



International Research Journal of Ayurveda & Yoga

Vol. 5 (7), 127-131, July, 2022

ISSN: 2581-785X; <https://irjay.com/>

DOI: [10.47223/IRJAY.2022.5716](https://doi.org/10.47223/IRJAY.2022.5716)

Krimighna Approach in the Management of Scalp Psoriasis – A Twin Case Report

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Article Info

Article history:

Received on: 01-06-2022

Accepted on: 22-07-2022

Available online: 31-07-2022

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ABSTRACT:

Psoriasis is a chronic, debilitating disease that commonly involves the scalp. Despite a wide range of therapy options, scalp psoriasis remains challenging to treat, highlighting a long-standing unmet need for the safe and effective treatments. Many topical therapies for scalp psoriasis are also difficult or unpleasant to apply, resulting in decreased adherence and efficacy. In brief, the high level of patient dissatisfaction with currently available treatments for psoriasis supports the need for new, effective and well-tolerated treatment options for scalp psoriasis. Two cases of Scalp Psoriasis approached our outpatient department of dermatology complaining of whitish gray skin lesions over scalp with mild itching. The medical, social, and family history was insignificant. As the treatment protocols available for scalp psoriasis in modern science includes only such as topical corticosteroids, topical vitamin D analogues, topical tar-based preparations, topical salicylic acid, etc., a full cure for scalp psoriasis is difficult due to the condition's recurrent nature. Hence, a treatment protocol is necessary to accelerate the healing process, preventing its spread and recurrence and for cosmetic reasons. When it comes to Psoriasis, irrespective of type of psoriasis, the main cause is disturbed Immunity or Autoimmunity which can be related with the term “*Krimighnatva*” of the body in *Ayurveda*. Hence the present twin case reports of scalp psoriasis which has shown encouraging results serves as an example in providing the role of *Krimighna Chikitsa* in management of scalp psoriasis.

Key Words: Scalp psoriasis, *krimighna*, *chikitsa*

INTRODUCTION

Psoriasis is a chronic systemic inflammatory disease that can affect any body part. In majority of the cases scalp will affect the first, and over 80% of people with psoriasis eventually develop scalp psoriasis.¹ Psoriasis is a non-

infectious, chronic, inflammatory auto immune disease of the skin, characterized by well-defined erythematous plaques with silvery scale, with a predilection for the extensor surfaces and scalp, and a chronic fluctuating



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course². In Autoimmune disease, the immune system tends to destroy one's own cells for reasons unknown. Psoriasis is one such disease. Scalp psoriasis is not only a physical burden but also creates significant psychological stress. The choice of treatment for scalp psoriasis relies on the severity of the disease as well as the condition of the patient. The quality of life for patients may be diminished by the chronic nature of scalp psoriasis³. Most of the contemporary treatment methods such as Emollients and Moisturizers⁴, Anthralin (Dithranol)⁵, Coal Tar, Topical Corticosteroids having side effects⁶. Few reported cases demonstrated significant improvement with biomedicine, but recurrence also noticed.

As per *Ayurveda*, these symptoms are closely similar to symptoms of *Eka kushtha*, as its symptoms are *Matsyashakalopamam* (Fish like silver white colored scaling), *Aswedanam* (low or no sweating), *Mahawastu*(covers large surface area of skin) closely resembles with symptoms of Psoriasis⁷. *Ayurveda* focuses on treating the root cause of the disease instead of just managing the symptoms. Here in this case of scalp psoriasis, the treatment principles adopted were *Vishghna*, *Krimighna* and *Rasayana* which all have its effect indirectly in improving the strength and immunity of the body.

CASE REPORT

Two different cases approached our outpatient Department of Dermatology with similar complaints.

Case -1

A 22 years old male approached the *Nirvisha* OPD at KLE Ayurveda Hospital with the complaints of whitish gray skin lesions over lower scalp region and above the ears since 2 and 1/2 month associated with itching.(Figure1,2&3)

Case - 2

A 21 years old male approached the outpatient department complaining of whitish gray skin lesions over lateral side of scalp region and above the ears since 2 months associated with occasional itching.(Figure 7,8&9)

Based on the clinical presentation and examination the condition was diagnosed as scalp psoriasis and she was treated with *Agada Principles* which includes *Rakshoghna*, *vishaghna*, *krimighna*, *kandugna* etc. Patient had good relief in symptoms and good quality of life.

On Examination - All vitals were stable

Local Examination

1. Surface - Dry

2. Skin - Whitish grey colored with scales
3. Plaques - Scaly plaques +
4. Pain- Absent
5. Blisters – absent
6. Demarcation – absent
7. Foul smell – absent

The pertinent medical, social, and family history was noncontributory

Treatment Given

In the first visit, combination of *Haridra Choorna* (30 gm), *Vidanga Choorna* (25 gm), *Amalaki Choorna* (50gm), *Triphala Choorna* (30 gm) was given 1 teaspoon 3 times a day with warm water followed by jaggery as anupana after food and *Kutaja taila* was given for external application for 20 days.

RESULTS (OUTCOME &FOLLOW UP)

Lesions were reduced as observed on the 15th day of the treatment. Itching was absent in 10 days. Almost all the lesions had disappeared and there were no scar marks as observed on 25th day. (Fig4,5,6 &10,11)

DISCUSSION

The scalp is one of the most commonly affected regions in psoriasis. However, scalp psoriasis can be difficult to treat because of challenges in the delivery of therapy. In addition to the physical symptoms of pain and pruritus, psoriasis, especially with involvement of the scalp, can lead to significant psychosocial impairment⁸. Due to the presence of hair, poor accessibility, and unacceptable cosmetic appeal of topical therapy, patients also tend to have poor adherence and satisfaction with treatment⁹. Effective management of scalp psoriasis is essential for improving a patient's quality of life. Consequently, the management by adopting *Krimighna chikitsa* in this condition has yielded good response.

Haridra (*Curcuma longa*) which is *Katu*, *Tiktha Rasa*, *Ruksha*, *Laghu guna*, *Ushna veerya*, *Katu Vipaka* and having *Vishaghna*, *Varnya*, *Siro virechana*, *Kandughna* and *Lekhana* actions helped in reducing the symptoms in the patient. Also, as *Haridra* has *Raktadhatu shodhan* property & *Raktaprasadana* property which act on *dushta raktagata kapha* helped in pacifying the itching and scaling in the patient. The chemical constituents are also proved to have anti-inflammatory and bactericidal properties. *Vidanga* (*Embelia ribes*) has been described as one of the most potent *krimighna dravya's* in *ayurvedic* literatures¹⁰. *Vidanga* has *Katu*, *Tikta rasa*, *Laghu*, *Ruksha*, *Tikshna*

guna, *Ushna Virya* and *Katu Vipaka*.¹¹ *Katu Rasa* does *Deepana*, *Pachana*, *Kaphahara*. *Katu Rasa* is mentioned as a *Krimighna* also¹². The *Ushna Virya* of the drug again help in *Agni Pradeepana*, correction of *Dushta Kapha* and *Ama*. It also acts as *Kapha vatahara*. The presence of *Katu Vipaka* and *Katu Rasa* also helps in *Srotoshodhana*. *Acharya Charaka* consider *Vidanga* as *Krimin Hinasti*. As *Vidanga* having *Krimighna*, *Kushthghna*, *Deepana*, *Pachana*, *Anulomana*, *Shirovirechana*¹³ can contribute in the present clinical condition. As per recent researches *Vidanga* has proved to be anthelmintic, astringent, carminative, alternative and stimulant actions.¹⁴

The *Amalaki* (*Embilcal officinalis*) is a traditional food and medicine having many known nutritional and medicinal benefits and uses. It is a natural, efficacious antioxidant with the richest natural source of Vitamin C. Numerous studies conducted on Amla fruit suggest that it has antibacterial, anti-viral, anti-fungal, antioxidant, cardioprotective, Gastroprotective, anti-*Helicobacter pylori* and antistress activity¹⁵. *Amalaki* having *Lavana varjitha pancha rasa*, *laghu ruksha guna*, *sheeta virya* is said to be *Vaysthapana*, *Rasayana* and *Kushtaghna*. Along with the *Vidanga* and *Haridra* it can contribute in promoting better *rasayana* activity thereby improving the immunity of the body.

Triphala is a powerful polyherbal formula with myriad efficacious therapeutic uses for maintaining homeostasis as well as the prevention and treatment of disease.¹⁶ *Triphala* is classified as a *tridoshic rasayana*, meaning that the energetics are appropriate for *Vata*, *Pitta*, and *Kapha* or all types of patients. *Charaka* describes *rasayana* as having the qualities of supporting strength and immunity¹⁷. Given these qualities and the tonic energetics, *Triphala* can be considered for use in the very young, the infirmed, and the elderly. Other classical *Ayurvedic* classifications attributed to the formula are *shukrala*, digestive, mild laxative at normal doses, bowel tonic at low dose, purgative at high doses, carminative, expectorant, antispasmodic, and bronchodilator¹⁸. It shows that by the virtue of *Haridra* and its multifarious actions like *Varnya*, *Kandughna* and *Vishaghna* may be possible to reduce the clinical findings. *Soshatva* of *Haridra* quality may be the predominant feature to reduce the excessive secretion¹⁹

Psoria oil contains *Stri Kutaja* (*Wrightia tintoria*) and Coconut oil. It is used in Psoriasis, Dandruff, Scaling and fungal skin disease. It helps in balancing the *Vata* and *Pitta Doshas*. Coconut oil in Psoria oil is *Tridoshaghna* and reduces *Rookshata* over skin.

Tiktarasa pradhanyata of the combination of *churnas* and *snighdhata* of *taila* helps in reducing both *Vata* and *Pitta*. *Krimighna*, *vishaghna*, *lekhna*, *Kushtaghna* and *Rasayana* properties of drugs like *Vidanga* and *Triphala* helped in counteracting this pathology.

CONCLUSION

The two patients of scalp psoriasis have shown encouraging results when treated with *Agada principles* which includes *Krimighna*, *Rakshoghna*, *Vishagna*, *Kandugna* etc. The results exhibit patient compliant, single sitting, and cost-effective management for scalp psoriasis without any local or systemic side-effects and recurrence. Even though a single case study may not be adequate to demonstrate the importance of any particular treatment, it does provide us with a general concept of the plan of action to take in such conditions and aid in the development of a protocol for research studies large samples of individuals

Acknowledgement: Nil

Financial support: Nil

Conflict of Interest: Nil

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How to cite this article: Savalagimath M.P, Pol N.K, Krishnan A, Jiragale G.P “*Krimighna* Approach In The Management Of Scalp Psoriasis – A Twin Case Report” *IRJAY*. [online] 2022;5(7); 127-131. Available from: <https://irjay.com> DOI link- <https://doi.org/10.47223/IRJAY.2022.5716>

Case 1 - Before Treatment (Fig 1,2&3)



Fig-1



Fig-2



Fig-3

Case 1 - After Treatment (Fig 4,5&6)



Fig-4



Fig-5



Fig-6

Case 2 Before Treatment (Fig 7,8&9)



Fig-7



Fig-8



Fig-9

After Treatment (Fig 10&11)



Fig-10



Fig-11