

MANAGEMENT OF PSOARIASIS THROUGH AYURVEDA: A SUCCESSFUL CASE REPORTKhare Manish*¹, Khare Kumudini Mala² and Khuntia B. B.³¹Ph.D. Scholar, P.G. Dept. of Kaya Chikitsa, G.A.M., Puri (Odisha).²M.D., Roga Nidana Evum Vikriti Vigyan.³Principal, KATS Ayurved College/Hospital Ankushpur, Ganjam, Odisha, India.***Corresponding Author: Dr. Khare Manish**

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ABSTRACT

Psoriasis is one of the most persistent autoimmune skin disorder, representing an inflammatory pattern of the skin to various stimuli and is characterized by sharply demarcated erythematous plaque/patches/ papules covered with silvery scaling. Management of Allopathic medicine concerned with control of disease rather than cure. There is recognition on the effectiveness of Ayurveda treatment in the management of Psoriasis. Psoriasis is characterized by hyperproliferation and abnormal differentiation of epidermal keratinocytes, infiltration by T-lymphocytes and various endothelial vascular changes in the dermis. The study was carried out at Specialised Therapy center, Govt. BDM Hospital Champa dist. janjgir champa chhattisgarh to evaluate the efficacy of selected Ayurveda regimen in the management of Psoriasis. The male patient was 30 years old with a history of seven years, presented with the symptoms of chronic Plaque Psoriasis. Clinical and morphological features of Ekakustha are correlated with psoriasis by many scholars. Ekakustha is a vata-kapha predominant tridoshaja vikara. The patient was treated with Vamana karma followed by Ayurveda medication. The clinical features were gradually reduced within three months. After treatment result noticed in his symptoms like as in erythematous lesion, scales, disturbed sleep were decreased without any adverse effect. It can be concluded selected Ayurveda regimen is effective successfully for this case. The improvement was significantly increased during course of oral medications with Nidan parivarjana.

KEYWORDS: Psoarisis, ekakustha, vamana, nidan parivarjana.**INTRODUCTION**

Psoriasis appears to affect men and women equally. Although psoriasis can affect all age groups, the onset of psoriasis tends to peak between the ages of 20 and 30 and between ages fifty and sixty. It is a non-infectious chronic inflammatory skin disorder. Psoriasis is characterized by hyperproliferation and abnormal differentiation of epidermal keratinocytes, infiltration by T-lymphocytes and various endothelial vascular changes in the dermis. Stress is emphasized as one of the major important factors in the initiation and exacerbation of skin diseases. Psoriasis is now considered an example of an autoimmune disease mediated by a T helper type 1 cell (TH1-type immune) response. T helper (Th) 17 cells, a novel T-cell subset, have been implicated in the pathogenesis of psoriasis and other autoimmune inflammatory diseases.^[1]

Eighteen clinical varieties of Kustha has described in Ayurveda text, which includes Ekakustha. Clinical and morphological features of Ekakustha are correlated with psoriasis by many scholars. Ekakustha is a vata-kapha predominant tridoshaja vikara.^[2]

Clinical features of Psoriasis (Rupa of Ekakustha).^[3]

- Reduced sweating (Asweda)
- Extended skin lesions (Mahavastu)
- Scaling of skin similar to the scales of the fish (Matsya shakalopama)
- Pink discolouration(Aruna varna)
- Blackening of the part (Krishna varna)
- Mental stress

Diagnosis

Occasionally, doctors may find it difficult to diagnose psoriasis, because it often looks like other skin diseases. It may be necessary to confirm a diagnosis by examining a small skin sample under a microscope. There are several forms of psoriasis. Some of these include:

Plaque psoriasis--Skin lesions are red at the base and covered by silvery scales.**Guttate psoriasis**--Small, drop-shaped lesions appear on the trunk, limbs, and scalp. Guttate psoriasis is most often triggered by upper respiratory infections (for example, a sore throat caused by streptococcal bacteria).

Pustular psoriasis--Blisters of noninfectious pus appear on the skin. Attacks of pustular psoriasis may be triggered by medications, infections, stress, or exposure to certain chemicals.

Inverse psoriasis--Smooth, red patches occur in the folds of the skin near the genitals, under the breasts, or in the armpits. The symptoms may be worsened by friction and sweating.

Erythrodermic psoriasis--Widespread reddening and scaling of the skin may be a reaction to severe sunburn or to taking corticosteroids (cortisone) or other medications. It can also be caused by a prolonged period of increased activity of psoriasis that is poorly controlled.

Psoriatic arthritis--Joint inflammation that produces symptoms of arthritis in patients who have or will develop psoriasis.^[4]

CASE PRESENTATION

A 30 years old male patient came to OPD in specialized therapy center Govt. B.D.M. Hospital Champa on December 2017 with chief complaints of erythematous plaques and scaling all over the body from the past 07 years. There were thick red patches with diameter of 8-10 cm and the surface was irregular covered by large silvery scale which were larger and covered more of the

body. There was no itching and on scraping, white powder (silvery scale) like substances falls down. For this, patient took allopathic treatment for long time but got no relief.

CASE REPORT

Methods

Centre of Treatment: Specialized Therapy Center, Govt. B.D.M. Hospital Champa, disst – janjgir champa, Chhattisgarh.

Study design: Simple random single case study.

A 30 years old male patient came to OPD with chief complaints of thick red patches (diameter of 8-10 cm) with flakes all over his body. The signs and symptoms were recorded and graded on the basis of a proforma. He was then admitted in the ward for panchkarma therapy. The therapy was performed in three steps.

A. Poorvakarma: Poorvakarma of vamana is **deepan-pachana** and **abhyantar snehana**. Deepan-pachana was done by administration of panchkol churna 3gm BD for 3 days. Abhyantar Snehan was done by administration of panchtikta ghrita^[5] and shudh goghrita in a dose of increasing order of 30ml, 60ml, 90 ml, 120 ml and 140 ml with luke warm water for respective five days.^[6]

Day 1	Panchtikta ghrita (15 ml) + shudh goghrita (15ml)
Day 2	Panchtikta ghrita (30 ml) + shudh goghrita (30ml)
Day 3	Panchtikta ghrita (45 ml) + shudh goghrita (45ml)
Day 4	Panchtikta ghrita (60 ml) + shudh goghrita (60ml)
Day 5	Panchtikta ghrita (70ml) + shudh goghrita (70ml)

Day 6- The symptoms of samyak snighdh were observed on 5th day. On the 6th day the patient was on Sneha Vishranti (to stop snehan) subjected to sarvang abhyang with Mahanarayana oil and sarvang swedana with Dashmool kwath. During all these days, patient was advised to take hot water for drinking till ksudha pravritti (attainment of hunger). Only light and liquid diet (krishara) was advised at that time.

process started. Before administration of Vaman dravya, sarvang abhyanga by Mahanarayana oil and sarvang swedana with dashmool kwath was given in the morning. Pulse, blood pressure, respiration and temperature were recorded at regular interval during the Pradhana karma. Overnight before vamana karma patient was given khichdi of moong dal, dahi (1 bowl) and 3 banana(kaphavardhak ahara).

B. Pradhan karma: Vamana is pradhana karma. Patient was kept nil orally on that day before the

Preparation and process of Vamana

Ingredients	Quantity
Madanaphala(Randia dumetorum)	5 gm
Vacha(Acorus calamus)	2 gm
Saindhava(Sodium Chloride)	1 gm
Madhu(Honey)	Sufficient quantity
Yashtimadhu phant(Glycyrrhiza glabra)	3 litre
godugdha(Milk of cow)	2 litre

Yashtimadhu phanta was prepared by using 'bharad'(coarse form)of yashtimadhu 700mg mixed with 3 litres of hot water 11. Then he was administered luke warm Godugdha till he felt that his stomach was filled (2

litres) completely. The Vamaka yoga that contained the drugs madanaphala, vacha and saindhava in proportion of 4:2:1 mixed with honey in total quantity of 8 gms of it was administered to patient. After 45 minutes of

administration of Vamaka yoga, patient followed Vamana Vega to commence on his own. Time and quantity of administration of Vamanopaga dravya, Vega-pravar, madhyam or avar (major, moderate or minor) and amount of vomitus along with the contents were noted. The process was continued till patient was undergone through 6 major and 3 minor Vega. When the appearance of vomitus was composed of medicine along with Pitta and Vata dosha the procedure was stopped 12.

C. Paschat karma

Dhoompana- After rest of 10 mins, dhoompana was given with dashmool kwath and trikatu churna for 3-4 times by each nostril of patient.

Samsarjana karma- After the completion of Vamana, patient was kept on Samsarjana karma of considering the shuddhi as 'Madhya' type (moderate purification). Patient was advised to take rest and eat thin rice gruel was given as a food and special diet is advised for 3 to 5

days. Patient was advised to continue the same medicine which he was taking before the therapy on OPD basis.

RESULT

After Vamana karma, there was a reduction in the redness and scaling of the patches in the first 15 days. Complete remission of the patches was seen in 90 days of the treatment.

- First 15 days- Scaling started to slow down and disappear.
- Next 15 days- Psoarthritis plaque started to flatten and shrink in size.
- After 1 month- Patches became flat and came at the level of skin. Scar of the patches were visible but skin became smooth.
- After 2 months- patches goes inside the skin. But skin became smoother and started to appear normal.
- After 3 months- Lastly the inflammatory parts of psoriasis got cleared. The skin tone eventually came back to normal.



Figure 1: Before Treatment lesions A) Anterior, B) posterior;



Figure 2: After treatment lesions subside: A) Anterior, B) posterior;

Following Shamak aushadh was given to patient

Follow up after every 15 days		Course- 3month		
Sr.no.	Aushadh Dravya	Dose	Duration	Anupana
1	Giloy satva	500 mg	BD for 21 days	Honey
	Rasmanikya	250 mg	BD for 21 days	Honey
	Praval pishti	250 mg	BD for 21 days	Honey
	Tamra bhasma	125 mg	BD for 21 days	Honey
	Avipattikar churna	3 gm	BD for 21 days	Honey
2	Panchtikta ghrita guggul	1 tab	TDS for one month	Usnodak
3	Arogyavardhini vati	1 tab	TDS for one month	Usnodak
4	Kaishor guggul	1 tab	TDS for one month	Usnodak
5	Mahamanjishthadi kwath	20 ml	BD for one month	Water
6	Desoris cap/ointment	Orally/Local application	BD for one month	
7	Panchsakar churna	3 gm	Twice a week at bed time	Ushnodak

The pathyapathya for this disease had been strictly followed by the patient like to avoid all refined flour food items, salty, spicy, sour items and protein diet.

DISCUSSION**Role of Vamana Karma in Psoriasis^[7]**

Acharya Charaka has indicated Samshodhana Karma in treatment of Bahudoshha. Among them signs and symptoms like Pidka, Kotha, Kandu, Shleshmapitta Samutklesha, Balvarna Pranaasha are clearly indicative of skin manifestations.^[3] Charaka has also indicated Vamana in Kaphottarkushthawastha.^[4] Acharya Susruta has suggested Samshodhan in Purvarupavastha of Kushtha. He also described Samshodhana as a line of treatment of Twagagata, Raktagata, Mamasagata Kushtha. Vaman Karma is the best therapy for elimination of vitiated Kaphadosha from all over the body through Amashaya by means of vomiting. As Amashaya is Mulasthana of Kapha and its diseases hence Vaman Karma can treat all Kapha predominant disorders.

Probable mode of action

Deepana Pachana- Process of vamana karma precedes deepana pachana which reduces the Ama dosha and increases Agni. As with this process, Ama dosha present in the Shakha undergo digestion. For removal of Ama dosha stucked to the srotas, should undergo the process of digestion through Deepana Pachana. Thus the free dosha can be easily eliminated outside the body through Vamana. Due to ushna, laghu guna of Panchkola churna enhances the digestive capacity and metabolic activity of the cells & facilitates the easy digestion of Sneha during snehpana.

Snehpana- Acharya Charak quotes that kapha glides fluently from the Shakha(periphery) towards Kostha(center of excretory channels like intestine) in the way in srotas(micro channels), which is kept ready by Snehana and Swedana, in the same manner as the water stream flows through the vessel coated with a layer of unctuous material.^[8] Cell membrane acts as a barrier to the passage of water soluble molecules, but provides free passage to lipids and lipid soluble substances. Sneha by

its Sukshma Guna reaches at the cellular level. Lipid consuming is helpful in excretion of lipid soluble substance. Snehana in kustha is done by drugs having Ruksha, Ushna properties as kleda is aggravated in this disease. This reduces the burning sensation, dryness over scales and vata dosha in the body.

Abhyang-Swedana- After obtaining symptoms of proper internal oleation, which appeared after 5th day of 'Snehpana', patients was subjected to perform Abhyanga and Swedana. Abhyanga softens morbid humours & localizes them. Swedana liquefies the morbid humours which are being situated in micro channels.^[9] So they can easily reaches from periphery to center of excretory channels from where they can be removed from body.

Vamana karma- Perform vamana in morning time i.e. at purvahana when the levels of kapha are high. The secretary rates of CRH, ACTH, and excessive cortisol are also high in early morning but low in evening. Vamana process stimulates the defence mechanism of body to protect further damage, these type of changes may compel body to increase cortisol secretion in large amounts to achieve immediate effects of blocking most of the factors that are promoting inflammation. In addition to this, the rate of healing is also enhanced. In modern medicine, cortisol has been used mostly for topical application for longer period of systemic use. This indicates that it is useful but needs a longer duration.^[10] This reality might have compelled Vagbhatta to recommend a line of treatment in kustha to perform Vamana every 15 days. Thus extra cortisol through one course will be sufficient till 15 days, after the body will again be charged with another course of vaman to fulfil needs of remedy.

Samsarjan Karma- After the completion of Shodhana procedure like Vamana, normal diet should not be given immediately as the Agni is hampered due to the Shodhana and vulnerable to diet which is beyond its capacity to digest. Hence the intention of Samsarjana Karma is to bring resurgence to impaired Kosthagni and proper bowel functioning. In this process, strict bland diet was maintained for 3 days.

CONCLUSION

Vaman karma followed by oral medication is effective in the management of Psoriasis. It also prolongs the recurrence of the symptoms. Repeated shodhan karma can control psoriasis.

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