

## A CASE REPORT: PATIENT HAVING PSORIASIS TREATED WITH AYURVEDIC THERAPUTICS AND MEDICINES GOT ENCOURAGING RESULT

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### ABSTRACT

Psoriasis is a chronic dermatosis characterized by an unpredictable course of remissions and relapses and presence at typical sites of well defined, erythematous papules and plaques, which are surmounted with large, loose, silvery scales. A 43 yrs. old male patient with a prior diagnosis of Psoriasis was admitted in P.D.Patel Ayurvedic Hospital, Nadiad. We have diagnosed the nature of this disease according to Ayurvedic principle i.e. *DoshaDushyaAmshamshakalpana*. He was treated with Ayurvedic treatment including *AbhyantaraSnehanpana* with *Panchatiktaghrita*, *SarvangaAbhyanga* and *Bashpa Svedana* followed by *Vamanakarma*, *SiddharthakaSnana*, *SiddharthakaLepa* and *SiddharthakaKvatha*. Encouraging result was observed with absolute relief from symptoms of the disease. This case report is presented here to share the encouraging results of Ayurvedic treatment in this particular patient of Psoriasis.

**Keyword:** Psoriasis, *DoshaDushyaAmshamshakalpna*, *Vamanakarma*, *Siddharthaka yoga*

### INTRODUCTION

In this present era of very fast and competitive life, fast food, spicy food, junk food, *viruddha ahara* become common. Such food habits together with night vigils due to work, TV, parties, stress, pollution and a like cause the disequilibrium in the *Doshas* those manifest in the form of a skin disease. Psoriasis is a common chronic, immune mediated, inflammatory, proliferative, non contagious disease of the skin affecting people who are genetically predisposed, with environment playing a critical role in the pathogenesis.<sup>1</sup> The word Psoriasis has originated from the Greek word Psora, which means Itch. Most characteristic lesions consist of itchy, deep pink to reddish, well demarcated, indurated plaques with silvery – micaceous

scaling present particularly over extensor surfaces and scalp. The underlying pathology is a 10 fold increase in the rate of epidermal cell proliferation and exfoliation of nucleated cells before these form horny layer.<sup>2</sup> Psoriasis is seen worldwide in all races and both sexes with prevalence from 0.1% to 3%. Psoriasis can present at any age, bimodal age distribution is common. First peak at 20 years to 30 years and second at 50 years to 60 years. Winter aggravation is common. Positive family history is elicited in one-third of patients of psoriasis. Association with human leukocyte antigen HLA-Cw6 (early onset psoriasis). Psoriasis genes: PSORS 1-9 located on different chromosomes.<sup>3</sup> Its course traverses by intermissions

and remissions. Psoriasis is a common chronic disease, which for many people is associated with profound functional, psychological & social morbidity & important co morbidities.<sup>4</sup>The clinical observation of Psoriasis shows that it is a disease with frequent relapses.Effective treatments are available, but are usually expensive, require appropriate monitoring and some may only be assessed in specialist care settings.<sup>5</sup>Modern medical science treats Psoriasis with spiraled (P) and Ultra violet A (UVA) therapy PUVA, Corticosteroids and Antimitotic drugs, but the disease recurrence and serious side effects like liver and kidney failure, bone marrows depletion discourage the patients.<sup>6</sup>Evidence indicates that a substantial proportion of people with psoriasis are currently dissatisfied with their treatment.<sup>7</sup>

**Ayurvedic approach:**It is highly difficult to correlate this disease with any classically described single disease. Several attempts have been made in the past to corre-

late this with certain diseases which do not seem to be appropriate. Matching with multiple diseases itself is evidence that it cannot be correlated with a single disease entity. Therefore we have studied this disease under the heading of “*Kushtha roga*”. We have to diagnose the nature of the disease with its symptoms and to decide involvement of *Doshas and Dushyas*.According to *Ayurvedic* point of view the main symptom of this disease “Scaling” occurs because of the vitiation of the *Vāta dosha*, “Itching” occurs because of the vitiation of the *Kaphadosha* and “Erythema” occurs because of *Pitta dosha*.So we have considered Psoriasis as a *Tridoshaja* disease with individual variation of dominance of *Doshas*. We have to diagnose the nature of the disease with its symptoms and to decide involvement of *Doshas - Dushyas* and their *Amshamshakalpana* and *Srotodushti*.

**Table 1:Psoriasis – analysis according to Ayurveda**

Symptoms of Psoriasis	Symptoms of <i>Kushtha</i>	<i>Dosha</i>	<i>Amshamshakalpana</i>	<i>Dushya</i>	<i>Srotodushti</i>
Scaling	<i>Twak dalana</i>	<i>Vata</i>	<i>Ruksha, Chala</i>	<i>Rasa</i>	<i>Atipravrutti</i>
Itching	<i>Kandu</i>	<i>Kapha</i>	<i>Sheeta</i>	<i>Rasa</i>	<i>Sanga</i>
Erythema	<i>Raga</i>	<i>Pitta</i>	<i>Ushna</i>	<i>Rakta</i>	<i>Sanga</i>
Pain	<i>Shoola</i>	<i>Vata</i>	<i>Sheeta</i>	<i>Rasa</i>	<i>Sanga</i>
Burning sensation	<i>Daha</i>	<i>Pitta</i>	<i>Ushna</i>	<i>Rakta, Mamsa</i>	<i>Sanga</i>
Induration	<i>Utsedha</i>	<i>Kapha</i>	<i>Sthira, Gura</i>	<i>Twak, Mamsa</i>	<i>Sanga, Atipravrutti</i>
Blackish discoloration	<i>Krush-naaruntva</i>	<i>Vata</i>	<i>Ruksha</i>	<i>Twak, Rakta</i>	<i>Sanga</i>
Discharge	<i>Parisrava</i>	<i>Pitta</i>	<i>Sara, Drava</i>	<i>Rasa, Rakta</i>	<i>Atipravrutti</i>
Dryness	<i>Parushya, Kharatva</i>	<i>Vata</i>	<i>Ruksha</i>	<i>Rasa</i>	<i>Sanga</i>

**(Table 1: Shows common symptoms of Psoriasis correlate with *Kushtha* and their *Dosha-Dushya-***

***Amshamshakalpana* and *Srotodushti*)**

**A case report as follow:** A 43 year old male patient came to us with chief complaint of –

1. Reddish patches on nap of the neck, left ear, right forearm and right lumber region,
2. Itching in patches
3. Scaling from patches

Patient had above complaints since 2 year.

**History of personal illness:** The patient was normal before 2 year. Then he started to have reddish patches on nap of the neck, left ear, right forearm, and right lumber region with scaling and itching in these patches. For this patient took treatment from allopathic doctors but did not get relief, then he came to our hospital- P.D.Patel Ayurveda hospital in *Kayachikitsa* department OPD. For better management we have admitted the patient in IPD.

**Lab Investigation:**

- CBC, ESR, Urine routine and microscopic all were within normal limits.
- ECG- was showing no abnormality.

**On Physical Examination:**

- **Vitals:** Temperature – 98.6 f, Pulse – 74/min, RR- 20/min, BP- 130/80 mm of Hg;
- RS – no abnormality detected
- CVS – no abnormality detected
- Abdomen –no abnormality detected
- CNS – no abnormality detected
- Skin – **Inspection** - Reddish, scaly patches on nap of the neck, left ear, right lumbar region and right forearm. Mild bloody discharge seen on left ear.

- **Palpation** – Patches were felt dry with rough surface, normal in temperature, firm and elevated from skin surface.
- Auspitz sign present.

**Therapeutic Intervention:** Āyurvedic-treatment was planned according the *Kushtha* after proper counseling and obtaining informed consent.

- On the 1<sup>st</sup> day 40 ml *Panchatikta Ghrita*<sup>8</sup> was given to patient twice a day for *Abhyantara Snehapana*. The dose was increased 55 ml twice on second day, 70ml twice on third day and 85ml twice on fourth day. On 5<sup>th</sup> day proper *Snehanasymptoms* found hence *Snehana* stopped and *Sarvanga Abhyanga* with *Jatyadi taila*<sup>9</sup> and *Bashpa Svedana* with *Nimbapatrakvatha* was done.
- On 6<sup>th</sup> day, he was given *Peya* in early morning followed by *Sarvanga Abhyanga* and *Svedana*, he was given 900ml *Ushnodaka* as a *Akanthapanadravya* followed by *Vamana yoga (Madanaphalapippalichurna 3.5gm + Madhu)*. He had 6 Vegas of *Vamana* without any complication. The *Vamana* was *Pittanta*.
- On 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> day he was kept on *Samsarjanakrama*.
- Following Medicaments were started on 9<sup>th</sup> day:
  1. *Siddharthaka Snana* at morning (*Siddharthakayoga* crude material 50gm was *siddha* in 5 litre water)
  2. *Siddharthaka lepa* was applied on affected part after *Snana*. The *Lepa* was kept for 1 hour and then washed out with warm water.
  3. *Siddharthaka kvatha* 40ml twice a day.

- SiddharthakaSnana, Siddharthaka-Lepa and SiddharthakaKvatha were continued up to the discharge of the patient from IPD i.e. 35<sup>th</sup> day after admission.

SiddharthakaKvatha and Lepa were given for 28 days in OPD.

**Result: Table 2: Assessment of Signs and Symptoms**

**Follow up:**

No.	Chief complains	B.T.	4 <sup>th</sup> wk	A.T
1	Scaling (Tvak dalana)	2	1	0
2	Itching (Kandū)	3	1	0
3	Erythema (Rāga)	3	1	0
4	Epidermic thickening (Bahalatva)	2	1	1
6	Dryness (Rukṣatā)	2	1	0
7	Auspitz sign	2	1	0
<b>PASI SCORE<sup>10</sup></b>		<b>11.4</b>		<b>0.3</b>

(B.T. - before treatment, A.T. - After treatment)

**Table 3: Gradation of assessment of Signs and Symptoms of Psoriasis**

1. Scaling (*Twak dalana*)

Scale	Score
No scaling	0
Mild scaling by rubbing / by itching (scaling from some lesions)	1
Moderate scaling by rubbing / by itching (from all lesions)	2
Severe scaling by rubbing / by itching (from all lesions)	3
Scaling without rubbing / by itching (from all lesions)	4

2. Itching (*Kandu*)

Scale	Score
No itching	0
Mild or occasional itching	1
Moderate (tolerable) in frequent	2
Very severe itching disturbing sleep and other activity	3

3. Erythema (*Raga*)

Scale	Score
Normal skin	0
Faint or near to normal	1
Blanching + Red colour	2
No blanching + Red colour	3
Red colour + Subcutaneous	4

4. Epithemic thickening (*Bahalatva*)

Scale	Score
No thickening	0

<b>Mild thickening</b>	1
<b>Moderate thickening</b>	2
<b>Very thick</b>	3
<b>Very thick with induration</b>	4

5. Blackish discoloration ( *Krushna aruna varna*)

<b>Scale</b>	<b>Score</b>
<b>Normal coloration</b>	0
<b>Near to normal which looks like normal colour to distant observe</b>	1
<b>Reddish coloration</b>	2
<b>Slight black reddish discoloration</b>	3
<b>Deep black reddish discoloration</b>	4

6. Dryness (*Rukshata*)

<b>Scale</b>	<b>Score</b>
<b>No line on scrubbing with nail</b>	0
<b>Faint line on scrubbing by nail</b>	1
<b>Lining and even words can be written on scrubbing by nail</b>	2
<b>Excessive dryness leading to itching</b>	3
<b>Dryness leading to crack formation</b>	4

7. Auspitz sign

<b>Scale</b>	<b>Score</b>
<b>Absent</b>	0
<b>Improvement</b>	1
<b>Present</b>	2

## DISCUSSION

*AbhyantaraSnehapana* with *Panchatiktaghrita* done as *Purvakarma* is helpful in managing the *Pitta* and *Vatadosha*. For elimination of *Kaphadosha*, *Vamana* is the most effective measure.<sup>11</sup> Moreover it is beneficial tool in the management of the Skin diseases. In addition the *Siddharthaka yoga*<sup>12</sup> was administered post *Vamana*, which was provided additional benefit.

*Siddharthaka yoga* is mentioned by *Acharya Charaka* especially for a *Snana* and also internal use as *kvatha* in *Kushtha chikitsa*. The ingredients of the *yoga* are *Musta*, *Madanaphala*, *Haritaki*, *Bibhitaki*, *Amalaki*,

*Karanja*, *Aaragvadha*, *Kalingayava*, *Darvi* and *Saptaparna*. These *aushadhi dravyashave* properties like *Deepana*, *Paachana*, *Jantughna*, *Krimighna*, *Kushthaghna*, *Rakta prasadana*, *Koshtha shuddhikara*, *Vranaropana*, *Kandughna* and *Sarvadoshaghna* as well as *Rasayana*<sup>13</sup>. All these properties are helpful to reduce *Kushtha*.

*Siddharthaka yoga siddha jala* for *Snana* followed by *Siddharthaka churna* for *Lepa* was given to the patient. The drug applied over the skin directly reaches the site of pathology in the disorders of the skin. The drugs used in the water for *Snana* and *Lepa* can easily be absorbed by the skin and acts on



*Bhrajakagni* situated on the skin. The correction of the *Bhrajakagni* improves discoloration of the skin. The other properties of the drugs mentioned above pacify the vitiated *Doshas* and reduce or cure the symptoms of the disease. This will then bring back the normal skin.

### CONCLUSION

Ayurvedic treatment has shown encouraging result with total relief of the symptoms in

the patient of Psoriasis suffering from 2 yrs. Long follow up and more number of patients are required to rich up to any conclusion but with this case it can be stated the this treatment is a hope for the patients of Psoriasis resistant with conventional medicaments.

### CONSENT:

Written informed consent was obtained from the patient for presentation of this case report.



Figure 1

Before treatment



After treatment



Figure 2

Before treatment



After treatment



Before Treatment



After treatment

Figure 1



Before Treatment



After treatment

Figure 2

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