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# Ayurvedic management of Plaque Psoriasis - A Case Report

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## ABSTRACT

**Background:** In Ayurveda almost all skin diseases are explained under *Kushta Rogadhikara*. *Ekakushta* is a *Raktapradoshaja*, *Vata-Kaphapradhana* *Tridoshaja* *Kshudrakushta*. Psoriasis is a common chronic inflammatory skin condition typically characterized by raised, well defined, erythematous skin lesions of varying size that are surmounted by silvery-white scales. In India prevalence of Psoriasis varies from 0.44 to 2.88%. **Aim:** The aim was to evaluate the role of Ayurvedic treatment modalities in *Ekakushta*. **Materials and methods:** A 5 years old male child was apparently normal before 8 months gradually noticed flaky skin lesions over the foot with itching & peeling of skin & in the extensor surface of both elbows, pitting of nails. There were rough dry patches seen in the back, armpits, groins, forehead gradually seen over palms and foot which was treated with both *Shamana* and *Shodhana Chikitsa*. *Shodhana* was done by *Snehapana* with *Mahatiktakagritha* followed by *Abhyanga* with psora oil and *Parisheka Sweda* with *Nimbakaranjapatra*. *Acchasnehapana* was given and maximum quantity taken was 95ml. *Virechana* was given with 25g of *Trivritleha*<sup>[6]</sup> along with 30ml of *Triphala Kashaya* and he had 8 *Vegas*. *Samsarjanakrama* was done for 5 days. Patient was advised to consume *Shamana Aushadis* (internal medicines) for 15 days. **Result:** The study showed significant result with marked improvement in the *Lakshanas*.

**Key words:** Psoriasis, *Ekakushta*, *Virechana*, *Mahatiktakagritha*, *Trivritavaleha*

## INTRODUCTION

The skin acts as a barrier against mechanical, chemical and thermal injuries, penetration of toxins and infections and prevention of fluid and electrolyte imbalances. Psoriasis is a common chronic inflammatory skin condition, typically characterized by raised, well defined, erythematous skin lesions of

varying size that are surmounted by silvery-white scales.<sup>[7]</sup> The Etiology of Plaque psoriasis is the most common (>80%) subtype, is characterized by erythematous papules that coalesce to form plaques with sharply demarcated, irregular borders. There is a peak incidence during the late teens or early twenties. Psoriasis is multifactorial with an interaction of both genetic and environmental factors. There is a complex interplay of the vasculature, immune system and epidermis.<sup>[8]</sup> Plaque psoriasis remains as a challenge to be treated. In Ayurveda, *Ekakushta* is treated with *Shodhana* and *Shamana* dual therapies. The nature of the disease is such that there is higher chance of remissions and exacerbations. Hence the disease needs to be managed by *Shodhana* and *Shamanaushadis*.

### Pathogenic factors of *Eka Kushta*

*Dosha:* Vata Kapha

*Dusya:* Twak, Rasa, Rakta

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*Agni: Samagni,*

*Ama: Jataragni and Dhatwagnijanya Ama (Srotorodha, Mala Sanga)*

*Srotas: Rasavaha, Raktavaha, Mamsavaha*

*Srotodushti: Sanga*

*Rogamarga: Bahya,*

*Rogaavastha: Chirakari,*

*Adhistana: Twak*

*Udbhavasthana: Amapakvasaya*

*Vyaktasthana: Pani, Paada, Twak*

*Sadhyaasadhyata: Asadhya*

## CASE REPORT

### Chief complaints

Patient complaints of itchy scaly patches in the soles of foot and palms and dry patches over forehead and nape of the neck since 8 months.

### History of Present illness

According to father, a 5 year old male child was apparently normal before 8 months gradually noticed flaky skin lesions over the foot with itching & peeling of skin. The lesions were raised with demarcated border & separated from one another. There was no smell or discharge. They consulted an allopathic physician and no improvement was seen. They consulted a homeopathic doctor & were under medication for 2 months. The lesions were also seen on the scalp specifically at the back of the head. There were rough patches seen in the back, armpits, and groins gradually seen over palms. Hence, they again consulted an allopathic physician and were diagnosed as psoriasis and was under medication. But there was regression of symptoms. Presently the lesions coalesce to form scales which are also present in the extensor surface of both elbows, forehead, soles, palms, foot, forehead and back along with itching and pain. For these complaints the patient was admitted in our hospital for better management.

### History of Past illness

There is a h/o recurrent episode of RTI. Patient got admitted at the age of 3½ yrs due to breathing difficulty and was treated in modern hospital.

### Family history

It is nuclear family. Mother is housewife and Father is a software engineer. Non consanguineous marriage. No family members have similar or contributing history.

### Diet history

Mixed diet. Intake of milk 1 hour after intake of fish. Food includes rice in lunch, idli, dosa for breakfast. *Virudhahara Sheela, Ativyayama* was evident from history.

### Dashavidha Pareeksha

*Prakriti: Vata Kapha,*

*Vikirithi: Dosha - Vatakapha, Dushya: Twak, Rasa, Rakta,*

*Sara: Madhyama*

*Samhanana: Madhyama*

*Satva: Madhyama*

*Saatmya: Madhyama*

*Aharashakti: Madhyama*

*Vyayama Shakti: Madhyama*

*Pramana: Madhyama*

*Vaya: Bala.*

### Astasthan Pareeksha

*Nadi: Prakrita, 102b/minute*

*Mala: Prakrita, regular once a day*

*Mutra: Prakrita, 4-5 times/day*

*Jihva: Anupalipita*

*Shabda: Prakrita*

*Sparsha: Anushnasheeta*

*Drik: Prakrita*

*Aakriti: Prakrita*

**Rogapareeksha**

- *Nidana*: Virudhahara Vihara
- *Purvarupa*: Kharasparshatha, Twaksphutana
- *Rupa*: Kandu, Toda, Bheda, Aswedana, Mahavastu, Matsyasakalopama
- *Upashaya*: Moisturizing
- *Anupashaya*: Playing in Mud, Intake of Virudhahara
- *Samprapti*

*Nidana* → *Vata Kaphadusti* → *Rasa Raktadushana* → *Sthanasamshraya* in *Paada, Hasta, Vankshana, Shiras* → *Kandu, Toda, Aswedana, Mahavastu, Matsyasakalopama* → *Eka Kusta*

**Lower limb****Inspection**

Skin: Multiple scales of lesions with diffused margin on the soles of foot, over heels and central dependant part of soles. Bilaterally symmetrical lesions. No defined shape. Nail: pitting is present, Greyish discoloration at the tip of nails.

**Palpation**: Dry, rough lesions over the palms & heels. No raise in temperature. No local tenderness.

**Upper limb**

**Inspection**: Undefined shape and margins.

**Palpation**: Dry, unelevated lesions. Itching and pain was present.

**Diagnostic Criteria**

Diagnosis was made based on the *Lakshanas* of *Ekakushta* and signs and symptoms of plaque psoriasis.

Auspitz Sign - Positive,

Candle Grease Sign - Positive,

Koebner Phenomenon - Negative.

**Assessment Criteria**

To assess the effect of therapy, the Psoriasis Area and Severity Index (P.A.S.I) scoring method was adopted.<sup>[9]</sup>

**Area**

For each skin section, the amount of skin involved was measured as percentage of the skin of affected part of the body and then a score from 0-6 was assigned as follows:

**Table 1: Showing Diseased Skin Grading**

Coverage	Score
0	0
<10%	1
10-29%	2
30-49%	3
50-69%	4
70-89%	5
90-100%	6

The severity was measured with the help of four different parameters Itching, Erythema, Scaling, Thickness. These were measured for each skin section as per the following chart-

**Table 2: Showing Severity Score**

Severity	Score
None	0
Mild	1
Moderate	2
Severe	3
Very Severe	4

**Overall Assessment of Clinical Response**

- Complete remission: 100% reduction in PASI score
- Marked improvement: 75-99% reduction in PASI score
- Moderate improvement: 50-74% reduction in PASI score
- Mild improvement: 25-49% reduction in PASI score

## Treatment given to the patient

Table 3: Shodhana Chikitsa

Procedure/drug	Dose	Duration
<i>Mahatiktakagritha</i>	25ml, 50ml, 65ml, 75ml, 85ml, 95ml.	6 days
<i>Abhyanga</i> with <i>Psora</i> oil	Q.S	3 days
<i>Parisheka</i> with <i>Nimbakaranjapatra</i>	Q.S	3 days
<i>Virechana</i> with <i>Trivritleha</i> with 30ml of <i>Triphala Kashaya</i>	25g	1 day

*Samsarjana Krama* was done for 5 days.

Table 4: Showing *Samsarjana Krama*

Day	Morning	Evening
1 <sup>st</sup>	-	<i>Peya</i>
2 <sup>nd</sup>	<i>Peya</i>	<i>Vilepi</i>
3 <sup>rd</sup>	<i>Vilepi</i>	<i>Akrithayusha</i>
4 <sup>th</sup>	<i>Krithayusha</i>	<i>Akrithamamasarasa</i>
5 <sup>th</sup>	<i>Krithamamsarasa</i>	Normal diet

*Shamana Chikitsa*

*Aragwadadhi Kashaya* mixed with *Mahamanjishtadi Kashaya* 7.5ml bd

*Mahatiktaka Gritha* - 1tsp bd

*Arogyavardhini Rasa* - 1 tab bd

*Jeevantyadi Yamaka* (E/A)

*Avipattikara Choorna* - 2.5g with milk at bed time for 15 days.

## OBSERVATION AND RESULTS

Table 5: Showing PASI Score of Upper extremities

	BT	AT 30th day	1 <sup>st</sup> FU 45 <sup>th</sup> day	2 <sup>nd</sup> FU 60 <sup>th</sup> day
Area	2	1	1	0
Erythema	1	0	0	0
Induration	1	1	0	0
Desquamation	1	0	0	0
Itching	2	1	0	0

Table 6: Showing PASI Score of Lower extremities

	BT	AT 30 <sup>th</sup> day	1 <sup>st</sup> FU 45 <sup>th</sup> day	2 <sup>nd</sup> FU 60 <sup>th</sup> day
Area	4	3	2	0
Erythema	3	2	0	0
Induration	3	2	1	0
Desquamation	4	3	1	0
Itching	3	2	1	0



Before treatment



After 1st Follow up



After 2nd Follow up

## DISCUSSION

*Shodhana* is the best line of management in the condition of *Kushta*. It is done in the condition of *Bahudoshavastha*. The *Shodhana* can be achieved by adopting the principle of *Yatha Dosha Harana* and *Asanna Margaharana*. In this condition, *Virechana* is adopted as nearest root of elimination of *Doshas*.

**Mode of Action of *Snehapana*:** *Gritha* is indicated in classics in the *Kushtachikitsa*. *Snehapana* pacifies *Vata*, brings softness in body parts, *Mala* stagnated gets loosened. *Anulomagati* of *Vata*.<sup>[10]</sup> *Mahatiktakagritha* has *Kapha Pitta Shamaka*, *Kushtagna* property.

**Mode of Action of *Abhyanga*:** The rationality behind selection of *Abhyanga* is to bring the vitiated dosha to a suitable state, so that can be expelled out easily. *Abhyanga* mainly decreases scaling and dryness by its *Snigdthaguna*. Main ingredient of psora oil is *Streekutaja*. It is having *Tikta Kashaya Rasa*, *Laghu*, *Rukshaguna* and *Sheetaveerya* and thus *Kapha Pitta Shamaka* and *Kushtaghna* in action.<sup>[11]</sup> The biomolecules that are present in this have the efficacy to accelerate the production of collagen in the human skin which provides a great solace from psoriatic lesions and modulates immune reaction.

**Mode of Action of *Parisheka Sweda*:** It is a method of *Swedana*. *Swedana* therapy liquefies the vitiated dosha and directs them towards *Koshta*. It decreases obstruction and increases *Swedana*. *Parishekasweda* ensures softening of the lesions and easy cleansing of scales. *Nimba* shows therapeutic role in enhancement of antioxidant activity, anti-inflammatory activity.<sup>[12]</sup> It reduces *Kandu* and *Rukshata*.

**Mode of Action of *Virechana*:** *Virechana* is *Kaphanta*. *Ekakushta* is *Vatakaphapradhanavyadhi*. *Trivrit* is considered as *Sukhavirechanadravya*. *Trivrit* is having Hepatoprotective, Anti-inflammatory activity etc.<sup>[13]</sup>

**Mode of Action of *Shamana Aushadis*:** *Aragwadadi Kashaya* has most of the ingredients which are *Kaphavatashamaka*, *Ushna Veerya* and *Katu Vipaka* and *Mahamanjistadi Kashaya* has most of the ingredients which are *Kaphapittashamaka*, *Raktaprasadaka*, *Kandughna* and *Kushtagna* action. Most of the drugs are *Kushtagna* and anti-inflammatory action as it inhibit T-cell proliferation.<sup>[14]</sup>

## CONCLUSION

*Eka Kushta* is a *Vata Kaphaja Rakta Pradoshaja Vyadhi* and one among the *Kshudrakushta* and it bears greater resemblance with plaque psoriasis. *Shodhana* followed by *Shamana* helps for complete cure from the signs and symptoms.

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