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Case Study

EFFECT OF *SHODHANA* AND *GANDHAKA RASAYANA* IN PSORIASIS - A CASE STUDY

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ABSTRACT

Psoriasis is one of the most common inflammatory autoimmune dermatologic diseases. The major concerns of psoriasis are social stigma which leaves a significant emotional impact for the patient. However, systematic management strategies, diet modification and timely monitoring shows an improvement in health-related quality of life and thus an improvement in social and psychological wellbeing. Severity of psoriasis tends to fluctuate with exogenous factors like diet, environmental factors etc. Spontaneous exacerbations and remissions are usual. There IS no specific treatment protocol in the management of psoriasis. In Ayurveda the symptoms are more similar to *Vata kapha* predominant *Kushta*, more specifically *Sidhma kushta*. The present study is aimed to treat a 22-year-old male patient, a known case of plaque psoriasis admitted in the IPD of *Kayachikitsa* department, Govt. Ayurveda College, Thiruvananthapuram. *Deepana, Pachana Sodhana*, *Samana* and *Rasayana* were the treatment protocol included. Ayurvedic approach in a single case of psoriasis is found beneficial in correcting the inherent *Agnimandya* at *Koshta* and *Dhatu* level and thus arrest the progression of the autoimmune inflammatory pathology. PASI (Psoriasis Assessment Severity Scale) score was used to assess the severity of lesions. Before treatment PASI score was 5.7 which reduced to 4.2 after 2 weeks. At the time of discharge PASI score was 0. The case report shows no recurrence of symptoms on review after 4 weeks.

INTRODUCTION

Psoriasis is an autoimmune chronic inflammatory disease affecting the skin characterised by papulo-squamous lesions[1]. Globally it affects about 0.09% to 11.43% both males and females equally affected between the age group 50-69[2]. Psoriasis is characterized by well-defined erythematous papulo-squamous scaly plaques. Among the 4 types of psoriasis, the most common variety of psoriasis is plaque type psoriasis. Lesions are stable slowly enlarging plaques. These symmetrical lesions most commonly appear over the extensor surface of elbows, knees, gluteal cleft, and scalp. Nail involvement manifested as pitting, onycholysis or hyperkeratosis may also be seen. The thick scaly lesions are formed by epidermal proliferation. Proliferating keratinocytes does not undergo differentiation and thus forms thick silvery scales. The blood vessels in the upper dermis are dilated and become hyper permeable forming erythema of lesion. Accumulation of cells like neutrophils and T lymphocytes in the dermis and epidermis leads to inflammation. Physical trauma to the skin, infections, drugs like beta blockers psychological stress exacerbate psoriatic lesions. Auspitz sign and candle grease sign are positive in most of the cases. Untreated the disease tends to continue and remission during summer[3]. In modern system of medicine treatment of choice include immunosuppressive agents like cyclosporin and TNF alpha suppressors. But the use of TNF alpha inhibitors worsens congestive heart failure and they should be used with caution in patients with risk of congestive heart failure. Prolonged use of TNF alpha suppressors shows an increased risk of all type of infections including Tuberculosis and fungal infections[4]. Photochemotherapy with PUVA, retinoids, methotrexate, corticosteroids are also used in systemic treatment[5]. The grades and severity of psoriatic lesions are assessed with PASI Score. PASI stands for Psoriasis Area and Severity Index. PASI 5 to 10 is

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considered as moderate and above 10 is considered as severe. [6]

There are several types of psoriasis which are clinically similar to features of different types of *Kushtas* described in the classical texts of Ayurveda. Pathologies involving skin are included under *Pitha nanatmaja vyadhis* in *Charaka Samhita*[7]. *Kushta* is included under diseases caused by vitiated *Raktha* (*Rakthapradoshaja vyadhis*) by *Charaka Acharya*[8]. Causative factors and symptoms also resemble that of *Sidhma. Sidhma* is explained under *Kushta roga* which is *Vatakapha* origin and closely related to the symptoms of psoriasis. In the present case nail changes are also seen along with other symptoms which are indicative of the involvement of *Asthidhatu* in the form of *Asthikshaya*. A large number of formulations like *Thikthaka ghrita, Vajraka ghrita, Manibhadra guda* etc are explained in different classics in the context of *Kushta chikitsa.* In the initial phase, there is inflammation which can be considered as *Amanubandha*. Hence *Snehana prayogas* are totally contraindicated initially. In this stage *Langhana chikitsa* (*Deepana pachana* and *Rookshana*) is done considering *Kapha pitta dushti*. After attaining non-inflammatory stage *Snehana* can be started. *Rasayana* preparations like *Gandhaka Rasayana, Bhalladaka Rasayana, Tuvaraka Rasayana* are also beneficial.[9] Proper *Shodhana* and the use of *Rasayanas* help to reduce the chance of recurrence of symptoms and prevent further progression which is a major concern of the current management of psoriasis.

AIMS AND OBJECTIVES

To evaluate the role of a selected treatment protocol in the management of psoriasis.

Study Setting – The present case study was conducted in the Dept. of *Kayachikitsa*, Govt. Ayurveda College, Thiruvananthapuram.

CASE REPORT

Basic information of the patient

Age: 22, Sex: Male, Religion: Muslim, Socio-economic status: middle class family, Occupation: Interior designer.

Chief Complaints

Dry thickened lesions on both palms (L>R) and bilateral soles since 1 year.

Thick pinkish scaly raised lesions on forehead, scalp chin, behind ears and upper chest since 7 months.

History of Presenting Complaints

The 22-year-old gentleman was asymptomatic one year before with no known comorbidities. Gradually he developed cracks over soles of bilateral foot associated with pain and itching. After 2 months similar lesions appeared on tip of fingers of both hands and on further spread to palms prominently over thenar eminence. Lesions were associated with itching aggravated during night and sweating. He used some topical applications on advice of dermatologist and got slight relief but the lesions relapsed after 2 months. During this period, he developed new lesions over the scalp which appeared as dandruff. After one month there was watery discharge and bleeding from lesions on scratching. On consultation he was advised with oral medications and topical applications which gave symptomatic relief. Since 2 months lesions spread to front and back of ears, inside ears, left side in front of the ear and chin. He had a single similar lesion in upper chest. The eruptions are associated with occasional itching and have no diurnal variation. There is no history of fever, malaise, burning sensation or arthralgias. No triggers were noted by him. He consulted in the Kayachikitsa OPD of Govt. Ayurveda College Thiruvananthapuram, and admitted here for further management.

History of Past Illness

H/O Tonsillitis since the age of 15 (triggered by cold exposure, intake of cold food items), no h/o any other comorbidities.

Drug History

No relevant drug history prior to the onset of symptoms.

For the present illness – Clobetasol cream IP 20g, Clobetasol Propionate 0.05% w/v +Salicylic acid 3%w/v (topical lotion 3%) – stopped since 1 month.

Family History

No relevant family history except for dandruff like lesions over scalp of elder brother.

Educational Status

Graduated

Occupational History

Working as an interior designer company for 1 year with working hours 9 am to 5 pm. No stress factors. related to occupation.

Socioeconomic Status

Middle class family

Psychosocial History

Lives with father, step mother and two elder brothers. Cooperative with family members.

Personal History

Bowel: Regular, 1- 2 times per day, Appetite: adequate, timely intake of food, gaseous discomfort, bloating., Micturition: 1-2 times/day, Sleep: sound, Diet: Mixed.

On Examination

- General condition was normal.
- Afebrile
- Conscious oriented.
- Respiratory system, gastrointestinal system, cardiovascular system examinations showed no abnormalities.

- *Prakruti* of the patient was *Kapha*.

Astavidha pareeksha

- *Nadi – Kapha* predominant *Tridosha.*
- *Mutra – Anavilam,* no *Daha.*
- *Mala* – Well formed*,* regular
- *Jihwa* – coated
- *Shabda* – Soft*, Mandam*
- *Sparsha – Seetam*
- *Drik* – Normal
- *Akruti* – Normal

Integumentary System Examination

Site of onset: Soles of both foot, Mode of spread: present on periphery, Colour: Silvery white and erythematous scales: Scalp, chest, behind ear, palms and soles: Whitish, Size: Plaques of varying size over scalp and soles, Configuration: Circular over scalp, ears, chest, elongated over hair margin, Margination: well defined over scalp, irregular over palms and soles, Genitalia: not involved, Nail changes: Ridging and pitting of nails, Primary lesion: plaque, Secondary lesion: scales, Auzpit's sign: Positive, Candle grease sign: positive.

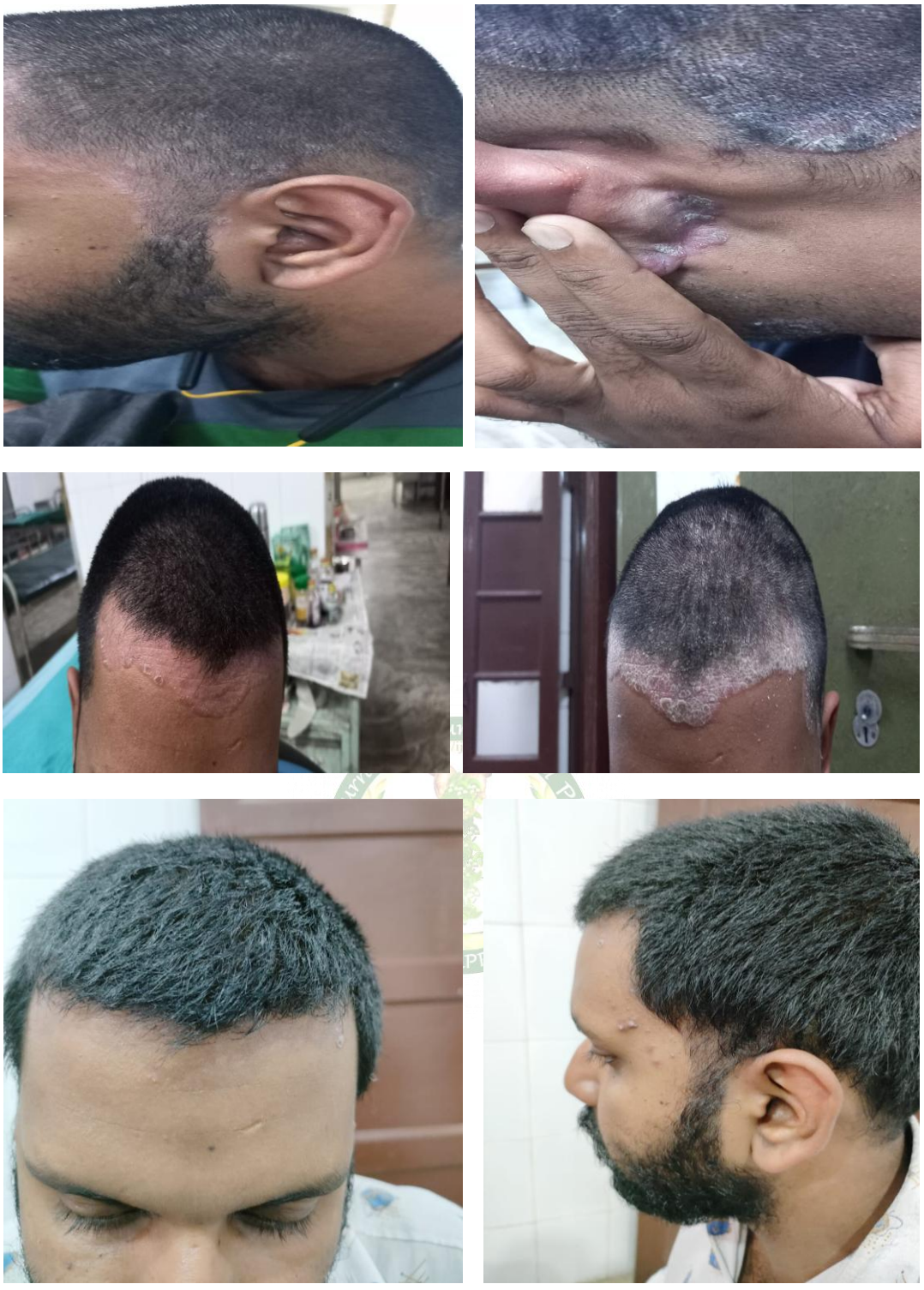
PASI Score – 5.7

Diagnosis

On the basis of history taking and clinical examination the condition was diagnosed as plaque psoriasis. Rough scaly lesions (*Rooksham bahi*), Powdered off on scratching (*Ghrishtam raja kiret*), scaly (*Slashnasparsham*), silvery and erythematous (*Sweta tamram*), mostly on upper part of the body *(Prayena cha urdhwakaye*).

Treatment Protocol and Assessment

		Internally	**Externally**	**PASI score**
Stage 1	*Deepana Pachana*	*Patoladi kashayam* – 90ml bd before food *Khadirarishtam* – 30ml bd after food (5 days)		5.7
Stage 2	*Snehana*	*Achasnehapana* with *Thikthaka ghritam* - starting dose – 25mg (till *Samyak snigdha lakshana* is obtained)	*Abhyangam* with *Vitpala tailam* *Ushnambusnanam* (3 days)	
Stage 3	*Shodhana*	*Vamana-madanaphalapippali choornam* - 5g *Vachachoornam*- 5g *Yastichoornam* -7.5g *Saindhavam* – 5g Honey		
Stage 4	*Shamana*	*Mahathikthaka ghritam*– 5g morning before food (7 Days) *Aragwadhadi kashayam* 90ml evening before food (7 Days)	*Takradhara*– 7 days *Aragwadhadi gana siddha takram*	4.2
Stage 5	*Virechana*	*Avipathi choornam* – 30g		0
Discharge	*Rasayana*	*Gandhaka Rasayana cap* – 1-0-1 (21 days)		0
Follow up (After 2 weeks)	*Shamana*	*Mahathikthaka ghritam* -5g morning before food.		0
Follow up (After 4 weeks)	Diet			0



RESULT AND DISCUSSION

Psoriasis is an autoimmune condition that has an inflammatory pathology with skin lesions mostly on the extensor surfaces. It can be correlated with *Sidhma* considering the symptoms.

The treatment principle adopted here is that mentioned in the context of *Kushta chikitsa* in *Ashtanga Hrudaya*, the use of medicated ghee primarily indicated to strengthen the *Nadis* which are destructed by the disease[10]. Initial phase is inflammatory, *Agnimandya* and *Ama* plays a role in pathogenesis. Hence *Langhana* therapy is adopted in the initial stage. After the inflammatory phase *Snehana* can be started. Considering the involvement of *Pitha dosha* and *Asthikshaya* in pathology *Sarpi* is selected for *Achasnehapana* which also act as a *Purvakarma* for *Shodhana*. Since the lesions are erythematous and signs of *Utklishtavastha* are seen, *Pitha* involvement can be inferred. So *Thikthaka ghrita* is selected for *Snehapana*[11]. After obtaining *Samyak snigdha lakshana abhyanga* and *Ushnambusnana* is done for 3 days. After *Dosotklesha dosas* are expelled through *Sodhana*. Here the method of *Shodhana* selected is

Vamana considering the *Utklishtavastha* of *Dosas* and lesions mostly appear on upper part of the body. After *Sodhana, Mahatikthaka ghrita* is given as *Samana* as it possesses *Rasayana* property also. At the time of discharge, the patient was given *Gandhaka rasayana* as it is indicated in *Kandu*, *Kushta, Dhatukshaya* and *Visha*. It is explained in *Yogaratnakara Rasayanadhikara*. In *Raasatharangini*, dose of *Gandhaka rasayana* is given as 1/2 *Masha* (500mg) per day. Hence *Gandhaka rasayana* was given in tablet form twice daily 500mg.[12]

Significant reductions in lesions were noted after *Shodhana*. PASI score was selected as the criteria for assessment. Before treatment PASI score was 5.7 which indicates moderate severity. After *Sodhana* and *Takradhara* it was reduced to 4.2. At the time of discharge PASI score was 0. The patient was advised a review after 2 weeks and 4 weeks. No recurrences of lesions were noted on review. During follow up the patient was advised *Pathyahara* and internally *Samana Snehapana* and regular *Sodhana* procedures.

CONCLUSION

The given treatment protocol is effective in *Sidhma kushta*. Recurrence of the disease can also be prevented. All the symptoms presented by the patient is similar to *Sidhma kushta* as per classics and the treatment protocol is selected according to *Dosa* predominance. The *Shodhana* therapy and *Gandhaka rasayana* are useful and effective in this case. Recurrent exacerbation is a major problem in cases of psoriasis. *Shodhana* therapy and *Gandhaka rasayana* showed remarkable results in non-recurrence of lesions.

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