Lifestyle modifications such as stress reduction, maintaining a healthy diet, and avoiding triggers, also play a significant role in managing the condition effectively.

This case study delves into the intricate aspects of a specific psoriasis patient, shedding light on the diagnosis, treatment, and the holistic impact on their life.

CASE REPORT

Basic information of patient

Age- 50 years

Gender- Male

Occupation- Construction site worker

Chief complaints

Itchy skin lesions with scales over hands, legs and in the back region.

History of present illness

A 50-year-old male patient came to the OPD of Department of Kayachikitsa, PSAM Hospital, Teaching Hospital of Shree Swaminarayan Ayurveda college, Swaminarayan University in 2022. He was complaining of skin lesions on the hands, legs, back as well as in the buttock region with scales, associated with extreme itching in the affected area. He was apparently healthy 25 years before and then he started complaining of small pimples on the legs and in the back region, later they become scaly patches for which he initially consulted a Dermatologist and was diagnosed as Psoriasis. He was under Allopathic medications for the initial 3 years. As per patient internal medications and externally ointments gave an initial relief but as soon as he stopped medicine the symptoms reappear. He then ignored the complaints but as the years passed the symptoms aggravated and scaly patches become visible almost all over the body. In 2015 he approached an Ayurveda Physician where he was asked to get admitted and undergo Panchakarma procedure but as he was a daily wagger and only bread earner in the family, he could not get admitted there. By 2022 the symptoms aggravated so much that it hampered his daily activities. He used to wear Dhoti but as the scaly patches become more visible in the legs, he become uncomfortable and lost confidence in the dresses he used to wear before due to which he stopped going to crowded places. As per the patient the scales used to shed and it become difficult for him to share bed also.

Hence approached our hospital for better line of management.

History of past illness

No history of Diabetes mellitus, Hypertension, or other systemic illness.

Family history

All family members are said to be healthy

Clinical examination

- General condition- fair
- Vitals- normal
- Systemic examination- within in normal limits

Examination of skin

- Lesions- Erythematous and scaly
- Colour- Blackish mostly some are reddish
- Number of lesions – many
- Itching- present
- Scaling- Present
- Candle grease sign – Positive
- Auspitz sign- Positive

Diagnosis- Psoriasis.

Treatment protocol

Psoriasis is usually treated with *Shodhana* procedures on an IPD basis. But in this case as the patient was unable to get admitted only *shamana dravyas* were the only option. So, the medicines were selected in such a way as to provide purification and palliative care to the patient.

Treatment plan

Days	Internal	External
Day 1-15	Manjistadhi Kashaya 15ml-0-15ml (before food) Agnitundi vati 2-0-2 (before food)	Triphala kwatha- Prakshalana Nimba taila- External application
Day 16-30	Panchathiktha guggulu ghritha-1tsp-0-0 (early morning, before breakfast) followed by Hot water Gandhaka rasayana 1-0-1 (After food)	Jathyadhi with Thikthaka ghritha- external application
Day 31-45	Patoladhi kashaya 15ml-0-15ml (Before food) Triphala vati-1-0-1 (After food)	Triphala kwatha- Prakshalana Jathyadhi with Thikthaka ghritha- external application
Day 46-60	Gugguluthikthaka Kashaya 15ml-0-15ml (Before food) Arogyavardhini vati 2-0-2 (After food)	Jathyadhi with Thikthaka ghritha- external application
Day 61-75	Gugguluthikthaka Kashaya 15ml-0-15ml (Before food) Arogyavardhini vati 2-0-2 (After food)	Eladhi kera taila- external application
Day 76-90	Stopped all internal medicines	Eladhi kera taila- external application

RESULTS



DISCUSSIONS

Psoriasis is a Chronic autoimmune condition characterized by the rapid buildup of skin cells, leading to thick scaly patches on skins surface. Ayurveda views psoriasis as primarily caused by an imbalance in the *Pitha* and *kapha* along with *raktha dhatu*. Treatment aims to restore the balance by pacifying these doshas through *Shodhana* procedures, *shamana* drugs and lifestyle modifications. *Shodhana* has been given utmost importance in treating skin diseases in Ayurveda. As the patient was unable to undergo *Shodhana* procedures in IPD basis the plan of treatment was to provide purification with the help of medicines in OPD basis.

As Psoriasis is a condition where it affects *Dhatvagni* as well as *Jataragni*, *Agnitundi vati* was given to do the *Deepana* and *pachana* action which helps to separate the vitiated doshas. Being a *Rasoushadhi* it has the capacity to correct Dhatvagni. Manjistadi Kashaya synergistically works to balance the doshas, especially *pitha* and *Kapha* and does blood purification and aiding in skin disorders. After *Deepana pachana* has achieved next was to provide a *Sneha Dravya* which is usually given prior to Classical *Virechana*. Hence *Panchathiktha guggulu ghritha* was administered to the patient. *Ghritha* facilitates the absorption of the active herbal ingredients, ensuring their efficacy in improving the overall well-being. This medicine balances *vata* and *kapha* and aids in digestion and detoxification. After *snehapana* next step in Classical *virechana* involves *Visrama kaala* followed by *Virechana*. For which *Patoladi Kashaya* was administered to the patient. *Patoladi Kashaya* has its effect on normalizing *kapha* and *pitha*. It gave *nitya virechana* effect to patient. *Gugguluthikthaka Kashaya* does the balancing of *Pitha* and *Kapha*, exhibits anti-oxidant property. It reduces the inflammation scaling of skin lesions. The drugs administered to the patient mainly include *Tiktha* (bitter) rasa in it. Psoriasis is a condition involving the imbalance of *Pitha* and *Kapha* doshas, along with the *dhatu*s. This helps in detoxification and purifying the blood, which is beneficial in managing Psoriasis. All the drugs administered are *kustaghna* (alleviating skin disorders), *Srotho shodhana* (cleansing the bodily channels), *raktha shudhi* (purifying blood) properties aiding to overall health of the patient.

CONCLUSION

Managing Psoriasis can be indeed be challenging. Consistency and adherence to medication are the crucial factors in achieving successful outcomes. By diligently following the prescribed treatment plan, the patient benefitted from the therapeutic effects of the medications, leading to improvement in symptoms, and overall well-being.

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