

DIAGNOSIS AND MANAGEMENT OF PSORIASIS CONDITION –CLASSICAL VIEW**Priyank R. Vyas*¹ Rahul Patel², Jatin Rola³, Dr. Ajit Wahane⁴ and Dr. Prasanna⁵**^{1,2,3}3rd Year PG Scholar Department of Rachana Sharir, Parul Institute of Ayurveda, Baroda.^{4,5}Assistant Professor Department of Rachana Sharir, Parul Institute of Ayurveda, Baroda.***Corresponding Author: Priyank R. Vyas**

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ABSTRACT

Psoriasis is non infectious inflammatory disease of the skin characterized by well defined erythematous plaques with large adherent silvery scales. Increased epidermal proliferation due to excessive division of cells in the basal layer. As per ayurvedic understanding, psoriasis comes under vata-kapha samsarga of kusta disease. Clinical evaluation and management of psoriasis is very scientific. Distribution of lesions, variation, state of nutrition and status of general health, history of allergy, occupational history, skin sensitivity all this factor collectively unveil the real story behind a Psoriasis.

KEYWORDS: Kusta disease, psoriasis.**INTRODUCTION**

Skin is the biggest blanket, the widest barrier and the strongest warrior represents the inner health and outer beauty of a body which isolates it from the environment.

The large number of cell types and function of the skin and its proximity to the numerous potentially damaging stimuli in the environment results in a large number of skin diseases.

In psoriasis, an activated immune system triggers the skin to reproduce every three to four days, building up on the outer layers (epidermis and Keratin). The epidermis thickens, blood flow increases and reddens the skin, and silver-gray scales cover it.

AETIOLOGY

- Basic defects remain unknown.
- Genetic, biochemical, immune-pathological factors.
- Stress and drugs also included.

Clinical Examination

Candle grease sign: scratch the patches of psoriasis with a sharp edge like scale or knife, and scales are collected and they are having greasy nature.

Auspitz sign: the complete removal of a scale produces pin-point bleeding.

TYPES**1. Stable plaque psoriasis**

- Most common type.

- Lesions are red with dry silvery white scaling which may be obvious only after scratching the surface.

2. Guttate Psoriasis

- Usually seen in children and adolescence.
- Rash often appears rapidly and individual lesions are droplet shaped small and scaly.
- Boputs of the Psoriasis usually clear in a few months.

3. Pustular Psoriasis

- Rare but serious type.
- Onset is sudden with myriads of small sterile pustules erupting on an erythematous base.
- Swinging pyrexia.
- Localised from if more common involving palms and soles.

Complications: Psoriatic arthropathy.**PSORIASIS – (IN AYURVEDIC LANGUAGE)**

As per Ayurvedic understanding psoriasis comes under vata-kapha Samsarga of Kustha disease. Almost all types of psoriasis have got vata-kapha domination except pustular psoriasis which has pita association also. Classical disease like sidhma, ekkustha and kitibha mimic different clinical phases of psoriasis. All these three classical Kustha disease are of vata –kapha domination. The vikalpa samprapti only differs in these three diseases. The level and degree of vata-kapha vitiation becomes different in these three entities of kustha rogas. Hence the physician should be clinically

intelligent to finalize the dosha Vikalp before starting the treatment. Sidhma is ruksha externally and snigdha internally. The scaling and candle grease sign support this view. The white silvery scales seen on an erythematous background is justified by the color mentioned in Ayurveda – Swetha – Thamra Varnas. Scalp psoriasis is comparable with the lesions mentioned in Moordha – Head.

Ekakushta is also similar to psoriasis. Kitibha Kustha is also vata – kapha with more rukshatha in skin with Khara sparsa. All these description are clinically very useful in formulating a treatment pan for the successful management of psoriasis.

DISEASE PROFILE

- A. Dosha - Vata – Kapha samsarga. Pustular psoriasis has got Pitha association due to specific lesions with Paka.
- B. Dooshya – Rasa and Rakta mainly. Normal skin is closely associated with pure Rasa dhatu. Rakta dushti is inevitable for Kusthta spectrum of diseases.

Asthi and Sandhi are involved in the later episodes of psoriasis with Psoriatic Arthritis.

- Nakha and Kesha are also involved in Psoriatic Arthritis.
- C. Agni – Agnimandhya at Dhatwagni level is responsible for Malasanchaya in Twak leading to Psoriatic features.
- D. Srotodushti – Principal Srotodushti is in Rasavaha and raktavaha srotus. In advanced stages Asthivaha srotus also gets involved.
- E. Rogamaraga – Bahya rogamaraga. When there is joint involvement, there is involvement of Madhyama rogamaraga also.

TREATMENT PRINCIPLE

Vata Kapha samana with Raktaprasadana are the main principles. Malasodhana is of prime importance as Psoriasis is notorious for remission and relapse. Prevention of Sthanasamsraya of doshas in other site like Asthi and Sandhi to prevent arthritic manifestations are very important in treatment.

ROLE OF SHODHANA

Vamana is generally done if the patient is otherwise vamanarha. Generally, if the patient is young or middle aged with other healthy parameters Vamana should be the Sodhana. For Snehapana purpose Aragwada Mahathikthakam can be preferred. Thikthakam or mahathikthakam ghritham can also be selected if there is more Raktadushti. Patoladi ghritham is also good for snehapana if there is chronicity. Koshtangatha Malas can be effectively cleared by Snehapana with Patoladi Ghritha. After seven days of Snehapana, Swedana with Nadisweda can be done. Kaphotklishta Aharas are given in the evening of previous day Vamana Karma.

DRUGS FOR VAMANA

1. Madanapippali = 2.5 to 5 gm
2. Vacha = 5 gm
3. Yashtimadhu = 7.5 gm
4. Saindava = 10 gm
5. Honey = 20 ml

If patient is not Vamanarha, Virechana is the next option. Virechana should also be done after Snehapana as mentioned for Vamana.

DRUGS FOR VIRECHANA

1. Avipathi Choorna = 25 gm with honey after 8 am.
2. Manibhadra Gulam 25 gm with luke warm water after 8 am.

In patients who are Durbala, Doshasodhana can be done on a regular basis without classical Virechana. For this purpose they can be given Manibhadra Gulam, Kalyana Gulam or Thirivrih leham on alternate days at bed time.

After proper Sodhana Shaman drugs are given with specific targets.

OTHER TREATMENTS

- Thakradhara with Aragwadadi Gana
- Thakradhara with Mustha
- Kashaya dhara with Aragwadadi Gana
- Kashaya dhara with Eladi Gana
- Kashaya dhara with Kushtahara Gana of Charaka.

CONCLUSION

Psoriasis needs periodical sodhan. Maintaining the balance of vata-kapha in twak is absolutely essential. Rasa-Rakta is the basic target. Take care to prevent new Sthanasamsraya of doshas by episodically given sodhan and rasayana as there is the risk of involvement of Sandhi, Nakha and kesa. Stress management is inevitable part of the programme.

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