

A Case Study on Ayurvedic Management of Psoriasis

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Abstract

Psoriasis is non-contagious, chronic autoimmune disease which causes inflammation and hyper-proliferation of the skin. It is characterized by erythematous plaques that are clearly defined and associated with severe itching and silvery scaling, especially on extensor surfaces, scalp and nails. At times, it may manifest as localized or generalised pustular eruption which usually follows relapses and remissions pattern. Psoriasis may lead to other autoimmune diseases such as psoriatic arthritis. In Ayurveda, variety of skin diseases are collectively mentioned under the broad umbrella of Kushtha—which is further divided into Mahakushtha and Kshudra kushtha. Ekakushtha is classified under the heading of Kshudra kushtha. It is Vata-kaphaja type of Kshudra kushtha. Features of Ekakushtha—Asvedanam (lack of sweat on the affected site of the skin), Mahavastu (covers wide area of the skin), Matsyasakalopama (scaling resembling scales of fish), and Krushna Aruna varna (Blackish to reddish discoloration) almost resembles to psoriasis. In present case study, a 31 years of old female patient was presented to the Kayachikitsa OPD at Government Akhandanand Ayurveda Hospital, Ahmedabad, India with the complains of Sarvanga twake rakta vaivaryanata (erythematous plaques on all over body) associated with Rukshtha (dryness), Kandu (itching), and Twaka dalana (scaling) since past 4 years. She was treated with Ayurveda management such as Nidana parivarjana, Koshtha suddhi with Eranda taila followed by oral medications such as Panchatikta ghrita, Mahamanjishthadi kwatha, and Kaishora guggulu. She started getting relief with in first week of the treatment and got complete relief within five weeks. Her medicines were tapered gradually with in next three weeks and she had no recurrence in any sign and symptoms even after stopping all medicines since past six months.

Keywords: psoriasis, itching, scaling, Ekakushtha, Kushtha

INTRODUCTION

Epidermis—the outer layer of skin—is made up of stratified squamous epithelium and is mainly comprised of keratinocytes that safeguard against heat, microbes, and chemicals. The dermis is less cellular and contains blood vessels, nerves, hair follicles, and sweat glands. The basement membrane

separates the epidermis from the underlying dermis. According to *Ayurveda*, Acharya Vagabhatta mentioned that *Twacha* is formed by *Paka* of *Raktadhatu* by its *Dhatushma* and seven layers of skin are formed just like deposition of cream over the cooled milk [1].

Any skin condition can have a significant impact on the patient's quality of life, both in terms of physical and mental health. Psoriasis is a chronic inflammatory, hyper-proliferative skin disease which is characterized by erythematous plaques that are clearly defined and associated with severe itching and silvery scaling, especially on extensor surfaces, scalp and nails and usually follows a relapsing and remitting course. Quality of life in

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general is often significantly impaired in psoriasis. There is also significant cost to mental health, including high rates of depression, which has a negative impact for individuals and society.

According to *Ayurveda*, all skin diseases fall under the umbrella term of "*Kushtha*", which is further classified into two categories—*Mahakushtha* and *Kshudra kushtha*. *Ekakushtha* is a type of *Kshudra kushtha* with *Vata* and *Kapha dosha* dominance and vitiation of *Twaka*, *Rakta*, *Mamsa*, and *Lasika*. It is characterized by symptoms such as *Asvedanam* (lack of sweat on the affected site of skin), *Mahavastu* (covers wide area of the skin) and *Matsyasakalopama* (scaling resembling scales of fish) [2], *Krushna Aruna varna* (blackish to reddish discoloration) [3], which are comparable to clinical presentation of psoriasis. *Rukshata* (Dryness) – as a common feature of *Vatika kushtha* and *Kandu* (itching) as common feature of *Kaphaja kushtha* are also mentioned by Acharya Charaka [4]. Acharya Bhavamishra had considered *Ekakushtha* as the major one among *Kshudra kushtha* [5]. *Ayurveda* describes that every skin diseases involves *tridosha* and so treatment should be done according to *doshika* dominancy [6].

In the present case study, the patient was treated with basic principles of *Kushtha chikitsa* such as *Nidana parivarjana*, *Koshtha suddhi* with *Eranda taila* and oral medications such as *Panchatikta ghrita*, *Mahamanjishthadi kwatha*, and *Kaishora guggulu*. She started getting relief from first week onwards and got complete relief in signs and symptoms in five weeks. Her medicines were tapered gradually within next three weeks and she had no recurrence of any sign and symptoms since past six months even after stopping all medicines.

CASE REPORT

A 31-year-old female patient was presented to the Kayachikitsa OPD at Government Akhandanand Ayurveda Hospital, Ahmedabad, Gujarat, India with complains of *Sarvanga sharire rakta-vaivaryanata* (erythematous plaques all over the body), *Rukshata* (dryness), *Kandu* (itching), and *Twak dalana* (scaling) since past four years.

She was relatively healthy before four years. She developed reddish discoloration on her both upper and lower limbs associated with dryness and itching. She consulted family physician for same where she was prescribed some medicines. She got some temporary relief in her complains but condition got worsen day by day and she developed itching and reddish discoloration all over the body. So, she consulted a dermatologist, where she got significant relief during the treatment but symptoms reappeared again as soon as she stopped taking medicines. Later, she came at Kayachikitsa OPD, Government Akhandanand Ayurveda Hospital, Ahmedabad, Gujarat, India for further treatment.

Personal history revealed that she was a vegetarian and used to take Gujarati foods such as *shak*, *roti*, *dal*, rice in meal and jiggery, pickle, curd, milk with fruits and fast food frequently. She was irregular in taking her meals. She took 6–8 h of sleep at night with 1–2 h of day sleep. She had regular urine and bowel history. She had normal menstrual history for three days with an interval of 25 days. She had two full-term normal deliveries with no history of abortion or any complications.

Family history revealed that her younger brother was also suffering from scalp psoriasis since past one year and taking allopathy medicines. She had no history of hypertension (HTN) or diabetes mellitus (DM).

All the vitals of patient were within normal range such as blood pressure: 122/78 mmHg, pulse: 74 bpm, respiratory rate: 18/min, and body weight: 46 kg.

On examination, erythematous plaques were found on bilateral upper and lower limbs, head, abdomen, back and neck region with dryness and visible scaling in some plaques. Small bleeding points were seen after removal of scale in some areas.

Her Psoriasis Area and Severity Index (PASI) score was 21.3 which suggested that she was severely affected with the disease and Dermatology Life Quality Index (DLQI) score was 10 which suggested that her quality of life was moderately affected due to the disease.

Line of treatment was planned to provide complete *Shamana chikitsa* based on classical principles of *Kushthachikitsa*. that is, *Koshtha-shuddhi*, *Snehana*, *Rakta-prasadana*, and *Vata-Kapha shamana*. She was asked to avoid consumption of jiggery, pickle, curd, milk with fruits and fast food, as a part of *Nidana parivarjana*. Table 1 depicts the treatment given for first five weeks.

After first 45 days of treatment, the patient got complete relief in her sign and symptoms. So, after that *Kaishora guggulu*, *Eranda taila* and local application of *Panchatikta ghrta* were stopped and *Panchatikta ghrta* 10 ml daily morning on empty stomach and *Mahamanjishthadi kwatha* 40 ml after breakfast was continued for next three weeks. Then after, her all medicines were stopped and monthly follow up was taken. She had no recurrence of any sign and symptoms since past six months even after stopping all medicines.

OBSERVATION

Table 2 shows the overall result of treatment and Figures 1–3 shows the lesion before and after treatment.

Table 1. Treatment given for first five weeks.

For initial 3 days, <i>Eranda taila</i> 15 ml with warm water at night was given for <i>koshtha sudhhi</i>				
After <i>koshtha suddhi</i>				
	Medicine	Dosage	Time of administration	Anupana
1.	<i>Panchatikta ghrta</i>	10 ml	Twice a day on empty stomach and for local application	<i>Ushnodaka</i>
After taking <i>Panchatikta ghrta</i> – <i>Snehapana</i> , the patient was advised to take hot water on thirst and not to eat anything till feeling hungry.				
2.	<i>Mahamanjishthadi kwatha</i>	40 ml	Twice a day after meal	-
3.	<i>Kaishora guggulu</i>	2 tab.	Thrice a day	<i>Ushnodaka</i>
4.	<i>Eranda taila</i>	15 ml	Once weekly, H.S.	<i>Ushnodaka</i>

Table 2. Overall result of treatment.

Symptoms	Before treatment (Day 1)	After treatment (Day 35)
Extension of lesion	++++	-
Dryness	+++	-
Itching	+++	-
Scaling	++++	-
Auspitz sign	++	-
PASI Score	21.3	0
DLQI Score	10	0



Figure 1. Lesion on the hands (a) Before treatment; (b) After treatment.

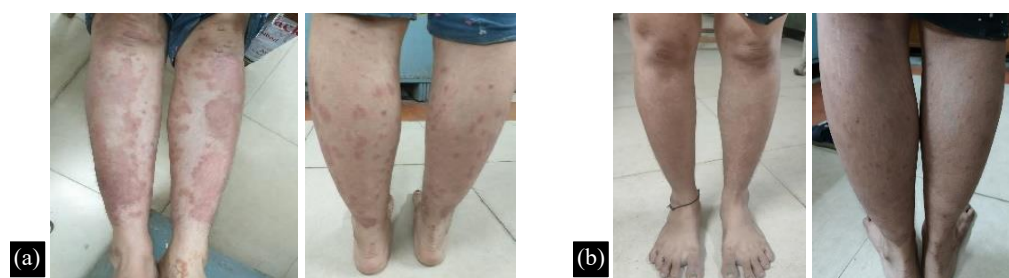


Figure 2. Lesion on the legs (a) Before treatment; (b) After treatment.

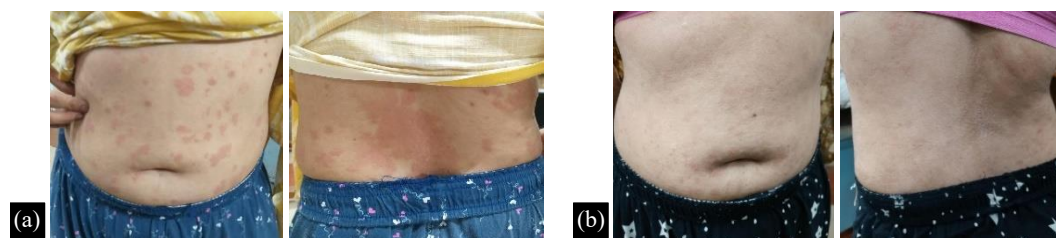


Figure 3. Lesion on the trunk and back (a) Before treatment; (b) After treatment.

DISCUSSION

In conventional medicine, treatment of psoriasis is still based on controlling the symptoms. Very few drugs such as glucocorticoids, vitamin D ointments, UV phototherapy, and immune system suppressing medications like Methotrexate are available. These medications are associated with a number of side effects such as liver and kidney failure, depletion of bone marrow, and increased risk of skin cancer.

Primary line of treatment for any disease is identifying and avoiding the etiological factors [7]. In the present case, intake of curd, pickle, jiggery and diet habits such as taking milk with fruits, irregular mealtime and day sleep were found as etiological factors which causes aggravation of *Vata-Kapha pardhana tridosha* with vitiation of *Rasa, Rakta* and *Sweda*. Some of the *Samprapti ghatakas* are depicted in Table 3.

Eranda taila is *Vata-Kaphahara, Twachya* and it does *Sroto-shodhana* [8]. As *Ekkushtha* is described as *Vata-Kaphaja* type of *Kshudra kushtha* so *Eranda taila* can be useful to encounter this condition. It also does *Sroto-shodhana* by its *Sara guna*, so it was used for *Koshtha-suddhi*.

Panchatikta ghrita contains *Guduchi, Nimba, Vasa, Patola, and Kantakari* [9]. These all *dravyas* are of *Tiktarasa* which causes *Agni-deepana* and *Ama-pachana*. It provides unctuousness by orally *Snehapana* as well as by local application to the affected part.

Mahamanjisthadi kwatha acts as a blood purifier. It is described as a treatment for all types of skin diseases [10]. It contains 45 drugs of *Tikta* and *Kashaya rasa* which causes *Agni-deepana, Ama-pachan, Pitta-Kapha shamana, and Rakta-prasadana*.

Table 3. *Samprapti ghataka*.

<i>Samprapti ghataka</i>	
<i>Dosha</i>	<i>Vata-Kapha pradhana tridosha</i>
<i>Dushya</i>	<i>Rasa, Rakta, Sweda</i>
<i>Srotas</i>	<i>Rasavaha, Raktavaha, Swedavaha</i>
<i>Sroto-dushti prakara</i>	<i>Atipravritti</i>
<i>Avastha</i>	<i>Sama</i>
<i>Agnimandhya</i>	<i>Dhatvagnimandhya</i>
<i>Rogamarga</i>	<i>Bahya</i>
<i>Vyadhiswabhava</i>	<i>Chirakari, recurrent relapsing type</i>

Kaishora guggulu contains *Guduchi*, *Triphala*, *Guggulu*, *Trikatu*, and *Trimada*. It is described as a *Rasayana*. It acts as *Agni-deepana*, *Ama-pachana*, and *Kanti-varhdhana* [11].

Thus, all these medicines in combination causes *Koshtha-shuddhi*, *Agni-deepana*, *Ama-pachana*, *Snehana*, *Rakta-prasadana*, and *Vata-Kapha shamana*. Thus, it does *Samprapti vighatana* and ultimately leads to elimination of disease.

CONCLUSION

In the present case study, patient got complete relief in her sign and symptoms so it can be concluded that complete *Shamana chikitsa* along with *Koshtha suddhi* can be effective in the management of psoriasis. As it is relapsing type of skin disease avoiding etiological factors is also important.

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