



Case Report

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MANAGEMENT OF PLAQUE PSORIASIS (SIDHMA KUSHTA) THROUGH AYURVEDIC INTERVENTION: A CASE REPORT

Vidhyaprabha R.^{1*}, Meera S.²

¹ Associate Professor, Department of Rachana Shareera, Yenepoya Ayurveda Medical College, Naringana, Mangalore, Karnataka, India

² Senior Research Fellow, Centre for Public Health, Punjab University, Chandigarh, Punjab, India

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*Corresponding author

E-mail: vidhyananda@gmail.com

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ABSTRACT

Psoriasis is a common dermatologic disease, the most common type of which is plaque psoriasis. This skin condition is characterized by erythematous sharply demarcated lesions with stable growing plaque. The aetiology of this skin condition is not yet clearly understood. Management of psoriasis in modern medicine include topical application of glucocorticoids, ultraviolet light therapy and drugs like methotrexate which does not give a permanent solution and moreover causes side effects on long term use. This skin condition is an area where Ayurveda can give effective solution and has potential opportunity. In Ayurveda, psoriasis may be correlated to sidhma kushta. This case report is of a 50-year-old man who came to OPD with erythematous scaly lesions with associated itching all over body which was diagnosed as plaque psoriasis. The treatment protocol opted was amahara-jwarahara treatment, followed by Snehana, Shodhana and Shamana. The symptoms were assessed by PASI score throughout the treatment course on first, seventh, twenty first and twenty eighth days as well as on first and second follow up on fourteen and forty-five days respectively after discharge. The patient got significant relief from the treatment and the PASI score changed from 24.6 to 0 after the treatment. This case is a proof of effectivity of Ayurvedic treatment in managing conditions like psoriasis.

Keywords: Plaque Psoriasis, Sidhma Kushta, PASI Score, Takra Dhara, Mahatiktakam Kashaya, Aragwadha Mahatiktakam Ghrutam.

INTRODUCTION

Psoriasis, a common dermatologic disease which affects 1% - 2% of the population, is a chronic inflammatory condition of skin, characterized by erythematous, sharply demarcated papules and rounded plaques, covered by silvery micaceous skin¹. In India, the prevalence of this disease is 0.44% - 2.8%². Plaque psoriasis is a common variety which is clinically characterized by stable growing plaque. The aetiology of this disease is still poorly understood. Evidence clearly indicates the role of T cells in the pathophysiology of this disease¹. The treatment of this disease includes topical application of glucocorticoids, vitamin D analogue (calcipotrol), ultraviolet light therapy, methotrexate, retinoid and acitretin, but all of these have unwanted side effects on long term use³. A permanent cure to this disease is still unavailable.

In Ayurveda, skin diseases are included under the broad umbrella of kushta. 'kushnathi - kutsitham karothi', 'tvacho vaivarnyam kurvanthi tatkushtamushanti'⁴. Kushta is a disease which causes discolouration and degeneration of skin caused by mithya ahara-vihara and virudhaahara⁵. The vitiated doshas via the tiryaggami siras of tvak, lasika, asruk and mamsa causes slathana and further more causes discolouration and changes to the texture of skin. If not treated, kushta can lead to dushti of all dhatus resulting in kotha and krimi and can finally deform the body⁴. It is classified in to 7 based on the doshavastha; eka doshaja (vata, pitta, kapha), dwidoshaja (vatakapha, vatapitta, kaphapitta) and sannipatika. Based on lakshana, Kushtas are also classified as kapalam, audumbaram, mandalam, vicharchika, rikshajihwam, charma, eka kushtam, kitibham, sidhmam, alasm, vipadika, dadru, shata kushta, arushi, pundarikam, visphotam, pama, charmadalam, and kakanam⁶. Sidhma kushta, characterised by shwetatamra twak,

bahi rukshata, anta snigdhattha, and raja kiranam may be correlated to psoriasis⁷. It is vata kapha predominant and is mentioned as mahakushta⁸ in Charaka Samhita and kshudra kushta in Sushruta Samhita⁹. The treatment of kushta begins with snehapana¹⁰, shodhana¹¹ followed by shamana chikitsa¹² with internal medicines as well as external applications for shamana of twakstha dosha¹³.

Case Report

A 50-year-old male patient came to OPD, Yenepoya Ayurveda Medical College Hospital, Naringana, on 28/03/2019 (OPD No 1909083) with complaints of erythematous, scaly lesions associated with itching over anterior and posterior aspects of trunk, arms, face, scalp and lower limb. He has been on allopathic medicines including topical application as well as steroids on and off since past 7 years. He has no history DM/HTN/Asthma.

On examination, the patient had scaly erythematous well-demarcated slightly oedematous lesions present on face, scalp, chest and abdomen, nape of neck, buttocks, lower back, arms and lower limbs.

Personal History

Diet: Mixed, mostly fish

Habit: Nothing relevant

Sleep: Disturbed due to itching

Ashtavidha Pariksha

Nadi: 68/min, regular, kapha vataja

Mala: Constipated

Mutra: Normal 4-5 times daily
 Jihwa: Ama
 Shabda: Ksheena
 Sparsha: Ushna
 Drik: Pallor +
 Akriti: Madhyam

Vitals

Temperature: 99.4
 Pulse rate: 68/min
 Respiratory rate: 16/min
 Blood pressure: 130/80 mm hg

Treatment Given

a) 1 – 7days (Jwarahara Treatment)

Drug	Dose	Anupana
Amrutottara Kashayam	90 ml BD	-
Bilwadi Gulika	1 BD	Water
Padoladigana Kashayam	90 ml BD	-

b) 8 – 21 days (Vicharana Snehapana and Nitya Virechanam)

Drug	Dose	Anupana
Aragwadhadimahatiktaka Ghritam	25 ml early morning	-
Mahatiktaka Kashayam	90 ml (evening)	-
Manibhadra Gulam	2.5 gm (before bed)	Warm water

c) 22 – 27 days (Takradhara)

Drug	Dose	Anupana
Mahatiktakam Kashayam	90 ml BD	-
Aragwadha Mahatiktaka Ghritam	10 ml early morning	-
Manibhadra Gulam	2.5 gm (before bed)	-
Takradhara – Takra prepared with sidharthaka, methika, and triphala churna		

d) 28 – 72 days

Drug	Dose	Anupana
Aragwadha Mahatiktaka Ghritam	10 ml early morning	-
Mahatiktaka Kashayam	90 ml BD	-
Manibhadra Gulam	2.5 gm (before bed)	Warm water
Shaddharana Churna	5 gm BD	Warm water
Psora oil	For external application	

Assessment Criteria - PASI Score

The severity of psoriasis was measured using the Psoriasis Area and Severity Index (PASI). This scoring method combines the assessment of the severity of lesions and the area affected into a single score in the range 0 (no disease) to 72 (maximal disease)¹⁴. It is used to express the severity of psoriasis by combining the severity of erythema (redness), induration (thickness) and desquamation (scaling) with the percentage of affected area. The

MATERIAL AND METHODS

Single case study from Swasthavritta Department; written consent of patient was taken for treatment.

Treatment Protocol

The patient was managed in OPD and IPD department. Initially, he was given jwarahara treatment for 7 days, vicharana snehapana and nityavirechana for 14 days, takradhara for 7 days, following which the patient was discharged on internal medication and follow up after 14 and 45 days from discharge. The patient was advised to follow pathyahara (vegetarian diet, avoiding dairy products)

intensity of erythema, induration and desquamation of the psoriasis is assessed as none (0), mild (1), moderate (2), severe (3) or very severe (4)¹⁵. The body area involved is scored based on division of body in to four sections [head (10% of a person's skin); arms (20%); trunk (30%); legs (40%)]. The percent of area of skin involved is estimated and graded from 0 to 6. Each of these areas is scored by itself and then the four scores are combined into the final PASI¹⁴.

RESULT

The patient got significant relief in symptoms. Erythema, Induration, desquamation as well as the area affected was cured with no signs visible by the second follow up after discharge.

Before Treatment 1 st day	7 th day	21 st day	On Discharge 28 th day	First Follow up	Second Follow up
PASI Score 24.6	PASI Score 28.7	PASI Score 13.6	PASI Score 4.4	PASI Score 0.9	PASI Score 0
					
Figure 1: Day 1	Figure 2: Day 7	Figure 3: Day 21	Figure 4: Day 28	Figure 5: First follow up	Figure 6: Second Follow up

DISCUSSION

Psoriasis is an auto-immune inflammatory chronic disease which has episodes of relapse and remissions. While treating the condition through Ayurveda, it is important to translate the symptoms into dosha template by analysing the combinations. In the present case, the patient had presented with severe scaly itchy erythematous lesions and constitutional symptoms like fever, constipation, weakness and loss of appetite. In terms of Ayurveda, the above symptoms are indicative of samadosha avastha¹⁶.

Therefore, the initial line of treatment adopted here was Amapachana. Amrutottara Kashaya¹⁷ (Nagaradi Kashaya) which is intended to mobilise the sanchita dosha in Koshtha was selected.

Bilwadi gulika¹⁸ and Patoladigana Kashaya¹⁹ was opted for addressing the toxic aspect of Ama that had obviously transcended rasa dhatu and had vitiated rakta dhatu and hence aggravated the symptoms.

The course was continued for 7 days and when signs of appetite and amapaka appeared, he was given snehapana¹⁰ with Aragwadha mahatikta Ghrita, which is a samyoga of Aragwadha Kashaya²⁰ and Mahatiktaka Ghrita²¹, in a daily dose of 25 ml as vyadhipratyanika chikitsa for vatakapha kushta. Manibhadragula²² 2.5 g was given to induce Mridu Shodhana.

After obtaining adequate Shuddhi lakshanas, Shamana chikitsa was aimed to pacify the disease progression; drug of choice was Mahatiktakam kashaya²¹. As indicated in kustha chikitsa, once Shodhana is obtained internally, external application of medicine has to be done for shamana of twakgata doshas¹³. Takra Dhara of

body was done in this regard along with external application of Psora Oil. Takra was prepared using vatakapha hara drugs to enhance the effect. Kushta chikitsa gives equal importance to the mental status of the patient, as it is very clearly indicating procedures and activities to enable the patient to have a calm mind²³. As shirodhara with takra is said to have the aforesaid qualities to soothe the mind, this treatment was also applied²⁴.

As discharge advice, Shaddharana churna²⁵ was added along with the medicines so that the production of Ama can be kept in check and hence it cannot contribute into culmination of the condition.

CONCLUSION

This case report proves that psoriasis can be effectively managed through Ayurvedic treatment modalities. Irrespective of treatment protocols for kushta like Snehana and Shodhana, the amapaka avastha of kushta has to be assessed and treatment should be planned accordingly. We should also understand the treatment protocol explained in the texts and include treatment modalities which is not specifically mentioned in the context but is relevant as per the doshavastha and rogavastha. Pathyahara too plays an important role in healing.

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