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Ayurvedic management of Plaque Psoriasis - A Case Study

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ABSTRACT

Psoriasis is a chronic inflammatory disease affecting mainly in skin and joint. In Ayurveda, under the umbrella of *Kushtha* all skin diseases are described. In management of Psoriasis Ayurvedic system of medicine is giving good results. The main line of treatment of skin diseases in Ayurveda is repeated *Samshodhana* (purificatory therapies) along with *Samshamana* (palliative therapies). Three assessments were done before and after treatment on scoring of Dermatology Life Quality Index (DLQI), Psoriasis Disability Index (PDI) and PASI score. Score of the patient was 83% before treatment and 16% after treatment and 10% after follow up on Dermatology Life Quality Index (DLQI), 86% before treatment and 65% after treatment and 41% after follow up on Psoriasis Disability Index (PDI) and 35.5% before treatment, 10.2% after treatment and 8% after follow up in PASI (Psoriasis Area and Severity Index). This case study wants to substantiate the effectiveness of Ayurvedic treatment in the management of Plaque psoriasis.

Key words: Skin disease, Plaque Psoriasis, Psoriasis, Kushta, Sidhma, Eka kushta, Dermatology life quality index, Psoriasis Disability Index, Psoriasis Area, Severity Index.

INTRODUCTION

Psoriasis is a common dermatologic disease, affecting up to 1% of the World's population,^[1] both males and females suffering equally.^[2] The word Psoriasis is derived from Greek word 'Psora' means 'itch' and 'sis' meaning 'acting condition'. It has a bimodal age of onset (16 to 22 and 57 to 60 years).^[3]

Psoriasis is a chronic, multisystem inflammatory disease involvement of skin and joint in predominant. Psoriasis has an emotional and psychosocial effect on

patients more than physical dimensions of disease affecting social functioning and interpersonal relationships.^[4] Pathogenesis is multifactorial, involving genetic associations and dysregulated inflammation.^[5] Psoriasis is a systemic inflammatory disease, it is associated with multiple co morbidities, including cardiovascular disease and malignancy. Appropriate treatment is initiated, depending on the severity of disease. Diagnosis of psoriasis is primarily clinical and a skin biopsy is rarely required. There are different clinical types of psoriasis, the most common of which is chronic plaque psoriasis, affecting 80% to 90% of patients with psoriasis. Classic plaque psoriasis is well-demarcated, symmetric, and erythematous plaques with overlying silvery scale. Plaques are typically located on the scalp, trunk, buttocks, and extremities but can occur anywhere in the body. Patients might demonstrate nail involvement, which can see without concomitant plaques. Active lesions might be painful or itchy. Psoriasis can also present as an isomorphic response, where new lesions develop on previously normal skin that has sustained trauma or injury (Koebner's phenomenon). For mild to moderate

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disease, first-line treatment in conventional medicine involves topical therapies including vitamin D3 analogues, corticosteroids, and combination products.^[6]

There is no satisfactory treatment available for Psoriasis in conventional medical system. However, Ayurvedic system of medicine is giving good results in management of Psoriasis. In Ayurveda all skin diseases are described under the sunshade of *Kushtha*. There are several types of Psoriasis which can be related to certain conditions mentioned in *Samhitas*. Since Vedic period description of *Kushtha* is present, *Ekakushtha* is described in *Garuda Purana*^[7] and in almost all Ayurvedic classics after that period like *Brihatrayi*, *Laghutrayi* and all texts afterwards. *Ekakushtha* is mentioned in all Ayurvedic classics under *Kshudrakushtha* and has predominance of *Vata* and *Kapha Doshas*.^[8] Another type of *Kushta Sidhma Kushta*, characterized by thin white/ coppery lesions with predominant scaling is also mentioned in Ayurveda.^[12] These etiological factors lead to vitiation of *Tridosha* especially *Vata* and *Kapha*.

The causative factor of *Ekakushtha* and *Sidhma* is same as *Kushtha*. Dietary factors like *Viruddha Aahara* (incompatible foods), excessive consumption of *Drava*, *Snigdha*, *Guru Aahar* (excess use of foods which are liquid, unctuous and difficult to digest), *Vega Dharana* (suppression of urges) especially vomiting are the major aetiologies as per Ayurveda. As a causative factor for the disease indulgence in sinful act is also described.^[9] Acharya Charaka has mentioned the symptoms of *Ekakushtha* as *Mahavastu* (big), *Aswedanam* (without sweating), and *Matsyashakalopamam* (like scales of fish)^[10] and Acharya Sushruta described its symptoms as *Krishna Aruna Varnata* (blackish red lesions).^[11] Three *Doshas*, *Vata*, *Pitta* and *Kapha* through *Tiryakvahini Siras* proceed to *Bahya Rogamarga* i.e., *Twacha*, *Rakta*, *Mamsa* and *Lasika* and cause disease.^[13] Repeated *Samshodhana* (purificatory therapies) along with *Samshamana* (palliative therapies) is the main line of treatment of skin diseases in Ayurveda.^[14] *Shodhana* removes *Vruddha* (vitiated) *Doshas* from the body. *Shamana* stabilizes *Doshas* in our body. So, both

Antaparimarjana and *Bahirparimarjana Chikitsa* was done.

This case study wants to substantiate the effectiveness of Ayurvedic treatment in the management of Plaque psoriasis. Three assessments were taken before and after treatment on scoring of Dermatology Life Quality Index (DLQI), Psoriasis Disability Index (PDI) and PASI score. Score of the patient was 83% before treatment and 16% after treatment and 10% after follow up on Dermatology Life Quality Index (DLQI), 86% before treatment and 65% after treatment and 41% after follow up on Psoriasis Disability Index (PDI) and 35.5% before treatment, 10.2% after treatment and 8% after follow up in PASI. Written informed consent was obtained from the patient for the publication of this case report.

A 34-year-old male patient was symptomless before 8 years, he had gradual developing symptoms such as redness of skin, silvery scaly skin, burning sensation along with severe itching, and no sweating over both forelimbs. So, he took allopathic treatment for one year but he got only symptomatic temporary relief, there was decrease in itching only. That is why before 6 months, he approached our hospital for management. Patient took treatment, although he got mild relief in first stage, symptoms aggravated later. In December, the condition was worsened due to cold climate.

Past History

Family history: Father (K/C/O eczematous lesion)

Personal history:

- Diet: Non-vegetarian twice a week
- Addiction: Alcohol consumption occasionally
- Sleep: Disturbed

Diagnosis and assessment

On the basis of clinical history and examination the condition was diagnosed. Signs and symptoms like well-circumscribed erythematous papules/plaques covered with dry, brittle, silvery grayish, white micaceous scales, Auspitz sign, Koebner phenomenon, Candle grease sign, etc. were present.

Criterion of assessment was based on the scoring of Dermatology life quality index (DLQI), Psoriasis Disability Index (PDI) and PASI score.

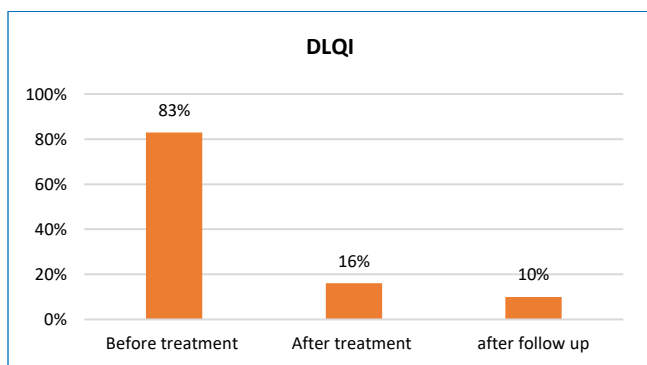
1. Dermatology life quality index (DLQI)
2. Psoriasis disability index (PDI)
3. PASI score

The DLQI is a questionnaire relating to the previous activities and feelings. Work, school, leisure, daily activities as well as the symptoms and feelings are measured as well as personal relationships and the impact of treatment. It is calculated by summing the score of each question, resulting in a maximum of 30 and a minimum of 0. The higher the score, the more the Quality of Life is impaired. The DLQI can also be expressed as a percentage of the maximum possible score of 30.

Table 1: Dermatology life quality index - DLQI

Before treatment	After treatment	After follow up
83%	16%	10 %

Figure 1: Dermatology life quality index - DLQI



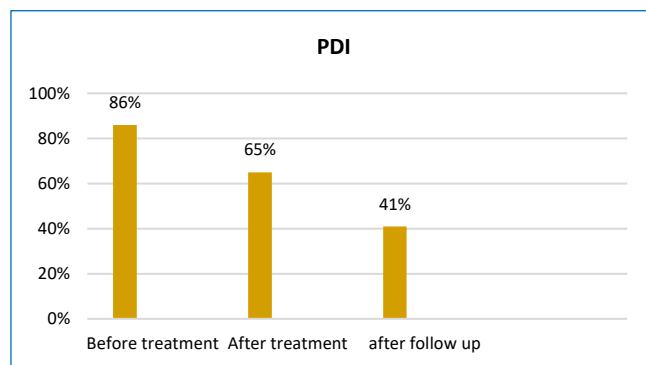
The psoriasis disability index

This is a questionnaire addressing 15 aspects including daily activities, personal relationships, vacation, work as well as the effects of actual treatment. This has been used in a number of clinical studies.

Table 2: The psoriasis disability index-PDI

Before treatment	After treatment	After follow up
86 %	65 %	41%

Figure 2: The psoriasis disability index-PDI



PASI Score: The current gold standard for assessment of extensive Psoriasis has been the Psoriasis area severity index (PASI). PASI combines the assessment of the severity of lesions and the area affected into a single score in the range 0 (no disease) to 72 (maximal disease). The PASI is a measure of the average redness, thickness and scaling of the lesions (each graded on a 0-4 scale), weighted by the area of involvement.

Table 3: Psoriasis area severity index (PASI)

Before treatment	Head and neck	Arms	Trunk	Legs
Skin area involved score	<10%	30-49%	70-80%	30-49%
Redness	2	3	3	2
Thickening	1	4	4	4
Scaling	1	4	4	4
PASI score: 35.5				

Table 4: Psoriasis area severity index (PASI)

After treatment	Head and neck	Arms	Trunk	Legs
Skin area involved score	0%	10-29%	30-49%	10-29%
Redness	0	2	2	2
Thickening	0	1	2	1
Scaling	0	1	2	1
PASI score: 10.2				

Table 5: Psoriasis area severity index (PASI)

During follow up	Head and neck	Arms	Trunk	Legs
Skin area involved score	0%	10-29%	30-49%	10-29%
Redness	0	1	2	2
Thickening	0	1	1	1
Scaling	0	1	1	1
PASI score: 8.0				

Figure 3: PASI score before, after and during follow-up.

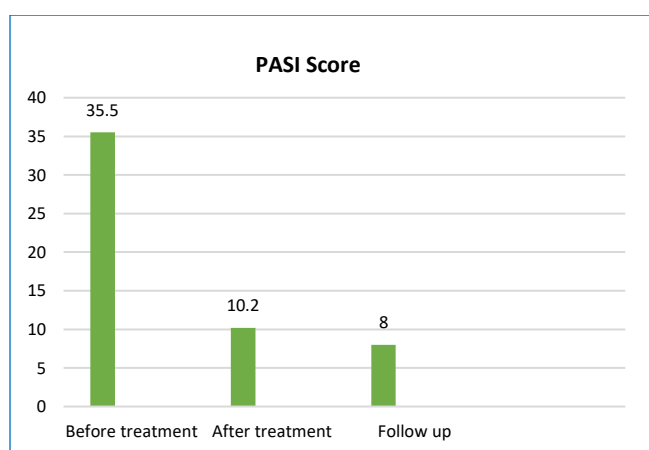


Table 6

Duration	Medicine	Dose	Frequency
12/10/2022 - 06/10/2022	<i>Patolamuladhi Kashayam</i>	60ml	Two times a day before food
19/11/2022 - 01/12/2022 (except days of <i>Snehapana</i> , <i>Vaman</i> , <i>Virechan</i>)	<i>Dushivishari Gulika</i>	1	Two times a day with <i>Kwatha</i>
24.2.2019 - 1.3.2019	<i>Madhusnuhi Rasayanam</i>	1 table spoon	Twice a day after food
2.3.2019 - 30.3.2019	<i>Aragwadhamaha tiktaka Ghrita</i>	1 table spoon	At bed time

Table 7

Duration	Treatment
06/11/2022 - 08/11/2022	- <i>Rookshana</i> with <i>Vaiswanara Choorna</i> - 2 teaspoon with hot water twice a day before food
09/11/2022 - 15/11/2022	- <i>Snehapana</i> with <i>Aragwadha Mahatiktaka Ghrita</i> (internal administration of medicated ghee in gradually increasing dose upto 210 ml)
16/11/2022 - 17/11/2022	- <i>Nimbapatra Potalasweda</i> (a type of fomentation) and <i>Abhyanga</i> (oil massage) with <i>Dantapala Kera</i> and <i>Jeevantyadi Yamakam</i>
17/11/2022	<i>Vamana</i> (Emesis) with <i>Vacha</i> , <i>Yasthi</i> , <i>Madana Pippali</i> , <i>Nimba Swarasa</i> and <i>Madhu</i>
17/11/2022 - 21/11/2022	- <i>Samsarjanakrama</i> (for increasing the digestive power after <i>Vamana</i> therapy)
22/11/2022 - 23/11/2022	- <i>Abhyanga</i> (oil massage) with <i>Dantapala Kera</i> and <i>Jeevantyadi Yamakam</i> and bathing with <i>Kashaya Dhara</i> with <i>Aragwadhadi Kashayam</i>
24/11/2022 - 28/11/2022	- <i>Abhyanga</i> (oil massage) with <i>Dantapala Kera</i> and <i>Jeevantyadi Yamakam Takradhara</i> processed with <i>Aragwadhadi Gana</i>
29/11/2022	<i>Virechana</i> (purgation) with <i>Avipathi Churnam</i> 30 gm with milk
29/11/2022 - 01/12/2022	- <i>Samsarjanakrama</i> (for increasing the digestive power after <i>Virechana</i> therapy)

Table 8

Duration	Medicine	Dose	Frequency
02/12/2022 - 29/12/2022	<i>Manjistadi Kashayam</i> + <i>Sonithamritham Kashayam</i>	60ml	Two times a day before food
	<i>Dushivishari Gulika</i>	1	Two times a day with <i>Kwatha</i>

	Tab. <i>Gandaka Rasyanam</i>	1	Two times a day after food
02/12/2022 - 29/12/2022	<i>Madhusnuhi Rasayanam</i>	1 tables poon	Two times a day after food
02/12/2022 - 29/12/2022	<i>Aragwadhamahatiktaka Ghrita</i>	1 tables poon	At bed time
26/12/2022	<i>Tamra Bhasama</i>	150 mg	After food

DISCUSSION

Psoriasis is a chronic, multisystem involving inflammatory disease with predominantly skin and joint involvement. In Ayurveda, all skin diseases are described under the umbrella of *Kushta*. Symptoms of *Sidhma*, characterized by thin white/coppery lesions with mainly scaling are the classical features of Plaque psoriasis. Another type of *Kushta* called *Ekakushta*, a type of *Kushta* with symptoms like *Mahavastu*, *Aswedanam*, *Matsyashakalopamam*, *Krishna- Aruna Varnata* can also be correlated to plaque psoriasis. Frequent *Samshodhana* along with *Samshamana* is the main line of treatment. *Shodhana* is very important in the management of *Kushta* because doing external applications without cleansing the body internally by *Shodhana* procedures will lead to the aggravation of skin disease.

As preparatory procedures, *Snehapana* with *Aragwadha Mahatiktaka Ghrita* (indicated in all types of *Kushta*) for 7 days and *Nimbadi Patrapotala Sweda* (found effective in palque psoriasis) for 3 days were done. *Vamana* was done with *Vacha*, *Yasthi*, *Madana Pippali*, *Nimba Pallava Swarasa* and *Madhu* (As per *Visarpa Chikitsa* to be followed in *Kusta Chikitsa*) then *Virechana* was done with *Avipathi Churna* along with milk. *Vamana* is also found highly effective in the management of skin diseases. *Virechana* is effective in *Kushta* as *Kushta Tridosha Roga* to mitigate *Pitta Pradhana Tridosha*.

After *Samsarjanakrama*, it was followed by *Abhyanga* (oil massage) with *Dantapala Kera* and *Jeevantyadi*

Yamakam and *Kashaya Dhara* along with *Aragwadhadi Kashaym*, followed by *Takradhara* processed with *Aragwadhadi Kashayam*. *Takradhara* is a Ayurvedic traditional procedure useful in treating psychosomatic disorders, psoriasis, hypertension, lack of sleep etc. *Takra* contains all the five *Rasa* (tastes) except *Lavana* (salty). It has *Usna Virya* (hot potency) and *Amla Vipaka* (sour transformation of taste) and also has *Vata Kapha Nashaka* (alleviates *Vata* and *Kapha Dosha*) properties. *Takra* processed with *Aragwadhadi Kashayam* is enhancing to mitigate skin disease and psycho somatic disease.

As internal medicines, *Patolamuladhi Kashayam*, *Dushivishari Gulika*, *Aragwadhamahatiktaka Ghrita*, *Madhusnuhi Rasayanam*, *Tab. Gandaka Rasyanam*, *Tamra Bhasma* were prescribed. All medicines are *Kushtahara* (alleviates skin diseases), *Raktadushtihara* (cleansing *Rakta dhatu*), *Srotovishodhana* (cleansing channels of body), *Vishahara* in nature. *Madhusnuhi Rasayanam* is *Kushtahara* (alleviates skin diseases). The patient was discharged after 1.5 months of treatment. *Manjistadi Kashayam + Sonithamritham Kashayam*, *Tab. Gandaka Rasyanam*, *Dushivishari Tablet*, *Madhusnuhi Rasayanam*, *Dantapala Kera* and *Jeevantyadi Yamakam + Nalpmaradhi Thailam* were given as discharge medicines, which are *Raktadushtihara*, *Pittadoshahara*, *Anulomana*, *Vishahara* in nature. During follow up after 2 months of treatment, patient reported good relief in all complaints.

Three assessments were taken before and after treatment on scoring of Dermatology Life Quality Index (DLQI), Psoriasis Disability Index (PDI) and PASI score. Score of the patient was 63.3% before treatment and 13.3% after treatment and 3.3% after follow up on Dermatology life quality index (DLQI), 44.4% before treatment and 15.5% after treatment and 5.3% after follow up on Psoriasis Disability Index (PDI) and 24.5% before treatment, 5.1% after treatment and 1.2% after follow up in PASI. The present case report substantiates effectiveness of classical Ayurvedic management in Plaque Psoriasis. For prevention of further exacerbation and to decrease the frequency of relapse, periodic panchakarma interventions are

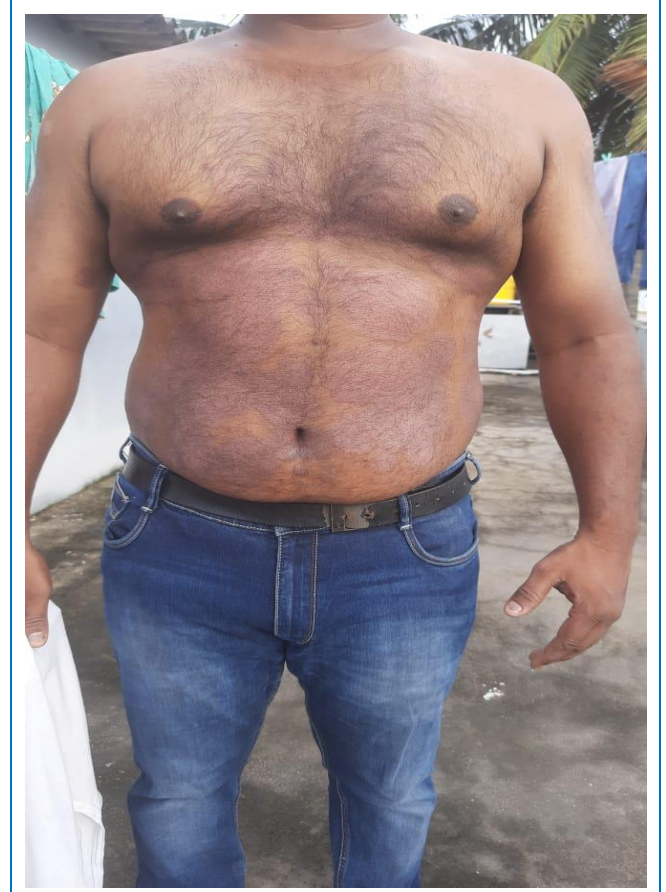
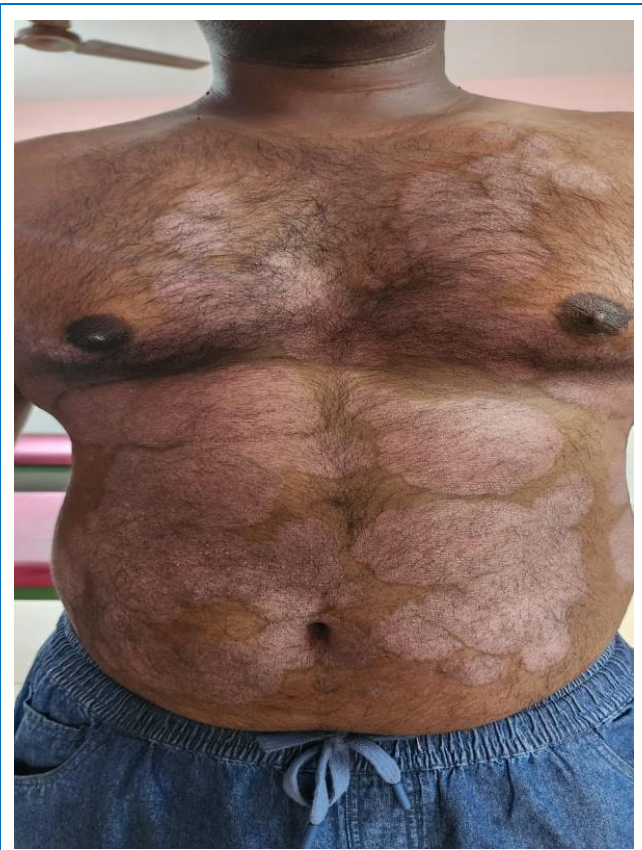
advised. It also prevents the progress of the condition into complications like Psoriatic arthritis.

Before Treatment



After Treatment





After Follow-up

Vamana Karma - Testing Pitta Antham with Sulphur powder



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