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Case Study

# A CASE STUDY OF AYURVEDIC *NIDAN* AND *CHIKITSA* OF PSORIASIS W.S.R.TO *KUSHTHA*

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## ABSTRACT

Skin diseases are always a primary concern to the society. Psoriasis is a chronic, non-contagious autoimmune disease that accelerates the growth of skin cells, leading to a buildup of thick, scaly patches. primarily correlated with *Kitibha Kushtha* or *Ekakushtha*, which are chronic skin disorders (*Kushtha Vikaras*) driven by an imbalance of the *Vata* and *Kapha doshas* accompanied by *Rakta Dushti*. In Ayurveda, management of *Kushtha Roga* includes *Shodhana* and *Shamana Chikitsa* incorporated with proper *Bahi-parimarjana Chikitsa*. *Kitibha Kushtha* is one among eighteen *Kushta Roga* is a major concerned to medical field due to its symptoms and recurrences rate. **Methodology:** A 37 years old female patient came having symptoms such as plaques and erythrodermic skin rashes affecting the back, trunk area, both legs, hand and the scalp and itching for 3 years. Here, stress and *Viruddha Ahara* are main causes of this *Kushtha* and treated according to basic principles of *Kushtha.* **Aim:** To study the management of Psoriasis according to ayurvedic perspective. **Objective's:** 1. To study the causative factors of Psoriasis. 2. To study the management of Psoriasis. 3. To restrict recurrences of Psoriasis. **Result:** Patient got complete result within 2 months. **Conclusion: -**Patient treated with *Shamana Aushadhis, Bahirparimarajana chikitsa and Rasayan Aushadhi*, where all affected areas turned to skin coloured tone finally.

## INTRODUCTION

In classical Ayurveda, almost all dermatological conditions are umbrellaed under the term *Kushtha Roga*.[1] Skin diseases never happen randomly; they occur due to a distinct configuration of seven pathogenic factors (*Saptako Dravya Samgraha*), Compromised *Dhatus*/tissues: *Twak* (skin/plasma), *Rakta* (blood), *Mamsa* (muscle), and *Ambu* (lymph/water fluids). When an individual consumes wrong food combinations (like milk with fish), suppresses natural urges, or experiences high stress, metabolic toxins (*Ama*) are generated. These toxins flow into the circulatory system, lodge into weak sections of the skin layers, and trigger inflammation, lesions, or pigmentation loss.[2]

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The skin, also known as the cutaneous membrane is the largest organ of the body, with a total area of about 20 square feet and weighs 4.5-5kg, about 7% of total body weight. Skin is known as "The First Line of Defence" as it protects us from microbes and other invading elements.[3] Skin is known by various names like *Twacha, Charma, Sparshan, Chavi, Chadani, Asrugdhara, Romabhumi, Ajin, Kruti* and many more.[4]

In Ayurveda, psoriasis is broadly diagnosed under the classification of *Kushtha* (chronic skin disorders). It is most commonly equated to two specific subtypes of *Kshudra Kushtha* (minor skin diseases): *Ekakushtha* and *Kitibha Kushtha*, which closely mirror the clinical presentations of plaque and erythrodermic psoriasis.[5] Rather than relying on structural lab pathology alone, an Ayurvedic diagnosis focuses on a holistic assessment of systemic imbalances (*Samprapti*), tissue involvement (*Dushya*), and visual skin characteristics.

**Case Report**

Name – XYZ

Age – 41 years

Gender – Female

Residence – Nagpur

**History of present illness**

A 41 yrs old female patient having complaint of *Arun Varni Mandal* on trunk area, leg and on scalp with *Bahu Kandu, Khara Sparsha, Rukshata* and *Darunak* since 1 year.

Past medical history – History of piles.

Past surgical history – No any relevant surgical history.

Family history – Not relevant

Personal history – *Atisevan* of *Til* with *Guda*.

Intake of *Virudhha Aahar* like milk and salty food together.

**On examination**

General – Patient of *Vata-Kaphaj Prakriti*.

**Vital Signs**

Pulse – 80/min

BP-114/76 mm of Hg

**Local examination**

Area – Trunk region, both legs and scalp.

Colour – Reddish

*Sparsha - Khara*

Loss of sensation – No

***Astavidhapariksha***

*Nadi* – 78/min

*Mala* – 1/day, *Samyak*

*Mutra* – 5-6/day, *Samyak*

*Jivha – Nirama*

*Sparsha – Ushna, Khara, Ruksha*

*Shabda - Samyak*

*Akruti – Madhyam*

*Druk – Samyak*

**Systemic examination**

RS – AEBE clear B/L

CVS – S1 S2 heard, no added sounds

CNS – conscious, well oriented

GIT – Bowel movements regular

Per abdomen – non tender, soft

***Samprapti***

*Dosha – Kapha, Vata*

*Dushya – Twak, Rakta, Mamsa, Ambu*

*Agni – Visham*

*Strotras – Rasavaha, Raktavaha, Mamsavaha*

Treatment –

**From day 1 to day 7**

***Shaman Chikitsa***

1. *Aarogyavardhini Vati* 2-2 tab BD before food.
2. *Rasamaniya* 0.5gm + *Raktapachak Choorna* 10gm (for 7 days dose)
3. *Vilvadi Gutika* 1 OD – Morning empty stomach
4. *Mahamanjishthadi Kwath* 15-15 ml BD after food
5. *Bahirparimarjana* – Not given

**From day 8 to day 21**

***Shaman Chikitsa***

1. *Aarogyavardhini Vati* 2-2 tab BD before food.
2. *Vilvadi Gutika* 1 OD – Morning empty stomach
3. *Mahamanjishthadi Kwath* 15-15 ml BD after food
4. *Bahirparimarjana – Mahatiktak Ghrit* for local application.

**From day 22 to day 35**

***Shaman Chikitsa***

1. *Aarogyavardhini Vati* 2-2 tab BD before food.
2. *Vilvadi Gutika* 1 OD – morning empty stomach
3. *Mahamanjishthadi Kwath* 15-15 ml BD
4. *Raktapachak + Manspachak Kwath* 15 – 15ml BD after food
5. *Bahirparimarjana– Mahatiktak Ghrit* for local application

**From day 36 to day 49**

***Shaman Chikitsa***

1. *Aarogyavardhini Vati* 2-2 tab BD before food.
2. *Vilvadi Gutika* 1 OD – morning empty stomach
3. *Gandhak Rasayan* 1-1 tab BD after food
4. *Raktapachak + Manspachak Kwath* 15–15ml BD after food
5. *Bahirparimarjana– Mahatiktak Ghrit* for local application.

**From day 50 to day 63**

***Shaman Chikitsa***

1. *Aarogyavardhini Vati* 2-2 tab BD before food.
2. *Gandhak Rasayan* 1-1 tab BD after food
3. *Raktapachak + Manspachak Kwath* 15–15 ml BD after food
4. *Bahirparimarjana – Mahatiktak Ghrit* for local application

**After day 63 to complete 1 year**

*Rasayan Chikitsa (Apunarbhav Chikitsa)– Manibhadra Leham* 10gm early morning on empty stomach.

| Before Treatment | After Treatment |
|---|---|
|  |  |
|  |  |
|  |  |
|  |  |

**OBSERVATION**

| Day | *Kandu* | *Khara Sparsha* | *Rukshta* | *Varna* |
|---|---|---|---|---|
| Day 01 | +++++ | +++++ | +++++ | *Arun varna* |
| Day 08 | +++++ | +++ | +++++ | *Arun Varna* |
| Day 22 | +++ | ++ | ++++ | *Ishat Krishna varna* |
| Day 36 | ++ | - | + | *Ishat Krishna varna* |
| Day 50 | + | - | - | *Dhusar varna* |
| Day 63 | - | - | - | *Twak Varni* |

## DISCUSSION

1. *Atisevana* of *Til* with *Guda* and *Viruddhahara* are main *Hetu* in this case of psoriasis.[6]
2. *Aarogyavardhini* was given for *Kleda Pachan, Mala Shodhana, Rakta Shodhana*, also *Aarogyavardhini* also have *Kushtaghna* and *Krumighna Prabhava*.[7]
3. *Raktapachak* and *Mahamanjishthadi Kwath* given for *Rakta Dhatu Shuddhi* and *Aam Pachana.*
4. *Vilvadi gutika* given as *Vishaghna Chikitsa* because *Viruddha Aahara* is also act as *Visha.*
5. After *Aampachan, Mahatiktak ghrit* started for *Snigdhata, Rakta Shuddhi* and *Twak Prasadana.*
6. After day 63, all *Shaman Chikitsa* stopped due to *Upashaya* of *Vyadhi.* But psoriasis has recurrence rate, therefore *Apunarbhav Chikitsa* (*Rasayan Chikitsa*) started. *Manibhadra Leha* given for one complete year.

## CONCLUSION

1. Ayurvedic *Chikitsa* of *Kushtha* (*Shamana* and *Bahirparimarjan Chikitsa*) proved to be very effective to cure psoriasis.
2. Awareness should be given on proper food habits, *Viruddhaahara, Dincharya, Ritucharya* worked hand in hand along with the medicines to avoid recurrence of disease.

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