ORIGINAL RESEARCH PAPER
Volume - 13 | Issue - 10 | October - 2024 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

MANAGEMENT OF ERYTHRODERMIC PSORIASIS WITH MULTIMODAL AYURVEDA TREATMENT- A CASE STUDY

Dermatology

Dr. Aditya Purushottam Indani — PG Third Year kayachikitsa Dept., RA Podar Ayurvedic Medical college and hospital worli Mumbai.

Dr. Dilip Wange — Associate Professor Kayachikitsa Dept., RA Podar Ayurvedic Medical college and hospital worli Mumbai.

ABSTRACT

Psoriasis is a chronic inflammatory skin condition characterised by clearly defined, red and scaly plaques. It is classified into several types and erythrodermic psoriasis is one of them. It is a generalized form of psoriasis characterized by the involvement of more than 90% BSA with erythema, induration, and superficial scaling. Psoriasis accounts for about 16-24% of all cases of exfoliative erythroderma. Psoriatic erythroderma may be a result of gradual progression of chronic plaque psoriasis with plaques becoming more extensive and confluent. This form of disease is relatively responsive to treatment. or It may also be a manifestation of unstable psoriasis precipitated by infections, drugs (detailed above), sudden withdrawal of systemic corticosteroids, or by overtreatment with tar or dithranol. Similar to other patients with erythroderma, patients with psoriatic erythroderma are prone to develop a number of secondary complications. (Hypalbuminaemia, infection, hypothermia, high cardiac output heart failure) In ayurveda psoriasis can be compared to ek kushta , sidhma kushta, kitibha kushta but ultimately all three are with vata and kapha predominance and when it comes to treatment through ayurveda doshas are given importance. Hence with multimodal ayurveda approach we can achieve positive results.

KEYWORDS

Psoriasis, Erythroderma, kushta

INTRODUCTION:

In charak chikitsasthan kushta adhay, there are skin disorders mentioned with respect to dosh predominance, for eg vataj kushta will have rukshata (roughness), shosh (wasting), toda (piercing pain) and same for pitta and kaphaj kushtas with respective symptoms. So it is very clear that we usually focus on dosh predominance for treatment of disease as it is rightly said that treatment is not of disease but of doshas which ultimately has an impact over disease.

Now psoriasis is a disease of relapse and remission, remission is phase where disease goes to sleep for some time. The sidhma kushta mentioned in vagbhat Samhita has symptomatic similiarity with allopathic psoriasis. The sidhma kushta is vata kaphaj disease hence breaking the pathology with drugs acting on vata kapha and rakht dhatu (kushta being raktpradoshaj vyadhi) and also the hetu involved gives positive results with respect to disease under treatment.

Hence here I have used drugs and procedures which breaks the pathology considering the above said aspects.

Criteria Of Assessment:

Symptoms	Absent	mild	Moderate	Severe	Very severe
Erythema	0	1	2	3	4
Induration	0	1	2	3	4
Scaling	0	1	2	3	4

MATERIALS AND METHODS:

Case Study-

A 50 year old male patient came to MA podar hospital with following symptoms.

- Erythema all over body
- Superficial scaling all over body
- Swelling over b/l lower limb

Duration -aggravted in last 1 year , psoriatic lesions since 20 years, pt had taken multiple treatment earlier even panchkarma in 2017 but disease relapsed in last year with severe erythroderma.

General Examination-

GC-fair, Bp-120/80mmhg, p-90/min , CVS-normal heart sound, RS-AEBE normal, CNS- cons.oriented
No pallor/icterus/lymph nodes
Swelling over b/l lower limb

INVESTIGATIONS – CBC – hb-13.9, wbc-12500, platlets-4.5lakhs, rest reports are normal.

Hetu – Amla(dahi, farsan, chincha etc) and lavan ras sevan, guru anna sevan (nonveg)
Vihar—Chinta (stress)++++

Ashtavidh Pariksha –

Nadi-kaphaj	Mala-semisolid twice	Mutra-frequency 5-6times NAD	Jivha -Sama
Shabda -prakrut	Sparsha-ruksha	Drik -prakrut (NAD)	Akruti -lean

SAMPRAPTI – As kushta is considered to be tridoshaj vyadhi which affects twacha rakta, mamsa and lasika , in my case aharaj hetu has kapha dosha predominance with vata dosha in the form of viharaj hetu. Also there is involvement of rasa , rakta and ,mamsa as dushyas.

The symptoms of present case are Ruksha, shosha, shool-----vata dominant, kandu (kapha dominant) so ultimately the twacha rakta mamsa and lasika are affected with said dosha dushyas causing skin disorder.

Treatment :

Before Treatment	After Treatment
Erythema (redness) - 4	Erythema (redness) 0
Swelling b/l foot - 2	Swelling completely gone 0
Desquamation (scaling) - 4	Desquamation (scaling) 0

Sr. No	Drug	Dosage	anupan
1	Rasa manikya	60mg /day	Water
2.	swarnamakshik	60mg/day	water
3.	Yashad Bhasma	40mg/day	water
4.	Sariva churna	3gm/day	water
5.	punarnavarishta	30ml/day	water
6.	goghrut	40ml/day (mor)	-
7.	Raspachak tablet	2 tablet bd	water

8. Pizhichil is the squeezing of warm medicated oil onto the body of the patient from a piece of cloth that is periodically soaked in a vessel containing the oil. The oil was prepared with sariva yashti and aragwadh like drugs.

BEFORE AND AFTER TREATMENT:

Objective criteria:

Subjective criteria:

Before Treatment	After Treatment
Itching over lesions +++	Itching over lesions 0
burning over lesions+	burning over lesions 0
Scaling /flaking +++	Scaling /flaking 0
Feeling low/ less motivated++++	Feeling low/ less motivated 0
Chest burn ++	Chest burn 0

BEFORE AND AFTER TREATMENT PICTURES:

DISCUSSION:

The treatment approach I used was multimodal (internal medicine+ pidichil+ snehan) , the results are achieved in 15 days of ayurvedic treatment.

- Rasmanikya- It is hartal kalpa and is used for kapha vata related pathology, also by its lekhan action it scraps out the lesion beautifully.
- Swarnamakshik-It is primarily a loha kalpa and pitta shamak also alleviating kapha dosh. It is yogvahi in action which takes the drug to the target site.
- Yashad – It is used in kapha kleda related pathology also it is one of the best drug for itching.
- Sariva- It is tridosh shamak raktprasadan drug , it alleviates the skin disorders and itching associated.
- Punarnavarishta- it is used keeping in mind the shoth (swelling) Pradhan samprapti.
- Gogrut- The treatment of vata Pradhan kushta is snehan , hence it was used orally at high dosage.
- Pidichil- it's a keralian panchkarma therapy basically type of snehan only , the drugs used were sariva+yashti+aragwadh as all three are Madhur vipaki and vatashamak.
- Rasapachak- patol, indrayava and kutki altoghether in ghan vati was given for stress contributing the pathology.

CONCLUSION:

Ayurveda is always blamed for late results but I don't agree with it if the approach is right our drugs can break the pathology in no time. In my case it took just 15 days for symptoms to disappear completely, the gamechanger was snehan internally and use of rasapachak considering the stress factor.

REFERENCES:

1. Dr.Ganesh Krushna Garde nidansthan kushta adhay sartha vagbhat 2010 edition page no 233 shlok no 1,2
2. Dr.Ganesh Krushna Garde nidansthan kushta adhay sartha vagbhat 2010 edition page no 233 shlok no 19,20,21
3. P.kashinathshastri 21 st chap Rastarangini swarnamakshik guna page no.524 shlok no 26-28
4. P.kashinathshastri 11th chap Rastarangini hartal guna page no.252 shlok no 55
5. P.kashinathshastri 19th chap Rastarangini yashad guna page no.476 shlok no 116-123.
6. S. sachidanand papulosquamous disorders psoriasis chapter page no. 1137-1138
7. Dr Chelsea Jones, Newcastle, Australia; Dr Monisha Gupta, Dermatologist, Australia (2020); updated by Dr Salim Uddin, Medical Registrar, New Zealand; A/Prof Amanda Oakley, Dermatologist, Hamilton, New Zealand (2023).psoriasis topic.