



Case Study

AYURVEDIC MANAGEMENT OF PSORIASIS VULGARIS - A CASE REPORT

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ABSTRACT

Psoriasis vulgaris is the commonest form of psoriasis. *Ekakustha* nearly resembles psoriasis as described in modern medicine. It is characterized by symptoms like - *Asvedanam* (loss of perspiration), *Mahavastu* (covered broad area of skin) *Matsyashakalopama* fish-like shiny lesions). These characteristic features are similar to psoriasis vulgaris. This study explores Ayurvedic management of psoriasis vulgaris. **Methods:** *Lelitaka makshika yoga* was prepared with reference in classical text. This is retrospective open label clinical case study. *Lelitaka* levigated with *Amalaki svaras* and *Makshika bhasma* levigated with *Gaumutra*, both combined with each other and make *Lelitaka makshika yoga*. Patient was kept on oral administration of *Lelitaka makshika yoga vati* for 8 weeks. **Results:** Sign and symptoms were assessed before treatment and after treatment. PASI and DLQI score was assessed before and after treatment. After 8 weeks of treatment scaling, skin thickness, sharply marginated, indurated, erythematous plaque was decrease on trunk, scalp, upper limb and lower limb. Significant improvement in psychological and social behaviour, which improve the quality of life of patients. Positive Auspitz's and candle grease sign was negative after 8 weeks of treatment. **Conclusion:** *Lelitaka -Makshika yoga vati* is effective in the management of psoriasis vulgaris. After 8 weeks of observation, it appears *Lelitaka -makshika yoga vati* can be used to decrease disease progression.

INTRODUCTION

Psoriasis is a chronic, non-communicable, chronically recurring, an autoimmune disease characterized by various sized silvery-white, scaly patches.<sup>[1]</sup> The worldwide burden of psoriasis is 2%, and the prevalence of psoriasis in India ranges from 0.44% to 2.8%. It has been increasing due to the modern stressful lifestyle, lack of adequate physical activities, and associated risk of metabolic syndrome.<sup>[2]</sup>

Psoriasis vulgaris is the commonest form of psoriasis, and is the type seen in approximately 90% of patients. Plaque psoriasis is the usual form of presentation in adults. The lesions vary in number from one to several and in size from 0.5 to 30cm or more. If the disease is active, the plaques will merge to form surfaces of the elbows, knees and scalp, but the skin on any part of the body may be involved, either with or without lesions elsewhere.<sup>[3]</sup>

Basis existing evidence, it is the most challenging disorder having negative impact on the physical, mental, social and economic aspects of the life of psoriatic patients.<sup>[4,5]</sup> Several small studies have proven the efficacies of NB-UVB (Narrow Band Ultra Violet B) and PUVA) therapy, corticosteroids and antimitotic drugs, leading to disease recurrence and major side effects like liver and kidney failure, bone marrow depletion discourages the patients and an increased risk of skin cancer.<sup>[4,5,6,7]</sup>

Ayurvedic texts do not give a direct description of a disease equivalent to psoriasis. Several researchers and scholars have compared psoriasis with *Kitibha*, *Sidhma*, *Manḍala* and *Ekakustha* in their thesis and research articles.<sup>[8]</sup>

Ayurvedic *Panchakarma* procedures are beneficial in *Ekakustha* (psoriasis), but it requires hospitalization.

*Lelitaka* (*Shuddha gandhaka churna*) and *Svarna makshika* (*Bhasma*) levigated (*Bhavna*) with *Amalaki* fruit juice, along with *Gomutra* are mentioned as the best remedies for all types of *Kustha* except *Kakanaka kustha* in *Charaka Samhita*.<sup>[9]</sup> PASI helps to assess the area affected on the body, DLQI

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understands the psoriasis influence on quality of life and knows how Ayurveda can improve life.

#### AIMS AND OBJECTIVES

1. To find out the effectiveness of *Lelitaka-makshika yoga* in the management of *Ekakushta* (psoriasis).
2. To find out the changes of sign and symptom as well as PASI, DLQI score in the patients with psoriasis who consume *Lelitaka-makshika yoga*

#### Case Study

A 28-year-old male patient came with the complaint of whitish red color lesion on all over the body in the last 7 years. He has complaint of increased itching and scaling in the last 1.5 months. He was relatively healthy before 7 years. Before 7 years he has complaint of small red white lesion near right ear. After the first appearance of small plaque like lesion it has increased gradually. This complaint occurs and subsides after taking medication. Patient has taken different medication of various pathy. But then again disease recurrence nature occurs after it has subsided. Therefore, recurrent and remission of disease nature was continued in the patient. He was coming in P D Patel Ayurveda hospital and was advised for *Shodhana* therapy. But due to service he could not be admitted at that time. So *Saman aushadhi* was given to decrease progression of disease.

#### MATERIAL AND METHODS

It was retrospective open labelled, clinical study.

**Diagnostic Criteria:** *Asvedana* (loss of perspiration), *Mahavastu* (lesions distribution), *Matsyashakalopama/Abhrakpatrasama* (scaling), *Krushna aruna varna* (dark/reddish brown colour), *Kandu* (itching), *Rukshata* (dryness), *Auspitz's sign/Candle grease sign/Koebner's phenomenon* (any one of this sign).

**Preparation of Medicines:** Medicines were prepared in Sundar Ayurveda Pharmacy, Nadiad, under the supervision of experts.

#### Subjective Criteria

##### Grade Score of Signs and Symptoms of *Ekakushta* (psoriasis)

S.No.	Symptoms	Grade-0	Grade-1	Grade-2	Grade-3	Grade-4
1.	<i>Asvedana</i>	Normal <i>Svedana</i>	Little <i>Svedana</i>	Normal <i>Svedana</i> with exercise	Little <i>Svedana</i> exercise	No <i>Svedana</i> after exercise
2.	<i>Mahavastu</i>	No lesion	Lesion on partial parts of hand, leg, neck, scalp, back	Lesion on most parts of hand, leg, neck, scalp, back	Lesion cover maximum parts of hand, leg, neck, scalp, back	Whole body
3.	<i>Matsyashakalopama/Abhrakpatrasama</i>	No scaling	Scaling off between 15-28 days	Scaling off between 7-15 days	Scaling off between 4-7 days	Scaling off between 1-4 days
4.	<i>Krshnaruna varna</i>	Normal coloration	Near to normal which looks like normal color to distant observer	Reddish coloration	Slight black reddish discoloration	Blackish discoloration
5.	<i>Kandu</i>	No itching	Occasional	Frequent but tolerable	Not tolerable and disturbed	Mostly all time with disturbing

#### Diagnostic Criteria

1. *Asvedana* (loss of perspiration)
2. *Mahavastu* (lesions distribution)
3. *Matsyashakalopama/Abhrakpatrasama* (scaling)
4. *Krshna aruna varna* (dark/reddish brown colour)
5. *Kandu* (itching)
6. *Rukshata* (dryness)
7. *Auspitz's sign/Candle grease sign/Koebner's phenomenon* (any one of this sign)

**Assessment of the Patients:** An assessment was done in the patients before starting the treatment, after the completion of treatment schedule.

#### Criteria for Assessment

1. Psoriasis area and severity index score (PASI) assessment was done in the patients before starting the treatment, after the completion of treatment schedule. PASI is an internationally assessment tool for efficacy and effectiveness of the treatment in the management of psoriasis.

For ease of assessment, <http://www.dermnetnz.org/topics/pasi-score/> web address was used which display intensity of each and every sign mentioned for measurement of PASI. For calculation of PASI score, <http://pasi.corti.li/> web address was used which provide the PASI calculator online.

Improvement in Dermatology Life Quality Index (DLQI) was assessed before and after treatment.

2. All the signs and symptoms of *ekakushta* (psoriasis) will be assessed before and after the treatment. Following scoring pattern was applied for sign and symptoms.

					routines	sleep and routines
6.	<i>Rukshata</i>	Normal	Slight dry skin	Excessive dry skin	Lichenified skin	Bleeding through the skin
7.	Auspitz sign ( <i>Shakala karshane rakta bindu darshanam</i> )	Absent	Improvement in compare to before treatment	Present as before treatment	---	---
8.	Koebner phenomenon ( <i>Abhighatena udbhava</i> )	Absent	Improvement in compare to before treatment	Present as before treatment	---	---
9.	Candle grease sign ( <i>Sikthavat pradurbhava</i> )	Absent	Improvement in compare to before treatment	Present as before treatment	---	---

### Objective Assessment

1. Psoriasis Area and Severity Index (PASI) score <sup>[10]</sup>
2. Dermatology life quality index (DLQI) score <sup>[11]</sup>

### Treatment Plan

**Lelitaka - makshika yoga** <sup>[9]</sup>: 2 Tab (Each tablet 500mg) twice a day after meal with warm water for 8 weeks.

### RESULT

S. No	Symptoms	Before treatment	After treatment
1	<i>Asvedana</i>	4	1
2	<i>Mahavastu</i>	4	1
3	<i>Matsya-shakalopama/ Abhrakpatrasama</i>	4	1
4	<i>Krshnaruna varna</i>	3	1
5	<i>Kandu</i>	3	0
6	<i>Rukshata</i>	4	1
7	Auspitz sign ( <i>Shakala karshane rakta bindu darshanam</i> )	1	0
8	Koebner phenomenon ( <i>Abhighatena udbhava</i> )	0	0
9	Candle grease sign ( <i>Sikthavat pradurbhava</i> )	1	0
10	PASI	34	2.9
11	DLQI	22	11

### DISCUSSION

The outcome of case study has been critically analysed for logical description and evaluation of the evidences base on the effect of the drug on the psoriasis disease. Depending on the characteristic of the lesion and the affected parts of the body, psoriasis vulgaris is most common type. *Ekakustha* nearly resembles with psoriasis as described in modern medicine. The *Ekakustha* is enumerated first in *Kshudra kustha* having *Vata-kapha* dominancy with the vitiation of *Rakta, Rasa, Lasika* and *Mamsa*.<sup>[12]</sup> It is characterized by symptoms like - *Asvedanam* (affected area of skin experiences perspiration loss), *Mahavastu* (having chronic and long-lasting lesions/covered board area of skin) *Matsyashakalopama* fish-like shiny lesions on skin). These characteristic features are similar of psoriasis.<sup>[13]</sup> *Shuddha gandhaka churna* and

*Suvarna makshikabhasma* are immune-modulators, increase the human and cellular immunity. *Virudhdhaannapana, Chinta* is found as primary contributory factors in case study. The diagnostic signs from conventional medicines such as Auspitz sign, Candle grease sign and Koebner phenomenon) are attempted to be translated them in possible Sanskrit as *Shakala Karshane rakta bindu darshanam, Sikthavat pradurbhava* and *Abhighatena udbhava* respectively. Patient of psoriasis must have to diagnose and to treat according to the dominance of *Doshas*. *Lelitaka* levigated with *Amalaki svaras* and *Makshika bhasma* levigated with *Gaumutra*, both combined with each other and make *Lelitaka makshika yoga*. *Shudhdha Lelitaka curna* and *Svarna makshika bhasma*, both are levigated with *Gomutra* and *Amalaki svaras*. *Shudhdha*

*gandhaka* having keratin protein with disulfide bond present. Aminoacide contains (SAAs) are methionine, cysteine, homocysteine, homocysteine, taurine, which is beneficial for skin. *Svarna makshika bhasma* haematonic, hematogenic, antidepressant, antiulcerogenic.<sup>[13]</sup> According to classic, *Shuddha gandhaka* and *Svarna makshika bhasma* was taken. Alkali media that are cow urine has been taken and give 7 *Bhavana*. Due to alkaline media all the unpurified material has been further also been further purified and gives the tremendous result in therapy. After this process, *Amalaki svaras* 7 *Bhavana* give it for preparation of *Lelitaka makshika yoga*. *Amalaki svaras*, increase the potency and *Rasayana* properties of *Lelitaka makshika yoga* compound. This compound is significant in skin disorders.

Maximum properties of *Lelitaka makshika yoga* have *Kandughna*, *Kushthaghna*, *Rasayan* property. *Svarna makshika* having *Yogavahi* property which increase the efficacy of drug. *Amalaki svaras* and *Gomutra* having immunomodulatory property with effective for autoimmune causes.<sup>[14]</sup> Hence it effective in dermatological disorders.

After 8 weeks of treatment scaling, skin thickness, sharply marginated, indurated, erythematous plaque was decrease on trunk, upper limb and lower limb. Significant improvement in

psychological and social behaviour, which improve the quality of life of patients.

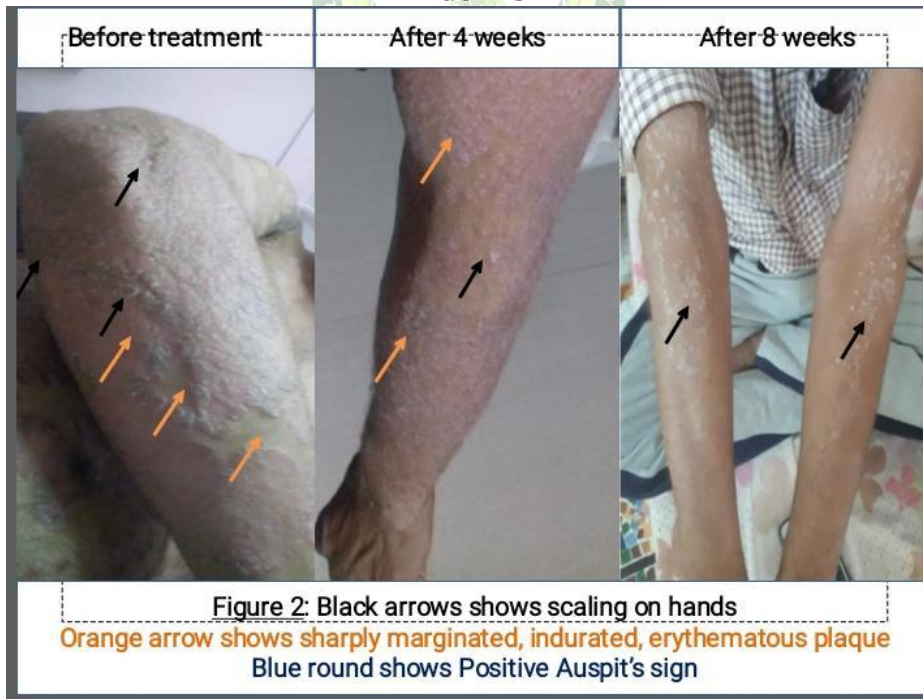
Positive Auspitz's sign and Candle grease sign was negative after 8 weeks of treatment.

**CONCLUSION**

Present study concludes that, most of the characteristics of psoriasis vulgaris are similar with the patients of *Ekakustha*. Hence, it is not mandatory to give the name of any type of *Kustha* and can be concluded under the broad heading of *Kustha*. It has chronic recurrent relapsing nature which manifested in favourable environment. It affects the daily routine work and impaired the quality life of the patients.

*Lelitaka-makshikayoga* was taken easily by every patient. *Lelitaka makshika yoga* was effective in the management of psoriasis vulgaris. One case study cannot define effectiveness in the disease. *Lelitaka makshika yoga* tablet made by the reference given in *Charak Samhita*. This single preparation can beneficial in psoriasis vulgaris. After *shaman* therapy patient was advice for *Shodhana* therapy. But after 8 weeks of observation tablet can use in decrease disease progression. Long standing and in large sample size administration of the therapy with prolonged follow-up may elaborate the result more specifically. Long term follow-up of the patients may suggest the clearance of results with interference of weather, diet and other lifestyle related items.

**FIGURES**





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