

AYURVEDIC MANAGEMENT OF PSORIASIS – A CASE STUDY

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ABSTRACT

In present era society is more concerned about external beauty compare to internal beauty. Usually most of the cases present before general practitioners are pertaining to skin diseases. One such disease is Psoriasis which is an autoimmune and an inflammatory skin disease that typically follows a relapsing and remitting course. Plaque Psoriasis is characterized by well delineated red, scaly plaques that vary in extent from a few patches to generalized involvement. Distinctive nail changes occur in around 50% of all those affected. Increased stress and sedentary lifestyle are main pre disposing factors which is accounting for wide spread prevalence of this disease. Psoriasis for many people results in profound functional, psychological and social morbidity. It can be correlated to different varieties of Kushta according to the presentation of the patient. In modern medicine we do not find a definite cure for this disease. Here it is need of the time to find out safe and effective treatment through Ayurveda. Through its 3 basic principles of treatment i.e. Nidanaparivarjana, Shamana and Shodhana Ayurveda provides long lasting results and a better life to the patients. Here a case of a Psoriasis has been discussed along with its treatment with Virechana.

Keywords: Psoriasis, Skin Disease, Kushta, Shodhana.

INTRODUCTION

Psoriasis is a skin condition that speeds up the life cycle of skin cells. It causes cells to build up rapidly on the surface of the skin. The extra skin cells form scales and red patches that are itchy and sometimes painful. Signs and symptoms of psoriasis vary in different individuals. Common signs and symptoms include red patches of skin covered with thick, silvery scales, itching, burning or soreness, thickened, pitted or ridged nails, swollen and stiff joints. Psoriasis patches can range from a few spots of dandruff like scaling to major eruptions that cover large areas. The reported prevalence of psoriasis in countries ranges between 0.09-11.43% making it a serious global issue with at least 100 million individuals affected worldwide⁵. In India, it is found

that the incidence of psoriasis amongst patients of skin disorders ranges between 0.44 - 2.2% with overall incidence of 1.02%. Psoriasis can be compared to different varieties of Kushta like Ekakushta, Kitiba, Vicharchika etc based on clinical presentation of the patient. All varieties of Kushta are caused by the simultaneous vitiation of all the three Dosha. Based on the predominance of Dosha treatment should be planned.

CASE REPORT

Basic information of the patient

- Age- 33 Years
- Religion- Hindu
- Socioeconomic status- Middle class family

- Work- Working in a Pharmaceutical company

PradhanaVedana/Chief complaints

Erythematous rashes on both upper and lower limbs, face associated with itching, scaling and burning sensation since 7 years. Powdery discharge from scalp with hair fall.

Vyadhivrittantha/History of present illness

A male patient aged 33 years approached the outpatient department of SDM Ayurveda Hospital, Kuthpady, Udupi with the c/o- reddish rashes over the body associated with scaling and itching since 7 years. He was said to be apparently healthy before 7 years and he was working in a pharmaceutical company at Bangalore. Gradually he developed with reddish skin rashes over both the hands. He consulted in an Allopathic Hospital and was given with steroidal medication. Later he started noticing same kind of patchy rashes with scaling on bilateral lower limbs and which was associated with itching. Then erythematous lesions started developing over face and trunk. Gradually lesions spread over almost all parts of the body. Patient also had the c/o-powdery discharge from scalp with hair fall.

CLINICAL EXAMINATION

- General condition was fair and afebrile.
- Vitals were normal.
- Cardiovascular system, respiratory system and per abdomen examinations are within normal limits.
- **Skin examination:**

Lesions were erythematous, scaly papules and present on bilateral upper and lower extremities, face
Nature – maculopapular

Colour- reddish

Distribution –generalized

Number-many

Itching –present

Discharge -On scratching watery discharge

Scaling –when dries silvery powdery discharge

Test :

Candle grease test: Positive

Auspitz's sign: Positive

Koebner phenomenon: Positive

DIAGNOSIS

Psoriasis / Ekakushta

Diagnosis was made based on the symptoms and examination.

TREATMENT PROTOCOL

In this patient Virechana was planned. Deepanapachan drugs was given followed by Snehapana. Later he was subjected to KranjanimbaParisheka. After ascertaining samyaksnidha and samyakswinlalakshanas Virechana was performed. Based on Viriktalakshanas he has been advised with SamsarjanaKrama.

VIRECHANA

1. POORVAKARMA

DEEPANA PACHANA:

- Agnitundivati 1-1-1
- Chitrakadivati 1-1-1

SNEHANA:

Snehapana with Mahatiktakaghrita

- 1st day- 25ml
- 2nd day-50ml
- 3rd day-100ml

QUANTITY OF SNEHA	TIME OF ADMINISTRATION	JEERYAMANA LAKSHANA	JEERNA LAKSHANA	SAMYAK SNIGDHA LAKSHANA
25ml	6.00 am	Shirashoola	Kshudhapravritti, Trishna, Vatanulomana, UdgaraShuddhi	Vatanulomana, deeptagni
50ml	6.00 am	Shirashoola	Trishna, Vatanulomana	Vatanulomana
100ml	6.00 am	Angamarda, Trishna	-	SnigdhaVarchas

SWEDANA:

KaranjanimbaParisheka for 4 days i.e. for 3 days after Snehapana and one on the day of Virechana.

2. PRADHANA KARMA

Virechanawas performed by 40gms of Trivrutavaleha +250ml of milk

3. PASHCHAT KARMA

- Advised to stay in nivatagara
- To drink hot water frequently

Shuddhilakshana:

Veigiki: 25 vegas

Laingiki: Samyaviriktalakshanas observed

Shuddhi: Pravara

SamsarjanaKrama was advised for 7 days

RESULT

After the Virechana , patient found considerable improvement in his erythematous patches. Though immediately there was no much difference, after few

days patient got improvement in maximum extent. When he came for next visit his condition was much more improved.

DISCUSSION

Kushta is the disease where in there will be vitiation of Tridosha viz. Vata, Pitta, Kapha which in turn vitiates tvak, rakta,mamsa and ambu. Thus saptakodravysangraha is involved in the pathogenesis of the disease Kushta. Since Bahudoshavasta is present in patients of Kushta, patient should be given with eliminative therapies for several times. While administering Shodhana procedures frequently one should think about doing rakshana of prana of the patient because excessive elimination of Dosha might weaken the patient and the aggravated Vayu might endanger patient's life instantaneously.

Mode of Action:

Poorvakarma: deepana-pachana, Snehana and Swedana done prior to Virechana, which helps in separating the Dosha from different dhatus in the body. It also helps in bringing these vitiated Dosha from Shakha to Koshta. Where it can be removed from nearest possible route.

(IJRMST) 2019, Vol. No. 8, Jul-Dec

e-ISSN: 2455-5134, p-ISSN: 2455-9059

Pradhanakarma: This helps in eliminating already accumulated dosha in the koshta. Virechana is a Shodhana procedure which is primarily aimed at removing vitiated Dosha through Pakvashaya. In present study patient got 25 vegas and there was no signs of any vyapath. Patient was comfortable till the end of the procedure.

Paschat Karma: Samsarjanakrama was advised for 7 days by considering the ShuddhiLakshanas. There will be Agnimandya due to snehana, Virechana procedures. So one has to think about protecting agni and slowly it should be brought back to normalcy by following SamsarjanaKrama.

CONCLUSION

Psoriasis is a disease, although its symptoms seen externally it has its direct impact on mind as well. Healthy skin reflects beauty. Based on symptoms presented in this patient it was correlated to Ekakushta. Bahudoshavasta is seen here. In bahudoshavasta of the disease there is no other treatment as good as Shodhana. Virechana is a variety of Shodhana administered in this patient and patient found benefit to maximum extent. Thus we can prove that Shodana will help in tackling Psoriasis and helps in regaining normal skin. If pathyapaipalana done properly after the procedure, there is less chance of recurrence of disease. Thus Ayurveda helps in curing the disease along with boosting the confidence level in the patient.

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