



Original Research Article

Successful Ayurvedic Management of Psoriasis: A Case Series

Author

Dr Sarita Pradip Gaikwad

M.D. (Manas rog), PhD (Kayachikitsa),

Director, Punarnava Trimarma Chikitsalay and Research Centre, Nanded-431 602

Ex HoD Ayurved Research Department, Sassoon Hospital, Pune-411 001 and Vol. Retd. Assistant Director, AYUSH, Pune region, Pune

Abstract

Psoriasis may not be viewed to be just a skin disorder but has wide ramifications affecting various organs. It is also considered as Psychosomatic disorder. Psoriasis is a chronic disease having no permanent cure. It tends to go through cycles, going into remission in between two episodes.

Objective: *To study the role of Ayurvedic treatment in the treatment of psoriasis.*

Case Study 1: *A middle aged male person Civil Engineer by profession was suffering from Psoriasis for last 10 years. He had to leave the job due to frequent episodes of the illness. He tried all types of modern treatment and was frustrated to find no permanent cure. He finally came to Ayurved Research Department, Sassoon hospital, Pune (India). He was admitted and treated for a period of three months and was cured. He was administered Nidan-parivarjan, Deepan-Pachan, Shodhan (Vaman & Basti chikitsa) followed by Rasayan chikitsa. No further episodes for last 5 years.*

Another Case- *A retired school teacher aged 77 years was also suffering from Psoriasis for last several years. He was treated by Ayurvedic line of treatment for a period of 2 months and remained asymptomatic for 3 years followed by a fresh episode of the disorder due to his old habit of tobacco consumption. He was asked to leave habit of tobacco-chewing and was given another course of Ayurvedic medicines and was cured with no episode for last 7 years.*

Conclusion: *Ayurved has lot of potential and ability to treat Psoriasis successfully.*

Keywords: *Psoriasis, Kitibh- Kushta, Pundarika kushtha, Autoimmune disorder.*

Introduction

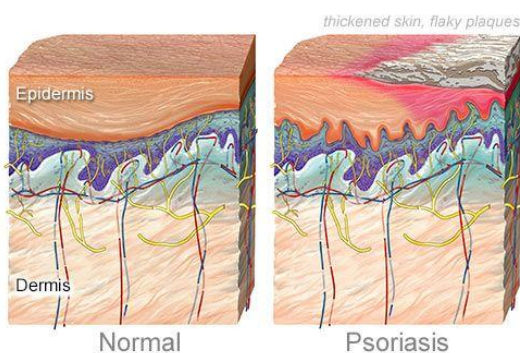
As per Ayurved, one is said to be healthy when not only all the organs in the body are in the state of equilibrium but the mind and soul should be also happy. Psoriasis is considered to be Psychosomatic disorder¹. In Psoriasis, there is physical as well as mental suffering. It has wide ramifications affecting various organs. There is sizeable proportion (30%) of Psoriasis patients

with arthritis². Further 40% of Psoriasis patients have been accompanied with Metabolic syndrome (Central obesity, Dyslipidemia, Hypertension, Insulin resistance) adding further risk of Cardiovascular complications³. Non alcoholic steatohepatitis is also observed in some proportion of Psoriasis cases. In due course of time there is significant risk of developing malignancy of Skin, Colon, Pancreas and Kidney⁴. Lifespan of

Psoriasis patients is comparatively less than normal individuals due to its various complications. It has an autoimmune pathology. There is genetic basis found in 30-50% of Psoriasis cases, making it hereditary. In Psoriasis, the rate of formation of new skin cells is 8 times higher than destruction of skin cells; that results in piling of layers of skin cells, making it thick, reddish and silvery-white⁵. Many a times there occurs cracks in the skin causing bleeding frequently. As per Modern science there are 5 types of Psoriasis namely Plaque psoriasis, Guttate psoriasis, Inverse psoriasis, Pustular psoriasis and Erythro-dermic psoriasis. Plaque psoriasis is most common found in 80-90% of cases.

Treatment:-The most distressing part is that it has no permanent cure. Steroid therapy (Glucocorticoids) Immunosuppressant (Cyclosporins, Methotrexate), Phototherapy by ultra-violet rays are commonly administered. But Phototherapy itself is hazardous as it leads to Carcinoma of skin⁶. Lotions or creams like Calcipotriene with Vit D and Retinoid (Tazarotene) with Vit A are commonly applied locally. But the episodes keep on appearing followed by a period of remission in between two episodes of Psoriasis.

Triger points:- Repeated skin infections, Stress and Strain, Sunlight, Smoking, Alcohol drinks Lithium, Beta-blockers & Anti malarial drugs may trigger new episode of the disorder².



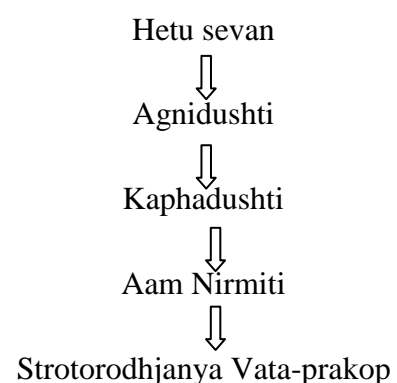
Case Study-1

One middle aged male, Civil Engineer by profession, was suffering from Psoriasis for last

10 years. He underwent all therapy as advised by the modern dermatologist. Repeated courses of Steroids, Phototherapy by ultraviolet rays, Vit A and E supplements and creams etc all were tried but the episodes kept on recurring with an intervening period of remission of 3-6 months between the two episodes. He was frustrated, stopped participating in to marriage, birthday etc public functions. He had to leave his job as his employer did not approve leave frequently. One of my patients referred him to Ayurved Research Department OPD, Sassoon Hospital, Pune (India). He was immediately hospitalized in 20 bedded Ayurved ward. Readers may note his condition as seen from the Fig. 1 and 2. There were scaly, silvery-white lesions seen on his face, chest, trunk, gluteal regions, appendages. There was intense itching experienced by him on the skin legions.

Hetu-parikshan: Hetu parikshan was made to find the factors responsible for his condition. It was revealed that he had habit of eating fermented food like Idly-Dosa, Udad wada, Uttappa, Sambar etc. He used to have curd every day. He used to take additional salt adding in his food daily. He had a touring job and was exposed to wind and sunlight leading to Anil-sevan and Atap-sevan. He was not diabetic.

Samprapti: The Samprapti of the disorder may be visualized below:



Apart from above, the Anil-sevan and Atap-sevan caused Rakta-Pitta dushsti making the Dosha Shakhagat leading to Twak dushti (Skin disorder). Considering above mentioned Samprapti we decided to treat his Kapha-Vata-Pittadushti.

We started the therapy by Nidan-parivarjan i.e. eliminating the factors that trigger the episode. Patient was asked not to consume the fermented foods like Idly-Dosa. Excess of salt and curd was asked to avoid. He was asked to wear cotton cloths and protect the skin while moving in

sunlight. Mental stress was asked to avoid and meditation was practised.

A) Deepan-Pachan and Raktaprasadan:- We advocated Sitopaladi 3 gm choorna and Avipattikar 3 gm choorna along with warm water twice daily before meals.

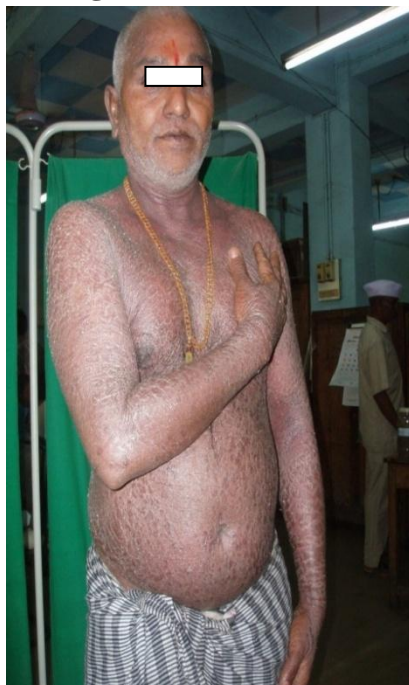
Fig-1 Before treatment



After treatment



Fig.2 Before treatment



After treatment



1. Vidang choorna (*Embelia ribes*) + Musta choorna (*Cyperus rotundus*) + Triphala choorna + Khadir (*Acacia catechu*) 100

gm each mixed together and asked to consume 5 gm twice daily at 7 AM and 5 PM along with warm water.

2. Tab Arogya vardhini 500 mg 2 BD after food along with warm water.
3. Maha Manjishsta Kadha 3TSF BD after food along with warm water.

This *chikitsa* was administered for a period of 1 month. This period was sufficient for *Aam-pachan*. It was followed by *Snehapan* for 5 days. After *Snehapan* *Vaman* was administered. We decided to administer *Virechan* after 10 days following *Vaman*.

B) Shodhan Chikitsa:- Before *Vaman* a course of *Snehapan* was given for 5 days with *Mahatiktaghrita* in increasing manner (30, 30, 40, 50, 60 ml). *Vaman* (Medicated emesis) was executed. It was followed by a course of *Sansarjan kram* for a period of 7 days. It was subsequently followed by *Virechan Chikitsa*.

C) Basti-Chikitsa:- After *Virechan Chikitsa* a course of *Yog-basti* was administered for 7 days.

D) Local therapy:- Wherever there were Psoriatic skin lesions, there we asked to apply *Karanj tail + Nimb tail+ Erand tail* locally twice daily.

F) Rasayan Chikitsa:- It is also termed as *Apunarbhav chikitsa/ Rejuvenating therapy. Mahatiktaghrita* 10 ml was asked to consume on empty stomach daily. A medicinal preparation made by *Sariva (Hemidesmus indicus)*, *Manjishta (Rubia cordifolia)*, *Guduchi (Tinospora cordifolia)*, *Shatavari (Asparagus racemosus)* *choorna* 2 gm each was administered along with warm water. *Mahamanjishtadi kada* 3TSF BD after food was continued.

Discussion:- As per Ayurved there is a mention of *Kitibh* with lesions similar to Psoriasis. This disorder occurs due to *Aam-nirmiti* due to *Strotorodhjanya Vat-prakop* as mentioned earlier under *Samprapti. Agni-dushsti (Jatharagnimandya and Dhatvagnimandya)* is the special feature along with *Doshasanchay (Kapha and Vata)*, impediment in *Rasa-Raktadi Dhatu nirmiti* leading to *Oaj-Kshaya*. In modern terms it may be said that *Aam-Sanchay* occurs in the cell membrane of the cells, that causes Antigen-Antibody reaction which attack our own cells as observed in Auto-immune disease. Why there is

production of *Aam-nirmiti* has been mentioned by *Vagbhat* in following verse⁷:

....**Viruddha adhyashan ajirina ashilino Visha lakshanam II 13 II**

Aamdosham Mahaghoram Varjayet Visha Sadnyakam I

Visharupa ashukaritwat Viruddha upakramatwatah II 14 II Vagbhat Su 8/ 13-14

The person who consumes *Viriddha anna*, follows *Adhyashan*, consumes food when *Ajirna* (Indigestion) exist, in such person signs of *Aam-Visha* are visualized. The *lakshanas* are *Vishasaman* and spreads faster (*Ashukari*). Treating a poison requires *Sheetapradhan* therapy but treatment of *Aam* has to be *Ushnapradhan*. Both of these therapies are diametrically opposite and cannot be administered simultaneously and therefore considered very difficult to treat. Here it is to be kept in mind that *Aam* is the *hetu* and *Aam-visha* is its product that is hazardous in nature.

It is further stated that those who consume *Ahitakar aahar* (Unhealthy food), their immune system becomes weak. As stated by *Charakacharya*⁸,

Sharirani cha AtisthoolanyAtikrushany Nivishtamans Shonitasthini Durbalanya satmayaharopchitta Anyalpaharanya alpasatvani cha Bhavantyavyadhisahani Viparatani Punarvyadhisahani II Charak Sutrasthan Chapter 28/ Verse 7

The persons who are Obese, very slim, weak, consuming unhealthy food, consuming very little food, less nouritious having low self esteem have low immunity.

This case used to have habit of eating fermented food like *Idly-Dosa, Udad wad a, Uttappa, Sambar* etc. He used to have curd every day. He used to take extra salt adding in his food daily. He used to have *Ahitkar Viruddha-Anna/ Unhealthy food*; it caused *Aam-nirmti*. Further due to his frequent touring job he was exposed to wind (*Anil-sevan*) and Sunlight (*Atap sevan*). That resulted in to *Rakta-Pittadushti* and the doshas became *Shakhagat*. His skin became vitiated with *Twak-*

dushti. The effect of all of these caused him Psoriasis. Patient was treated with the basic principles of Ayurved namely-Nidan-parivarjan, Deepan-Pachan,Raktaprasadan, Shodhan chikitsa, Basti chikitsa and Rasayan/ Apunarnarbhav chikitsa.

Clinical response: This disorder as mentioned in classical texts is said to be incurable but patient responded to the Ayurvedic treatment very well and within 3 months his skin became normal. He has remained symptom free for last 5 years having no relapse. He may be said to be cured.

Case study 2:-This 77 year old male retired primary teacher living in rural area 40 km from Pune, was suffering from Psoriasis for last several years. He was treated by eminent dermatologists from Pune. He was administered frequent courses of Steroids, Phototherapy etc but was of no avail. The skin lesion in the form of plaque used to itch relentlessly. There was serous discharge flowing from the skin lesions. The lesions were all over the body including scalp, palms and soles. There were repeated episodes of the disease with small intervening period of remission of illness. He stopped going in to public places and was frustrated of his life. One of his school teacher friends advised to consult Ayurved OPD of Sassoon General hospital, Pune. He was admitted in the 20 bedded ward of Ayurved Research Department for a period of 2 months.

Readers may please appreciate his condition on watching his Fig No. 3,4 and 5 before starting Ayurvedic treatment mentioned below.

Hetu parikshan:- The retired teacher used to have Spicy non vegetarian food daily. He used to have one litre of milk every day. As per Ayurved , he used to consume *Tikshna-Ushna-Guru-Snigdha Abhishyandi aahar*. Earlier, he used to go to school on his bicycle 20 km per day exposing him to wind (*Anil-sevan*) and sunlight (*Atap-sevan*). He had habit of Tobacco-chewing for last 60 years. The effect of this unhealthy diet and unhealthy lifestyle, there was Agnidushti -*Rakta-Pitta dushti*, in due course of time the doshas became *Shakhagat* resulting in to *Twak dushti* causing the disorder Psoriasis. He was treated on similar lines as mentioned above. To treat his accompanied infection, a course of Gandhak rasayan 500mg BD for 15 days was administered.

Clinical response:- He was treated on similar lines as mentioned for the first case and became free of symptoms within 2 months of treatment. He remained absolutely normal for a period of 3 years. In between he started consuming non vegetarian food and tobacco-chewing followed by relapse. He was counseled. He regulated his diet as advised. He left away with habit of tobacco-chewing. He was treated for one month and has remained free of symptoms for last 7 years. He is now 87 year old and completely healthy.

Fig No. 3 Before treatment After treatment



31

Fig. 4 Before treatment After treatment



Fig No. 5 Before treatment



After treatment



References

1. Evan Rieder, Francisco Tausk. Psoriasis, a model of dermatologic psychosomatic disease: psychiatric implications and treatments. *Int J Dermatol.*2012 Jan 51(1):12-26
2. Lesilie P. Lawley, Calvin O McCall, Thomas J. Lawley. Eczema, Psoriasis, Cutaneous infections, Acne and Other common skin Disorders. Chapter No. 71 in *Harrison's Principles of Internal Medicine*. MacGraw Hill Education. Vol 1, 19th edition. 2015: 347-348
3. André Vicente Esteves de Carvalho, Ricardo Romiti, Cacilda da Silva Souza et al. Psoriasis co-morbidities: Complications and benefits of Immunological treatment. *An. Bras. Dermatol.* 91 (6) Nov-Dec 2016 doi: 10.1590/abd1806-4841.20165080
4. A Egeberg ,J P Thyssen , G H Gislason , L Skov. Skin cancer in patients with Psoriasis. *J Eur Acad Dermatol Venereol.* 2016 Aug; 30(8):1349-53. doi: 10.1111/jdv.13619. Epub 2016 Mar 2.
5. Dr. Shashi Sharma and Dr. Pallavi Mundad. Comparative study on the efficacy of Laghu Manjishtadi Kwath and Sweta Karaviradya tail in the management of Psoriasis- An Autoimmune disease.

Auto-immune disorders Ayurvedic therapies and Management. Souvenir of Conference held on 30-31 March, 2015, New Delhi organized by Rashtriya Ayurveda Vidyapeeth, New Delhi:89-104

6. Bergner T, Przybilla B. Malignant melanoma in association with phototherapy. *Dermatology*.1992; 184(1): 59-61.
7. Editor Late Dr. Ganesh Krishna Garde. Sarth Vagbhat. Chaukhamba Surbharti Prakashan. 2015. Sutra-sthan. Chapter 8 verse 13-15:p 42
8. Editor Dr. Bramhanand Tripathi. Caraka-Samhita of Agnivesa. Chaukhamba Surbharti Prakashan. 2020. Sutra-sthan. Chapter 28 verse 7:p 547.