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AYURVEDIC 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.

Key words;- Psoriasis,*Eka Kustha*, Blood Letting, *Sira vedha*(venepuncture), *Jalouka avaharana* (leech therapy), *Vamana*.,

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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 Psoriasis².

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 Plaque 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

Table2: 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.

Table3: 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 (Shamana Medication was being continued from the end of Samsarjana Karma till follow up)</i>	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)
		Mahamanjsthadi 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

- Sira Vyadha*¹⁹
 - Scalp Vein Set 20 Gauge- 4 per sitting
 - Cotton Roll 75gm
 - Surgical Spirit 50ml
- 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
 - Saindhava Lavana(rocksalt)* 100gm
 - Hypodermic needle 22G
 - 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 property²².

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 Dosh*. 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 *Jalauka 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 letting²⁴.

Images:



Image 1. Before treatment



Image 2. After treatment

ASSESSMENT

PASI Score and DLQI Score

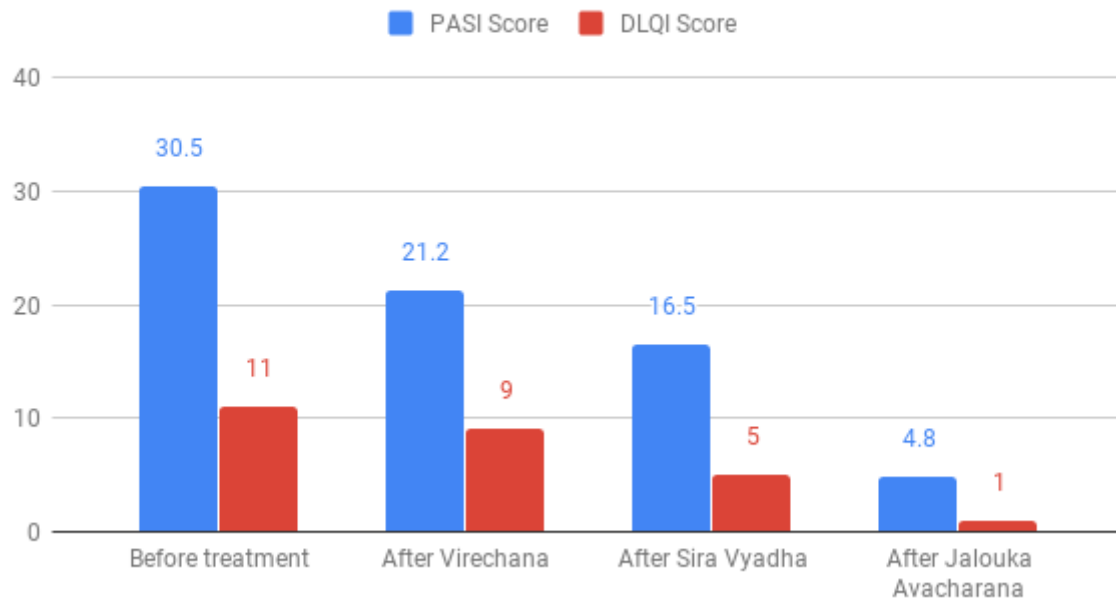


Table5: PASI Score²⁵ OVERALL ASSESSMENT

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

Table6: AUZPITZ SIGN²⁶

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

Tale7: DERMATOLOGICAL LIFE QUALITY INDEX SCORE²⁷

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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