

Ayurvedic Management in a Case of Plaque Psoriasis

KHUSHHALI BALPANDE¹, SADHANA MISAR²

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Psoriasis is a papulosquamous skin disorder characterised by erythematous squamous lesions that are clearly defined and have reddish scaly regions on the skin. In classical texts, all forms of skin conditions are mentioned under the Kushtha topic, and in this condition, it is mainly correlated with *Ekakushtha*, which is one among the *Kshudrakushtha* [1].

A 45-year-old male patient came with the main complaint of reddish erythematous plaques over both upper and lower limbs with dryness and itching for the past three years. He had previously consulted an allopathic dermatologist and was clinically diagnosed with plaque psoriasis. He was prescribed immunosuppressive agents, systemic and topical corticosteroids, which he took for two years. However, there was no relief, so he came to an Ayurvedic hospital for treatment. No significant family history was present regarding any dermatological disorders or major illnesses such as hypertension, diabetes, and bronchial asthma. This condition can be differentially diagnosed with **dry eczema** due to dry blackish-brown patches associated with itching and oozing, as well as **Tinea corporis** with circular ring patches, dryness, and itching [2]. In the present case, the blackish-brown patch was widespread over a larger surface area, associated with itching, dryness, and white powdery discharge, which is specific to plaque psoriasis [Table/Fig-1,2]. Plaque psoriasis was diagnosed based on the clinical appearance of silvery-white scales and the Auspitz sign, which exhibits pinpoint bleeding patches.

In *ayurvedic* literature, all skin conditions are categorised into seven *Mahakushthas* and 11 *Kshudrakushthas*, discussed under the *Kushtharogaadhikar*. *Ekakushtha* is one of the 11 *Kshudrakushthas*. Symptoms observed in *Ekakushtha* include *Mahavastu* (spread



[Table/Fig-2]: Erythematous lesion with irregular boundaries over back of forearm (upper limbs).

over a larger surface area), *Matsayashakalopama* (resembling fish skin), and *Kandu* (itching) [3]. It is considered a *Tridoshajvyadhi* with *Vata kapha Pradhan*. The *Samprapti* (pathogenesis) involves the involvement of *Rasa* (plasma), *Rakta* (blood), *Mamsa* (muscle), and *Lasika* (lymph) leading to *Dosha-Dushya Samurchana* in the *Twak* (skin), resulting in *Ekakushtha*. The literature describes both *Shodhan* (purification treatment) and *Shaman Chikitsa* (palliative care) for the treatment of *Ekakushtha* [4]. In this case, purification treatment such as *Vaman* (emesis) is administered along with palliative care and topical application [Table/Fig-3].



[Table/Fig-1]: Erythematous lesion below knee to ankle joint over both lower limbs.

Medicine	Dose and duration	Time for administration	Adjuvant	Drug stopped (day)
Tab Chitrakadi (Digestant and appetiser)	2 tablet of 250 mg for 3 days	Before meal	Warm water	4 th day
Mahatiktaghritam (Internal oleation)	30mL with increasing order upto 210 mL for 7 days	Before meal	Warm water	8 th day
Marichyaditailam and Dashmool decoction (External oleation and hot fomentation)	2 days	Before meal	Nil	3 rd day
Powder of Madanphala, Vacha and Pippali mixed with Saindhav Lavan and honey (Emesis)	20 gm powder for 1 day	Before meal	Milk 2500 mL Yashtimadhu phanta 3000 mL	Same day
Peyadikrama (Samsarjan krama)	q.s. for 5 days	-	-	6 th day

Tab Arogyavardhini	2 tab of 250 mg for 45 days	Twice after meal	Lukewarm water	46 th day
Tab Gandhakrasayan	2 tab of 250 mg for 45 days			
Syp Patolkaturohinyadi	20 mL syrup for 45 days			
Topical application		After bath		
Vetapallai lubricant	q.s	At night		
Psoralin ointment	q.s.			

[Table/Fig-3]: Treatment protocol.

No reoccurrence of symptoms was observed on follow-up after 75 days

Purification Procedure-Vaman (emesis): In the pre-procedure (*Purvakarma*), Tab *Chitrakadi* is given, which acts as a digestant and appetizer. Internal oleation with *Mahatiktaghritam* is administered to alleviate the vitiated Vata in the body. *Marichyadi* Tail (external oleation) improves blood circulation, reduces dryness and itching, and provides moisture to the body. Hot fomentation with *Dashmool* decoction is given to liquefy the vitiated *Doshas* from *Shakha* (tissues) to *Koshtha* (Gastrointestinal tract) and remove *Srotorodha* (obstruction in blood vessels). *Vaman* (emesis) eliminates vitiated *Kapha* and *Pitta* from the Gastrointestinal (GI) tract. The properties of *Vamanopaga Dravyas*, such as being hot, penetrating, diffusing, and dispersing, help enhance absorption and remove toxins from the upper GI tract [5]. Excessive elimination of *Doshas* leads to a decrease in digestive strength, so a light diet is initiated, progressing to a semi-solid diet in a sequential pattern to gradually increase the patient's digestive strength [6].

Palliative care: Tab *Arogyavardhini* contains *Katuki* (*Picrorhiza kurroa*) as the main ingredient, which has antioxidant and anti-pruritic properties and promotes tissue nourishment. It pacifies all the *Tridoshas*, acts as an appetiser, and aids digestion [7]. Tab *Gandhak rasayan* includes refined sulfur, which is used to treat many skin conditions [8]. It has antimicrobial, antiviral, and antibacterial properties that help reduce the signs and symptoms of psoriasis. *Syp Patolkaturohinyadi* contains *Chandan* (sandalwood), *Patol* (*Trichosanthes dioica*), *Guduchi* (*Tinospora cordifolia*), and *Murva* (*Marsdenia tenacissima*), which possess *Tridosha-shamak* (balancing) properties. Hence, it is useful in treating *Kapha Pradhanta* (predominant *Kapha*) skin disorders such as *Ekakustha* [9].

Topical application: *Vetapallai* lubricant and *Psoralin* ointment have antibacterial, antiviral, anti-inflammatory, antifungal, antioxidant, anti-psoriatic, anti-pruritic, and antimicrobial properties. All the ingredients are *Twachya* (skin-friendly) and *Tridosha-shamak* (balancing). They moisturise and soothe the skin [10]. Thus, the purification procedure, palliative care, and topical applications help reduce itching, dryness, and erythematous lesions on the lower and upper limbs [Table/Fig-4,5] by pacifying the vitiated *Vata* and *Kapha Doshas*.

Hence, it can be concluded that psoriasis (*Ekakustha*) can be successfully managed with Ayurvedic modalities.



[Table/Fig-4]: Reduction in erythematous lesion below knee to ankle joint over both lower limbs.



[Table/Fig-5]: Reduction in erythematous lesions over back of forearm (upper limbs).

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PARTICULARS OF CONTRIBUTORS:

1. Postgraduate Scholar, Department of Kayachikitsa (Medicine), Mahatma Gandhi College of Ayurvedic Science and Research Hospital, Wardha, Maharashtra, India.
2. Professor, Department of Kayachikitsa (Medicine), Mahatma Gandhi College of Ayurvedic Science and Research Hospital, Wardha, Maharashtra, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Khushhali Balpande,
Postgraduate Scholar, Department of Kayachikitsa (Medicine), Mahatma Gandhi College of Ayurvedic Science and Research Hospital, Salod, Sawangi, Wardha-442001, Maharashtra, India.
E-mail: balpandekhushhali@gmail.com

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