



## AN AYURVEDIC APPROACH TO CHRONIC PLAQUE PSORIASIS : A CASE REPORT

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**ABSTRACT** Plaque Psoriasis, a common type of Psoriasis typically characterized by circular to oval red plaques distributed over extensors of body surface and scalp. The plaques usually exhibit scaling as a result of epidermal hyperproliferation and dermal inflammation with well defined sharply demarcated boundaries sometimes carry a violaceous tint. Both early onset and a family history of disease are considered poor prognostic indicators. We here by presenting a case of chronic plaque psoriasis admitted to the IPD of SJIIM Hospital simulating the lakshanas of kitibhakushta treated with shodhna and shamana therapies with the objective of reducing the frequency of relapses, duration of remission and alleviating the symptoms.

**KEYWORDS :** Chronic Plaque Psoriasis, Kitibha, Shodhana

Psoriasis, which manifests most often as Plaque Psoriasis, is a chronic, relapsing, inflammatory skin disorder with a strong genetic basis. Plaque Psoriasis is rarely life threatening, but it often is intractable to treatment. Psoriatic plaques are characterized as follows,

Raised and easily palpable - Owing to the thickened epidermis, expanded dermal vascular compartment, as well as infiltrate of neutrophils and lymphocytes, irregular to oval in shape, one to several centimeters in size, well defined, with sharply demarcated boundaries, very distinctive rich, full red color; lesions on the legs sometimes carry a blue or violaceous tint, typically have a dry, thin, silvery-white or micaceous scale, typically have a high degree of uniformity, with few morphologic differences between the 2 sides, range in number from a few to many at any given time, most often located on the scalp, trunk, and limbs, with a predilection for extensor surfaces, such as the elbows and knees, symmetrically distributed over the body, in the case of smaller plaques, coalesce into larger lesions, especially on the legs and sacral regions.

The diagnosis of Psoriasis is almost always made on the basis of clinical findings. Laboratory investigations are rarely indicated. Reactivation of T cells in the dermis and epidermis and the local effects of cytokines such as tumor necrosis factor lead to the inflammation, cell-mediated immune responses, and epidermal hyperproliferation observed in persons with psoriasis. Females develop plaque psoriasis earlier than males, and patients with a positive family history for Psoriasis also tend to have an earlier age of onset.

#### CASE REPORT

A 30-year-old, unmarried, female patient came to the OPD of SJIIM with chief complaints of raised dry thickened skin lesions over the extremities, trunk since 10 yrs.

**Associated Complaints:** Burning sensation, itching over the lesions, disturbed sleep

#### History of present illness:

Patient complaints of dry skin with exfoliation over the extremities with less severity initially 10 years back. Gradually she noticed increased thickness of skin with well defined borders more or less oval in shape scattered over bilateral upper and lower limbs and also on trunk associated with mild burning sensation and itching. Also she noticed hyperpigmented spots over the face, during which she consulted allopathic physician and was treated for the same with an ointment for topical application and a few oral medicines. These medicines would subside the lesions within few days, but when the medication was stopped the lesions would flare up. Hence patient approached our hospital for evaluation and treatment.

**Past History:** Nothing significant

**Drug History:** Patient was on keratolytic drugs for several years.

**Family History:** No relevant family history noted

**Personal History:** Diet-Mixed, Appetite- good, Sleep-Disturbed, Micturition and Bowel-Normal, Habits-Nothing Significant

**Menstrual History:** Attained menarche at the age of 13 and cycles are regular and normal.

#### CLINICAL FINDINGS

On examination,  
Patient is of Kapha Pitta Prakriti with Madhyama Sara (body tissue), Samhanana (moderately built), Sama Pramana (normal body proportion), Mishra Rasa Satmya (taste), Madhyama Satva (mental strength), Vyayamashakti (moderate capability to carry out physical activities), Aharashakti (Medium food intake) and Abhyavaharanashakti (moderate digestion capacity) with Rasa Raktavaha srotodushiti.

#### Skin Examination

Appearance - Dry Scaly lesions with plaques and violet tinge  
Distribution - Symmetrically scattered over upper limbs and bilateral thigh region, trunk  
Desquamation ++  
Auspits sign +ve

#### Investigations

Blood test - Hb gm% - 12 gm%  
CRP - ve  
ESR - 90 mm/hr.

#### Diagnosis:

By relevant history and clinical examination the case was diagnosed as Chronic Plaque Psoriasis which simulates with the lakshanas of Kitibha Kushta and treatment was started accordingly.

#### Treatment Principles

- Deepana, Pachana
- Shodhanachikitsa (punah punah Shodhana in Stokamatra and Sampurna Shodhana periodically)
- Shamana Chikitsa
- Rasayana Chikitsa

#### Therapeutic interventions:

Intervention	Medicines	Observations
Deepana, Pachana	Sudarshanaghanavati 1tab TID for 30 days	Itching and burning sensation got subsided by 50%
Snehapana	Tiktaka Gritha in Arohanamatra	Dryness of skin subsided by 30% Itching slightly aggravated

Vamana Karma done in Vasantharutu	Madhanaphala pippali choorna 4gm Yashti choorna 8gm Vacha choorna 0.5gm Saindhava lavana 1gm Nimba choorna 1gm Madhu Q.S  Advised SamsaranaKrama	Itching got subsided by 30%
Shamana aoushadhis were given after a course of Vamana till Sharath Rutu ,	Medicines given are, Arogyavardhini Vati 1 TID Mahamanjishtadi kashaya 20ml BD Psoracare oil E/A	Itching and Burning Sensation got subsided by 40% Dryness still persisted
Virechana karma done in Sharath rutu	Snehapana with TiktakaGritha Manibadraguda 50gm Triphalakashaya 150ml  Advised Samsarjanakrama  No of Vegas 16	Burning sensation got subsided by 60% Itching got subsided by 60%
Shamana aoushadhis were given after a course of virechana for a period of 1month	Medicines given are, Arogyavardhini Vati 1 TID Mahamanjishtadi kashaya 20ml BD Psoracare oil E/A	Burning sensation got subsided by 80% Itching got subsided by 80%  Dryness still persisted
Kushtahara kashaya Basti	Makshika : 80ml SaindhavaLavana: 10gm Guggulutiktaka Gritha : 120ml Kalka of Shatapushpa : 10gm Kashaya prepared out of Balamoola,Rasna,Usheera,Patala,Nimba,Madanaphala : 350ml  Anuvasana with Guggulutiktaka Gritha : 80ml f/b dwipariharakaala  A N N N A N N N A	Thickness of skin lesions got remarkably reduced which was observed during pariharakaala. Itching reduced by 80% Burning sensation completely subsided

On Discharge patient was advised with following medications,

- 1)Arogyavardhini Vati 1-1-1 A/F
- 2)Mahamanjishtadi Kashaya 20ml BD B/F with warm water
- 3)Tiktaka Gritha 2tsp B/F in the morning
- 4)777 oil E/A

Follow up after 15days.

#### Observations:

1. Skin manifestations had completely subsided.
2. The frequency and intensity of the relapse of symptoms had reduced to a great extent.
3. All the symptoms had got pacified over 80%.
4. General physical and mental well-being had improved.

#### Discussion

Predicting duration of active chronic Plaque Psoriasis,the time or the frequency of relapses or the duration of a remission is impossible. So by considering this circumstance,a periodical cleansing of the body is necessary in order to maintain Dhatusamyata. Disease condition simulates with Kitibha Kushta. Though there is Vata Kapha pradhanata ,involvement of Tridosha and Rasadi dhatu in Kushta will be there invariably. Chikitsa is aimed at reducing the frequency of relapse and checking the progress of the disease condition.

#### Conclusion

Present case study is a documented evidence for the successful management of Kitibha Kushta vis-à-vis chronic Plaque Psoriasis. Being a relapsing condition periodical Shodhana with the intention of Stoka Dosha nirharana and Punah Shodhana reduces and prevents the frequency of recurrence, also subsides the severity of symptoms and further checking the progression of the disease.

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