

A CASE STUDY ON AYURVEDIC MANAGEMENT OF PSORIASIS W.S.R TO
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Article Received on 03/03/2024

Article Revised on 23/03/2024

Article Accepted on 13/04/2024

ABSTRACT

Psoriasis is one of the most common dermatologic diseases, affecting up to 1% of the world's population. It is a non-contagious inflammatory skin disorder clinically characterized by erythematous, and rounded plaques, covered by silvery scale. It can be correlated with Ekakushtha which is having Asvedanam, Mahavastu and Matsyashakalopamam Avastha. This case is about Ayurveda treatment of a 46-year-old male patient with plaque psoriasis presented with erythematous plaques on the anterior surface of the legs, arms and forearms, front and back of trunk region. The Auspitz sign and Koebner phenomenon were positive. The treatment protocol was adopted as per Ayurvedic Samprapti (pathophysiology) and the patient cured completely without reporting any adverse events after 3 month of treatment. No recurrence observed even after one year of the halted treatment. The importance of a wholesome diet (Pathya and Apathya) as a health promoter is also revalidated. Photographic documentation was recorded with the proper consent of the patient during successive treatment and regular follow-ups. Altogether, multimodal Ayurveda treatment led to speedy and substantial recovery from a chronic case of psoriasis.

KEYWORDS: Psoriasis, Ekkushtha, Ayurveda, Shamana Aushadhi, Virechana, Siravedha.**INTRODUCTION**

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. The skin lesions of psoriasis are variably pruritic. 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).^[1] The etiology of psoriasis is still poorly understood, but there is clearly a genetic component to the disease. Over 50% of patients with psoriasis report a positive family history. Psoriatic lesions demonstrate infiltrates of activated T cells that are thought to elaborate cytokines responsible for keratinocyte hyperproliferation, which results in the characteristic clinical findings. Agents inhibiting T cell activation, clonal expansion, or release of pro-inflammatory cytokines are often effective for the treatment of severe psoriasis.^[2] There are five main types of psoriasis: plaque, guttate, inverse, pustular, and erythrodermic.^[3] Plaque psoriasis, also known as

psoriasis vulgaris, makes up about 90% of cases. It typically presents with red patches with white scales on top. Areas of the body most commonly affected are the back of the forearms, shins, around the navel and the scalp.^[4] Inverse psoriasis affects the intertriginous regions including the axilla, groin, submammary region and navel; it also tends to affect the scalp, palms and soles. The individual lesions are sharply demarcated plaques, but they may be moist and without scale due to their location. Guttate psoriasis (eruptive psoriasis) is most common in children and young adults. It develops acutely in individuals without psoriasis or in those with chronic plaque psoriasis. Patients present with many small erythematous, scaling papules, frequently after upper respiratory tract infection with -hemolytic streptococci. Pustular psoriasis is another variant. Patients may have disease localized to the palms and soles, or the disease may be generalized. Regardless of the extent of disease, the skin is erythematous with pustules and variable scale. Localized to the palms and soles, it is easily confused with eczema. When generalized, episodes are characterized by fever (39°–40°C) lasting several days.

PREVALENCE

With a prevalence of 0.44-2.8 % in India, it commonly affects individuals in their third or fourth decade with males being affected two times more common than females. Psoriasis significantly impairs the quality of life of patients and their families resulting in great physical, emotional and social burden.^[5]

MATERIAL AND METHODS

Case Report: A 46 year male patient came to the **Out Patient Department** with complaints of multiple erythematous plaques covered with thick silvery scales with itching over Elbows, Knees and Extensors of Extremities in a same way from last 2 years. The patient was already diagnosed as “**Plaque Psoriasis**” by dermatologist and had taken Allopathic treatment, but didn't get relief. So, he was willing for Ayurvedic management. There was no significant past history. Family history was also negative for similar skin conditions. The appetite of patient was normal. Bowel and bladder movements were also regular. There was no history of any addiction. Vital signs of patient were normal. Laboratory investigations revealed slight increase in total leucocyte count and eosinophil count. The patient was admitted in IPD of M.A. Podar Hospital for the Ayurvedic management. The signs and symptoms were recorded and graded on the basis of CRF.

TREATMENT

Being an Autoimmune disease, it is quite difficult to treat. Therefore, the management principles of Kushtha Chikitsa done with Shodhana by (Virechana followed by Siravedha). Shamana performed by combination of Arogyavardhini Vati, Gandhak Rasayana and Khadirarishtha as a anupana had implemented in this case.

Shodhana Management

Virechana Therapy: The therapy was performed in three steps.

1) Poorva Karma: Poorva karma of Virechana is Deepana, Pachana and Snehana. Deepana-Pachana were done by administration of Aampachak Vati 250mg TDS for 3 days. Snehapana (Internal Oleation) was done after

the Deepana, Pachana course by administration of Mahatiktak Ghrita as follows.

Day 1	40ml
Day 2	60ml
Day 3	80ml
Day 4	100ml
Day 5	120ml

During all these days, Patient was advised to take Lukewarm water for drinking, Only Laghu and Drava Aahar was advised during that period. The symptoms of Samyak Snehana (Proper Internal Oleation) were observed on 5th day. On 6th and 7th day, patient was subjected to Sarvanga Abhyanga followed by Swedana.

2) Pradhan Karma: On the 8th day, before administration of Virechana Dravya Abhyanga and Sarvanga Swedana were carried out in the morning. the patient was given 150 ml decoction of Triphala with Abhyadi modak at 10:30 AM. Pulse, Respiration, Blood Pressure and Temperature were recorded at regular intervals during Pradhan Karma. No of motions after administration of Virechana Dravya were counted till symptoms of proper purgative like stopping of purgation on its own, passing of stool with mucous in last one or two motions, feeling of lightness in the body appeared. 12 Vegas (no of motions) were observed.

3) Pashchat Karma: After completion of Virechana karma, patient was kept on Sansarjan Krama by considering the Maddhyam Shuddhi. He was advised to take rest and have warm rice gruel and special diet thereafter for 5 days according to Sansarjan Krama.

Siravedha Karma

Siravedha Karma (blood-letting) was carried out weekly for 4 weeks in next month after completion of Sansarjan Krama of Virechana course, this was planned to eradicate the involvement of prakupit doshas while considering Sharira, manasa and agni bala of patient. Siravedha Karma was done from median cubital vein of patient. Siravedha Karma (bloodletting) was done four times with interval of one week and 60 ml blood expelled every time.

Shamana Management: Certain combination of medicinal drugs used as follows according to expected response of disease.

Medicine	Dose	Duration
Arogyavardhini Vati	250 mg	Twice Daily
Gandhak Rasayan	250 mg	Twice Daily
Khadirarishtha	20 ml with equal quantity of Ushnodaka	Twice Daily
777 Oil	Sufficient for local Application	Twice Daily

Pathya (Do's)- Adviced to keep self on Old grain, Bitter vegetables, Green bean (Mung), Light(Laghu) diet.

Apathya (Don't)- Adviced to avoid Salt in excessive amount, Curd, Jaggery, Oil, Milk, Rice, Sour food

articles and heavy non- vegetarian diet, had given the instructions to avoid Fried food and day time sleep.

DURATION OF MANAGEMENT: 3 months.

RESULTS: Following are the results achieved throughout treatment and after completion.

Parameters	At Initial Stage	After 1 Month	After 3 Months
Erythema (Raktabh)	++	+	0
Thickness (Jadya)	++	+	0
Scaling (Vaivarnya)	+++	++	+
Itching (Kandu)	+++	++	0



DISCUSSION

Probable Mode of action

Virechana Karma: Kushtha is a “Tridoshaja vyadhi”, which involves all the seven dhatus as well as Twacha and Lasika dushyas. Rakta is considered as one of the main dhatus involved in “Prasara stage of Kushtha Samprapti”. As Pitta and Rakta have Ashraya-Ashrayi relationship, treatment modalities of these dhatus resemble each other. That’s why, Virechana therapy was useful in this disease.^[6]

Siravedha Karma: “Siravedha” is predominantly indicated in Pittaj, Raktaj and Kaphaja Vyadhies or when Pitta or Kapha is in Anubandha to Vata Dosha. In such conditions of Vata Prakopa due to Kapha and Pitta Avarana, Siravedha can help to remove the Avarana giving way for Anuloma Gati of vitiated Vata that indirectly cures the Vatika symptoms along with symptoms produced by Kapha dosha.^[7]

Aarogyavardhini Vati: The abundance of Triphala in this formulation is very effective in “AMA Nirharana” from the body. The Anti-inflammatory and potent Analgesic properties of the Vati is extremely beneficial in treating Psoriasis. Being loaded with Antioxidants, Arogyavardhini scavenges free radicals from the body and its Antipruritic nature alleviates itching sensation.^[8]

Gandhak Rasayana: Gandhak Rasayana Vati acts as “Sukshmastrotogami” i.e. it goes at cellular level and acts also on Dosha, Dhatu and Mala. Different Bhavanadravyas in Gandhak Rasayan works as “bactericidal” and thus causes blood purification. This Vati is beneficial as Agnideepak, Pachak, Kaphaghna, Kledaghna, Raktaprasadak, Krimighna,

Kushthaghna and thus helps to eradicate the said disease.^[9]

777 Oil: 777 oil is highly effective alternative medicine for psoriasis. The **moisturizing effect** of this oil **reduces dryness** of the skin and treats fissures and cracks. External application **reduces multiplication of keratinocytes**. It softens the skin and reduces irritation. It attenuates all symptoms of psoriasis.

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