



Effect of Ayurveda Interventions in The Management of Chronic Plaque Psoriasis: A Case Report.

Diksha Sharma¹, Ish Garg², Sujata Yadav³

1,2-M.D. Scholar, PG Department of Kayachikitsa, A & U Tibbia College & Hospital, University of Delhi.

3-H.O.D.& Associate professor, PG Department of Kayachikitsa, A & U Tibbia College & Hospital, University of Delhi.

Article Info

Article history:

Received on: 13-05-2023

Accepted on: 12-07-2023

Available online: 31-07-2023

Corresponding author-

Diksha Sharma, M.D. Scholar, PG Department of Kayachikitsa, A & U Tibbia College, University of Delhi

Email: ishgarg4@gmail.com

ABSTRACT:

Introduction: Psoriasis is one of many prevalent skin conditions. According to *Ayurveda*, *Kushtha Roga* encompasses a wide range of skin conditions. All *kushtha* are *Tridoshaj* in nature, involving the four *Dushyas* (body tissues) i.e., *Tvak* (skin), *Rakta* (blood), *Mansa* (muscle), and *Lasika* (lymph). Psoriasis can be correlated with *Ekkushtha* in *Ayurveda* due to resemblance of its clinical features. In modern medicine, corticosteroids, PUVA Therapy, and topical therapies are all employed. Each has its own negative effects.

Methodology: In the current case study, patients were having complaints of reddish white scaly patches covering her entire body with itching. She received a multimodal treatment regimen that included *Shaman Chikitsa* (internal medication) with various *Ayurvedic* formulations as internal medications, medicated oil for external application, along with *Virechan karma* (purgation therapy) as *Shodhana Chikitsa* (purification treatment).

Result: The regimen showed promising results in treating the case of psoriasis. After following the prescribed *Ayurvedic* diet and treatment plan, the patient saw a 90% reduction in symptoms and related concerns.

Discussion: The present study emphasizes the role of *Ayurveda* in bringing a positive result in the management of chronic plaque psoriasis.

Keywords: *Ekkushtha*, Psoriasis, *Shaman Chikitsa*, *Shodhana Chikitsa*, *Virechana*

INTRODUCTION

Up to 2% of people worldwide are affected by psoriasis, one of the most prevalent dermatologic disorders. Clinical signs of this immune-mediated condition include erythematous, clearly defined papules and spherical plaques covered in a silvery micaceous scale. Psoriasis causes a variety of pruritic skin lesions. The Koebner, or

isomorphic phenomenon states that traumatized areas frequently acquire psoriasis lesions. In addition, stress, infections, and medications (such as lithium, beta blockers, and antimalarial treatments) may aggravate psoriasis.¹ Although the exact cause of psoriasis is still unknown, there is no doubt that genetics play a role in the condition. A favorable family history is reported by 30 to



50 percent of psoriasis patients in various studies. Infiltrates of activated T cells are found in psoriatic lesions, and these cells are assumed to elaborate the cytokines that cause keratinocyte hyper-proliferation, which gives rise to the distinctive clinical symptoms. For the treatment of severe psoriasis, drugs that prevent T cell activation, clonal expansion, or the release of pro-inflammatory cytokines are intensively beneficial.²

Plaque psoriasis, Inverse psoriasis, Guttate psoriasis (eruptive psoriasis), and Pustular psoriasis are among the several forms. Plaque-type psoriasis is the most prevalent kind. Plaques on the skin of patients with plaque-type psoriasis are stable, slowly expanding, and essentially unchanged over extended periods of time. The elbows, knees, gluteal cleft, and scalp are the most often affected locations. Engagement is typically symmetrical. Inverse psoriasis typically affects the scalp, palms, and soles, as well as the intertriginous areas of the axilla, groin, sub-mammary region, and navel. The individual lesions are finely defined plaques, although depending on where they occur, they could be wet and without scale. Children and young adults are the target demographic for guttate psoriasis (eruptive psoriasis). Acute plaque psoriasis or psoriasis in the absence of psoriasis can both experience its onset. Often following an upper respiratory tract infection with hemolytic streptococci, patients present with a large number of tiny, erythematous, scaling papules. Patients with pustular psoriasis may just have symptoms on their hands and feet, or they may have more widespread symptoms. The skin is erythematous, pustular, and has a varied scale regardless of the severity of the illness. It is readily confused with eczema because it only affects the palms and soles. When generalized, episodes are distinguished by a high fever (39°–40°C; 102.2°–104.0°F) that lasts for several days, a generalized eruption of sterile pustules, and a background of extreme erythema; patients may experience erythrodermic reactions. There are frequent fever and pustule outbreaks. Precipitating factors for this type of psoriasis include local irritants, pregnancy, drugs, infections, and systemic glucocorticoid withdrawal.³

Medical signs

These may include

- Auspitz's sign (pinpoint bleeding when scale is removed)
- Koebner phenomenon (psoriatic skin lesions induced by trauma to the skin).⁴

Treatment of psoriasis depends on the type, location, and extent of disease. All patients should be instructed to avoid excess drying or irritation of their skin and to maintain adequate cutaneous hydration.

Most cases of localised, plaque-type psoriasis can be managed with mid-potency topical glucocorticoids, although their long-term use is often accompanied by loss of effectiveness (tachyphylaxis) and atrophy of the skin.

Ultraviolet (UV) light, natural or artificial, is an effective therapy for many patients with widespread psoriasis.⁵

In *Ayurvedic* texts a majority of skin disorders are described under a single term *Kustha*. *Ekkustha* has been mentioned under the heading *Kshudra kustha*. The main clinical features of *Ekkustha* are as follows.

ASWEDA = Absence of sweating or dry skin

MAHAVASTU = lesions extended to huge area

MATASYA SHAKLOPAMA = Skin scales resemble the scales of fish.⁶

These clinical features are similar to that of psoriasis. Owing to this fact, psoriasis can be treated on the line of treatment of *Ekkustha* which has been adopted in this case study.

CASE REPORT

A 30-year-old female Patient reported to OPD (OPD No. 5442, CR No.19580) of the Department of Kayachikitsa, Ayurvedic and Unani Tibbia Hospital on July 24, 2021. She had red and white scaly patches all over her body with itching. She had been diagnosed with plaque psoriasis for the last 4 years. Hoping for better management, she came to the Ayurvedic and Unani Tibbia Hospital to get proper Ayurvedic treatment. No significant family history was found for psoriasis.

History of Present Illness: The patient was well before 04 years. Since 4 years, she has gradually developed plaques over her abdomen, back, both hands, and then legs associated with red and white scaly patches along with severe itching. She has undergone various allopathic treatments for the last 4 years. In the early stages, she was experiencing relief, but after some time, there was a relapse of skin lesions.

Past history: No significant medical history

Personal history: Profession: Housewife

Diet: Mixed diet

Sleep: Disturbed due to itching

Bowel: Irregular

Addiction: None

General Examination [Table 1]

Skin Examination

1. Inspection:

- Size shape—Erythematous lesion lower back, both knee joints, hands, and over the trunk region
- Color—White silvery scales
- Uniformity—Generalized plaques
- Thickness—More than 0.5 cm in diameter
- Lesions—Plaques

2. Palpation:

- Moisture—Dryness, no sweating
- Temperature—Warmth of the skin
- Texture—Roughness
- Mobility and turgor—Reduced

Signs

- Koebner phenomenon - Negative
- Auspitz Sign—Positive

Timeline

Considering psoriasis as *Ekkustha*, appropriate *Ayurvedic* management plan was administered. [FIGURE 1]. Patient treatment timeline is described in [TABLE 2]

Therapeutic Intervention

Treatment plan-

- a) *Deepan Pachan*
- b) *Shodhan Chikitsa* (*Virechan karma*)
- c) *Shaman Chikitsa* (Internal Medication and External application)

A) Deepan-Pachan

Deepan Pachan alleviate the *Aam dosha* (undigested metabolic waste) and promotes *Agnivardhana* (improve digestive power). In this case *Deepan Pachan* was done by *Chitrkadi Gutika* for 3 days.

B) Virechan karma

Purva karma – For *Deepana* purpose, *Chitrakadi Gutika* 2x250mg bd was given before meal for three days. Then for *Snehapan*, the patient was administered *Panchtikta Ghrit Guggulu* starting by 4 tsp and daily adding 4 tsp for 7 days.

After this the patient was given *swedan* for two days.

Pradhan karma – On 3rd day, patient was administered *Trivritta Avleha* 50 gm with 200ml milk early in the

morning, and then observed for number of *Vegas* for the day. Patient got a total of 18 *Vegas* during the procedure.

Pashchat karma - Considering the *Madhyam Shudhi*, the diet (*Sansarjan karma*) was planned for next five days i.e..12 *Annakal*.

C) Shaman chikitsa

Internal medication

- 1) *Khadirarishta* 20ml BD
- 2) *Kaishor guggulu* 2x250mg BD
- 3) *Haridra khand* 3gm BD
- 4) *Arogyavardhini Vati* 250mg BD
- 5) *Triphala Churna* 3gm BD
- 6) *Panchnimba Churna* 3gm BD

External medication

- 1) *Marichyadi Tail* L/A

Follow-up and Outcomes

After one month of internal medication, patient was reviewed. she got some relief. She was advised to continue with the treatment for four months and advised for Purgation therapy. Patient was again reviewed after Purgation therapy and one months of internal medication. [Table3] The patient saw a 90% reduction in symptoms and related concerns. Then after 2 months of complete recovery from disease the patient was reassessed for any sign and symptoms and found no relapse of the disease (as occurred prior to *Ayurvedic* Management). [FIGURE 2][FIGURE 3] No adverse event or drug allergy was noted during the course of treatment.

DISCUSSION

In *Ekkustha* there is dominancy of *Vata* and *kapha dosha*. But all *kusthas* are *Tridoshaja* in nature and the treatment should be planned according to the strength of *Doshas*.⁷ In this case, role of Purgation therapy is equally essential because *Shodhana* (purification) completely expels the toxins out of the body and prevent the relapse of disease. So here *Snehapan* was conducted with *Panchatikta Guggulu Ghrita* which is *Vata*, *pitta* as well as *kapha Shamaka* so it pacifies all the three *doshas* and due to *Tikta rasa*, it is also having *kustha*, *krimi* and *kandughana* properties.

Treatment was planned in two phases

1st phase- *shaman chikitsa* and *nidan parivarjan* (elimination of causative factors)

2nd phase- *Virechana*, *shaman* and *nidan parivarjan*

In *Sharada ritu*, the *pitta dosha* get aggravated so to pacify the aggravated *pitta* and for *Anulomana* of *Vata dosha* *Virechana* was carried out with *Trivritta Avaleha*. In form of oral medication, *Kaishor Guggulu* containing *Triphala*, *Giloy* (*Tinospora cordifolia* Willd.) and *Guggulu* (*Commiphora mukul* Hook.) was used. *Triphala* acts as *Vibandhanashak*, *Raktashodhak* and expel out the *mala* (toxins) which accumulates in the *Strotas* (channels) and help in the breaking of pathogenesis of *kustha roga*. *Giloy* (*Tinospora cordifolia* Willd.) being *Tikta* in nature is *kusthaghna* and *kandughna* and it mitigates *kapha* and *pitta dosha*.^[8] Due to *Ushna Veerya* it pacifies the *Vata dosha*. *Guggulu* (*Commiphora mukul* Hook.) is again *Srotoshodhaka* which reaches in the minute channels of the body and then help in break down the *Dosha-Dushya Samoorchana*. *Khadirarista* having *Raktashodhak*, somewhat *Sarak* and *Pachak* properties. *Khadir* (*Acacia catechu* linn.) and other contents of *Khadirarista* are described as the best drug for *kustha* and being *Arishta*, it is having *Teekshna*, *Vyavayi* & *Vikasi* properties. So, it instantly reaches in the *Strotas* and promptly eliminates the accumulated *Doshas* out of the body. It also increases the *agni* by acting at gut level (*mandagni* is the root of all diseases). Being an oil preparation external application of *Marichyadi tail* pacify *vata* and *kapha dosha* (main doshas in *Ekkustha*). The ingredients of *Marichyadi tail* like *Bakuchi* (*Psoralea corylifolia*), *Nimba* (*Azadiracta indica*), *Gomootra* etc. are also having *pittashamak*, *kusthaghana* and *kandughana* properties. *Arogyavardhini vati* contain *Shudhha Parad*, *Gandhak*, *Shilajit*, *Lauha bhasma*, *Abhrak bhasma*, *Tamra Bhasma*, *Haritaki* (*Terminalia chebula*), *Amalaki* (*Emblica officinale*), *Bibhitaka* (*Terminalia bellerica*), *Chitrakamula* (roots of *Plumbago zeylenica*), *Katuki* (*Picrorrhiza kurroa*), *Nimba* (*Azadiracta indica*). These all drugs having mostly *katu*, *tikta*, *kashaya rasa* as well as *laghu*, *ruksha guna* and *Rasayan* which act on vitiated *Kapha Dosha*. *Mandalakushtha* is *Kapha* predominant disease so drug *Arogyavardhini Vati* works as *Doshapratyanika Chikitsa*. Drug like *Katuki* (*Picrorrhiza kurroa*), *Nimba* (*Azadiracta indica*) act as *Kushtaghna* i.e., *Vyadhipratyanika chikitsa* and *Krimihara* property. Most of the drugs of *Arogyavardhini vati* having *Tridoshghna-Kapha pittahar*, *Kushtaghna*, *Vranashodhana*, *Vranropana*, *Deepana*, *Pachana* property. It promotes digestive fire, clears body channels and has laxative action which helps to eliminate toxins out of the body. While according to modern science Anti-inflammatory,

immunomodulator, anti-helminthic properties to break pathogenesis is at various level.^[9] The ingredients of *Kaishora Guggulu* are *Guduchi* (*Tinospora cordifolia* Willd.), *Amalaki* (*Emblica officinalis* Gaertn.), *Bibhitaki* (*Terminalia bellirica* Gaertn.), *Haritaki* (*Terminalia chebula* Retz.), *Shunthi* (*Zingiber officinale* Roscoe), *Marich* (*Piper nigrum* L.), *Pippali* (*Piper longum* L.), *Shudhha Guggulu* (*Commiphora mukul* Hook.), *Vidanga* (*Embelia ribes* Burm f.), *Trivrit* (*Operculana turpethum* Linn.) and *Danti* (*Baliospermum montanum* Willd.) *Kaishora Guggulu* is indicated in *Kushtha*-skin disorder with secretions and *Vrana* (non-healing wounds). It help to improve digestion hence indicated in *Mandagni*. It has anti-bacterial, anti-inflammatory, anti-oxidant, anti-microbial property which helps in treating wounds. It is good blood purifier therefore, corrects *Raktadushti* (vitiation of blood) and having *Rasayana* property (anti-ageing).⁹

Panchnimba Churna almost all drugs like *Nimba* (*Azadiracta indica*), *Bakuchi* (*Psoralea corylifolia*), *Araghwadha* (*Cassia fistula*), *Haridra* (*Cucurma longa*), *Chakramarda* (*Cassia tora*), *Bhallataka* (*Semicarpus anacardium*) etc., are having *Rakta Prasadaka* and *Twak Doshahara* properties. In *Panchanimba Churna* the main ingredient is *Nimba* (*Azadiracta indica*) that have *Tikta*, *Kashaya Rasa* and *Laghu*, *Snigdha* properties by which *Pitta Shamaka* action can be observed.^[10]

Thus, the patient's condition significantly improved as a result of the combination of the aforementioned *Ayurvedic Shaman yogas* and *Virechana karma*. The evaluation of the patient before and after treatment revealed noticeably improved illness signs and symptoms.

CONCLUSION

According to the outcomes in this case, it is clear that *Ayurvedic shamana yogas* and *Virechan karma* significantly improved the patient's condition and quality of life. At the conclusion of the management, a >90% improvement in the total therapeutic impact was noted. It is clear from this case study that a combination of *Ayurvedic* modalities can be used to treat *Ekkustha* in a way that is both efficient and secure. Although this was a single case study, the study's results in this example of psoriasis were undoubtedly positive. To confirm this, a study with a large sample size might be done. In order to stop the condition from relapsing, repeated intervention may also be necessary.

Acknowledgment- Nil

Conflicts Of Interest- Nil
Source of finance & support – Nil

ORCID

Diksha Sharma , <https://orcid.org/0009-0002-4793-7610>

REFERENCES

1. Antony s. Fauci.[et al.], eds(2008). Harrison’s principles of internal medicine.(17th ed.). Newyork: The Mc Graw-Hill. pp.315-316.ISBN 978-0-07-146633-2
2. Antony s. Fauci.[et al.], eds(2008). Harrison’s principles of internal medicine.(17th ed.). Newyork: The Mc Graw-Hill. pp.316.ISBN 978-0-07-146633-2
3. Kasper DL, Fauci AS,Hauser S,[et al.], eds(2008). Harrison’s principles of internal medicine.(20th ed.). Newyork: The Mc Graw-Hill. pp.333.ISBN 978-0-07-146633-2
4. Gudjonsson JE, Elder JT, Goldsmith LA, Katz SI, Gilchrest BA, Paller AS, Leffell DJ, Wolff K (2012). "18: Psoriasis". Fitzpatrick's Dermatology in General Medicine (8th ed.). New York: McGraw-Hill. ISBN 0-07-166904-3.
5. Antony s. Fauci.[et al.], eds(2008). Harrison’s principles of internal medicine.(17th ed.). Newyork: The Mc Graw-Hill. pp.315-316.ISBN 978-0-07-146633-2
6. Pandit Kashinath Shastri (reprint edition),Charak chikitsa Sthana, Kustha chikitsa adhyaya-chapter 7, Varanasi; Chaukhambha prakashana, 2006; p.203
7. Pandit Kashinath Shastri (reprint edition), Charak chikitsa Sthana, Kustha chikitsa adhyaya-chapter 7, Varanasi; Chaukhambha prakashana, 2006; p.204.
8. Sharma, A. B., Sahu, S. K., & Singh, D. S. (2016). Ayurvedic Management Of Psoriasis (Ek Kustha)-A Case Study. World Journal Of Pharmaceutical Research, 5(11), 1030–1037. <https://doi.org/10.20959/Wjpr201611-7250>
9. Kalangutkar D, Sahu Ak. Role Of Shodhana Karma In Mandala Kushtha (Psoriasis) A Case Study. World Journal Of Pharmacy And Pharmaceutical Sciences. 2018may16;7(6).
10. Khare CP. New York: Springer-Verlag; 2004. Encyclopedia of Indian Medicinal Plants; p.384–6.

How to cite this article: Sharma D, Garg I, Yadav S “Effect of Ayurveda Interventions in The Management of Chronic Plaque Psoriasis: A Case Report.” IRJAY. [online] 2023 ;6(7);43-50. Available from: <https://irjay.com>. DOI link- <https://doi.org/10.47223/IRJAY.2023.6707>

Table 1: Ashtavidha Pariksha

Sr no.	Pariksha	Pramana
1	Pulse (<i>Nadi</i>)	78/min
2	Stool (<i>Mala</i>)	Irregular
3	Urine (<i>Mutra</i>)	Normal
4	Tongue (<i>Jihva</i>)	Coated (<i>Saam</i>)
5	Speech (<i>Shabda</i>)	Normal
6	Skin (<i>Sparsha</i>)	Rough (<i>Khar</i>)
7	Eyes (<i>Drika</i>)	Normal
8	Built (<i>Akriti</i>)	Medium (<i>Madhyama</i>)

TABLE 2: PATIENT’S TREATMENT TIMELINE

DATE	TREATMENT
24-July-2021	<i>Khadirarishta</i> 20ml bd after meal <i>Kaishor guggul</i> 2bd <i>Haridra khand</i> 3gm bd <i>Arogyavardhini vati</i> 1bd <i>Marichyadi tail</i> for local application
12-Aug-2021	CST + <i>Triphala churna</i> 3gm bd
16-Sep-2021	CST
23-Nov-2021	CST + <i>Panchnimba churna</i> 3gm bd
29-Nov-2021	<i>Deepan with Chitrakadi Gutika</i> 2x250mg bd (for 3 days)
02-Dec-2021	<i>Snehpaan - Panchtikta Ghrut Guggulu</i> 4 tsp and daily adding 4 tsp for 7 days
09-Dec-2021	<i>Swedan karma (NADI SWEDA)</i> for 2 days
11-Dec-2021	<i>Virechan with Trivrit Avleha</i> 50gm (followed by sansarjan karma for 5 days)
17-Dec-2021	<i>Khadirarishta</i> 20ml bd after meal <i>Kaishor guggul</i> 2bd <i>Haridra khand</i> 3gm bd <i>Panchnimba churna</i> 3gm bd

TABLE 3: RESULT BEFORE AND AFTER TREATMENT

Features	Before treatment	After treatment
Itching	Present	Absent
Color	Reddish white	White
Inflammation	Present	Absent
Dryness	Present	Absent
Depression	Present	Absent



FIGURE 2: BEFORE TREATMENT

FIGURE 3 : AFTER TREATMENT

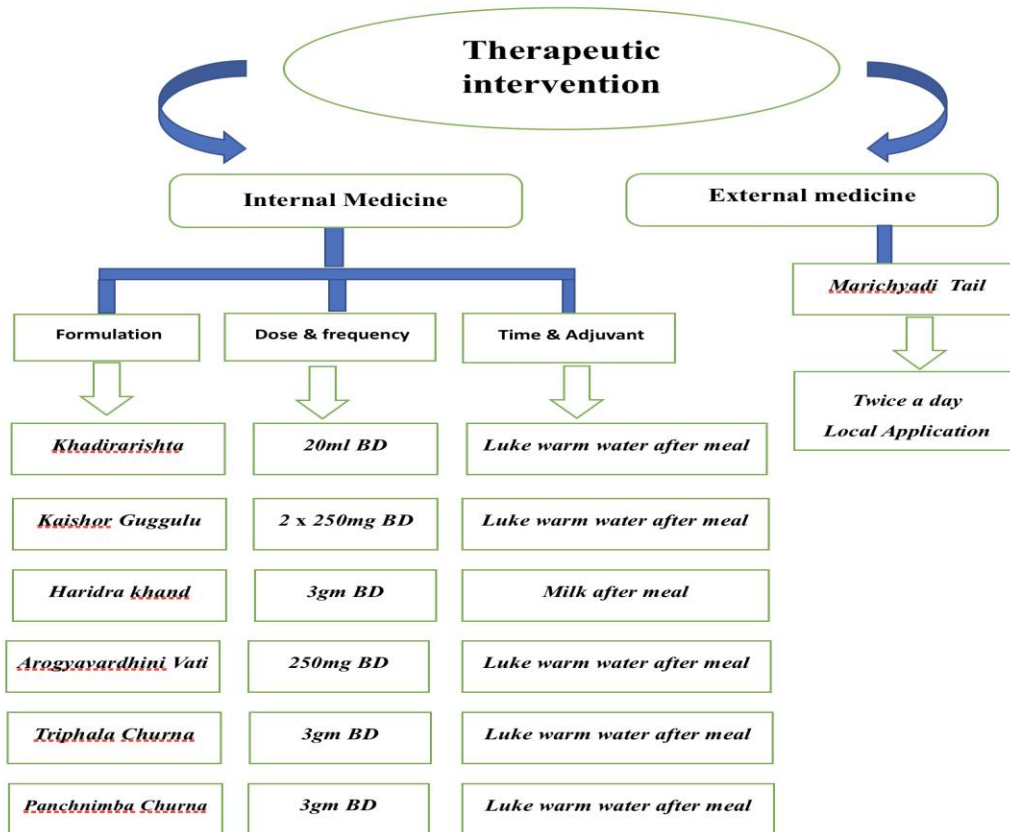


Figure 1 : THERAPY INTERVENTION GIVEN TO PATIENT