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Psoriasis and Ayurveda-An Approach through Panchkarma

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Abstract

Skin is the envelope of our body expressing the harmony inside. It is one of the five 'Gyanendriyas' as told by Ayurveda, which is responsible for the perception of touch. It also performs functions such as protection of the body against physical, chemical, mechanical and biological injuries, thermoregulation etc. Besides all this it plays an important role in the expression of beauty, leaving impression. So one of the baffling problems of mankind since time immemorial is the skin disease, which manifest in variety of forms.

Psoriasis is a non-infectious chronic inflammatory disease of skin characterized by well-defined erythematous plaques with silvery scale which have a predilection for extensor surface and scalp and by a chronic fluctuating course. Ekakushtha can be correlated with psoriasis on the basis of similarity in Etiopathogenesis & symptomatology.

This case study's objective is to evaluate Shodhana Chikitsa's efficacy in treating psoriasis. Symptoms were measured using PASI before and after treatment. The PASI score showed improvement. According to established protocols, Shodhana therapy was an effective way to manage Ekkushtha.

Keywords: Ekkushtha, psoriasis, shodhana, vaman, virechana.

Introduction

Psoriasis is a most intriguing and perplexing inflammatory disorders of the skin that can impair quality of life, characterised by increased epidermal proliferation that results in stratum corneum accumulation, reddish plaques and silvery scales. It is a papulosquamous skin disease and chronic in nature, noncontagious, multi-systemic. The worldwide prevalence of psoriasis is 2-3%, male and females suffering equally ^[1]. In India, its prevalence is 0.4%-2.8%. Because of its distribution pattern and distinctive features, such as *Aswedanam* (anhydrous), *Mahavastu*, *Matsyasklopamam*, *Kandu* and *Rukshta* ^[2], *Eka-Kushtha* is comparable to Psoriasis.

In present case study there is *Kapha-Pitta* dominancy with involvement of *Tridosha* and *Rakta Pradoshaj Vikar*. All skin disorders there is accumulation of *Kleda* Therefore, for this study, we planned for *Vaman* and *Virechana Karma*.

Vaman Karma done with Combination of *Madanphala pippali Churna*, *Vacha Churna* and *Saidhava Lavan*. After *Vamana Karma Virechana Karma* (therapeutic purgation) was done with *Kashaya* of *Haritaki*, *Trivrit*, *Aragwadha phalamajja*, *Katuki* and *Draksha* along with *Nimbamritadi Erand Tailam*. The effect of the therapy was assessed by the signs and symptoms before and after the treatment. The treatment modalities relieved the patient's signs and

symptoms. This case report reveals that the Patient of *Ek-kushtha* has been successfully treated by Ayurvedic treatment modalities.

Material and Methods

In the present case, a 36 year old male, patient came to the Panchakarma OPD of Pandit Khushilal Sharma Govt. Ayurveda College & Institute Bhopal with a history of red and white skin (scaly thickened skin) of whole body with associated itching and burning from 16 years. He took various module of treatment but patient was reluctant, because remission of symptoms occurs after withdrawal of medicine so he approached Khushilal hospital for conservative treatment. Past history of patient is negative. Symptoms especially itching increases with cold wind, cloudy environment and winter season along with increase in stiffness of joints like knee, phalanges. Declaration of *Helsinki* was followed during case handling. During *Astavidha Pariksha*; *Nadi* was *Vata-Kaphaja*; *Jihva* was *Unclear/coated*; *Mala* was *Niram*; *Mutra* was of light yellow coloured; *Sabda*, *Sparsa*, *Drika*, *Akriti* were found normal and during *Dashavidha Pariksha Prakriti* of patient was *Kapha-Pitta*, *Vikriti* was *Vata Kaphaj*, *Samhana*-medium and *Vyayam Shakti* was *Pravar*, *Jarana Shakti*, *Ahara Shakti*, *Satva*, *Satyama*, *Bala* were found *Pravar*, *Agni* was

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Vishamagni. There was no history of streptococcal infection. During cardiovascular and respiratory system examination, findings were normal. There were mild difficulties in movement of joints.

Criteria for Assessment

Patient was assessed with Psoriasis Area and Severity Index (PASI) Score (British Association of Dermatologist N.D.) for the presenting symptoms Morphology: Well defined, Dry and rough, raised, & reddish coloured patches, Distribution-widely distributed, Pattern: Generalized, No association of any other cutaneous disorders (alopecia areata, halo nevus, atopic dermatitis, malignant melanoma & morphea), Koebner's phenomenon-Present, Sensation-intact, Auspitz & Candle grease Sign-positive, Course: Slowly progressive.

Treatment Plan

Considered the psoriasis as *Ek-kustha* following Ayurvedic management was administered.

Punah Punah Shodhan Chikitsa-The treatment was carried out in the following two stages:

First Stage (*Vaman Karma*)

In *Samshodhana Karma*, *Vamana* was advised, which was strictly followed with *Purvakarma* and *Paschyatkarma* (pre- and post-procedural care).

Purvakarma: In *Purvakarma*, *Panchakol Phant-Barambar* and *Chitrakadi Vati* 2BD for *Deepan-Pachan*, and *Panchatikta Ghrita* for *Snehapan* were given for a period of 7 days respectively, followed by *Abhyanga* with *Marichyadi Taila* and *Swedana*.

Pradhankarma: After a rest of 1 day, on the ninth day, the patient was kept on nil by mouth (NBM) till the process of *Vamana* start. Previous day to *Vamana Karma*, the patient was advised to consume food, such as curd, *Mash*, ice cream, and milk, that promotes the production of *Kapha* or that has the quality of *Kapha Utklesha*. Examination of the pulse, blood pressure, and respiration rate was Reported, *Vamana Karma* was performed during *Kapha Kala*, and patient underwent *Abhyanga* with *Marichyadi Taila* and *Mrudu Sweda*. After that, *Akantha Dugdhapan* and drugs as *Madanphala Pippali Choorna* 8gm, *Vacha Choorna* 4gm and *Saindhava* 2gm then *Yashtimadhu Phant* was given as *Vamanopag*, by this, *Kapha* gathered in the body is effectively removed by *Vamana*. *Vaman Karma* was done with 7 *Vega* as a result got *Uttam Shuddhi*.

Paschyatkarma: *Dhumapana* was given after the rest of 10min. Then, *Samsarjana* was advised to follow the dietetic and behavioural restriction regimen of 7 days.

Second Stage (*Virechana Karma*)

After a period *Snehpana* started again for *Virechana Karma* till proper *Snigdha Lakshana* appear. After *Snehapan Abhyanga* and *Swedana* for 3 days was carried out. Thereafter, on 11th day *Virechana* drugs i.e. 150 ml decoction of *Haritaki*, *Aragvadha phalamajja*, *Trivat*, *Katuki* each along with *Nimbamritadi Erand Tailam* 100ml was given after *Abhyanga* and *Swedana*. Got *Uttam Shuddhi* with 24 *Vega*. Then, *Samsarjana* was advised to follow the dietetic and behavioural restriction regimen of 7 days.

Follow Up and Outcomes

Follow up was done after 1 month. There was no adverse or unanticipated event during treatment. No diagnostic or other tests were performed after treatment. PASI score-Before

treatment-42.2, after treatment 4.4 which shows significant relief in his complaints.

Table 1: PASI score assessment before treatment.

	Head	Upper Limb	Trunk	Lower limb
Erythema	1	1	1	1
Thickness	3	3	3	3
Scaling	3	4	4	4
% of area involvement	10-29%	90-100%	70-89%	90-100%
PASI = 42.2				

Table 2: PASI score assessment after treatment.

	Head	Upper Limb	Trunk	Lower limb
Erythema	0	1	0	1
Thickness	1	0	0	0
Scaling	1	2	1	2
% of area involvement	<10%	10-29%	10-29%	10-29%
PASI = 4.4				

Result and Discussion

Patient was having lower middle socioeconomic status. After treatment, grading of scaling were changed from 4 to 0 and 1 and erythema grading 1 to 0 according to body area which was major a change. 70-80% change in area score was observed in all areas after treatment. Burning and itching got relieved 98% mild itching & burning persist in lower limbs only. Induration grading was completely changed in trunk and upper limbs, change in grading of other parts was from 3 to 1 which is negligible. Area occupied by the patches got more than 95% decreases. After treatment PASI score was significantly reduced from 42.2 to 4.4.

In the follow up months, patient has no new patches developed on body. This case report is significant as it is a severe psoriasis and the patient had tried all possible conventional treatment modalities with no relief in symptoms even with continuation of medicine. Severe burning, itching was prevalent and compromising quality of life.

This case report intended to check the efficacy of *Vaman* and *Virechana* as *Shodhan* in management of severe Psoriasis.

Shodhana procedure prevents the recurrence of *Doshas* and same effect found in patient condition [3].

The principle of *Vamana* and *Virechana* is to expel out the morbid *Doshas* from the body. It acts mainly on *Doshas*, which is vitiated, and produces disease. Before *Vamana* & *Virechana Karma Samyaka Snehapan* was done with *Panchatikta Ghrita*. *Panchatikta*, it has *Vata Pitta Shamaka* property (pacifying *Vata* and *Pitta*), improves complexion (*Tvachya*), and has the property to incorporate other substances when it is added. The ingredients of *Panchatikta Ghrita* are *Nimba*, *Patola*, *Vyaghri*, *Guduchi*, *Vasa*, *Trifala* and *Ghrita*. The drugs possess *Ushna*, *Tikshna*, *Vyavayi*, *Vikashi*, *Katu*, *Tikta Rasatmaka*, and *Katu Vipaka*. It is indicated in *Kushtha* and also observed that the action of drugs was mainly due to properties of these drugs, which have *Dipan*, *Pachana*, *Amapachaka*, *Strotoshodhaka*, *Raktaprasadan*, *Raktashodhaka*, *Kandughna*, *Kushthaghna*, and *Varnya* [4]. They act on vitiated *Doshas* to eliminate from whole body and brought them into *Koshtha*. It also pacified the symptoms of aggravated *Vata* and *Kapha Doshas*, such as itching, discoloration, and dryness. The main components of *Vamana* and their actions are as follows:

Dipana-Pachana mainly acts as an *Amadosha Nashaka* and *Agni Vardhaka*. *Snehapana* acts on *Vata*, which decreases *Daha* (burning sensation), and *Abhyanga* mainly decreases scaling and dryness. *Sarvanga Sweda* decreases obstruction and increases *Swedana* (*Sroto Shodhaka*). *Vamana* mainly acts as *Kapha Doshanashaka* and it helps to increase *Agni*. *Samsarjana Karma* works on *Agni Dipaka* and increases immunity. *Eka-Kushtha* is a *Kapha Dosh* predominant, and in *Kapha* predominant disease, *Vamana* is indicated. Also, for the prevention of increasing *Vata Dosh*, *Snehana* is to be given. According to Acharya Charak, *Kushtha* is *Rakta Pradoshaj Vikar*, so while adopting the *Chikitsa* modalities, one should take care of *Rakta Dhatu*. The main site of formation of *Rakta Dhatu* is *Yakrita* and *Pleeha*, and drugs such as *Vasa*, *Amrita*, *Patola*, and *Nimba* have potent hepatoprotective action [5]. The formation site of the *Rakta Dhatu* is acted on by these drugs and leads to the breakdown of the basic pathogenesis of *Kushtha*.

Virechana was performed by *Kashaya* of Drugs describe above. Due to *Vata Kaphaghna* property it reduces symptoms of *Ek-kushtha*. All skin disorders there is accumulation of *Kleda*. *Virechana* has *Pitta Shodhana* and *Rakta Prasadana* property lead to *Kleda Harana*. Due to the *Manaprasadana* property it reduces stress and stress related symptoms [6].

Conclusion

In this case study we got good result of *Vaman* and *Virechana Karma* and Ayurvedic medicine. The treatment given for *Ek-kushtha* (psoriasis) was *Deepan Paachan*, *Shodhan* which helped an *Aampachan*, removal of vitiated *Dosha* from body and to bring *Samyavastha* (balanced condition) of *Doshas*. So above treatment help to relieve symptoms of disease and also an attempt to provide safe and effective treatment of the patient.

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