

CASE STUDY

Ayurvedic Management of Psoriasis: A Case Study

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ABSTRACT

Plaque psoriasis, akin to *Mandalakushtha* in Ayurveda, presents as scaly lesions and persistent rashes, often resistant to therapy. While topical corticosteroids may provide temporary alleviation, they do not address the underlying causes of the condition. A 24-year-old male student, with symptoms aligning with *Mandalakushtha*, exhibited redness, scaling, and itching across his limbs and trunk for a month. The assessment identified *Vata* and *Kapha* as the involved *Doshas*. Diagnosis verification through biopsies can be confirmed for plaque psoriasis, leading to conventional *Kushta* treatment. Pre-operative therapies, such as *Rukshana* (dehydration therapy) and *Snehapana* (medicinal ghee consumption), were followed by *Vamana* (emetic therapy) and *Virechana* (purgative therapy). The treatment spanned a month, supplemented by the *Sansarjana Karma* diet. The multimodal treatment include *Kaishora guggulu*, *Panchatikta guggulu ghrita*, *Gandhaka rasayana*, and *Khadirarishta* as internal medicines, whereas *Vindhyaderm* and *Gandhak malam* as external medicines showed promising results. Psoriasis area severity index score before the treatment was found to be 22.5 which became 0 at the end of the treatment. Combining *Shaman Chikitsa* and *Shodhana Chikitsa* within *Panchkarma* therapy, along with internal medicine, yielded satisfactory results in this study.

1. INTRODUCTION

The chronic (long-lasting) condition psoriasis is caused by an overactive immune system that multiplies skin cells too fast. Skin becomes scaly and irritated in patches, usually on the knees, elbows, or scalp, although it can also affect other regions of the body. The disease not only causes physical deformity but can also cause severe social stigma to a person and affect one's quality of life. In India, the frequency is between 0.44 and 2.8%.^[1] Psoriasis affects men 2 times more frequently than it does women. Psoriasis symptoms can occasionally cycle, peaking for a few weeks or months and then fading or going into remission for extended periods of time. There are various types of psoriasis including plaque psoriasis, guttate psoriasis, pustular psoriasis, erythrodermic psoriasis, and inverse psoriasis.^[2] The most used assessment technique for determining the severity of psoriasis and assessing the efficacy of therapy is the Area Severity Index (PASI). The spread of skin damage and tissue biopsy are necessary for the diagnosis of psoriasis. These days, many

corticosteroids are applied topically to the skin, although they only provide momentary relief. Because their quality of life is so low, many psoriasis patients experience depression. In Ayurveda, skin disease is considered under *Mandalakushtha*. Etiologies that are primarily related to diet include *Viruddha Ahara*, overindulgence in *Drava*, *Snigdha*, *Guru Ahara*, *Navanna*, fish, curd, salt, sour foods, *Vegadharana*, particularly *Vamana*, and other immoral deeds. The common signs and symptoms of the condition include *Sthiram*, *Shwetam Raktam*, *Utsana Mandalam*, and *Styanam*.^[3] The condition mostly manifests as skin signs and causes both physical and psychological difficulties. It is primarily caused by the vitiation of *Kapha Dosha* coupled with the *Dushyas* of *Raktha* and *Mamsa Dhatu*.

The different *Chikitsa* in our classics such as *Shamanoushadi*, *Shodana*, *Raktamokshana* many *Lepas* is explained. The present case is treated with *Vamana*, *Virechana*, and *Shamana Chikitsa*.^[4]

2. CASE PRESENTATION

A 24-year-old male student arrived with symptoms including erythematous patches, scaling, pain, itching, and redness covering his entire trunk and upper and lower limbs for the past 1 month.

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2.1. Clinical Finding

The patient was asymptomatic before 2 years. In February 2022, he noticed two erythematous patches on the scalp. When there was an increase in the number and size of patches, he consulted an allopathic physician and took medication for more than 3 months. Symptomatic relief was achieved as the patches disappeared. By later in October 2022, the condition reappeared with much more intensity and it spread over the trunk and limb with scaling red patches. The patient consulted the homeopathic doctor, took some medicine, and had some brief alleviation of the symptoms. By October 10th, 2023, the condition reappeared, but this time, the patient experienced reddish skin patches with scaly lesions and itching. Later, the condition spread to the extensor surface of the elbows, legs, and front of the trunk. Medications were prescribed for 1 month, and after 1 month, the patient was admitted to the Panchakarma ward on November 16th, 2023. On December 09th, 2023, the patient was discharged after satisfactory results.

2.2. General Examination

Body temperature (97.6°F), pulse (84/min), and blood pressure (120/84) were within normal limits.

2.3. Systemic Examination

In the systemic examination, the respiratory and cardiovascular systems were normal. The patient was restless due to itching over psoriatic lesions.

2.4. Asthavidha Pariksha

Nadi (pulse) – *Pittakaphaja*; *Mala* (stool) – *Sandra-Picchila*; *Mutra* (urine) – *Prakrita*; *Jivha* (tongue) – *Shveta-Picchila*, *Sama* (coated); *Shabda* – *Prakrita*; *Sparsha* (touch) – *Ushna Ruksha*; *Drika* (vision) – *Swabhavik*; and *Aakriti* – *Madhyam* (medium built) were recorded.

2.5. Investigation

All routine blood tests were within the normal limits.

2.6. Therapeutic Intervention

After identifying the *Dosha* involved, interventions were implemented for *Vata* and *Kapha Doshas*. This determination was made by considering the symptoms such as intense itching, pain, scaling, and red patches. The details of the external and internal medications prescribed are mentioned in Tables 1 and 2 and follow-up visits [Table 3].

3. RESULTS

For the basis of improvement of lesions, the PASI scale was considered. Before starting the treatment, his PASI score was 22.5 and after treatment of months, his PASI score was 0. Photographs of patients before and after treatment are given below in figures 1 to 5 with due of the patient for publication.

4. DISCUSSION

Kushta, classified among the *Ashtamahagada* (the eight major ailments) and *Santarpanjanya Vyadhi* (diseases caused by over-nutrition), pertains to skin diseases. In *Kushta*, the *Tridoshas* and *Sapthadhatu* (body tissues) are affected. In this scenario, the *Dushyas* (body tissues) involved were *Rasadhatu*, *Raktadhatu*, and *Mamsadhatu*, whereas the *Doshas* were *Pitta*, *Kapha*, and *Rakta*. Due

to the circulation of vitiated, *Doshas* and their impact at *Tvaka* (skin), manifested clinically as *Vyadhilakshnanas* (signs and symptoms of psoriasis), there occurred *Dosha-Dushya Samurcchana* (pathological progression).^[5]

Ayurveda classifies skin disorders into two main categories based on their severity: Major skin diseases (*Maha Kushta*) and minor skin diseases (*Kshudra Kushta*).^[3] In treating *Mandalakhustha*, purification (*Shodhana*) therapy is considered the primary and most crucial treatment. In this particular case, the involvement of *Vata* and *Kapha Doshas* was assessed based on the degree of symptoms, which included severe itching, scaling, and erythematous patches. The treatment methods employed were entirely based on Ayurvedic principles. For conditions involving multiple *Doshas* (*Bahudosha Avasta*), *Shodhana* therapy is the mainstay. Following this principle, treatments such as *Sarpipana* (consumption of ghee) were utilized to alleviate *Vata Dosha*, whereas methods such as emesis and purgation were employed to eliminate *Kapha Dosha*. After the purification process, the aim is to remove excess doshas and promote rejuvenation of the body.

Guggulu is known to be effective in managing chronic inflammatory conditions such as psoriasis due to its composition of steroidal and terpenoid components, flavonoids, and *guggul* sterols, which possess strong anti-inflammatory and antioxidant properties. In addition, *Guggulu* exhibits anti-infective and antibacterial qualities.^[6] *Kaishore Guggulu* is recommended in *Vatarakta Chikitsa* for treating skin diseases (*Kushta*) and wounds (*Vrana*) due to its anti-inflammatory and antibacterial effects, relieving pain, redness, and inflammation. *Kushta Chikitsa* suggests the use of medicated *Ghrita* containing bitter-tasting herbs dominant in *Tikta* and *Kashaya Rasa* to pacify all three doshas.^[7] However, due to their bitter taste, these formulations are typically avoided orally but here, *Panchatikta Ghrita* was administered orally. This type of therapy addresses this issue while being effective against various skin conditions including *Mandalakhustha*, *Visarpa*, *Vatarakta*, and *Visphota*, possibly through a liposomal drug delivery mechanism. *Khadirarista* is recommended for psoriasis due to its immunomodulatory, anti-inflammatory, and antioxidant properties. *Khadira* (*Acacia catechu* Wild.) is suggested for psoriasis and other chronic inflammatory diseases as it may regulate the release of pro-inflammatory cytokines, thereby reducing inflammation. *Arogyavardhini*, a traditional Ayurvedic preparation, is highly regarded for its effectiveness in improving digestion, which Ayurveda suggests can positively impact liver function.

5. CONCLUSION

In the treatment of *Mandalakhustha* (skin diseases), both *Shamana* (pacifying) and *Shodhana* (purification) therapies play significant roles. Conditions such as plaque psoriasis and *Mandalakhustha* exhibit similar symptoms. Based on this case study, it can be inferred that *Kushta* can be effectively treated with *Vamana* (therapeutic emesis) and *Virechana Karma* (therapeutic purgation) followed by *Shamana Chikitsa* (pacifying therapy) using medications such as *Kaishor Guggul*, *Khadirarishta*, and *Arogyavardhani Vati*. Utilizing a combination of *Shodhana* and *Shamana* therapies along with external cleansing techniques (*Bahirparimarjana*) can lead to better treatment outcomes.

6. ACKNOWLEDGMENTS

Nil.

7. AUTHORS' CONTRIBUTIONS

All the authors contributed equally to the design and execution of the article.

8. FUNDING

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9. ETHICAL APPROVALS

The study did not require ethical permission as it is a case study.

10. CONFLICTS OF INTEREST

Nil.

11. DATA AVAILABILITY

This is an original manuscript, and all data are available for only review purposes from the principal investigators.

12. PUBLISHERS NOTE

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Table 1: Details of *Shamana Chikitsa*

S. No	Formulation	Dose and time	Anupan	Duration
1	<i>Amalaki churna</i> – 2 g <i>Vidanga churna</i> – 2 g <i>Shuddha gandhak</i> – 250 mg <i>Rasmanika</i> – 125 mg	twice daily after meal	lukewarm water	1 month
2	<i>Kaishore guggulu</i>	750 mg, twice daily before meal	lukewarm water	1 month
3	<i>Arogyavardhini vati</i>	500 twice daily after meal	lukewarm water	1 month
4	<i>Panchatikta guggulu ghrita</i>	5 g twice daily after meal	lukewarm water	1 month
5	<i>Khadirarishtha</i>	20 mL, twice daily after meal	lukewarm water	1 month
6	<i>Vindhyaderm</i>	For local application		1 month
7	<i>Gandhak malam</i>	For local application		1 month

Table 2: Details of *Shodana therapies*

S. No.	Procedure	Medication	Dose	Duration
1.	<i>Deepana Pachana</i>	<i>Panchkol churna</i>	5 g before meal	For 5 days
2.	<i>Snehapana</i> (internal administration of medicated ghee in increasing dose)	<i>Panchatikta ghrita</i>	Starting with 30 mL on 1 st day and increased to 180 mL on the 4 th day (final)	For 7 days
3.	<i>Abhyanga</i> (whole body oil massage) and steam fomentation	<i>Dashmool taila</i>	200 mL	Day 8 th –9 th
4.	<i>Vamana</i> (emesis therapy)	<i>Vamak yog</i>		9 th day
5.	<i>Samsarjana karma</i>	<i>Peyaadi karma</i>		10 th –17 th day
6.	<i>Snehapana</i>		50 mL, 100 mL, 150 mL	18 th , 19 th , 20 th day
7.	<i>Abhyanga</i> (whole body oil massage) and steam fomentation	<i>Dashmool taila</i>	200 mL	21 st , 22 nd , 23 rd day
8.	<i>Virechana</i>	<i>Trivart avaleh</i>	70 gm	24 th day
9.	<i>Sansarjan karma</i>	<i>Peyaadi karma</i>		For 7 days

Table 3: Details of follow-up visits

Day 0 1 st visit	Day 30 days	Day 60	Day 90
Patient visited OPD medicine was given for 26 days as soon as Table. Patient photograph taken before treatment)	Patient admitted in IPD P.K word advised for P.K word as outlined in Table 2	Patient discharged patient starts medicine in Table 1	Patient came for follow-up and photograph taken as seen in Appendix 1 (after treatment)



