



Research Article

AYURVEDIC MANAGEMENT OF PSORIASIS: A CASE STUDY

Anuradha Vijay Bhalerao *¹, Jyoti V Meghadambar ²

¹PG Scholar, Dept. of RogNidan Evum Vikriti Vigyaan, Govt. Ayurved College, Nanded, Maharashtra, India

²Ph.D Scholar, Dept. of RogNidan Evum Vikriti Vigyaan, Assistant Professor, Govt. Ayurved College, Nanded, Maharashtra, India

*Corresponding Author Email: anubh1r23@gmail.com

Article Received on: 16/06/18 Approved for publication: 12/07/18

DOI: 10.7897/2230-8407.096120

ABSTRACT

Psoriasis is non-infectious, chronic inflammatory disease of the skin, characterized by sharply defined dry scaling, erythematous patches, covered with silvery white scales. According to Ayurveda, Psoriasis can be considered as one type of Kushta. Among 18 types of Kushta, symptoms of Ekakushta resembles with Psoriasis. While studying in IPD of RogNidan department, Govt Ayurved College Nanded, A case of Psoriasis was admitted, Patient complained of Severe Itching, Dry Scales and Blackish discoloration over arms, legs and back. Due to severe Itching, Rukshana therapy was given before Sanshodhana (Virechana) and then Shaman Chikitsa was given. Patient was having complaints for 8 years which shows its chronicity, hence Sanshodhan (Virechana) was given to patient to remove doshas from body. In Modern medicine, Corticosteroids and PUVA is the only treatment for Psoriasis due to which relapse occurs hence a good Ayurvedic management for Psoriasis is the need for study.

Keywords: Psoriasis, Virechana, Kushta

INTRODUCTION

Ayurveda- 'Science of life and longevity' is considered as the traditional system of medicine of India. The aim of this system is to prevent illness, heal the sick and preserve health.¹ For the is not possible to treat disease without proper diagnosis Hence in Ayurveda, there is description of 'Trisutra' Ayurveda- Hetu, Linga, and Aushadha.²

Disease many a times is not contrast to health, but it snatches joys and comfort from life and create great miseries like skin diseases. In Ayurveda all skin diseases are described under the heading of Kushtha. According to Acharyas, kushtha has Tridosha involvement and each type has specific dosha predominance.³

Ekakushta in Ayurveda has similar symptoms as of Psoriasis. The exact etiology of Psoriasis is still unknown. It tends to run in families.⁴ But many psoriatic patients show no hereditary factor. In Modern Medicine treatment for Psoriasis is PUVA and Corticosteroids but many ill effects are seen. As Psoriasis is a disease of chronicity and relapse occurs there is need of Sanshodhana⁵ along with Shamana⁶ Hence Virechana is given to the patient in present case.

CASE REPORT

Patient Name- XYZ
Gender- Male
Age- 71 years
Built- Medium

CHIEF COMPLAINTS

Blackish discoloration over both legs, both hands, over abdomen, back, Severe Itching all over body. All these complaints were since 7-8 years.

PAST HISTORY

Patient was diagnosed Hypertensive after admission, under Treatment Tab. Betatrop 1 OD
On Examination, Systolic murmur was present. Other systemic findings were within normal limits.
Patient had history of allergy to detergent, Discolouration and Itching in Winter and rainy season.

DIAGNOSIS

Psoriasis (Ekakushta)

DATE OF ADMISSION: 28/12/2017

DATE OF DISCHARGE: 12/1/2018

PRINCIPLE OF TREATMENT

Eliminate the toxins and reduce Itching, Dryness and Discolouration.

TABLE 1: Treatment Schedule

Procedure	Medication	Dose	Duration
Rukshana Aushadhi	<i>Triphala</i> Choorna <i>Musta</i> Choorna <i>Vidanga</i> Choorna	3gm each 40ml decoction twice a day	3 days
Snehapana (Drinking Medicated Ghee)	Mahatikta Ghrita daily morning at 7am	Day 1-30ml Day 2-60ml Day 3-90ml Day 4-120ml	4 days
Sarvanga Abhyanga (Whole body massage) Sarvanga Sweda (Sudation Therapy)	Tila Taila	Day 5 and Day 6	2 days
Virechana (Purgation Therapy)	Virechana Yoga was given in the morning at 8am on Day 7	2 Tablets of Ichhabhedi	1 day
Samsarjana Karma	Green Gram Soup Green Gram + Rice Porridge Green Gram + Rice Porridge + Ghee	One glass on Day 7 in evening and Day 8 in morning, Day 9 and Day 10	3 days

Virechana Yoga Included- Ichhabhedi two tabs of 250mg followed by cold water as Anupana

TABLE 2: Assessment Criteria

Sr no.	Subjective Symptoms	Parameters	Gradation
1.	Kandu (Itching)	No Itching Relieve Spontaneously Relieve by Itching Disturbs routine Require medication	0 +1 +2 +3 +4
2.	Vaivarnya (Discoloration)	Normal Colour Light Brown Brick Brown Dark Brown Black Brown	0 +1 +2 +3 +4
3.	Sraava (Discharge)	No discharge Occasionally discharge Discharge on Itching Relieve spontaneously Not at all relieve	0 +1 +2 +3 +4
4.	Vedana (Pain)	No pain Occasionally pain Mild pain on touch Mild to Mod Pain Severe pain	0 +1 +2 +3 +4
5.	Rukshata (Dryness)	No scratch/imprint after scratching Mild scratch/imprint after scratching Scaling on every scratch Scratching causes eruption Spontaneous eruption on scratching of skin	0 +1 +2 +3 +4

OBJECTIVE PARAMETERS

- Candle grease sign
- Auspitz sign
- Scaling
- Extent of lesion
- Circular Skin lesion
- Thickening in Skin lesion
- Elevation in Skin lesion

RESULTS AND DISCUSSION

A combination of Triphala (*Amalki*, *Haritaki*, *Bibhitaki*), Musta (*Cyperus Rotundus*), Vidanga (*Embelia Ribes*) churna is used for rukshana before Snehapana.

Triphala is used as antioxidant due to its rasayana karma and acts as mild purgative which is useful in skin diseases.

Musta and Vidanga are also useful to pacify increased/vitiated dosha in skin, Hence this drug combination is given for 3 days.

After rukshan as Purvakarma, Snehapana started with Mahatikta Ghrita which is highly beneficial in Twakgat Vikaras. Starting from 30ml, each day 30ml sneha matra was increased up to 120ml for 4 days.

Snehapana was stopped after appearance of samyaka snigdha lakshana.

After appearance of Samyaka Snigdha lakshana, 2 days Vishrama kala (Resting period) was given.

In these 2 days, Snehana and Swedana was done with Til-Taila and Peti Sweda for dosha to come in lower GIT which has loosened due to Oleation for 4 days.

On the 3rd day after Snehapana, At 8am Ichhabhedi rasa 250mgx2 tablets were administered to the patient with Sheeta Jala as Anupana.

TABLE 3: Virechana Chart

Time	Episodes	Pulse	B.P	Nirgamit dravya	Upadrava
10:55 am	1	62/min	140/80	Loose motion	-
12:15 pm	1	48/min	180/80	Loose motion	Abdominal pain
1:25pm	1	48/min	170/80	Sticky Loose motion	-
2:00pm	1	50/min	140/80	Loose motion along with Kapha	
2:30pm	1	50/min	130/70	Loose motion	Vomitting
2:50pm	1	58/min	120/60	Yellowish Loose stool along with kapha	
5:00pm	-	60/min	110/70	-	-

Total vega =6

After 6 vega of Virechana, Samsarjan karma was given for 3 days.

CONCLUSION

Observations in Present Case

The role of Triphala Musta and Vidanga was to decrease the kleda from body, hence kandu (Itching) after Rukshana was decreased

from 4 to 2 and after Virechana and Sansarjana karma it was reduced from 2 to 0. After Virechana excessive kleda and kapha dosha was removed from body due to which Srava(discharge) was lessened from 1 to 0. Due to Snehapana (Oleation) therapy Vata dosha was pacified and Vaivarnya (Discolouration) was reduced from 4 to 1. Even dryness and scaling were seen diminished due to Sneha and Swedana therapy.

Sr No	Parameters	Before Treatment	After Virechana	% of Relief
1.	Kandu (Itching)	4	0	100%
2.	Vaivarnya (Discolouration)	4	+1	25%
3.	Srava (Discharge)	1	0	100%
4.	Vedana (Pain)	1	0	100%
5.	Rukshata (Dryness)	1	0	100%



Fig 1: BEFORE TREATMENT



Fig 2: BEFORE TREATMENT



Fig 3: AFTER TREATMENT



Fig 4: AFTER TREATMENT

REFERENCES

1. Agnivesha, Charak Samhita, Acharya Vidyadhar Shukla, Prof.Ravidatt Tripathi, Sutrasthan, Arthedasha Mahamuliya Adhyay 30 26 Delhi, Chaukhambha Sanskrit Pratishthan 2007, pg no 447.
2. Agnivesha, Charak Samhita, Acharya Vidyadhar Shukla, Prof.Ravidatt Tripathi, Sutrasthan, Dirghamjeevitiya Adhyay1, 24 Delhi, Chaukhambha Sanskrit Pratishthan 2007, pg no 5.
3. Agnivesha, Charak Samhita, Acharya Vidyadhar Shukla, Prof Ravidatt Tripathi, Chikitsasthan, Kushta Chikitsa Adhyay 7, 31 Delhi, Chaukhambha Sanskrit Pratishthan 2014,pg no 185.

4. Picardi A, Abeni D. Stressfull life events and skin diseases. Disentangling evidence from myth. *PsychotherPsychosom* 2001;70; 118-136.
5. Agnivesha, Charak Samhita Kashinath Shastri & Dr. Gokarnath Chaturvedi Kushta Adhyaya, Varanasi, India, Chaukhamba Bharati Academy, 2002, pg no 255.
6. Agnivesha, Charak Samhita Kashinath Shastri & Dr. Gokarnath Chaturvedi Kushta Adhyaya, Varanasi, India, Chaukhamba Bharati Academy, 2002, pg no 258.

Cite this article as:

Anuradha Vijay Bhalerao and Jyoti V Meghadambar. Ayurvedic management of psoriasis: A case study. *Int. Res. J. Pharm.* 2018;9(6):225-227 <http://dx.doi.org/10.7897/2230-8407.096120>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IRJP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IRJP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IRJP editor or editorial board members.