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Original Research Paper

Ayurveda

A SINGLE CASE STUDY ON AYURVEDIC MANAGEMENT OF KUSTHA (PSORIASIS)

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ABSTRACT

Introduction: Psoriasis is a non-infectious chronic inflammatory & Hyperproliferative skin disorder, characterized by well-defined erythematous plaques with silvery scales, particularly affecting extensor surface, scalp and nails, and usually follow relapsing and remitting course. In an ayurvedic perspective, we compare this disease with Kustha because most of signs and symptoms mimic that of psoriasis. Kustha Roga has involvement of Tridosa with the vitiation of Tvaka, Rakta, Mamsa and Lasika. **Main Clinical Findings:** A 41 -year -old male presented with Itching on whole body, Reddishblack patches on B/L legs, Dryness on patches & Scaling of skin. **Diagnosis:** He was diagnosed with psoriasis in 2022. **Intervention:** Ayurvedic treatment commenced with Vamana Karma, Virechana Karma, Raktamokshana, followed by Basti (Pathyadi-kustha) Chikitsa and oral ayurvedic medication viz. Manjisthadi Kwatha, Kaishor Guggulu, Lelitak Makshik and among others. **Outcome:** After 4 weeks, improvements were notable: Black-Reddish patches on B/L legs reduced, scaling and itching also reduced, pin point blood was stopped when plaques remove. Pasi score was improved after the treatment (16.4 to 1.2). **Conclusion:** The treatment aimed to balance vitiated Doshas and Dhatu while alleviating symptoms, and enhancing overall well-being.

KEYWORDS : Psoriasis, Kustha, Shodhana and Shaman Chikitsa

INTRODUCTION

Psoriasis is a chronic proliferative and inflammatory condition of the skin. It is characterized by erythematous plaques covered with silvery scales, particularly over the extensor surfaces, scalp and lumbosacral region.[1][2][3] Psoriasis can present with different morphology in form of plaque, guttate, erythrodermic, pustular, inverse, elephantine, and psoriatic arthritis. Plaque psoriasis presents as erythematous plaques with silvery scales most commonly over extensors of extremities, most common type of psoriasis which affect 85% to 90% of patient.

The exact etiology of psoriasis is unknown, but it is considered to be an autoimmune disease mediated by T lymphocytes. There is an association of HLA antigens seen in many psoriatic patients, particularly in various racial and ethnic groups. Familial occurrence suggests its genetic predisposition. Injury in form of mechanical, chemical, and radiational trauma induces lesions of psoriasis. Certain drugs like chloroquine, lithium, beta blockers, steroids and NSAIDS can worsen psoriasis. Generally, summer improves psoriasis while winter aggravates it. Infections, psychological stress, alcohol, obesity, and hypocalcemia are triggering factors for psoriasis.[4] Psoriasis is occurring worldwide and prevalence varies. Psoriasis has a prevalence ranging from 0.2% to 4.8 %.[5] Psoriasis can present at any age. The mean age of onset for first presentation of psoriasis can range from 15 to 20 years of age, with second peak occurring at 55 to 60 years.[6]

In ayurveda, skin diseases have collectively considered under a common term Kustha. Ayurvedic Panchakarma procedures specially Vamana, Virechana and Niruha Basti along with Raktamokshana give benefit in Kustha.[7] Acharya Charaka has mentioned "Saptako Dravya Sangraha" in manifestation of Twaka Vikara which is Vata, Pitta, Kapha, Twaka, Rakta, Mamsa, Lasika [8].

Patient Information

A 41 years old male patient presented with dryness of skin, Itching on whole body, Black Reddish patches on legs & hands, scaling of skin. He was under dermatologist medications since 2 years. No any Family history of psoriasis. He is lawyer by profession so stress is the main cause of that, Patient consumes diet like masala khichadi with milk, dadhi at night, fermented items (idali, dhokala, dosa), farsan (kachori, samosa, namkin). On 19th May 2024 Patient was brought to P.D. Patel Ayurveda Hospital at Nadiad, Gujrat.

CLINICAL FINDINGS

General Examination:

- BP:120/80 mmHg
- Pulse:86/min
- SpO2:97%
- Wt: 64 kg

Asthavidha Pariksdha

1. Nadi: 86/min, pitta pradhana vata
2. Mutra: 5-6 times/day
3. Mala: 8-10 times/day
4. Jihva: Saama
5. Shabda: Shpashta (no any abnormality found with normal speech)
6. Sparsh: Anushna sheeta
7. Drik: Normal vision with no any icterus found
8. Akriti: Madhyam

Lab Investigation

1. Hb 12 gms%
2. E.S.R. 5 mm/hr
3. W.B.C.
4. Leucocyte: 9 ,000mm3
5. Neutrophils: 60%
6. Lymphocyte: 36%
7. Eosinophil :4%
8. Monocyte: 5%
9. Basophil: ---
10. Urine sugar: nil
11. RBS 124mg/dl

Timeline

A 41-year-old Male patient from Nadiad. In 2018 pt having complaining of itching on whole body so he consults with allopathic physician & took medicines for that and get relief in itching. After that in winter 2020 itching on whole body, reddish patches on legs & hands, dryness of skin so he consults with physician gave him oral medicines & get some relief, in2022

Gradually increases same complains. so, he consults with dermatologist diagnosed with psoriasis took corticosteroids & ointments get some relief after that he stops medicines within 1 month, again starts same complaining so Patient visited many hospitals one after another but get some relief while taking medicaments. On 19th May 2024 Patient was brought to P.D. Patel Ayurveda Hospital at Nadiad, Gujrat. Presented with Itching on whole body since 3 years. Black- Reddish patches on B/L legs since 2 years, Dryness on patches since 2years, Scaling of skin since 2years.

Diagnostic Assessment

Diagnosis criteria- Asvedana (loss of perspiration), Mahavastu (lesions distribution), Matsyashakalopama/ Abhrakpatrasama (scaling), Krushna Aruna Varna (dark/ reddish brown colour), Kandu (itching), Rukshata (dryness), Auspitz sign/candle grease sign/ koebner's phenomenon (any one of this sign).

Psoriasis Area Severity Index (PASI) [9] was 16.4 at time of admission in hospital.

Therapeutic Intervention

The treatment given during hospitalization was continued for 35 days and is as follows:

Follow-up and Outcomes

Date	Days	Intervention	Dose	Time	Anupana
Phase 1					
19/05/24 to 23/05/24	5days	Snehapana with Panchatikta Ghrita	40ml (In increasing dose up to Snehasiddhilakshana) (15ml increase gradually every day)	Twice	Ushnodak
24/05/24 & 25/05/24	2days	After Snehasidhhilakshana Sarvanga Abhyanga with jatyaditaila Sarvanga Bashpa Svedana with Nimbapatren	-		
25/05/24		After 2nd day of Abhayanga & Svedana Vamana karma was administered.	Vamana karma with Madanphala churna 3gm with Madhu Q.S.	1time	
After Vamana karma Samsarjan kram followed for 2days					
Phase 2					
28/05/24 to 31/05/24	4days	Snehapana with Panchatikta Ghrita	40ml (In increasing dose up to Snehasiddhilakshana) (15ml increase gradually every day)	Twice	Ushnodak
1/6/24 to 3/6/24	3days	After Snehasidhhilakshana Sarvanga Abhyanga with Jatyaditaila Sarvanga Bashpa svedana with Nimbapatren			
3/6/24		After 3rd day of Abhayanga & Svedana Virechana karma	Virechana karma with Dindayal churna 5gm with Erandasneha 60 ml with Drakshakwath	1time	
After virechana karma samsarjan kram followed for 2days					
Phase 3					
6/6/24 to 22/6/24	17days	Sarvanga Abhyanga with Jatyaditail Sarvanga Bashpa Svedana with Nimbapatren			
		Niruhbasti with Pathyadi-kustha	320 ml (before meal on empty stomach) Ano-rectal route		
		Kaishor Guggulu	3tab (each tab 300mg)	3time	Ushnodak
		Manjisthadi kwath (empty stomch)	40ml	2times	
		Jatyadi tail for Sthanik Prayogarth			
		Lelitak Makshik Yoga	2tab	2times	Ushnodak
7/6/24 to 21/6/24	16 days	Shamnarth Snehapana with Panchtikta Ghrita	20ml	2times	Kwatha
		Gandhak Lepa for Sthanik Prayogarth	5gm	2times	
12/6/24	Raktamokshana – Siravedha				
Discharge 22/6/24					

Symptoms wise result				
Features	Before Treatment (19/5)	After Treatment (21/6)	8th week of Follow up (16/8)	8th week of Follow up (11/10)
Loss of perspiration	Little perspiration	Normal perspiration	Normal perspiration	Normal perspiration
patches on B/L leg (discoloration)	Severe (Black reddish discoloration)	Moderate (Reddish black discoloration)	Mild (Reddish discoloration)	Left leg mild (Slight discoloration) Right leg (Normal)
Itching on whole body	Moderate (Frequent but tolerable)	Occasional	No itching	No itching
Itching on B/L legs	Severe (Mostly all time with disturbing sleep and routines)	Moderate (Not tolerable and disturbed routines)	Mild (Frequent but tolerable)	Occasional
Scaling of skin on B/L leg	Moderate (Scaling off between 7-15 days)	Mild (Scaling off between 15-28 days)	No scaling	No scaling

Dryness of skin in B/L legs	Excessive dry skin	Slight dry skin	Normal	Normal
Burning sensation on B/L leg	Moderate	Mild	Not present	Not present
Auspitz sign	Positive (Present as before treatment) Spotting bleeding	Improvement in compare to before treatment	Absent	Absent
Pasi score	16.4	6	4.8	1.2

DISCUSSION

Skin diseases have collectively considered under a common term Kustha. In psoriasis ayurvedic Panchakarma procedures specially Vamana, Virecana, Niruha Basti and Raktamokshan give benefit in Kustha. Acharya Charaka has mentioned "Saptako Dravya Sangraha" in manifestation of Twaka Vikara which is Vata, Pitta, Kapha, Twaka, Rakta, Mamsa, Lasika.[10]

In the line of treatment of all kind of Kustha in Vataja condition, Sarpi is suggested. Panchtikta Ghrita is mentioned in Bhaisajya Ratnavali Kustha Adhikar, it is widely used medicine for Snehpana for skin disease. Guduchi, Nimba, Vasa, Patola, Kantakari etc. which settled the Vata, residual Pitta, and also purified the Rasa and Rakta, by its Tikta Rasa (bitter taste) and Kandughna, Varnya, Kusthaghna properties.[11] Abhyanga with Jatyadi Taila, which possesses Vrana-ropana, Varnya, anti-inflammatory, and anti-microbial properties, helps in rejuvenating the skin by providing moisture and reducing dryness, a common feature in many forms of Kustha Roga. Baspa Svedana with Nimba-patra, which has Tikta and Kasaya rasa, and possesses Dipana, Krimighna, Varna-sodhana, and Kusthaghna properties.

According to Acharya Charak and Acharya Sushruta, Shodhan is necessary for disease due to the Bahudosha Avastha. As Kustha is Tridoshaj condition, Vamana does evacuation of Kapha, and Virechana works on Pitta, so itching which is mainly due to Kapha. Skin is sight of Bhrajak Pitta, where Virechana works. Basti Chikitsa works on Vata Dosha. Vamana is performed using Madanaphala, which possesses Madhura and Tikta rasa, Ushna guna, and acts as Kaphapitta-hara with Vatanulomana properties. Virechana is carried out with Eranda Sneha, which has Tikshna guna and performs Srotovisodhana along with Vata-Kapha hara action. Dinadayal Churna, containing Haritaki, Sonamukhi, Ajamoda, and Saindhava, possesses Vyavayi and Vikasi properties with Ushna and Tikshna guna and Sukshma virya, facilitating effective elimination of doshas. Niruha Basti with Pathyadi Kustha Kwatha is administered as Basti cikitsa primarily acts on Vata dosa, helps in removing the remaining dosas from the body and cleansing the srotas, while the Pathyadi Kustha dravyas possess Pitta-samaka and Rakta-sodhaka properties; the Basti is prepared using Saindhava (5 g), Putoyavani(15 g), Madhu (30 ml), Tila Taila (30 ml), and Pathyadi Kwatha (240 ml). Gandhaka Malahara, used for Sthanika prayoga, possesses Pitta-samaka and Rakta-sodhaka properties, making it effective in various skin disorders.

In Kustha management, Ghrta-pana is indicated in Vata-pradhana conditions, Vamana karma in Kapha-pradhana cases, Virechana karma in Pitta-pradhana conditions, along with Raktamoksana when indicated. Raktashodhak. Siravedha (bloodletting) procedure is effective to absorb toxic materials so they can be easily evacuated from the body. Besides eliminating Pitta and Kapha doshas, the main seat of Vata is also purified thereby making Siravedha Karma a truly Tridoshahar procedure.[12] Lelitaka Maksika Yoga is prepared using Suddha Gandhaka Curna and Svarna Maksika Bhasma. Suddha Gandhaka Curna, processed with seven bhavanas of Amalaki svarasa, possesses Kapha-Vata hara dosaghna action with Rasayana and Krimihara karma and is effective in Kustha, Kandu, and Visarpa. Svarna Maksika Bhasma, prepared with seven bhavanas of Gomutra, exhibits Kapha-Vata hara and Tridosaghna properties with Rasayana and Yogavahi karma, and is indicated in Kustha, Kandu, and Sotha, showing moderate cytoprotective, anti-inflammatory, immunomodulatory, and immunoenhancing cytokine activity, making it effective in autoimmune-related skin disorders.[13] Kaisora Guggulu, composed of Amalaki, Haritaki, Bibhitaki, Guduci, Sunthi, Marica, Pippali, Vidanga, Danti, Trivrt, and Guggulu, predominantly contains Tikta rasa dravyas that pacify Pitta dosa; Tikta rasa also exhibits Dipaniya action by improving Agni and performing Pacana karma to aid in Ama-pacana, while its Usna virya, Tridosaghna, and Rakta-sodhaka properties contribute to its antimicrobial, antifungal, antibacterial, and anti-inflammatory effects. [14] Manjisthadi Kwatha, prepared with Amalaki, Haritaki, Bibhitaki, Guduci, Manjistha, Vaca, Daruharidra, Katuki, and Nimba. Manjisthadi Kwatha and Kaisora Guggulu are Tridosaghna formulations possessing Dipana, Pacana, Rasayana, Rakta-sodhaka, Krimighna, Kusthaghna, Rakta-prasadana, and Kandughna karmas, thereby exhibiting antimicrobial, antifungal, antibacterial, anti-inflammatory, and antioxidant effects beneficial in skin disorders. Gandhak Malhar have properties of Pittasaman and Rakta Sodhak.[15]

Out Come

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