



Research Article

www.ijrap.net



A CASE SERIES ON COMPLICATED PSORIASIS IN GERIATRICS: AN EXCELLENT TREATMENT RESPONSE THROUGH AYURVEDA

Achintya Mitra ^{1*}, Arvind Kumar Gupta ², Ranjit Dey ³, Siddhartha Choudhuri ⁴, Jayram Hazra ⁵

¹Research Officer (Ayurveda) / Scientist – 2, National Research Institute of Ayurvedic Drug Development,
4-CN Block, Sector-V, Bidhannagar, Kolkata, India

²Senior Research Fellow (Ayurveda), National Research Institute of Ayurvedic Drug Development,
4-CN Block, Sector-V, Bidhannagar, Kolkata, India

³Laboratory Technician, National Research Institute of Ayurvedic Drug Development,
4-CN Block, Sector-V, Bidhannagar, Kolkata, India

⁴Consultant Medical Biochemist, National Research Institute of Ayurvedic Drug Development,
4-CN Block, Sector-V, Bidhannagar, Kolkata, India

⁵Director (Institute), National Research Institute of Ayurvedic Drug Development,
4-CN Block, Sector-V, Bidhannagar, Kolkata, India

Received on: 11/05/17 Accepted on: 09/06/17

*Corresponding author

E-mail: achintyemitral@gmail.com

DOI: 10.7897/2277-4343.083195

ABSTRACT

The present study is dealt the clinical excellence of Ayurvedic management at Geriatric Health Care Clinic with known cases of complicated plaque psoriasis in geriatric age group. Ten diagnosed chronic cases suffering since last 12-30 years with multiple complications were treated with Ayurvedic consequence treatment regimen for the period of 66 days by means of immune-modulation mechanism. Indigenous treatment approach comprises the rejuvenation of physical and mental health, particularly in old aged sufferers with certain limitations like wrinkling skin, decreased blood supply, decreased elastin cell and collagen etc. This case report has established the efficacy and safety of treatment modality by evaluation subjective and objective parameters like PASI score, hepato-renal biochemical profiles, serum IgE, images etc. The serum IgE level is highly significant ($p < 0.001$) when compared with before treatment value (618.2 ± 177.55 , 86.5 ± 19.57) and the score value of PASI in the completion of treatment is highly significant ($p < 0.001$) when compared with values of before treatment (59.53 ± 3.24 , 6.78 ± 2.78). The photographic images of patients also established the excellence of the treatment.

Keywords: Plague psoriasis, geriatrics, Ayurveda.

INTRODUCTION

The clinical features of plaque psoriasis described in modern medicine have been found similar with Kitibha and Eka Kustha in Ayurvedic classical texts, which is described under disease group of Ksudra Kustha. Ayurveda described that non-compliance of the prescribed rules with regard to the order of restoring to hot and cold regimens, and intake of nourishing and depleting foods are of causes of this disease condition. The etiological factors also loosen the four structural components, viz. twak (skin or rasadhātu), rakta (blood), mamsa (flesh), lasika (lymph). The aggravated casual factors localized in these components vitiate the later due to their looseness and so produce this skin disease. ¹ The skin disease, which is comprises of clinical features like aswedanam (loss of sweating), mahavastu (spread of lesion), matsyashakalopama (silvery scaling like scales of fish), kandu (itching), rukshata (dryness) and mandala (erythema) surface like ulcer is calling Kitibha or Eka Kustha. ^{2,3}

According to the modern point of view, plaque psoriasis is the most common type of five types of psoriasis which is being considered to be of a multi-factorial origin and clinically manifested by a sharp definable border, a bright erythema and silvery white scales as exfoliation, thickening of affected part with itching. ⁴

Psoriasis affects the elderly more seriously than the young, and has the potential to be life-threatening for older people. As skin become older with the ageing process by nature and certain condition like psoriasis might have causing acceleration of skin ageing. On the other hand, by the ageing process skin became gradually thin, decrease elasticity due to elastin fibers, losing tensile strength due to lack of collagen and finally leads to wrinkling. Managing psoriasis in geriatric age group is difficult due to decreased blood supply and slowing of cell replacement leads to slow down the healing process. Geriatric people suffering from chronic plaque psoriasis may be started from their childhood and or middle age never be explored by natural products where there are some short of limitation in conventional medical system. In this study based on observation in a Geriatric health care clinic (GHCC) in peripheral research centre under Central Council for Research in Ayurvedic Sciences of Ministry of AYUSH, Government of India attending geriatrics with suffering from chronic psoriasis were undergone Ayurvedic treatment.

Case Report

Present study was carried out in accordance with ethical principles by following International conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP).

Ten elderly cases in the age group of 60-70 years as diagnosed case of plaque psoriasis with multiple complications like arthritis, fissure, anxiety disorders, poor general condition etc. were undergone standardized Ayurvedic treatment. The maximum suffering period of case was 35 years whereas 7 years was the minimum duration. The cases have been admitted at IPD from Geriatric Health Care Clinic of National Research Institute of Ayurvedic Drug Development, Kolkata after screening through physical examination, haematological (Hb%, TLC, DLC, ESR), biochemical (Blood Sugar, Urea, Serum Creatinine, Liver Function Tests, Lipid Profiles), serological (RA Factor, ASO titre, CR- protein), immunological (IgE) investigations for assessment of safety profiles. Psoriatic Area and Severity Index (PASI) score ⁵ and images were captured before, every step of treatment and after treatment for assessment and evaluation. Patients were treated in the OPD level for 2 weeks for Dipana Pachana therapy to enhance the enzymes activity and after that they were admitted in the hospital as in-patient. The clinical features and area of the patients were recorded as erythematous patches, exfoliation with silvery scales, induration or thickening of skin associated with complication like arthritis; fissure etc. in each treatment steps. Patients were undergone oral consumption of Mahatiktha ghrita ⁶ followed by Virechana Karma (induced purgation) as

Samsodhana Karma or Panchakarma therapy under supervision of a physician. The Rasayana treatment (rejuvenation therapy) was followed for 4 weeks. The treatment regimen is followed as shown in table 1.

After completion of the treatment, cases were assessed on the basis of subjective and objective criteria. There were no significant changes in haematological, biochemical and serological parameters and values were within normal limits when compared with before treatment values. But, there was remarkable change in serum IgE level (IU/dl) which is highly significant ($p < 0.001$) when compared with before treatment value (618.2 ± 177.55 , 86.5 ± 19.57). Psoriatic Area and Severity Index (PASI) score was done before and after the treatment. The score value of PASI in the completion of treatment is highly significant ($p < 0.001$) when compared with values of before treatment (59.53 ± 3.24 , 6.78 ± 2.78). The photography of patients also established the excellence of the treatment (Figure 1, 2 and 3). The recurrence or relapse of the disease was also observed during 6 months after completion of treatment. The treatment regimen of Ayurveda has established the efficacy in complicated plaque psoriasis even in older age and there was no reported adverse drug reaction or event.

Table 1: Treatment Regimen

Treatment Procedure	Days required	Drug used	Remarks
Deepana- pachana Chikitsa	14 days	Chitrakadi Vati 250 mg thrice daily and Triphala Churna 3g twice daily	Enhance the enzyme activities
Snehana (Oleation)	7 days	Mahatiktak Ghrita for oral consumption in increase doses	Purva Karma (Pre-operative Procedure)
Swedana (Sudation)	2 days	Luke warm water bath	
Virechana karma (induced purgation)	1 day	Erenda Taila 30 ml with one cup of milk	Pradhana Karma (Principal Procedure)
Samsarjana Krama (Post-operative Measurement)	7 days	Light diet to normal diet	Post-operative Measurement
Takradhara	7 days	Medicated butter milk Mustak churna, Amlaki churna, milk and water were required. On the previous day of procedure, Amlaki and Mustaka ksheerpaka was prepared and curd was prepared using this ksheerpaka.	Special Procedure
Rasayana Chikitsa	28 days	Triphala Churna 3 g twice daily with Manikya Rasa 125 mg	Healing and rejuvenation of immune system.



Figure 1: Plaque psoriatic lesion of anterior aspect of lower limbs before treatment (a), after treatment (b), before treatment over scalp (c) and after treatment (d)



Figure 2: Plaque psoriatic lesion of anterior aspect of abdomen before treatment (a), after Vamana treatment (b), after Rasayana treatment (c) and after 6 months of treatment (d)



Figure 3: Plague psoriasis with fissure of anterior aspect of lower limbs before treatment (a), after treatment with scar mark of healed fissure (b), median aspect of forearm before treatment (c) and after treatment with scar mark of healed fissure (d)

DISCUSSION

The actual cause of Psoriasis is not yet known till present day, but the Ayurveda, the science of life, has detail description of aetiological factors of Kustha which resembled to the Psoriasis and its related conditions. In Ayurvedic perspective, psoriasis could be caused due to the dysfunction and malfunction of intrinsic factors, i.e. vata and kapha doshas. Accumulation of toxins or ama, could also lead to this disease condition. Excessive intake of yogurt, seafood, salty foods, black gram and sour food can cause an aggravation in the disease condition. Psoriasis may also develop due to excess stress. As Ayurvedic principles and practice is based on Indian philosophy it is still vulnerable and effective with indigenous Panchakarma therapy followed by Rasayana treatment.

An effective Ayurvedic treatment for this condition is “Panchakarma” which helps in detoxification of body fluids. Initially the person is given medicated ghee for about seven days, followed by inducing purgation and detoxifying the body, a process known as Virechana⁷. Thereafter a procedure wherein medicated buttermilk is dripped overhead called Takradahara⁸ is done, after which the medicated oil applied into the entire body with gentle massage. One of the major thrust areas on Psoriasis is also Immunodeficiency. In Ayurveda, immunomodulator and immune-potential have been carried out by Panchakarma therapy and other Somana Chikitsa to enhance the immunity successfully⁹. Moreover, the Takradahara is enhanced the mental status of the patients which gives a strong back up to overcome the depressive condition which

plays a major role to control the condition and it is absolutely necessary for an effective treatment of psoriasis. Manikya Rasa¹⁰ is also helps the wound healing and rejuvenation of skin health.

In the present case study, the initiation has been taken in the composition of consequence of treatment procedures along with multiple formulations with incorporation of Ayurvedic principles and practice on Psoriasis. The present study revealed an excellent response on geriatrics suffering from complicated psoriasis with improvement of healing process and quality of life.

ACKNOWLEDGEMENT

Authors are thankful to Scientists and medical personnel of NRIADD, Kolkata for continuous support and cooperation. Authors are also thankful to the patients those who had spontaneously participated in this study.

REFERENCES

1. Susruta. Susruta Samhita. English translated by Murty KRS. Krishnadas Academy. Varanasi. 4thed. 2000; p.39-40.
2. Caraka. Caraka Samhita. English translated by Sharma PK & Dash Vaidya Bhagwan. Chaukhambha Sanskrit Series Office. Varanasi. 4th ed. 2000; p. 325.
3. Vagbhata, Astanga Hridaya. English translated by Murty KRS. Krishnadas Academy, Varanasi. 4thed.2000; p. 139.
4. Edwards CRW, Bouchier IAD, Haslett C & Chilvers ER. Davidson’s Principles and Practice of Medicine. ELBS with Churchill Livingstone, USA. 18th ed.1999; p. 948-52.
5. www.pasi.corti.li/psoriasis area severity index (PASI) calculator downloaded on 08.07.2008.
6. Das Gobinda. Bhaishajya Ratnavali. Commentary by Shastry Ambikadutta, Chaukhamba Sanskrit Smasthana, Varanasi. 16thed. 2002. p. 633.
7. Chuneekar Dr. KC & Pandey Dr. GS. Bhavaprakash Nighantu. Chaukhambha Bharati Academy, Varanasi. 10thed. 1995. p. 301.
8. Vaidyanath R, Panchakarma- A Handbook for Students & Practitioners, (Chaukhambha Sanskrit Pratisthan, Varanasi), 1ste, p. 230-31, 2003.
9. Mitra A, Banerjee M, Das B, Ravte R K, Hazra J. Acquiescence of Ayurvedic principles and practices in Kitibha (Psoriasis) and excellent clinical responses – A case study. Indian Journal of Traditional Knowledge. Vol. 10(4). October 2011, p.689-692.
10. Anonymous. The Ayurvedic Formulary of India, Part-II, Ministry of AYUSH, Government of India, New Delhi.16:50. P.279.

Cite this article as:

Achintya Mitra *et al.* A case series on complicated psoriasis in geriatrics: An excellent treatment response through Ayurveda. Int. J. Res. Ayurveda Pharm. 2017;8(Suppl 3):181-183 <http://dx.doi.org/10.7897/2277-4343.083195>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.