

AN AYURVEDIC APPROACH IN PSOARIASIS - A CASE STUDY

Vd. Vivek Shrirampant Chandurkar*

HOD, Department of Kaychikitsa Department, Seth Govindaji Raoji Ayurved Mahavidyalaya

Attached Seth Sakham Nemchand Jain Ayurved Rugnalaya, Solapur.

Article Received on
25 August 2023,Revised on 15 Sept. 2023,
Accepted on 05 Oct. 2023

DOI: 10.20959/wjpr202318-29822

Corresponding Author*Vd. Vivek Shrirampant
Chandurkar**HOD, Department of
Kaychikitsa Department,
Seth Govindaji Raoji
Ayurved Mahavidyalaya
Attached Seth Sakham
Nemchand Jain Ayurved
Rugnalaya, Solapur.**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. At present, there is no permanent cure other than providing symptomatic relief in contemporary medicine. Skin disorders respond better to Ayurvedic treatment. Clinical and morphological features of *Ekakustha* are correlated with psoriasis. Here presenting a case of Psoriasis treating with Ayurvedic medicine including *Shodhan* and *Shaman Chikitsa*. The patient was treated with *Vamana* followed by *Virechana Karma* and *Shaman Aushadhi*. The clinical features were gradually reduced without any adverse effect. It can be concluded selected Ayurvedic treatment is effective successfully for this case.

KEYWORD: Psoriasis, *Ekakustha*, *Vaman*, *Virechana*.**INTRODUCTION**

Psoriasis is a chronic immune-mediated inflammatory disorder that mostly affects the skin results in hyper proliferation of the skin. The term Psoriasis originated from the Greek word "Psora" that means, "itch". It is a chronic skin disease characterized by dry skin and raised, rough, red areas on the skin covered with fine silvery scales. Psoriatic lesions are distributed symmetrically and its various sites on body are scalp, elbow, knees, lumbosacral area and in folds of body.

The aetiology is unknown; Genetic, biochemical, and immunopathological variables are all contributing components.^[1] Trauma, infections, sunshine, some medicines, and emotions are

examples of precipitating causes that might exacerbate the condition. Plaque psoriasis (*Psoriasis vulgaris*), Inverse psoriasis, Guttate psoriasis, Pustular psoriasis, and Erythrodermic psoriasis are a few of the clinical patterns reported in psoriasis cases. The fact that there is no known cure for the illness has continued to be a major burden for the patients.^[2] Psoriasis patients experience significant negative effects on their psychological and social lives as a result of the condition's chronic nature, recurrent pattern, and visibility. Their day-to-day tasks and social interactions are affected by their psychosocial handicap. Modern science typically offers effective symptomatic relief but has a number of negative long-term side consequences.

In Ayurveda, skin conditions are all referred to as *Kushtha*. Psoriasis is comparable to *Ekakushtha*, which is listed under *Kshudra Kushtha* in all Ayurvedic texts. It has predominance of *Vata* and *Kapha dosha*.^[3] *Shodhana* performed repeatedly along with *Shaman aushadhi* is the main course of treatment. Therapies such as *Bahiparimarjan* and *Antah Parimarjan* have both been recommended for *Kushtha Roga*. Repeated *Shodana* is required for the removal of *doshas*, as it is explained in the classics as the main line of treatment.

Patient Information

A 41-year-old male government servant had been diagnosed as psoriasis and was treated by a consulting dermatologist wherefrom the patient was taking Conservative medicine for two years with regular follow-ups. This led to a reduction in symptoms. The patient's personal history showed that his overall health was good. All of the standard blood tests were within the usual range. There were no concurrent illnesses discovered. However, due to a recurring pattern caused by the unknown aggravating factors, the patient discontinued allopathic treatment and consulted for *Ayurveda* treatment.

Clinical Findings

The patient presented with erythematous patches on the anterior surface of the shin bone, forehead. The affected skin was found with a variable shade of red colour and the surface covered with large silvery scales. The patient was suffering from itching all over the body.

General examination

Body temperature (98°F), Pulse (82/min), and Blood Pressure (130/80) were within normal limit.

Systemic examination

In systemic examination, respiratory and cardiovascular system found normal. The patient's psoriatic lesions were making her uncomfortable due to itching sensation.

Asthavidha pariksha

Nadi (pulse) – *vatapittaja*; *Mala* (stool)– *Sandra-picchila*, bowel habit was regular; *Mutra* (urine) – *Prakrita*; *Jivha* (tongue)– *Shveta-picchila*, *Sama* (coated); *Shabda* – *Prakrita*; *Sparsha* (touch)– *Ushna*; *Drika* (vision) – *Prakrita*; *Aakriti* – *Madhyam* (medium built).

Nidana panchaka

Nidana – excess intake of curd, fish, salt and sour substances; excess intake of black gram, radish, pastry, sesame seeds, milk, jaggery; intake of food before the previous meal is digested; Intake of cold water immediately after exposing to scorching sun, *Diwaswap Samprapti* – *Dosha* – *Vata* and *Kapha*; *Dushya* *Rasadhatu*, *Raktadhatu* and *Mamsadhatu*; *Agni* – *Mandagni*; *Aam* – *Jatharagni*; *Strotasa* *Rasavaha*, *Raktavaha* and *Mamsavaha*; *Adhisthana* – *Twaka*; *Rogamarga* – *Bahya*; *Vyadhi Swabhava* – *Chirakari* (chronic); *Sadhyasadhyata* – *Kricchrasadhyata* (difficult to treat); *Poorva roopa* – *Kandu* (itching), *Mukhapaka* (mouth ulcers) and *Mandagni* (anorexia); *Roopa*: *Trishna* (thirst), *Daha* (burning sensation), *Kandu*, *Tvakavaivarnyata* (in present case, skin with a variable shade of red color and the surface covered with large silvery scales.),

Treatment Plan

Table no 1.

Sr.No.	Treatment Plan	Days
1	<i>Deepana Pachana</i>	5 days
2	<i>Snehapana</i>	6 days
3	<i>Sarvanga Abhyanga F/B Swedana</i>	2 days
4	<i>Vamana</i>	1 day
5	<i>Samsarjana Krama</i>	2 days
6	<i>Snehapana</i>	1 day
7	<i>Sarvanga Abhyanga F/B Swedana</i>	1 day
8	<i>Virechana</i>	1 day
9	<i>Samsarjana Krama</i>	2 days
10	<i>Shamana Aushadhi</i>	30 days

Table no 2.

SR. NO	Treatment Given	Medicine used	Dose
1	<i>Deepana Pachana</i>	<i>Ativisha + Musta + Shunthi + Haritaki</i>	1 gm two times after meal (Each 500 mg)
		<i>Pachak Vati</i>	1 tab two times after meal
		<i>Triphala Kwatha</i>	50 ml two times after meal
		<i>Gandharva Haritaki</i>	2 gm at night
2	<i>Snehapana</i>	<i>Panchtikta Guggulu Ghrita</i> (increasing Order)	Day 1 – 30 ml
			Day 2 – 40 ml
			Day 3 – 60 ml
			Day 4 – 90 ml
			Day 5 – 120 ml
			Day 6 – 150 ml
3	<i>Sarvanga Abhyanga F/B Swedana</i>	<i>Eladi tail and Panchatikta Kashay</i>	Sufficient quantity
4	<i>Vamana</i>	<i>Madanphal churna</i>	3 gm
5		<i>Vacha churna</i>	500 mg
		<i>Saindhav</i>	1 gm
		<i>Yastimadhu Churna</i>	2 gm
		<i>Madhu</i>	Sufficient
6	<i>Snehapana</i>	<i>Dadimadi Ghruta (Prabhuta Matra)</i>	150 ml
7	<i>Sarvanga Abhyanga F/B Swedana</i>	<i>Eladi tail and Panchatikta Kashay</i>	Sufficient quantity
8	<i>Mrudu Virechana</i>	<i>Trivruttavaleha</i>	20 gm
9	<i>Shaman Aushadhi</i>	<i>Arogyavardhini Vati</i>	500 mg two times after meal
		<i>Gandhaka Rasayana</i>	250 mg two times after meal
		<i>Rasmanikya</i>	250 mg two times after meal
		<i>Guduchi churna</i>	500 mg two times after meal
		<i>Mahamanjisthadi Kwatha</i>	15 ml two times after meal

Photos of affected are - Before treatment and After treatment



RESULT

After *Shodhana Karma* (*Vamana & Virechana*) there was significant reduction in symptoms such as redness, itching and scaling of the patches.

DISCUSSION

Eka Kustha is *Kapha Vata* predominant disease. *Shodhana* is highly indicated in patients with skin diseases. *Vamana* does evacuation of *Kapha*, and *Virechana* works on *Pitta*. Thus, itching, which is mostly caused by *Kapha* reduces and skin is a sight of *Bhrajak pitta*, where *Virechana* operates. *Pachak Yoga* (*Ativisha, Musta, Shunthi, Haritaki*) is used for *Deepana Pachana* prior to *Shodhana Karma*. *Ushna, laghu guna* of *Pachaka yoga* improves the cells' capacity for digestion and metabolic activity while also facilitating *Sneha's* digestion during *snehpana*. *Panchatikta Guggulu Ghrita* is used for *Snehapana*. *Snehapana* reduces the burning sensation, dryness over scales and *vata dosha* in the body. *Sneha* by its *Sukshma Guna* reaches at the cellular level. *Abhyanga* softens morbid humours & localizes them. *Swedana* liquefies the morbid humours which are being situated in micro channels.^[4] So they can easily reach from periphery to centre of excretory channels from where they can be removed from body.

Arogyavardhini Vati has *Deepana Pachana* properties; it is indicated in *Kustha*. *Gandhak rasayan vati* is effective in the treatment of *Kustha*. Different *bhavana dravya* in *Gandhak rasayan* act as bactericidal and thus causes blood purification. *Bhavana dravyas* like *Guduchi, Nakesha, Haritaki, Shunthi*, has the properties of *Katu, Kashaya Rasa* and *Ushna Virya*. Thus, it does *Deepana, Pachana, Kledahara* and *Kaphaghna* and in this way also acts as *Kushtaghna* and *Kandughna*, which helps in curing the disease. *Mahamanjishthadi kwatha* has contents like *Manjishtha, Guduchi, Bakuchi, Nimb, Haridra, Patola* etc., which not only detoxifies but purifies the blood, also helps in pacifying *Kapha Dosha*.

CONCLUSION

Lastly it can be concluded with this study that *Vaman Virechana* followed by administration of *shaman aushadhi* is effective in management of Psoriasis as it is safe, cost effective, and free from any side effects. It also prolongs the recurrence of the symptoms. Repeated *shodhan karma* can control psoriasis.

REFERENCES

1. Michael Hertl; Autoimmune diseases of the skin; third edition; Springer Wein New York; pg no. 328-331.
2. Dr Neena Khanna; Illustrated Synopsis of Dermatology and Sexually transmitted diseases; Ed 2005; Peepee publishers and distributors, Pg no.38.
3. Pandit Kashinath Pandey and Dr. Gorakhnath Chaturvedi; Charak Samhita, Savimarsha VidyotiniHindi Vyakhya; Varanasi; Ed 2011; Pub-Chaukhamba Sanskrit Sansthana Pg no.253. (Ch. Chi. 7/29-30).
4. Dr. Manisha Talekar*1 and Dr. Sisir Kumar Mandal*2, AYURVEDIC MANAGEMENT OF PSORIASIS - A CASE STUDY, WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES, ISSN 2278 – 4357; 4(8): 1100-1108.