

MANAGEMENT OF PSORIASIS (A CASE REPORT)

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ABSTRACT

Introduction- Psoriasis is a mentally agonising and a notoriously chronic autoimmune skin disease. It is well known for its course of remission and relapses. Methods-The present clinical study is a case report on the efficacy of *Shamana(pacifying)* medication, *Virechana(Therapeutic Purgation)* and *Raktamokshana(controlled bloodletting)* in the management of a patient diagnosed as erythrodermic psoriasis. Looking into the nature of the disease, a controlled and stepwise management of the disease was planned, with resolution of the disease as the primary objective. Results- PASI (Psoriatic assessment severity Score) score improved significantly from 30.5 to 4.8. DLQI(Dermatological Life Quality Index) improved from 11 to 1. Discussion- The collected data from this study suggests that *Ayurvedic Dosha pratyanka Shodhana(measures of elimination of physiological humours)* treatment along with *Shamanamedications* having attributes *Kushtaghna(Alleviators of skin disorders)*, *Medhya(brain tonic)* and *Rasayana(Rejuvenative)* can provide an efficient result for managing psoriasis.

KEYWORDS: Psoriasis, *Eka Kustha*, Blood Letting, *Sira vedha(venepuncture)*, *Jalouka avaharana* (leech therapy), *Vamana*.

INTRODUCTION

Psoriasis is a common autoimmune skin disease characterized by raised patches of abnormal skin. These skin patches are typically red, itchy and scaly. The exact etiology of Psoriasis is still unknown, but it is believed to have a genetic component. Multifactorial inheritance, most likely a familial history of psoriasis is found in 30% of patients. It is mediated by T-Cells. (DMT) Psoriasis is seen worldwide in all race and both sexes with a prevalence from 0.1 to 3%.^[1] There are two epidemiological patterns of Psoriasis, First an onset in the teenage and early adult age. Such individuals frequently have a family history of psoriasis and there is increased prevalence of (HLA)-Cw6. In second pattern onset is in an individual's fifties or sixties, a family history is less common and HLA group CW6 is not so prominent. So triggering factors for Psoriasis are hereditary or having a family history, injury to skin, Hypercholesteremia, certain toxic drugs, emotional stress & anxiety.

KUSTHA w.r.t. PSORIASIS

In *Ayurveda*, all skin diseases are grouped under a broad heading of *Kushtha Roga.Eka kushtha* is one of such disease explained under the heading of *Kshudra Kushtha*(minor skin ailments). Even though, in terms of Severity, Incidence and Prognosis, it is not a minor kind. The classical symptoms of *Eka kushtha* described in *Ayurveda* resembles with Psoriasis.^[2]

Clinical features of Psoriasis [*Rupa of Eka kushtha*]

- Reduced sweating (*Asweda*)
- Extended skin lesions(*Mahavastu*)
- Resemblance of the fish(*Matsya shakalopama*)

AIM AND OBJECTIVES

To evaluate the efficacy of *Shamana* medications and *Virechana* followed by *Raktamokshana* in the management of Plague Psoriasis.

CASE REPORT

A 33 year old Indian Female patient with height 166cm, weight 68 kg, was referred to AIIA *Panchakarma* OPD. She was a diagnosed case of Psoriasis since 13 years. She was presenting with symptoms such as erythema, scaling and itching of skin all over the body.

Table 1: Astha vidha pariksha.

| SL.no. | Factor | Observation |
|--------|---------|---------------|
| 01 | Naadi | Kapha Vataj |
| 02 | Mala | Sa-Ama |
| 03 | Mutra | Kaphaja |
| 04 | Jihwa | Malaavrata |
| 05 | Shabda | Spashta |
| 06 | Sparsha | AnushnaSheeta |
| 07 | Drik | Normal |
| 08 | Akriti | KaphaPittaja |

Table 2: Dasha Vidha Pariksha.

| Sl.no. | Factor | Observation |
|--------|---------------|-------------------------------------|
| 01 | Prakriti | KaphaVataj |
| 02 | Vikriti | Tridoshaja (Kapha Vata Pradhana) |
| 03 | Saara | Meda |
| 04 | Samhanana | Madhyama |
| 05 | Satmya | Madhyama |
| 06 | Satwa | Madhyama |
| 07 | Aharashakti | Madhyama |
| 08 | Vyayamashakti | Madhyama |
| 09 | Vaya | Madhyama |
| 10 | Bala | Madhyama |

MATERIALS AND METHODS**Diagnosis**

Psoriasis- The patient was diagnosed as a case of Psoriasis by identifying its characteristic lesion i.e, itchy, deep pink to reddish, well demarcated, indurated plaques with silvery-micaceous scaling present particularly over the extensor surfaces.

Table 3: TREATMENT PLAN in Chronological order.

| Sl.No. | Treatment Plan | Days | Assessment Time |
|--------|---|--|-----------------|
| 01 | <i>Shamana/Deepana Pachana</i> ^[3] | 1 st – 15 th day | BT |
| 02 | <i>Sneha Pana</i> ^[4] | 16 th – 22 nd day | -- |
| 03 | <i>Abhyanga /Swedana</i> ^[5] | 23 rd – 24 th day | |
| 04 | <i>Vamana</i> | 24 th day | |
| 05 | <i>Samsarjana Krama</i> ^[6] | 24 th – 28 th day | |
| 06 | <i>Shamana</i> | 29 th – 59 th day | AT1 |
| 07 | <i>Sira Vyadha</i> | 59 th and 74 th day | |
| 08 | <i>Jalouka Avacharana</i> | 81 rd , 88 th , 95 th and 102 th day | AT2 |
| 09 | Follow up at an interval of 15 days for a month from the end of <i>Jalouka Avacharana</i> (<i>Shamana</i> Medication was being continued from the end of <i>Samsarjana Karma</i> till follow up) | 117 th day and 132 th day | AT3 |
| 10 | Total duration of treatment | 132 days | |

Table 4: Shamana /Deepana Pachana medicines.

| Sl.no. | Treatment given | Mrdicine Used | Dose |
|--------|---------------------------|--|---------------------------------------|
| | <i>Shamana</i> | Kaishore Guggulu ^[7] | 2tab (three times a day before food) |
| | | Mahamanjstadi Kashaya ^[8] (ah 15/17 202) | 15 ml (three times a day before food) |
| | | Saraswata arista ^[9] | 15 ml (three times a day after food) |
| | | Arogyavardhini vati ^[10] | 2 tab (two times a day after food) |
| | | <i>Amlaki Choorna</i> ^[11] | 3 gm (two times a day after food) |
| | | <i>Pancha Nimbadi Choorna</i> ^[12] | 3 gm (two times a day before food) |
| | <i>Deepan Pachana</i> | <i>Chitrakadi Vati</i> ^[13] | 1tab (three times a day before food) |
| | <i>Snehapana</i> | <i>Tikta ghrita</i> ^[14] | 750 ml |
| | <i>Sarvanga Abhayanga</i> | <i>Nalpamaradi keram</i> ^[15] | 200 ml |
| | <i>Bashpa Swedana</i> | <i>Dashmooladi kwatha</i> ^[16] | 100gm |
| | <i>Vamana</i> | <i>Madanphala</i> | 10 gm |
| | | <i>Vacha choorna</i> | 2 gm |
| | | <i>Madhu</i> | 10 gm |
| | | <i>Saindhava lavana</i> | 1 gm |
| | <i>Virechana</i> | <i>Trivrita Avaleha/Trivrit Kulsambu</i> ^[17] | 90gm |
| | | <i>Triphala kwatha</i> ^[18] | 100ml |

Materials for Rakta mokshana**1. Sira Vyadha**^[19]

- Scalp Vein Set 20 Gauge- 4 per sitting
- Cotton Roll 75gm
- Surgical Spirit 50ml

2. Jalouka Avacharana^[20]

- 8 *Jalouka* (*Hirudo medicinalis*) 5-6 cm in size
- Triphala Choorna* 100gm for *Gharshan* (ss ch 37 sh 56& 57 page 316 &317)
- Shata Dhauta Ghrita* (made in AIIA hospital)
- Cotton Roll 100gm
- Turmeric Powder 100gm

- (f) *Saindhava Lavana*(rocksalt) 100gm
- (g) Hypodermic needle 22G
- (h) Bandage roll (2 inch Wide) 4 No.

DISCUSSION

Eka Kustha being a Kapha Vata predominant disease, a planned protocol for elimination of kapha, pitta and impure blood and pacification with bitter and astringent drugs was undertaken as mentioned by *Acharya Charaka*.

The basic line of management with *Shamana* medications being selected for the treatment of concerned disease is focused mainly on the medications having attributes *Kushtaghna*, *Medhya* and *Rasayanaproperties*.

Deepana Pachana with *Shamana* medications was planned with drugs consisting of mainly *Tikta*(bitter) and *Kashaya*(astringent) *Rasa taste*.

Kaishore guggulu alleviates all skin disorders when used with lukewarm water or *Mahamanjisthadi kwatha*. It is also indicated in *Manda Agni* which was essential for *Agni deepana* in *Kustha*. *Kaishore guggulu* is a good blood purifier with anti inflammatory properties.^[21]

Amlaki choorna has both *Deepana Pachana* property and is *Medhya*, and *Kusthaghna*. *Amlaki choorna* is widely used as a *Rasayana*. It has also potent anti oxidant property.^[22]

Arogyavardhini Vati has *Deepana Pachana* properties, it is indicated in *Kustha* and *Jwara*.

Saraswata Arista having *Medhya*, *Rasayana* and *Sarva Dosha Hara* properties was prescribed to mitigate the mental stress of the patient.

Panchanimbadi Choorna mitigates diseases originated due to vitiation of *Pitta* and *Kapha Dosha*. It is indicated in all types of *Kustha* and all *Raktaj Rogas*.

Vamana was done considering the predominance of the symptoms of *Kapha dosha* such as whiteness, coldness, itching, stable patches and feeling of heaviness.

Follow up was done weekly for one month keeping the patient on the foresaid *Shamana* medication. Due to lack of desired outcome of the treatment, the next step of management was undertaken.

Considering the stable, deep seated hard patchy lesion, *Rakta Mokshana* was planned via *Sira vyadha*. *Sira vyadha* being the choice of Bloodletting since it evacuates the impurities from whole of the body.

After observing the mitigation of Sign and symptoms of Psoriasis via *Sira vyadha*, *Jalouka Avacharana* was planned as it is also indicated in *Alpa Kustha*.^[23]

Moreover *Jalouka Avacharana* is indicated for relieving the *Pittaja* predominant symptoms, which seemed essential to manage erythema as dominant sign at that time. Based on this principle, *Jalouka avacharana* was deduced as the suitable means for bloodletting. It is also considered the most gentle amongst the bloodletting procedures which was necessary for regular blood letting.^[24]

Images



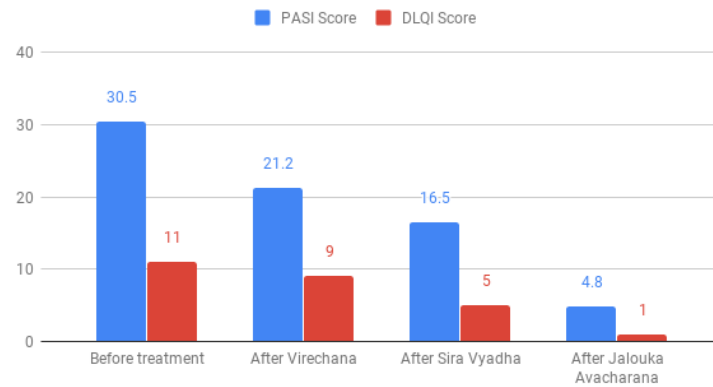
Image 1: Before treatment.



Image 2: After treatment.

ASSESSMENT

PASI Score and DLQI Score

Table 5: PASI Score^[25] Overall Assessment.

| PASI SCORE | Before treatment | After Virechana | After Sira Vyadha | After Jalouka Avacharana |
|------------|------------------|-----------------|-------------------|--------------------------|
| | 30.5 | 21.2 | 16.5 | 4.8 |

Table 6: Auzpitz Sign^[26]

| Auzpitz sign | Before treatment | After Virechana | After Sira Vyadha | After Jalouka Avacharana |
|--------------|------------------|-----------------|-------------------|--------------------------|
| | Present | Present | Present | Absent |

Table 7: Dermatological Life Quality Index Score^[27]

| DERMATOLOGICAL LIFE QUALITY INDEX SCORE | Before treatment | After Virechana | After Sira Vyadha | After Jalouka Avacharana |
|---|------------------|-----------------|-------------------|--------------------------|
| | 11 | 9 | 5 | 1 |

RESULT

PASI score improved significantly from 30.5 to 4.8. DLQI improved from 11 to 1. Auzpitz sign resolved to negative. Symptoms such as erythema, induration, itching and scaling reduced significantly.

CONCLUSION

Lastly it can be concluded with this clinical study that *Ayurvedic* treatment is effective in the management of Psoriasis when managed on the line of treatment of *Eka kustha*, and it will give encouraging results, since no complication was observed in this clinical study. Such kind of research work may be designed in future for more conformation to provide the better *Ayurvedic* treatment on the management of complicated cases of Psoriasis.

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