

**TREATMENT OF PSORIASIS: CASE SERIES****Vaidya Meenakshi Rewdkar Kole\***

Associate Professor, Kaya Chikitsa Dept., R A Podar Medical (Ayu) College, Worli,  
Mumbai.

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**\*Corresponding Author**

**Dr. Vaidya Meenakshi  
Rewdkar Kole**

Associate Professor, Kaya  
Chikitsa Dept., R A Podar  
Medical (Ayu) College,  
Worli, Mumbai.

**ABSTRACT**

Psoriasis has become most emerging disease in recent era. In past, its incidence rate was 1-2% which in recent decades has increased to 2-4%. The exact etiological factor for disease is not yet known. Psoriasis is generally thought to be a genetic disease which is triggered by environmental factors. In recent studies histocompatibility antigen is found in psoriatic patients, hence immuno-modulator drugs like cyclosporine are thought to be effective in these patients. It has approximately 40% hereditary prevalence. It is characterized by chronic, papulosquamous, recurrent, erythematous papules which can occur at any age and the symptoms get exaggerated in cold climates and decrease in hot climate. Treatment of Psoriasis depends on the

type, location and extent of the disease. Topical glucocorticoids, Immunosuppressants like Methotrexate, Cyclosporine and phototherapy like Ultraviolet light are used. They are to some extent hepatotoxic, nephrotoxic and have adverse effects on bones and haemopoiesis. As psoriasis is a chronic disorder, these drugs are to be taken for longer duration which hampers the life of the patient.

In ayurvedic context a disease similar to psoriasis is described namely "Ekakushtha". Ayurvedic treatment described does not have adverse effect and complications and thus patient has improved quality of life. The principles of treatment depend on patient's prakruti, bala, dominant dosha in disease, stage of disease, desha, agni etc. Hence there is no such treatment protocol mentioned for psoriasis, it varies according to the patient. All the above factors are to be taken into consideration during the treatment. Hence in this article three patients with varying prakruti, dosha, bala etc are elaborated along with the treatment.

**KEYWORDS:** psoriasis, mahavastu, matsyashakalopama, tridosha, ekakushtha.

## INTRODUCTION

Psoriasis is a common dermatologic disease. It is characterized by erythematous papules and plaques covered by prominent thick silvery white scales. The presentation of psoriatic lesions is in wide variety. The cardinal symptoms of psoriatic lesion are dark red papules with silvery white scales. These papules coalesce into plaques, which are characteristically sharply margined. As the plaque thickens they may crack and develop fissure especially when located over palms and soles. Many factors like psychological stress, alcohol, smoking, digestive upset may exacerbate psoriasis.

Psoriasis in childhood may get exacerbated due to upper respiratory streptococcal infection. Drugs like beta- blocker, anti malarial and lithium have occasionally been noted to exacerbate the disease. Any skin friction or surgical wound can stimulate localized psoriasis. Psoriatic lesion may be localized or generalized over body, mainly involves elbow, knees, back, scalp, hands, feet and nails.

Treatment depends on the response of patient; some drugs may resolve lesions in one patient but may fail in another, medicine given once for patient may not work for the second time in him. Topical corticosteroid, coal tars, salicylic acid, anthralin, UVA, UVB, methotrexate are used for treating psoriasis. But these therapies are hepatotoxic, nephrotoxic, result bone marrow depletion, etc.

Ekakushtha described under kshudra kushtha has similar symptoms as psoriasis. It is described as mahavastu (mahashayam), lesions are compared as matsyashakalopam (silvery white scales) and krushna aruna varni (dark red papules).

Kushtha is a disease which has three dosha dushti i.e. Vata, Pitta and Kapha. These doshas are accompanied by the dushti of kleda. Ekakushtha which is described under kshudra kushtha has Vata kapha dominant dushti. At initial stages Ekakushtha is saadhya but later when it gets deep seated in dhatus (dhatugatatva) in asthi majja dhatu and vatakapha dosha are accompanied by pitta it becomes difficult to treat i.e. kashtasadhya.

The basic principle of treatment in this disease is sampraptibhanga and symptomatic relief by shodhana, shamana, internal medicines, external application. These therapies does not develop any complications or side effects in patients if properly done, hence ayurvedic therapy is more useful in skin diseases like psoriasis.

**Case discussion 1:** A 32 years old male patient, paper mill worker, having complains of plaques on back, abdomen with thick layer of scales. Scales were silvery white i.e. matsyashakalopama. He had complains of itching 1+, lesion of krushna aruna varni (dark red colored) with no discharge since one year. On astavidha parikshana (nadi, mala, mutra, jivha, etc) no major abnormalities were seen. Rugna bala was madhyama and prakruti was pitta vata and dosha dushti in disease was tridoshas.

### Samprapti

Hetu (excessive non veg intake, alcohol, loss of sleep at night, excessive mental stress)



Kapha(3+), Pitta(2+) and Vata(1+) dosha dushti (vidagdhatva of kapha, pitta, ruksha guna dushti of vata and dhatugatatva of doshas)



Rasa, rakta, mansa dushti (vidagdha and kledapreadhana dushti leading to dhatushaithilya)



Dosha gets tiryaka gati in due course with rasa and rakta



Dosha dushya gets seated in twacha and produces vaivarnya, kotha, and shaithilya



Development of maha vastu, valkala, matsya shakalopama, krushna, alpa kandu, asravi lesions

**Treatment:** In this patient there was dhatugatatva (hence pachana, bhedana, kleda harana, utklesha and nirharana treatment is needed) shodhana like

- Vamana with Madanphala, vacha and pippali churna and yastimadhu phaanta, then
- Virechana with aragwadha, triphala and trivrutta kwatha and eranda tail, alongwith 2 tabs of abhayadi modaka
- Siravedhana over cubital vein after snehapana with 50 ml Goghrita for three days,
- local application of leech for local inflammation.

This therapy helped to reduce the tridosha dushti, dhatvagni sandhukshana, strotoshodhana and shothahara.

### Patient was given orally

- Arogyavardhini 2 tab thrice daily to correct micrometabolism,

b) Kirattiktadi kwatha (kirattikta, patola, sariva, manjistha, lodhra) 30 ml twice daily. These drugs are tikta, kashaya and sheeta, causes rasa rakta pachana, alongwith shamana, shothahara, shaithilyahara.

### Initially external

a) takradhara, vrana shodhana tail abhyanga was done for 10 days. Takra is astringent, anti-inflammatory, laghu which causes rasa rakta shodhana, reduces inflammation. It also reduced jadyata of lesion and decreased kandu.

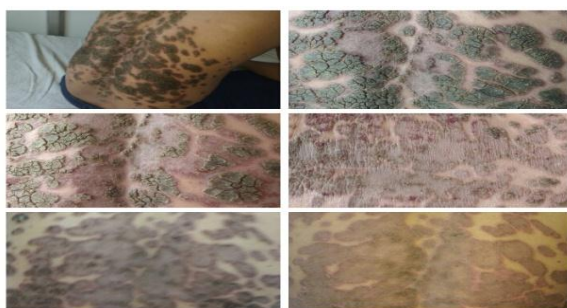
b) Later shweta malahara and gandhaka application for vrana ropan was given but reaction occurred and aaraktata 2+, kandu 2+, daha 2+ and jadyata 2+ was seen.

c) Hence panchatikta ghruta application was given to the patient to reduce araktata, kandu, daha, jadyata. Panchatikta ghruta is tikta, sheeta, snigdha and raktapittahara.

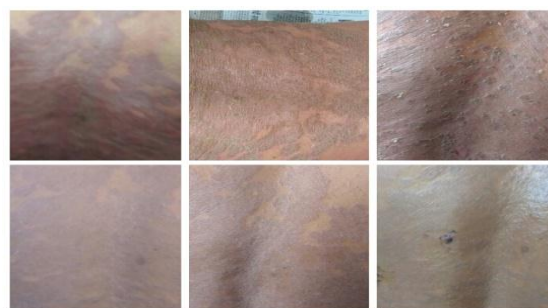
d) Later for daha shaman chandana bala tail for local application was given.

e) For Krushna varni lesions kumkumadi tail in the morning and for saurambha vrana ropana tail in the evening was advised. After this therapy patients lesion had completely resolved and prakruta varni twacha was seen.

To avoid relapse or reoccurrence maha tikta ghruta 20 ml was given twice daily for twakagat rasa rakta pachana and sneha dharanartha and patient was asked to follow up after every 15 days.



**After Vamana and Virechana**

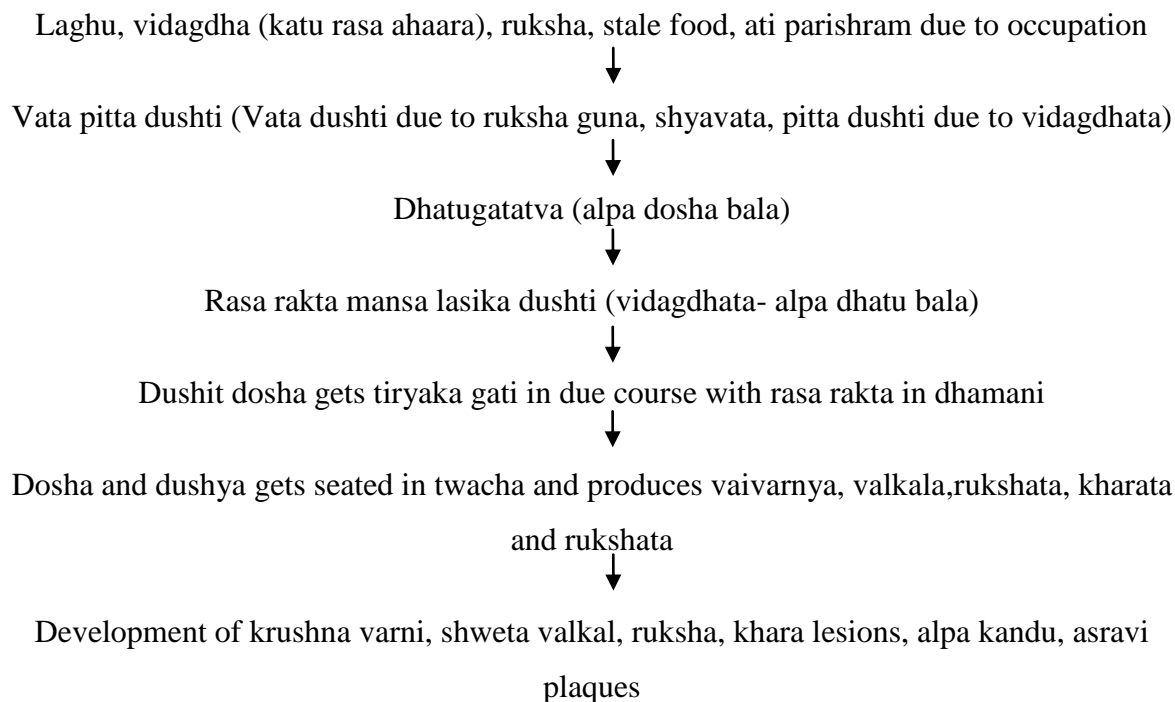


**After siravedha and jalaukavacharana**

**Case discussion 2:** A 72 year old male patient, previously hamaal in profession later became farmer, complains of dark red colored papules on chest, back, hands and legs, dry lesions (ruksha), rough edges (kharata), mild itching, no secretions, bipedal edema since one month. He had history of above same complains 9 years back and had taken ayurvedic treatment for same and was completely resolved. He was known case of Hypertension since 4 years was taking Tab Aten 25mg at night.

On examination it was seen that he was of Vata pitta prakruti with alpa bala, and disease was of vata pitta dominant dosha dushti.

### Samprapti



**Treatment:** As the bala of patient was alpa, shodhana treatment like vamana, virechana were contraindicated in this patient. In order to treat dhatugat dosha (alpa), pachana, bhedana, vilayana and nirharana is needed, so Siravedha was done after snehapana of 30 ml panchtikta ghruta for three days. Rakta mokshana helped in strotoshodhana also.

### Orally

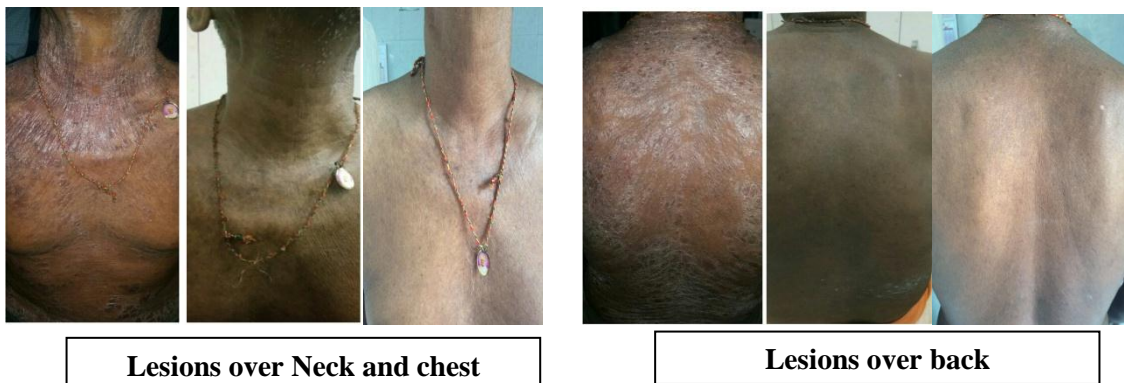
- Arogyavardhini 2 tab twice daily alongwith panchtikta ghruta 5ml to correct micrometabolism
- Manjistha, gokshura, punarnava, kutaki (small quantity) siddha kwatha 30 ml twice daily- Rasa rakta pachana, shamana, mutrala, shothahara
- Panchtikta ghruta 15 ml in morning empty stomach after siravedha treatment for alpa dosha pachana, dhatvagni sandhukshana.

### Externally

- Before siravedha jatyadi tail with vranashodhana tail as abhyanga for vatapitta shaman, snehana, to decrease itching

b) After siravedha, pncatikta ghruta abhyanga for vata pitta shaman, snigdha, saurambhanashaka, vaivarnya nashaka

c) To decrease kharata- shikekai, musta choorna with jatyadi tail for rubbing.



**Case discussion 3:** A 31 years old male patient, working in a software company, having complains of : a) bilateral upper and lower limb- Reddish inflammatory plaques 3+, Thickness 3+, Scales 2+, daha 2+, kandu 3+

b) over back – Reddish inflammatory plaques 3+, daha 2+, kandu 3+, scales 3+, thickness 3+

c) over chest and neck – Reddish inflammatory patches 3+, scales 1+, thickness 1+, daha 3+, kandu 3+

d) over scalp- reddish inflammatory patches 1+, thickness 1+, scales 1+, kandu 2+

On examination it is found that patient was of Kapha pittaj prakruti, disease was of pitta kaphaj dushti. Patient had above complains since 6 months.

### Samprapti

Hetu sevana (pradhana hetu- hereditary maternal; sahayyak hetu- pickle, banana+ milk, potato)



Pitta (tikshna, ushna, vidagdha dushti) and kapha dushti (snigdha, guru, kleda pradhan dushti)



Rasa rakta mansa dushti, lasika dushti (vidagdha kleda pradhana dushti, shaithilya)



Dosha gets seated in twacha and develop vaivarnya, aaraktata, daha, kandu, jadyata, valkala

**Treatment:** Rugna bala was madhyama, and vyadhi bala was also madhyama, so shodhana treatment as virechana with triphala, trivrutta and aragwadha siddha kwatha 120 ml with eranda tail 20 ml and 500mg abhayadi modaka. Patient had 7 vega and 9 anuvegas.



**Orally**

- a) Arogyavardhini 2 tabs thrice daily
- b) Kaishor guggul 2 tabs thrice daily (twakagat saurambhanashana, kledahara, raktapitta pachana, shothahara)
- c) Manjisthadi kwatha (manjistha, punarnava, patha,) 30 ml twice daily.
- d) Gandharva haritaki 3 gm at night with warm water.

**Externally**

- a) Takradhara was advised but patient had hypersensitivity for takra which resulted into increased itching and redness. Hence patient was advised to apply jatyadi tail and nimba tail.
- b) After virechana Panchatikta ghruta for local application.



After virechana over back

After Siravedha over back

After Siravedha over forearm

**DISCUSSION**

As stated earlier, above three patients were of different prakruti, different dosha and dhatu dushti in vyadhi, varied in their bala and bala of vyadhi too, stages of disease presentation were also different, depth of diseases also varied. Depending on all these factors the line of treatment also varied.

**CONCLUSION**

In ayurvedic context, examination of all factors of patient should be considered. No any fixed line of treatment can be decided, as different drugs may do different effect on different patients. Factors like patients Agni, Nadi, Mala, Mutra, Jivha, Koshta, Prakruti, Bala, Vyadhi Bala, Dosha dhatu dushti in Vyadhi, Dhatugatatva, which guna of dosha is vitiated should be considered. Depending on these factors, treatment of patient should be decided. This type of thorough examination helps in understanding the samprapti of every disease, and helps in sampraptibahnga and the root cause of disease are destructed. This helps to improve the patient's quality of life, increases the duration between the relapse of disease, prevents the recurrence of disease.

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