

CASE STUDY ON PSORIASIS: AN AYURVEDIC APPROACH

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ABSTRACT

This case study intends to evaluate the efficacy of ayurveda treatment in the management of recurrent psoriasis. A 27 year male presenting with psoriasis was diagnosed as Ekkustha (kapha-pitta dominance) as per Ayurveda. Vaman and ayurveda treatment were given to the patient. Symptoms were assessed with PASI at pre and post therapy along with 6 months follow up. Improvement was observed with PASI score (reduced from 29.2 to zero). During follow up period no recurrence observed. Ayurveda shodhan & shaman therapy resulted in effective management of Psoriasis as assessed by validated patches.

KEYWORDS: Case Report, Psoriasis, Ekkushtha.

INTRODUCTION

Psoriasis is a chronic, inflammatory, immunemediated proliferative, disfiguring and disabling disease for which there is no cure. In addition to the involvement of skin, inflammatory arthritis (psoriatic arthritis) may develop. Patients suffering from psoriasis are at higher risk of developing cardiovascular and other Non Communicable Diseases. Prevalence of psoriasis in countries vary between 0.09% and 11.4%. Marked socioeconomic load is considered on an individual level because of lost opportunities in professional life and elevated economic burden for treatment expenses as per WHO (World Health Organization 2016). Methotrexate, corticosteroids etc. can be used for both skin and joint manifestations in conventional system of medicine, but their long-term use is hindered by safety concerns.(Gan, et al. 2013).

Therefore, there is need to develop a management for psoriasis which can give benefit on a long run without any adverse effects. On the basis of sign & symptoms like reduced sweating (Asweda), extended skin lesions (Mahavastu), scaling of skin similar to the scales of the fish (Matsya shakalopama), pink discoloration (Aruna varna), blackening of the part (Krishnavarna) etc, this disease can be correlated with Ekkustha (Shastri, 2011) In present case study there is kapha-pitta dominancy with involvement of tridosha. Therefore for this study, vaman as samshodhan (bio-cleansing therapy) and some conservative ayurveda treatment was planned as described in treatment of kusta.

Table 1. Treatment protocol.

S.no.	Medicine.	Dose.	Anupana.	Schedule
1.	Panchtiktam ghritam	guggulu 500mg	lukeworm water	

after meal

2. Arogyavardhini vati 500mg lukeworm water after meal

3. Ayyapala kera. Local
Tailam. - - Apply

4. We gave a combination of medicine named as pudiya twice a day

(combination given below as single dose):-

- (a). Talkeshwar ras -75 mg
- (b). Nimb chal churan - 2 gm
- (c). Giloy satva - 300mg
- (d). Shudh gairik - 200mg
- (e). Shankh bhasam - 250 mg

Vaman planned accordingly with panchtikt ghritam to have more and good effect of medicines.

Timeline

2023-08-20 Before treatment

Narrative

In the present case, a 27 year old male student, preparing for recruitment in police department patient came to department of skin at state ayurveda college, Lucknow, uttar pradesh, India with a history of red and brown lesion (scaly thickened skin) on whole body in patches with associated itching, burning sensation and consistantly increase in size of patches from last three years. He took various module of treatment but patient was reluctant because symptoms reoccurs after withdrawal of medicine. So he approached skin care opd at state ayurved college, lucknow for conservative treatment.

Attachments



Before treatment - 20/08/2023



During treatment advised for vasantik vaman 20/02/2024

Please complete or attach patient sticker:
 Name: Mr. Nikhil Verma
 Hosp. No.:
 NHS/CHI:
 DoB/age :- 27
 Gender: Male Female

Psoriasis Area and Severity Index (PASI) scoring sheet

Scoring key

Score	0	1	2	3	4	5	6
Erythema	None	Slight	Moderate	Severe	Very Severe		
Induration							
Scaling							
Area %	0	<10	10-29	30-49	50-69	70-89	90-100

	Head	Upper limbs	Trunk	Lower limbs
Erythema	1	2	3	3
Induration	3	3	3	3
Scaling	3	2	3	3
Sum (E+I+S)	7	7	9	9
Area score	3	2	5	3
Sum x Area	21	14	45	27
Correction	x 0.1	x 0.2	x 0.3	x 0.4
	2.1	2.8	13.5	10.8
	= 29.2			

Global evaluation score (circle)
 Severe / Moderate to severe / Moderate / Mild to moderate / Mild / Almost clear / Clear

If a potential new BADBIR baseline registration also collect...

Systolic mm
 Diastolic mm
 Height cm
 Weight kg
 Waist cm

If this is for BADBIR follow-up also collect...

Weight kg
 Waist circumference cm

Before treatment at pasi score comes 29.2.
 On date 20/08/2023

Please complete or attach patient sticker:
 Name: Mr. Nikhil Verma
 Hosp. No.:
 NHS/CHI:
 DoB/age :- 27
 Gender: Male Female

Psoriasis Area and Severity Index (PASI) scoring sheet

Scoring key

Score	0	1	2	3	4	5	6
Erythema	None	Slight	Moderate	Severe	Very Severe		
Induration							
Scaling							
Area %	0	<10	10-29	30-49	50-69	70-89	90-100

	Head	Upper limbs	Trunk	Lower limbs
Erythema	0	0	0	0
Induration	0	0	0	0
Scaling	0	0	0	0
Sum (E+I+S)	0	0	0	0
Area score	0	0	0	0
Sum x Area	0	0	0	0
Correction	x 0.1	x 0.2	x 0.3	x 0.4
	0	0	0	0

Global evaluation score (circle)
 Severe / Moderate to severe / Moderate / Mild to moderate / Mild / Almost clear / Clear

If this is for BADBIR follow-up also collect...

a potential new BADBIR baseline registration also collect...

Systolic mm
 Diastolic mm

Weight kg
 Waist cm

Pasi score comes zero after 6 month of treatment (20/02/2024)

DISCUSSION

Psoriasis is an autoimmune disease where genetic and environmental factors have a significant role. Moreover, cytokines, inflammatory cascade, and keratinocytes play an important role in the pathogenesis of psoriasis. Among different types of psoriasis, plaque psoriasis (psoriasis vulgaris) is the most common form of psoriasis where silvery-white scales with raised areas of reddened skin are known as Plaques. Being an autoimmune disease, it is quite difficult to treat. Therefore, the treatment principles of Jirnajwara chikitsa, Vatarakta chikitsa, Rasayana chikitsa, and Kushtha chikitsa have been implemented together. In the present case, pitta, kapha, and rakta were the Doshas, and Rasadhātu, Raktadhātu, and Mamsadhātu were the Dushyas. Dosha dushya samurcchana (pathological progress) was taken place due to the circulation of vitiated Doshas and their Sthanasamsraya (site of pathological changes) at Tvaka (skin) with the clinical presentation of Vyadhilakshnanas (signs and symptoms of psoriasis). The treatment protocol was adopted for Samprapti bhedana (to counteract the pathophysiology) where Pittakaphahara, Jirnajwarahara, Vataraktahara, and Rasayana along with Kushthaghna aushadhiyogas (medicines) were preferred. Also, the Agnidipana (improvement of the biological fire), Ampachana, Rasaprasadana (improvement in the quality of blood), and Raktaprasadana (purification of the blood) were achieved with the help of all the internal medicines. The intake of Viruddha ahara (the unwholesome dietary practices) is one of the important causative factors in the etiopathogenesis of skin diseases. The patient should avoid Viruddhaahara for better treatment response, speedy recovery, and to avert the recurrence in chronic skin ailments. In present case, the patient was following the excess use of salty and sour food items, old butter and curd, spicy food, simultaneous use of milk products and salty snacks, etc. The patient was taking modern medications without sidestepping the causative factors as per Ayurveda. Therefore, temporary relief had observed with a relapsing pattern during the allopathic treatment. Thus, in the present case, the strict dietary regimen (Pathya) has been advised as the mitigating intervention along with Ayurveda medicines.

The ongoing pathological changes were attenuated and corrected following internal medications such as.

- [1], Mahamanjishthadi Kashayam
- [2], Panchtikt Ghrit Guggulu
- [3], Arogyavardhini Vati
- [4], Ayyapala Kera Tailam

The multimodal Ayurveda treatment approach was adopted by considering all the possible pathomechanism.

Mahamanjishthadi kashaya has mentioned under It is enriched with Tikta rasa (bitter) dravyas that help in the Rasadhātu and Raktadhātu prasadana by pacifying vitiated kapha and pitta doshas. It has kushthaghna (corrects skin ailments), Jwaraghna (antipyretic), and Vishaghna (anti-poison) properties.^[5] It is useful in skin

diseases associated with itching, pigmentation, and burning sensation. It is also an effective medicine for liver detoxification. According to Ayurveda, the liver is an important organ for the normal functioning of pitta dosha and raktadhātu. It improves appetite and aids in digestion due to amapachana and Agnivardhana properties. Various scientific reports reveal the promising effects of Guggulu (*Commiphora mukul* Hook ex Stocks.) against different chronic diseases such as psoriasis, dermatitis, skin diseases, infectious diseases, rathritis, etc. It is due to its anti-inflammatory and anti-oxidant effects by targeting multiple signaling pathways. Terpenoidal Constituents, steroids, flavonoids, guggultetrols, lignans, sugars, and amino acids present in Guggulu are responsible for its therapeutic effects. Guggulu is well known for its yogavahi (synergism) property in Ayurveda. Guggulu can act as a drug carrier by entrapping active pharmaceutical ingredients and mediate their sustained release action.

Panchtikt ghrit guggulu is a polyherbal preparation indicated in raktadusti and well known for its Kantikarar (restores skin's natural radiance and suppleness) property in Ayurveda. It reduces inflammation and pain associated with raktadusti by purifying blood. Furthermore, panchtikt ghrit guggulu acts as an antiallergic, antibacterial, and blood purifying agent. Therefore, it helps to reduce redness, inflammation and acts as a natural blood cleanser by its pacifying effects on deep sited vitiated doshas of psoriasis.

Panchtikt ghrita, a medicated ghee has administered internally for shamana (pacifying effect on dosha) purpose. A increasing manner dose form of ghee was used instead of the classical dosage form to overcome the palatability problem due to its very bitter taste. In the case of Kushtha (skin diseases), doshas exist in dhatus such as Rasa, Rakta, Mamsa, and Meda. Ghee has sukshma strotogamitva action and it can reach and also nourish the Shukra dhātu. Moreover, in Kushtha the medicated ghee fortified with Tikta and rasa has been recommended for internal and external use. Various active phytoconstituents extracted in the panchtikt ghrita work synergistically to cure psoriasis, possibly through the liposomal drug delivery system.

Shudh gairik in ayurveda has Kushthaghna property. It's vishahar (anti-poisonous) and Rasayana (rejuvenation) properties help to cure and correct the causes of skin diseases. According to modern science, gairik possesses an anti-inflammatory and anti-oxidant property which plays an important role in the treatment of autoimmune diseases such as psoriasis. It is known for its Kushthaghna, Kledaghna, Ampachana, Raktaprasadana, and Rasayana properties.

Nimb chal churan - As it contains nimb It has various phytoconstituents such as flavonoids, alkaloids, Nimbin, and essential oils which contribute to its multifaceted pharmacological actions including anti-inflammatory,

antioxidant, anti-leprotic, antipsoriatic, antibacterial, anticancer and immunomodulatory activities.

Manjistha is known for its blood-purifying, bile-relieving, wound-healing, and leprosy-relieving properties. It also has antipsoriatic activity.

Satva giloy

Satva giloy has some Immunomodulatory activities a large variety of compounds which are responsible for immunomodulatory and cytotoxic effects are 11-hydroxymuskatone, Nmethyl- 2-pyrrolidone, Nformylannonain, cordifolioside A, magnoflorine, tinocordioside and syringin. These natural compounds have been reported to improve the phagocytic activity of macrophages.

After the treatment of the first six months, the prescribed doses of all the internal medicines were reduced to the half by considering the age, gender, roga and rugna Bala (severity of the disease and the condition of the patient) and, rogavastha.^[6]

In the present case, ayyapala oil has prescribed for external use.

In ayyapala oil, coconut oil (*Cocos nucifera* (L.) Kuntze.) has processed with Vidaphala (*Wrightia tinctoria* R. Br.).

Ayyapala oil carries all the active pharmaceutical ingredients from these herbs and helps to cure psoriasis by enhancing their permeation across the skin. It retards hyperkeratinization, silvery scales, inflammatory responses, reduce exfoliation, and discoloration of the skin. It also prevents itching and formation of scales and sores. Vidaphala is useful in psoriasis.^[26]

It has anti-inflammatory and anti-dandruff properties and it is commonly used in hair oil preparations.

Coconut oil improves the symptoms of skin disorders by its moisturizing, soothing, and emollient effects. It possesses anti-inflammatory activity. It suppresses the inflammatory markers such as cytokines, prostaglandins, leukotrienes, and protects the skin by improving skin barrier function. In psoriasis, epidermal keratinocytes react to proinflammatory cytokines like tumor necrosis factor- α (TNF- α) and interferon- γ (IFN- γ). Interleukin 6 (IL-6) causes epidermal hyperplasia in the psoriatic epithelium. Coconut oil intervenes in antiinflammatory activity by reducing the secretion of IL-6 level. Uncontrolled cytokine expression can lead to dysfunction of the epidermal barrier as seen in psoriasis. The topical application of coconut oil inhibits the various cytokine levels including TNF- α , IFN γ , IL-6, IL-5, and IL-8.^[30] The promising outcomes in the present case are a combined effect of all the Ayurveda medicines, pathya sevana (a strict diet plan), and regular follow-ups by the patient. The possible mechanism and role of Ayurveda medicines in the Samprativighatana (counteracting the

pathophysiology) of psoriasis have depicted in.

Patient Perspective

I am very active person and enjoy playing outdoor games and physical exercise. Before coming to Rajkiya Ayurveda College and Hospital, Lucknow a center of ayurveda treatment. My symptoms are to much aggravated quality of my sleep and my overall quality of life were not good. After coming to Rajkiya ayurveda college and hospital for ayurvedic treatment. All of my symptoms improved and i experienced a good improvement in my quality of life. I follow an instructed diet, which includes satvik aahar, fruits etc. now after 6 month I am able to control the symptoms by adjusting my diet, lifestyle and some medicines.

CONCLUSION

In the present case, the treatment protocol was adopted as per ayurvedic samprapti and the treatment response was observed much earlier as compared to previous allopathic treatment. No recurrence reported after the end of active treatment. The importance of a wholesome diet as a health promoter is also revalidated. The external and internal medications of Ayurveda help to correct the complex pathophysiology of psoriasis like chronic disease. Altogether, multimodal Ayurveda treatment led to speedy and substantial recovery from a chronic case of psoriasis.

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