



Case Study

AYURVEDIC MANAGEMENT OF PSORIASIS: A CASE STUDY

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ABSTRACT

Skin, the body's largest organ, protects from deleterious environmental impacts (physical, chemical, microbiological) and is crucial for the maintenance of temperature, electrolyte and fluid balance and tactile sensation, it sets a boundary between the organism and the environment. Any change in the normal skin texture disturb the patient both mentally and physically. Psoriasis is a common, chronic, recurrent inflammatory disease of the skin, characterized by circumscribed, erythematous, dry, scaly plaques of varying sizes. The severity of psoriasis is found to be ever fluctuating. Individuals are likely to cycle between differing levels of severity throughout lifetime. The course of the disease is punctuated by spontaneous flare-ups and remissions. Psoriasis being a chronic and often disfiguring condition, cause a marked impairment in quality of life. There is no certain cure for this disease. Ayurvedic diagnosis is as *Vatha-Kapha* predominant *Mahakushta* namely *Sidhma kushta*. Here an effort to treat a 13-year-old child having plaque psoriasis by *Samsodhana* and *Samsamana* therapy. Initially 6 days *Virechana* was performed and then followed by *Samsamana* with intermittent *Virechana karma*. PASI score is used to assess the severity of psoriatic lesions and the patient's response to treatment. PASI score before the treatment was found to be 15.7 which became 0 at the end of the treatment. This case report showed the treatment modalities done in the patient obtained great result with no recurrence in the last 1.5 years.

INTRODUCTION

Psoriasis is an autoimmune disease that affects 1% to 2% of the population and can affect people at any age of life. There is a large regional variation in the incidence of psoriasis. Most patients with early age onset tend to have a more severe course of psoriasis. The total effect that psoriasis has on patients cannot be judged solely based on skin involvement, because the disease has been shown to have profound psychological and social effects as well. There is no known cure for psoriasis, but research is moving forward, and new therapies are being developed.

Approximately 40% of affected individuals have a family history of psoriasis.

It is a multifactorial genetic disease that requires both polygenic and environmental factors for its clinical expression. The characteristics pathophysiological events that occur in the skin are: Epidermal proliferation, expansion of the dermal vasculature and accumulation of inflammatory cells like neutrophils and T lymphocytes in the dermis and epidermis.

Precipitating factors include physical trauma, infection, drugs, exposure to sunlight and psychological stress.

Psoriasis vulgaris/plaque psoriasis is the most common form of psoriasis encountered. It manifests with symmetrically located, silvery, scaly patches and plaques on the scalp, knees, elbows, and lower back. Patients can have a small amount of body surface area involvement, or they can have widespread disease approaching near erythroderma. Woronoff ring, Koebner's phenomenon, Auspitz's sign, Candle grease signs are the other clinical features.

Treatment should be based on the amount and location of the psoriatic plaques and consideration of

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the psychological well-being of the affected individuals. Phototherapy with narrow band UVB or PUVA has been used for decades with excellent results. In the long term, these therapies increase the patient's risk of developing skin cancers and lifelong dermatologic follow-up is required.

In Ayurveda, skin diseases have collectively considered under a common term *Kushta*. When the vitiated *Doshas* (*Vata*, *Pitta*, *Kapha*) and *Dushyas* (*Twak*, *Mamsa*, *Raktha* and *Lasika*) become imbalanced, it results in *Kushta*. According to severity, Acharyas have classified *Kushta* into *Mahakushta* and *Kshudra kushta*. All Acharyas have emphasized on *Sodhana* therapy in the management of *Kushta* due to the following features

- *Bahu doshavastha* of *Kushta roga*
- *Maharoga*
- *Tridoshaja vyadhi*
- *Duschikitsya vyadhi*
- *Raktha dushti*, hence *Virechana* along with *Rakthaprasadana chikitsa* should adopt.
- *Virudhaharajanya vyadhi*
- *Santharpanotha vyadhi*

In excessive morbidity of the doshas, repeated *Sodhana* should be performed at regular intervals

AIM AND OBJECTIVE

To evaluate the efficacy of *Samsodhana* and *Samsamana* therapy in psoriasis.

Place of study: The present case study was done in the Dept. of Kayachikitsa, Government Ayurveda College Hospital, Thiruvananthapuram, Kerala.

Case Report

Basic Informant of the Patient

- Age - 13
- Religion- Christian
- Socio economic status- Middle
- Student- 7th standard.

Chief Complaints

- Itchy skin lesion covered with silvery scales scattered over whole body - 6 months

History of Present Illness

13-year-old male child born as the first child of non-consanguineous parents by LSCS presenting the complaints of itchy skin lesion scattered over whole body in the last 6 months.

3 years before he noticed dandruff and on combing scales shed off. He ignored this. 6 months before, after the complete shaving of head because of severe itching his mother noticed 5-6 round dry erythematous patches covered with white scales over scalp. Within 2 weeks lesion spread to entire scalp associated with severe itching. Also he developed severe itching over nape of neck followed by thick

erythematous papules then plaques of varying size covered with white scales.

Similar lesion scattered symmetrically over face (forehead, cheeks, nose, chin, ear), both extensor and flexor surface of bilateral forearm, lower limbs especially on thighs, back region, thorax, and abdomen. Pinpoint bleeding spots noticed on the surface of lesion while itching which cause mild pain. During the month of December, on cold climate the condition got aggravated. There is no involvement of genitalia. There is no oozing or burning sensation. There was no h/o joint pain/fever. There is no h/o familial skin pathology.

History of past illness

H/O Bronchial Asthma- from 20 days of birth to 5 years

Family History

Father -Healthy

Mother- Bronchial Asthma- since 13 years (after the first delivery)

No family history of psoriasis or arthritis

Personal History

- Diet- Mixed: usually skip lunch / breakfast items intake curd+ fish daily prefer *Amla*, *Lavana*, *Madhura ahara* prefer curd, pickles, fried item dishes, bakery items
- Bowel- Frequency-2/day
evacuation- Complete
Stool consistency- Well formed
- Appetite- Moderate
- Micturition- Regular
- Sleep- adequate; Day sleep- present
- Allergy- Not yet detected
- Addiction- Nil
- Exercise- Poor

On Examination

- General condition was fair
- Vitals were normal, afebrile
- Central nervous system, cardiovascular system, respiratory system and gastrointestinal system examinations show no abnormality.

- *Prakriti* - *Pitta-kapha*

Integumentary System

- Site of onset- Scalp
- Mode of spread- Centripetal
- Colour- Erythematous papule and plaques covered with white scales- body erythematous patches with white scales-scalp
- Size- Papule and plaques of varying size-body patches-scalp
- Consistency- Thick, dry

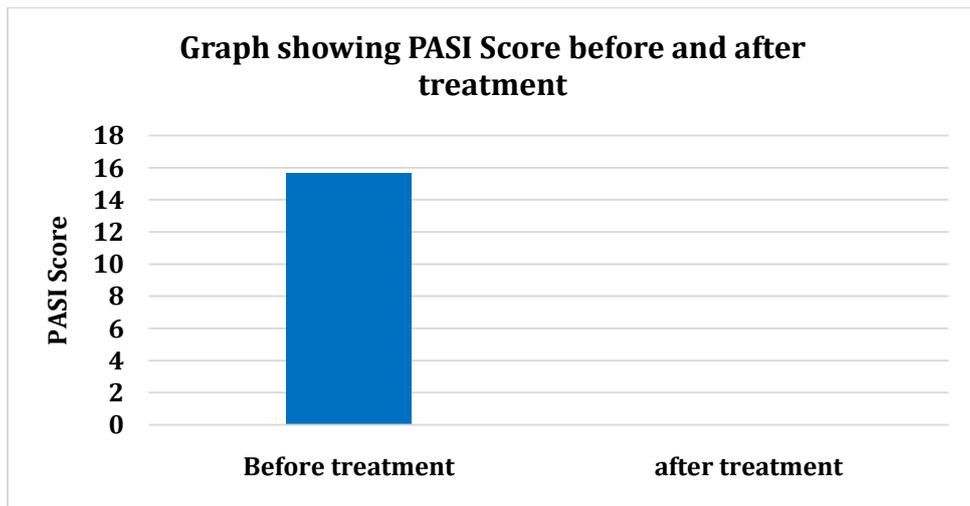
Before treatment

Lesion Score	Head (H)	Trunk (T)	Upper limb (UL)	Lower limb (LL) including buttocks
Erythema(E)	1	2	2	2
Induration(I)	3	2	2	2
Scaling(S)	3	1	1	1
SUM: E+I+S	7	5	5	5
Percentage of affected area				
Area score	6	3	3	2
SUBTOTAL: Sum×Area score	42	15	15	10
Body area: subtotal ×amount indicated	42×0.1=4.2	15×0.3=4.5	15×0.2=3	10×0.4=4
TOTAL	4.2	4.5	3	4

PASI Score=H+T+UL+LL=15.7

After treatment

PASI Score= 0



Before Treatment (Fig: No: 1-6)



Fig: No: 1



Fig: No: 2



Fig: No: 3



Fig: No: 4



Fig: No: 5

After Treatment (Fig: No: 7-10)



Fig: No: 7



Fig: No: 8



Fig: No: 9



Fig: No: 10

RESULTS AND DISCUSSION

Psoriasis is a chronic inflammatory skin disease with a strong genetic predisposition and autoimmune pathogenic traits. The dermatologic manifestations of psoriasis are varied. Plaque psoriasis or psoriasis vulgaris is the most prevalent one. Here is a case of plaque psoriasis, can be correlated to *Sidhma kushta*, one among *Mahakushta* which is *Vatha-Kapha* in nature and even involvement of *Tridosha* can be evident from its signs and symptoms. The line of treatment mentioned in Ayurveda classics for *Kushta roga* are *Nidana Parivarjana*, *Samprapthi vighatana* i.e., *Sodhana*, *Snehana*, *Swedana*, *Rakthamokshana*, *Samana*, *Lepana* etc. As *Sidhma* is mostly chronic and *Bahudoshajanya* both *Sodhana* and *Samana* therapies must be followed to provide long lasting results and a better life to patients.

Sodhana is very important in the management of *Kushta*, it is told that doing external applications without cleansing the body internally by *Sodhana* procedures will lead to the exacerbation of skin disease. Here intermittent *Virechana* is the main procedure focussed. Initially *Virechana* was done with *Patolamooladi Kashaya*, which is *Kapha- Vata hara*, laxative and enhance metabolism. Itching starts to reduce after 6 days *Virechana*. *Abhyanga* with *Ayyapala thaila* with *Sudhadurvadi keram* reduce itching completely and lesions starts to deteriorate. After *Thakradhara* both head and body, lesions reduce to

90%. Total relief obtained after intake of *Gandhaka rasayana* for 14 days.

Patoladi Kashaya, *Tikthaka ghritham* and *Kaissora guggulu* are given as *Samana* medicines, all are specifically indicated in *Kushta*.

For the basis of improvement of lesions, PASI scale was considered. Before starting the treatment his PASI score was 15.7 and after treatment of 2 months his PASI score was 0.

CONCLUSION

This case report highlighted the effectiveness of Ayurvedic regimens in the treatment of *Sidhma kushta*. Here shows complete recovery of psoriasis within 2 months along with the medicines and proper dietic regimens.

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