ABSTRACT

Skin is vital organ of human body, it is the largest organ of the integumentary system, guards the underlying muscles, bones, ligaments and internal organs, seat of complexion, conscientious for ones personality, which maintains beauty, provides identity in society, envelops internal vital organs, protect us from exterior invasion. Psoriasis is one the most dreadful dermatological condition. Psoriasis is a fairly common skin condition and is estimated to affect approximately 1%-3% of the U.S. population. It currently affects roughly 7.5 million to 8.5 million people in the U.S. It is seen worldwide in about 125 million people. People with psoriasis often feel prejudiced against due to the commonly held incorrect belief that psoriasis is contagious. Psychological distress can lead to significant depression and social isolation; a high rate of thoughts about suicide has been associated with psoriasis. Many tools exist to measure the quality of life of patients with psoriasis and other dermatological disorders. Clinical research has indicated individuals often experience a diminished quality of life. In this case study Ayurvedic treatment which shown extreme results, signs & symptoms of disease vanished without recurrence even after 6 months without medications used by me. Here more number of patients required to rich up to any conclusion, but with this case it can be stated this treatment is a hope for long standing Psoriasis with conventional medicaments.

Keywords: Psoriasis, Ayurvedic, integumentary system, skin, dermatological disorders

INTRODUCTION

Skin is vital organ of human body, it is the largest organ of the integumentary system, guards the underlying muscles, bones, ligaments and internal organs, seat of complexion, conscientious for ones personality, which maintains beauty, provides identity in society, envelops internal vital organs, protect us from exterior invasion. Skin plays an impor-
tant immunity role in protecting the body against pathogens and excessive water loss. Its other functions are insulation, temperature regulation, sensation, synthesis of vitamin D, and the protection of vitamin B folates. Number of skin disease increased markedly nowadays because of changed work culture, heavy workload, faulty food habits, lack of exercise, changed life style & increased intensity of pollution. Psoriasis is one the most dreadful dermatological condition. Psoriasis is a fairly common skin condition and is estimated to affect approximately 1%-3% of the U.S. population. It currently affects roughly 7.5 million to 8.5 million people in the U.S. It is seen worldwide in about 125 million people. Interestingly, African Americans have about half the rate of psoriasis as Caucasians1. Psoriasis is a common autoimmune dermatological disorder in India with prevalence varies from 0.44 to 2.8 %2.

Psoriasis is known to have a negative impact on the quality of life of both the affected person and the individual's family members. Depending on the severity and location of outbreaks, individuals may experience significant physical discomfort and some disability. Itching and pain can interfere with basic functions, such as self-care and sleep. Participation in sporting activities, certain occupations, and caring for family members can become difficult activities for those with plaques located on their hands and feet. Plaques on the scalp can be particularly embarrassing; as flaky plaque in the hair can be mistaken for dandruff. Individuals with psoriasis may feel self-conscious about their appearance and have a poor self-image that stems from fear of public rejection and psychosexual concerns. Psoriasis has been associated with low self-esteem and depression is more common among those with the condition. People with psoriasis often feel prejudiced against due to the commonly held incorrect belief that psoriasis is contagious. Psychological distress can lead to significant depression and social isolation; a high rate of thoughts about suicide has been associated with psoriasis3. Many tools exist to measure the quality of life of patients with psoriasis and other dermatological disorders. Clinical research has indicated individuals often experience a diminished quality of life. Children with psoriasis may encounter bullying. Several conditions are associated with psoriasis; these occur more frequently in older people. Nearly half of individuals with psoriasis over the age of 65 have at least three co morbidities, and two-thirds have at least two co morbidities.

All the skin diseases in Ayurveda have been discussed under the broad heading of “Kushta”, which are further divided in Mahakushta & Ksudra Kushta4. In present study Psoriasis has been taken as Eka Kushta. Clinical features of Eka Kushta described by Acharya Charaka are very much similar to that of Psoriasis and the features explained by Acharya Kashyapa represent remission, relapse and seasonal variation which are present in Psoriasis5.

Clinical Features of Eka Kushta (Psoriasis)
Aswedanam Mahavastu Yasyamatsyahakalopamam | Tadekkushtham……6
Aswedanam (absence of sweating), Mahavastu (extensive lesions on body), Matsyashakalopam (resembles scales of fish) are features of Eka Kushta. Eka Kushta is a condition having dominancy of Vata & Kapha Dosha7. All Acharyas have emphasized on the Shodhana therapy in the management of Eka Kushta.
As per pathophysiology of disease, vitiated *Vata* along with *Kapha* hampers normal physiological functions of dermatome i.e. sweating, perception of touch stage by stage. As *Vata* is having *Yogavahi* property, it functions according to associated *Dosha* i.e. *Kapha* in this particular disease. Kushtha is *Raktapradosha Vikara*\(^8\). Psoriasis is a non-infectious, inflammatory disease of the skin, characterized by well defined erythematous plaques with large, adherent, silvery scales. The eruption is usually symmetrical and clinically Psoriasis most frequently affects the skin of the elbows, knees, scalp, nails, lumbosacral areas, intergluteal cleft and glans penis\(^9\).

### Factors involved in Samprapti of Eka Kushtha (Psoriasis)\(^10\)

- **Doshas**: *Vata, Pitta, Kapha*
- **Dushyas**: *Twak, Rakta, Mamsa, Lasika*
- **Agni**: *Jatharaagni, Dhatvaagni, Bhrajakagni*
- **Aam**: *Dhatwaagni-Maandya-Janya*
- **Strotodushti**: *Atipravrutti, Sanga, Siraagranthi & VimaargaGamana*
- **UdbhavaSthana**: *Twaka*
- **Rogamarga**: *Shakhagata Rogamarga*

### CASE REPORT

A case report as follow:

A 37 year old male patient occupationally Class 2 officer residing in Konkan region approached in my clinic for Ayurvedic treatment with chief complaint of –

1. Silver colored patches on Right and left elbow region round shaped 3 cm in radius, Right and left shin region measuring 20 cm in length and 6 cm in width on right and 16 cm in length and 4.5 cm in width on left, on right knee round shaped 3.5 cm in radius
2. Itching in patches
3. Scaling from patches

Patient had above complaints since 8 year.

### History of Present illness:

The patient was normal before 8 years. Then he started to have reddish patches Right and left elbow region, Right and left shin region gradually it turns in silvery with scaling and itching in these patches. Patient took treatment for this from skin specialist, allopathic doctors, *Ayurvedic*, Homeopathic doctors but did not get relief, and then he came to my clinic *Maauli Ayurved Clinic, Kolhapur*, for further management.

### Family History of Kushtha Absent

### Laboratory Investigation

- CBC, ESR, Urine routine and microscopic all were within normal limits.
- **C.B.C.- Date 05/06/2015**
HB 12.9 g/dl, WBC 4.6 (10^3/µL), RBC 4.15 (10^6/µL), HCT 40%, MCV 67, MCHC 34, Platelet count 254000 /µL, Neutrophils- 58%, Lymphocytes-32%, Monocytes 5%, Eosinophils 5%, Basophils 0%, ESR – 15 mm/hr

- **URINE ROUTINE & MICROSCOPIC** Date 05/06/2015
  VOLUME - 40 ml, Colour - Pale Yellow, Appearance – Clear, Specific Gravity - 1.010, pH - 6.9, Protein - Absent, Sugar - Absent, Urine Ketone –Absent, Bile Salt – Absent, Bile Pigment – Absent, Pus Cell - 1-2/hpf, RBC-NIL, Epithelial Cells – 1-2/hpf, Crystals - Nil

- **ECG** - Normal

- **Physical Examination**
  - **Vitals**
    - Temperature - 98.6 °f,
    - Pulse - 74/min
    - R.R. - 20/min
    - B.P. - 130/80 mm of Hg
  - **Systemic Examination**
    - Respiratory System - Normal
    - Cardio Vascular System - Normal
    - Central Nervous System - Normal
    - Per Abdomen - Normal

- **Local Examination**
  - **Skin Inspection**
    Silvery white colored, scaly patches on Right and left elbow region, Right and left shin region
  - **Palpation**
    Patches were felt dry with rough surface, normal in temperature, firm, minimally elevated from skin surface.
  - **Auspitz sign**: Present
  - **PASI SCORE**: 11 : 16.2

**MATERIALS & METHODS:**

**TREATMENT GIVEN**

Considering therapeutic guideline and deep seated nature of disease of prolonged duration, treatment planned after proper counseling and written consent as,

**Table 1: Showing treatment given to Patient and its duration**

<table>
<thead>
<tr>
<th>Sr</th>
<th>Treatment Given</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Aam Pachan and Agni Deepan</strong></td>
<td>5 Days</td>
</tr>
<tr>
<td>2</td>
<td><strong>Abhayantara Snehapana with Mahatiktaka Ghrita</strong></td>
<td>7 Days</td>
</tr>
<tr>
<td>3</td>
<td><strong>Vamana Karma</strong></td>
<td>1 Day</td>
</tr>
<tr>
<td>4</td>
<td><strong>Sansarjana Krama of 1 weak and 1 weak Normal Diet</strong></td>
<td>15 Days</td>
</tr>
<tr>
<td>5</td>
<td><strong>Abhayantara Snehapana with Mahatiktaka Ghrita</strong></td>
<td>7 Days</td>
</tr>
<tr>
<td>6</td>
<td><strong>Virechana Karma</strong></td>
<td>1 Day</td>
</tr>
<tr>
<td>7</td>
<td><strong>Sansarjana Krama of 1 Weak</strong></td>
<td>7 Days</td>
</tr>
<tr>
<td>8</td>
<td><strong>Abhyantara Oushadha &amp; Lepa</strong></td>
<td>30 Days</td>
</tr>
</tbody>
</table>

| I. **Aam Pachan and Agni Deepan** | was hampered, to combat this **Aam Pachan** and **Agni Deepan** processed with employing **Langhana**, only Rice and **Mudga Yusha** etc. |

**Laxana found on Jeevha and Jaranashakti**

**IAMJ: SEPTEMBER, 2017**
light food given at meals on excessive hunger. Sutshekhara Vati\textsuperscript{12} 4 Tablets twice daily, before Meal given with Koshna Jala as Anupana, for 5 days. This procedure got completed in 5 Days.

2. **Abhayantara Snehapan with Mahatiktaka Ghrita\textsuperscript{13}**

After Aam Pachana, Abhayantara Snehapan conducted with Mahatiktaka Ghrita. For Abhayantara Snehapan, Hrasiyasi Matra\textsuperscript{14} (Progressively increased Dose) taken. Dose started with 40 ml Accha Pana of Ghrita\textsuperscript{15} in liquid state of lukewarm temperature, which was digested in 2 Hours, Koshna Jala only provided to drink intermittently on Utklesh Avastha. On completion of Sneha Pachana, light food given to patient. On 2\textsuperscript{nd} Day Dose of Ghrita was 80 ml and it should get digested in 3 hours. On 3\textsuperscript{rd} Day Dose increased to 120 ml and was digested in 4 Hours. Same dose maintained for 4\textsuperscript{th}, 5\textsuperscript{th} and 6\textsuperscript{th} day. On 4\textsuperscript{th} day it was digested in 5 hours, on 5\textsuperscript{th} day in 6 hours and on 6\textsuperscript{th} day in 9 Hours but no Samyaka Snigdha Laxana found so on 7\textsuperscript{th} day 240 ml dose of Ghrita given which took 24 Hours for digestion. This Abhayantara Snehapan conducted as per guidelines given in classics.

3. **Vamana Karma**

After completion of Abhayantara Snehapan on 8\textsuperscript{th} day Kapha Utkleshaka Aahara was given and Bahya Snehana with Mahatiktaka Ghrita and Swedana with Bala Moola Kwatha Bashpa\textsuperscript{16} employed. On 9\textsuperscript{th} Day Vamana Karma took place. For this, initially Milk 250 ml given orally. Then Yashtimadhu Fanta has given as Aakanthapana approximately 1750 ml. After that Madanaphala 3 grams + Vacha 2 Grams + Saindhava 1 gram + Madhu semi-solid paste given\textsuperscript{17}, One Antarnakhamushthi Matra\textsuperscript{18} (approximately 150 grams) of Madanaphala quoted in Charaka Samhita for Vamana but now a days that much quantity cause severe irritation, weakness and Dosha not removed out clearly so dose manipulated. Vamana Vega started after 1 hour. Kapha Dosha was clearly visible in vomits. Patient had 9 Vegas total and end with Pittadarshana. Whole procedure was carried out as per guidelines given in classics. After Vamana Karma, Psoriasis affected part color changes from silvery white to pinkish red so patient and relative’s faith on me raised up.

4. **Sansarjana Krama of 1 week and 1 week Normal Diet**

After completion of Vamana, Sansarjana Krama\textsuperscript{19} adopted, On 1\textsuperscript{st} day in evening Peya given, on 2\textsuperscript{nd} day Peya for 2 times, on 3\textsuperscript{rd} day Vilepi given for two times, on 4\textsuperscript{th} day in Morning Vilepi and in evening Akruta Yusha given, on 5\textsuperscript{th} day Kruta Yusha for 2 times, on 6\textsuperscript{th} day Akruta Mamsarasa (Mutton soup) given considering increased intensity of Digestive fire, and in evening Kruta Mamsarasa given same repeated on 7\textsuperscript{th} day Morning and in evening Normal diet given to patient. That period was difficult to patient in absentia of food and de-ranged body work capacity nothing to eat rule. Patients relative often ask what kind of treatment going on, no food is there but course completed uneventfully following guidelines given in classics. After 1 week of Sansasarjana Krama again 1 week normal diet was given no medicine given during that period.

5. **Abhayantara Snehapan with Mahatiktaka Ghrita**
After Vamana Karma, again Abhayantara Snehapana conducted with Mahatiktaka Ghrita with same Hrasiyasi Matra (Progressively increased Dose) taken. Dose started with 40 ml Accha Pana of Ghrita in Liquid state of lukewarm temperature. Which was digested in 2.5 Hours, On 2nd Day Dose of Ghrita was 80 ml and Digested in 3 hours. On 3rd Day Dose increased to 120 ml and was digested in 5 Hours. Same dose maintained for 4th, 5th and 6th day. On 4th day it was digested in 5 hours, on 5th day in 7 hours and on 6th day in 9 Hours but no Samyaka Snigdha Laxana found so on 7th day 240 ml dose of Ghrita given which took 24 Hours for digestion. This Abhayantara Snehapana conducted as per guidelines given in classics.

6. Virechana Karma
After Samyaka Snehapana, Samyaka Snigdha-laxana of patient 3 day gap given. Patient advised to consume chicken soup, mutton soup etc plenty of watery substances. Bahya Snehana with Mahatiktaka Ghrita and Swedana with Bala Moola Kwatha Bashpa given on 1st and 2nd day gap not employed on third day. On 4th day Virechana conducted. At 6 A.M. Shyama Trivrutta Avaleha20 10 grams churned with 1 glass of warm Milk. Considering Pitta Dushti Shyama Trivrutta Avaleha taken for Virechana. Trivrutta considered as best Virechana Drug, for removal of Vitiated Pitta Dosha21. Vega Started at 10 A.M. initially Mala wiped out in 1st and 2ndvega, then Pitta Dosha Vega tend to come. Sukhoshna Jala, Sharbat of Sukhoshna Jala given during procedure. Total 33 Vega occurred in whole day which show best Virechana result. On 33rd Vega 10 ml blood seen in stool but after that it was subsided so no Stambhana measures employed. Patient felt extreme weakness on Virechana day which was common. Whole procedure was uneventful and as per textual guidelines.

Table 2: Showing Shodhana Parikshana 22

<table>
<thead>
<tr>
<th>Sr</th>
<th>Pariksha</th>
<th>Vamana</th>
<th>Virechana</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Antiki (End of Procedure)</td>
<td>Pitta, Vayu</td>
<td>Kapha Vayu</td>
</tr>
<tr>
<td>2</td>
<td>Vaigiki (Number of Vegas)</td>
<td>9 Vega</td>
<td>33 Vega</td>
</tr>
<tr>
<td>3</td>
<td>Maniki (Measure of Dosha removed out)</td>
<td>1.5 Prastha Approx</td>
<td>4 PrasthaApprox</td>
</tr>
</tbody>
</table>

7. Sansarjana Krama
On successful completion of Virechana Karma, Sansarjana Krama adopted for Jatharagni Vardhana as after Vamana for enhancement of digestive capacity. During this period patient went to Mumbai for mandatory office work, following rules of Sansarjana Krama but results were not altered. After completion of Sansarjana Krama Psoriasis affected part turns from pinkish to normal skin color, scaling, itching completely stopped.

8. Abhyantaraoushadha and Lepa
After completion of Shodhan Karma, Abhyantara Oushadha given for 30 days, and Lepa applied on Psoriasis affected part
- Sutshekara Vati -1Tablet Twice Daily Before Meal
• **Aarogyavardhini Vati** \(^{23}\) - 2 Tablets Before Dinner

• **Anupana** - Koshna Jala

Table 3: Follow up Assessment Chart

<table>
<thead>
<tr>
<th>Sr</th>
<th>Chief Complaints</th>
<th>B.T.</th>
<th>After Vamana</th>
<th>After Virechana</th>
<th>A.T.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Twak Daran (Scaling)</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Rukshata (Dryness)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Raga (Erythema)</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Kandu (Itching)</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Bahalatva (Epithermic Thickening)</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Auspitz’s Sign</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Pasi Score</td>
<td>16.2</td>
<td>8.4</td>
<td>5.4</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Table 4: Gradation of assessment of Signs and Symptoms of Psoriasis \(^{25}\)

<table>
<thead>
<tr>
<th>Sr</th>
<th>1. Scaling (Twak Daran)</th>
<th>2. Dryness (Rukshata)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No scaling</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Mild scaling by rubbing / itching</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Moderate scaling by rubbing / itching</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Severe scaling by rubbing / itching</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Scaling without rubbing / itching</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>3. Erythema (Raga)</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>5. Epithermic Thickening (Bahalatva)</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>4. Itching (Kandu)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>5. Red color + Subcutaneous</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 4: Gradation of assessment of Signs and Symptoms of Psoriasis \(^{25}\)

<table>
<thead>
<tr>
<th>Sr</th>
<th>Score</th>
<th>Sr</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Normal skin</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Faint or near to normal</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Blanching + Red color</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>No blanching + Red color</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Red color + Subcutaneous</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

7. **PASI Score**

<table>
<thead>
<tr>
<th>Sr</th>
<th>Score Before Treatment</th>
<th>Score After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Lepa of Khalkhapari + Yashadapushpa + Yashtimadhu Ghrita** \(^{24}\) twice daily for 20-25 minutes till it dries and later it washed off with warm water.
DISCUSSION

Kushtha is Shodhan Saadhya Roga\(^{26}\) hence in its management Acharya told to employ Panchakarma (Purificatory measures) frequently\(^{27}\). In present Case study I utilized Aam Pa-chana, Vamana, Virechana and Shamana Chikitsa for management of disease.

1. **Aam Pachana and Agni Deepan**

   Before initiation of Purificatory measures, Aam Pachana and Agni Deepan are important. The basic role of Agni in body is to disintegrate the food into simplest possible components to make it easy for assimilation. This occurs at Gastrointestinal Tract and at the cellular level. Due to Dhatwagni Mandhya and Bhutagnimandhya, there is production and accumulation of Aam\(^{28}\) which cause Strotorodha (blockage of body channels) by its Guru, Abhishyandi, and Picchila properties so nutrition of body parts congested. For its execution I employed Langhana, Koshna Jala Sevana, Sutashekhara Vati which act on Aam and Agni producing Lightness in body, removal of Strotorodha and Agnivardhana.

2. **Abhyantara Snehapana with Mahatiktaka Ghrita**

   Before employing Panchakarma, Snehana-Swedana is mandatory.

   “Snehoanilam Hanti Mrudu Karoti | Deham Malanam Vinihanti Sangam ||
   Snigdhasya Sookshmeshvayaneshuleenam | Swedastu Dosham Nayati Dravatvam” ||\(^{29}\)

   Snehapana pacifies Vata, brings softness in body parts, Mala accumulated, stagnated in body parts get loosened, Swedana cause liquefaction of Doshas. Dosha get Anuloma Gati and brought towards Koshtha. Mahatiktaka Ghrita used in this clinical study for Abhyantara Snehapana having superior Kushthaghna properties and Kapha-Pittahara Guna so it bring vitiated Doshas to Koshtha, pacifies Vata by Sneha Guna.

3. **Vamana and Virechana Karma**

   In Kushtha there is predominance of Kapha which in turn manifest Kleda production in body which is of Snigdha, Picchila, and Sandra Guna. Appropriate utilization of Vamana, Virechana Karma removes bodily vitiating Kapha, Pitta Dosha, and Kleda from body cause Samprapti Bhanga and makes body disease free.

4. **Abhyantara Oushadha and Lepa**

   SutshekharaVati, Aarogyaardhini Vati given for maintenance of bodily Pitta, Vayu and Kapha Dosha. Lepa of Khalkhapari, Yashadapushpa, Yashtimadhu, Shatadhuta Ghrita applied. It is also Anubhut Yoga having Kushthaghna Property. It act on Bhradakagni and Twakastha Kapha Dosha and helps to improve discoloration of skin. Shatadhouta Ghrita acts as Pitta Vataghna acting on Daha, Raga, Kandu, and Rukshata.
Table 5: Analysis of Eka Kushtha (Psoriasis) Laxana on Anshansha Kalpana

<table>
<thead>
<tr>
<th>Sr</th>
<th>Eka Kushtha Laxana (Psoriasis symptoms)</th>
<th>Dosha</th>
<th>Anshansha Kalpana</th>
<th>Dushya</th>
<th>Srotodushti</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Twak Daran (Scaling)</td>
<td>Vata</td>
<td>Ruksha, Chala</td>
<td>Rasa</td>
<td>Atipravrutti</td>
</tr>
<tr>
<td>2</td>
<td>Rukshata/Kharata (Dryness)</td>
<td>Vata</td>
<td>Ruksha</td>
<td>Rasa</td>
<td>Atipravrutti</td>
</tr>
<tr>
<td>3</td>
<td>Raag (Erythema)</td>
<td>Pitta</td>
<td>Ushna</td>
<td>Rakta</td>
<td>Sanga</td>
</tr>
<tr>
<td>4</td>
<td>Kandu (Itching)</td>
<td>Kapha</td>
<td>Sheeta</td>
<td>Rasa</td>
<td>Sanga</td>
</tr>
<tr>
<td>5</td>
<td>Utsedha (Induration)</td>
<td>Kapha</td>
<td>Sthira, Guru</td>
<td>Twak, Mamsa</td>
<td>Sanga+A.Pravr.</td>
</tr>
<tr>
<td>6</td>
<td>Paristrava (Discharge)</td>
<td>Pitta</td>
<td>Sara, Drava</td>
<td>Rasa, Rakta</td>
<td>Atipravrutti</td>
</tr>
</tbody>
</table>

CONCLUSION

Ayurvedic treatment shown excellent results in this case, signs & symptoms of disease relapsed totally without recurrence even after 6 months without medications. Patient suffered from disease since last 8 years taken treatment of different doctors recurring and relapsing, patient left hope of its betterment but this long standing treatment works and provided resultant output to get rid from psoriasis. Here more number of patients required to rich up to any conclusion, but with this case it can be stated this treatment is a hope for long standing Psoriasis with conventional medicaments.

Acknowledgement

Sincere gratitude to my teacher Dr. Dilkhush Tamboli who taught me Ayurveda without his direction I was unable to understand Ayurveda and to provide treatment to patients.

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PHOTOGRAPHS
Before Treatment
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After Vamana

After Virechana

After 1 month treatment

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