



## Case Study

### A PERSONALISED AYURVEDIC APPROACH TO PSORIASIS THROUGH VIRECHANA AND RAKTAMOKSHANA

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#### ABSTRACT

Psoriasis (ICD 11-EA90) is a non-infectious chronic autoimmune condition caused by the rapid overproduction of new skin cells resulting in scales, inflammation and redness. Among all types of psoriasis; plaque psoriasis (ICD 11- EA90.0) makes upto 90% of cases. There is a role of T- cells and genetic factors along with environmental influences (physical trauma, infection, drugs). In Ayurveda entire skin diseases are categorized under the umbrella of *Kustha* (skin diseases). Based on its presentation psoriasis can be correlated with *Ekakushta* which is categorized under *Kshudra kustha*. A personalised treatment plan is necessary according to the condition of the patient as well as the disease. In this case the patient underwent *Sodhana* (bio-purification) therapy beginning with *Deepana-Pachana* (appetizers and digestives), *Snehapana* (internal oleation) followed by *Virechana Karma* (purgation therapy) and a suitable *Samsarjana Krama* (dietetic regimen). Later on, *Raktamokshana* (blood-letting therapy) along with *Shamana Ausadhi* (oral medication) were administered. After 2 months of follow up there was significant reduction in PASI (Psoriasis Area and Severity Index) and DLQI (Dermatology Life Quality Index) scores.

#### INTRODUCTION

Among the various types of psoriasis, plaque psoriasis (ICD-11: EA90.0) accounts for approximately 90% of all cases. Males are being affected by psoriasis two times more common than females.<sup>[1]</sup> Although, the exact etiology is unknown but it is considered to be an auto-immune disease mediated by T-lymphocytes along with environmental influences. It has a strong psychosocial impact interfering with patient's quality of life. In Ayurveda, psoriasis can be correlated to *Eka-kushta*, which is a type of *Vata-kapha* predominant *Tridoshaja* manifestation characterized by symptoms like *Aswedanam* (absence of sweating), *Mahavastu* (extensive lesions), *Matsyasha kalopama* (silvery scales like a fish) and *Krishna aruna varna* (reddish black coloured patches) <sup>[2]</sup>. Ayurvedic classics mention the *Nidana* (causative factor) of *Eka-kushta* as consumption of *Viruddha ahara* (incompatible food),

*Vega dharana* (suppression of natural urges) following *Diva swapna* (day sleep) and *Papakarma* (indulgence in sinful acts) etc <sup>[3]</sup>. Acharya Susruta has also advised repeated *Sodhana* (purificatory therapy) and *Raktamokshana* (bloodletting therapy) for *Kustha* (skin diseases). Here, a case of plaque psoriasis was managed by personalised Ayurveda treatment protocol.

#### MATERIAL AND METHODS

##### Case report

A 52-year-old male auto driver, married, non-alcoholic, non-smoker presented with complaints of severe itching, burning sensation, redness and scaling over bilateral arms, legs, abdomen and back since last 10 years associated with reduced appetite, constipation and disturbed sleep since last 1 year. He developed a reddish patch over his abdomen and left forearm 10 years back along with itching. Gradually other reddish patches appeared over bilateral legs, hands, back along with severe burning sensation, itching and scaling. The symptoms aggravated during winter season, exposure to cold, dust and smoke while relieved by application of any topical ointment or during humid climate. The patient consulted a dermatologist and the condition was diagnosed as

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plaque psoriasis. He took corticosteroids and topical allopathy drugs for 3 years and got symptomatic relief but the spread and relapse continued. Later on, he was on homeopathy medications but got no relief. His symptoms aggravated and he visited the *Panchakarma* OPD of IPGAER at SVSP and was diagnosed as *Ekakustha* and admitted for Ayurvedic treatment.

## General Examination

### Personal history

- Appetite – Reduced
- Digestion – Proper
- Sleep – Disturbed
- Bowel – Constipated and irregular
- Bladder – Frequent micturition

### Clinical Examination

- Addiction – No such
- Diet – Mixed
- Height – 5 feet 6 inches
- Weight – 67 kgs

### Vital parameters

- BP – 130/80 mm/Hg
- Pulse – 79 b/m
- Pallor – Absent
- Icterus – Absent
- Cyanosis – Absent
- Clubbing – Absent
- Oedema – Absent

**Systemic examination** – No abnormality found.

**Table 1.a: Dashavidha pariksha (Ten-fold examination)**

Examination	Findings
<i>Prakriti</i> (Natural constitution)	<i>Pitta-Vataja</i>
<i>Vikriti</i> (Morbidity)	<i>Vata-Kaphaja</i>
<i>Sara</i> (Proper Nourishment of tissue)	<i>Madhyama</i> (Medium)
<i>Samhanana</i> (Body built)	<i>Madhyama</i> (Medium)
<i>Pramana</i> (Body proportion)	<i>Madhyama</i> (Medium)
<i>Satva</i> (Psychological strength)	<i>Avara</i> (Low)
<i>Satmya</i> (Compatibility)	<i>Avara</i> (Low)
<i>Ahara Shakti</i> (Digestive capacity)	<i>Madhyama</i> (Medium)
<i>Vyayama Shakti</i> (Physical strength)	<i>Avara</i> (Low)
<i>Vaya</i> (Age)	<i>Madhyama</i> (Medium)

**Table 1.b: Ashtavidha pariksha (Eight-fold examination)**

Examination	Findings
<i>Nadi</i> (Pulse)	<i>Vata-Pittaja</i>
<i>Mutra</i> (Urine)	<i>Nirama</i>
<i>Mala</i> (Bowel)	<i>Sama, Baddha</i>
<i>Jiwha</i> (Tongue)	<i>Sama</i>
<i>Shabda</i> (Vocal Sound)	<i>Prakrita</i>
<i>Sparsha</i> (Tactile)	<i>Ruksha, Anushna</i>
<i>Drik</i> (Vision)	<i>Prakrita</i>
<i>Akriti</i> (Built)	<i>Madhyama</i>

## Dermatological examination

### • The morphology of lesions

Primary lesion	Erythematous, papular, plaque, discoid, indurated with no discharge.
Secondary lesion	Silvery, scales loosely attached, eroded, well defined, rough and dry.

- **Distribution of lesions**– Lesions were distributed to bilateral limbs of both flexor and extensor surface, back and abdomen.

### • Special tests for psoriasis

Auspitz Sign	Positive
Candle crease sign	Positive
Koebner's Phenomenon	Positive

**Investigations****Laboratory reports**

- Hb%-12%
- ESR- 40
- CRP- 1.3 mg/dl
- FBS- 132 mg/dl
- PPBS- 168 mg/dl
- Urea- 19.9 mg/dl
- Creatinine- 0.7 mg/dl
- SGOT- 25
- SGPT-15
- AKP- 129
- Urine R/E M/E – within normal range

**Diagnosis**

As per clinical presentation and signs and symptoms it was diagnosed as chronic plaque psoriasis which is correlated with *Ekakustha (Vata-kapha pradhana tridoshaja)*.

**Assessment Criteria**

- **Subjective parameters:** *Aswedanam* (no sweating), *Mahavastu* (extent of lesion), *Matsyasakalopamam* (scaling), *Twak vaivarnya* (discoloration), *Daha* (burning), *Kandu* (itching), *Rukshata* (dryness), *Vedana* (pain).
- **Objective parameters:** Auspitz sign, Candle crease sign, Koebner's phenomenon, Psoriasis Area and Severity Index (PASI), Dermatology Life Quality Index (DLQI)

**Timeline and Therapeutic Intervention****Table 2.a: Timeline of therapeutic intervention**

S.no	Treatment Given	Days	Medicine Used	Dose	Anupana
1	<i>Deepana – Pachana</i>	5 days (02/05/24 – 06/05/24)	<i>Panchakola churna</i>	5gms twice daily before meal.	Lukewarm water
2	<i>Snehapana</i>	6 days (07/05/24 – 12/05/24)	<i>Mahatikta ghrita</i>	D1 – 30 ml D2 – 60 ml D3 – 100 ml D4 – 140 ml D5 – 180 ml D6 – 200 ml	Lukewarm water
3	<i>Abhyanga</i>	3 days (13/05/24 – 15/05/24)	<i>Neem taila</i>	Q. S (duration – 30 mins)	
4	<i>Swedana (Nadi swedana)</i>	3 days (13/05/24 – 15/05/24)	<i>Dashamula kwatha</i>	Q.S (duration- <i>Samyak sweda lakshana</i> )	
5	<i>Virechana</i>	1 day (15/05/24)	<i>Trivrit avaleha</i>	120 ml	Lukewarm water
6	<i>Samsarjana</i>	7 days (15/05/24 – 21/05/25)	<i>Peyadi Samsarjana krama</i>		
7	<i>Raktamokshana</i>	1 day (13/06/24) – on 1 <sup>st</sup> follow up	<i>Jalauka avacharana</i>		

**Table 2.b: Virechana vega lakshana**

<b>Virechana Yoga</b>	<b>Ausadhi Matra</b>	<b>Ausadhi Kala</b>	<b>Sevan Vega</b>	<b>Lakshana</b>
<i>Trivrit avaleha</i>	120 ml	9 am	24 Vega 6 Upavea	<i>Suddhi- Pravara</i> <i>Antiki- Kaphanta, Laghuta, Indriya prasada</i>

**Table 2.c: Oral medications given on discharge**

S.no	<b>Shamana Aushadhi</b>	<b>Dosage</b>	<b>Anupana</b>
1	<i>Mahamanjisthadi kwath</i>	20 ml twice daily before food.	Lukewarm water
2	<i>Panchatikta Ghrita Guggulu</i>	500 mg- twice daily after food	Lukewarm water
3	<i>Gandhak rasayana</i>	250mg twice daily before food	Lukewarm water
4	<i>Arogyavardhani vati</i>	250 mg twice daily before food	Lukewarm water

5	<i>Khadirarista</i>	25ml twice daily after meal.	Normal water
6	<i>Pathya churna</i>	6gms at bed time	Lukewarm water
7	777 oil	Local application	--

## OBSERVATIONS AND RESULTS

**Table 3.a: Outcome of subjective parameters**

S.no	Symptoms	Day of admission	After Virechana	On 1 <sup>st</sup> follow up	On 2 <sup>nd</sup> follow up
1	<i>Aswedanam</i> (No Sweating)	+++	++	+	+
2	<i>Mahavastu</i> (Extent of Lesion)	+++	++	+	-
3	<i>Matsyasakalopamam</i> (Scaling)	+++	++	+	-
4	<i>Twak Vaivarnya</i> (Discolouration)	+++	+	+	-
5	<i>Daha</i> (Burning)	+++	+	-	-
6	<i>Kandu</i> (Itching)	+++	++	+	-
7	<i>Rukshata</i> (Dryness)	++	+	+	+
8	<i>Vedana</i> (Pain)	+	+	-	-

**Table 3.b: Outcome of objective parameters**

Clinical sign	Day of admission	After Virechana	1 <sup>st</sup> follow up	2 <sup>nd</sup> follow up
Auspitz sign	Positive	Positive	Positive	Negative
Koebner's phenomenon	Positive	Positive	Negative	Negative
Candle crease sign	Positive	Negative	Negative	Negative

**Table 3.c: Outcome of objective parameters**

S.no	Parameters and scores	Day of admission	After Virechana	1 <sup>st</sup> follow up	2 <sup>nd</sup> follow up
1	Psoriasis Area and Severity Index (PASI)	46.8	26.4	9.9	3.8
2	Dermatology Life Quality Index (DLQI)	21	14	7	3

## BT- AT comparison

**Fig. 1: Before treatment (A-D) Lesions of lower limbs, upper limbs, back, abdomen**



**Fig. 2: After virechana (A-C) Lesions of upper limbs, back, abdomen**



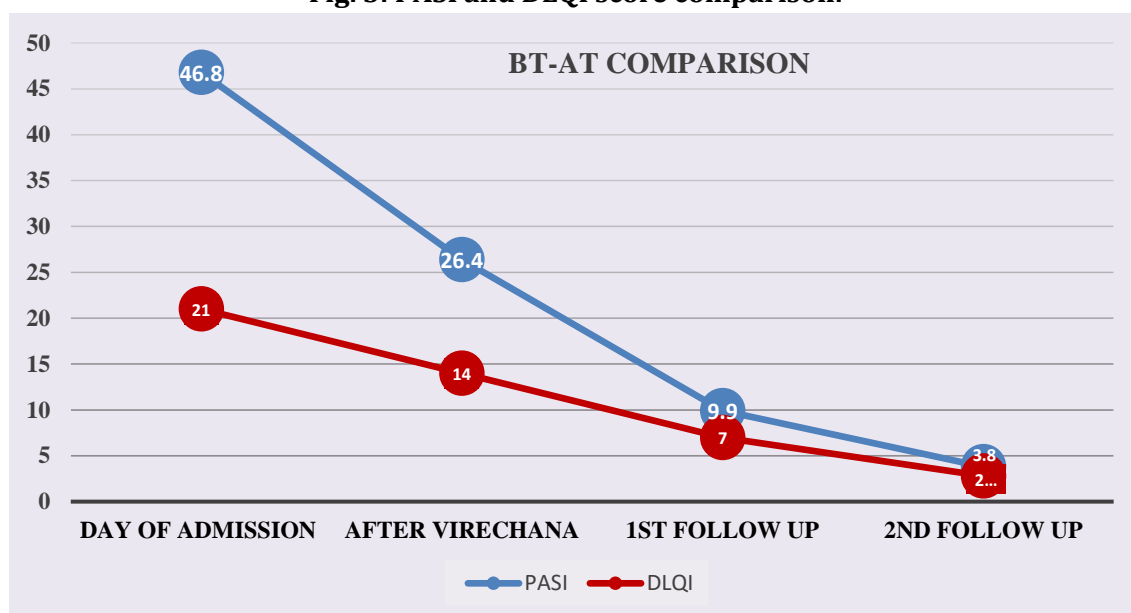


**Fig. 3: On 1<sup>st</sup> follow-up – *Jalauka avacharana* was done (A-F)- Ingredients for therapy, *Jalauka* purified for therapy, *Jalauka* being placed on site, *Ashwakhuravata anana* (head resembling like horse-hoof) of *Jalauka* as it starts sucking blood, *Jalauka vamana* (induced vomiting of blood), change in lesion of bilateral forearm**



**Fig. 2: On 2<sup>nd</sup> follow-up (A, B) significant skin changes in bilateral upper limbs, bilateral lower limbs**



**Fig. 3: PASI and DLQI score comparison:**

## DISCUSSION

*Ekakustha* is mainly *Vata-kaphaja* but simultaneously *Tridosha* is affected as seen in every *Kustha* [4]. The involvement of *Bhrajaka pitta* along with *Vyana vayu* triggers its rapid spread and skin changes. In any *Kustha* presenting with *Bahudoshavastha*, repeated *Sodhana* therapy is considered essential [5]. A planned *Panchakarma* according to the condition of the patient and disease is necessary for proper elimination of *Dosha*. Acharya Sushruta prescribed a structured protocol of repeated purification therapies for treating skin disorders [6]. Any *Panchakarma* procedure involves *Purva karma*, *Pradhana karma* and *Paschata karma*. *Deepana-pachana* is done priorly in order to remove the *Amavastha*. In this case, *Deepana* and *Pachana* was done by *Panchakola churna*. *Panchakola* being best in *Deepana* and *Pachana* is characterized by *Tikshna* (sharp) and *Ushna* (hot) properties, *Katu rasa* (pungent taste), and exhibits *Kapha-vatahara karma* (alleviates *Kapha* and *Vata doshas*) [7]. After proper stimulation of *Agni* by *Deepana-pachana*, medicated *Ghritha* was given orally. *Mahatikta ghritha* was given as *Snehapana* as *Tikta Ghritha* has the ability to alleviate *Pitta* [8]. Moreover, *Mahatikta ghritha* is indicated in *Kustha Chikitsadhyaya* [9]. After attaining *Samyak snigdha lakshana*, *Abhyanga* was done by *Neem Taila* followed by *Ushna-ambu snana* for 3 days. *Virechana* was planned as it is indicated in *pitta* predominant diseases or where it shares major contribution on of manifestation of diseases [10]. *Trivrit avaleha* was selected for purgation therapy as the major ingredient *Trivrit* is *Sukha Virechana* (causes purgation easily) and is best among purgatives [11]. *Trivrit* possesses *Tikta* and *Katu rasa*, *Laghu*, *Ruksha* and *Tikshna guna*, *Ushna virya* and *Katu vipaka* having *Kapha-pittahra* and *Rechana karma* [12]. The patient reported 24

*Virechana Vega*, upon which *Suddhi* was accessed and *Samsarjana* was planned. The patient reported 24 *Virechana vega*, upon which *Suddhi* was accessed and *Samsarjana* was planned. As there was *Pravara Suddhi*, 13 *Annakala* was planned starting with *Peya* on the evening of the day of *Virechana*. This procedure was followed to gradually increase the *Agni* of the patient and bring the digestive system in a normal state. *Raktamokshana* (blood-letting) was done as it is the preferred method of *Sodhana* in *Rakta-Dushti* (vitiation of blood) [13]. *Jalaukavacharana* is indicated for relieving the *Pittaja* predominant symptoms, which seemed essential to manage erythema as dominant sign in this case. *Jalauka* has *Madhura* (sweet) properties and its abode is water which is *Shita* (cold) in nature [14]. Studies have shown that leech saliva aids in the degradation of fibrinogen, inhibition of factor XIII-A, and lysis of fibrin clots [15]. Hirudin and Calin are potent anticoagulants found in leech saliva along with many other compounds. Hirudin, one of the bioactive compounds secreted by leeches, has anti-inflammatory qualities that reduces swelling and redness. Histamine by its vasodilating property allows more blood to come to the site of leech application or lesion thus replacing old stagnant blood with fresh blood [16]. Leech application exerts a counter-irritant effect on the lesion, stimulating new cellular division, which helps remove the dead cell layer and leads to a reduction in local swelling and lichenification [17]. By enhancing blood flow to the affected area, the therapy promotes better nutrient delivery and healing. At the time of discharge oral medications were prescribed along with *Pathya* and *Apathya* were explained. *Mahamanjisthadi kwatha* was given as it contains drugs like *Manjistha*, *Kutaja*, *Guduci*, *Khadira*, *Neem*, *Darharidra* etc. possessing *Tikta* (bitter), *Katu* (pungent), *Kashaya*



(astringent) *Rasa*, *Laghu* and *Ruksha Guna*, *Ushna virya* (hot potency) and *Katu Vipaka* (pungent post-digestive effect) which is indicated in all 18 types of *Kustha* [18]. It has properties like *Varnya*, *Kapha Pittashamak*, *Shothahara*, *Kushtaghna*, *Vranropaka*, *Raktashodhaka*, *Vedanashamaka*, *Kandughna* and *Dahaprashamana* which are helpful in treating the condition [19]. *Gandhaka rasayana* was given as it is indicated in *Kandu*, *Kushta*, *Visha* etc.[20]. Also, being a *Rasayana*, it promotes *Dirghayu* (longevity)[21]. *Panchatikta ghrta guggulu* contains drugs like bark of *Nimba*, *Guduci* etc. which have *Kusthagna*, *Krimighna* and *Kandugna* properties. It is indicated specifically in *Visharoga*, *Sandhi Asthi Majjagata Vata* and *Gambhira Kustha*, *Nadi Vrana*, *Bhagandara* etc [22]. *Arogyavardhini Vati* is a herbo-mineral formulation containing *Parada*, *Gandhaka*, *Lohabhasma*, *Katuki*, *Chitraka*, and other ingredients. It possesses properties like *Deepana* (digestive stimulant), *Pachana* (carminative), *Hridya* (cardioprotective) and *Malashodhana* (potent laxative). It is indicated in various types of *Kustha*, particularly *Mandala Kustha*, as well as in *Jwara* (Fevers) [23]. *Khadirarista* is indicated in *Mahakustha*, *Granthi*, *Plihodara*, *Arbuda* etc. [24]. The main ingredient of *Pathya Churna* is *Haritaki*, which is predominantly *Kashaya rasa* (astringent) along with other five *rasas* (tastes) except *Lavana rasa* (salty) [25]. It has *Madhura vipaka*; and its *Gunas* include *Ruksha* (dry), *Laghu* (light), and *Sara* (mobile), with *Ushna virya* (hot potency). *Haritaki* is known for its *Medhya* (cognitive-enhancing), *Deepana-pachana* (digestive and carminative), *Anulomaka* (carminative), and *Vayasthapana* (anti-aging) properties[26]. It is indicated in conditions such as *Kustha* (skin diseases), *Vishama Jwara* (irregular fever), *Kamala* (jaundice), *Arsha* (hemorrhoids), *Pandu* (anemia) and *Kapha-vata janya rogas* (disorders caused by *kapha* and *Vata doshas*) [27]. 777 Oil, a coconut oil-based herbal formulation for psoriasis, contains the leaf extract of *Wrightia tinctoria* as a key ingredient[28]. Coconut oil helps alleviate symptoms of skin disorders by its moisturizing, soothing, and emollient properties, along with its anti-inflammatory activity. The topical application of coconut oil inhibits the various cytokine levels including TNF- $\alpha$ , IFN- $\gamma$ , IL-6, IL-5 and IL-8 which plays a major role in psoriasis and other autoimmune conditions[29]. Throughout the entire course of treatment, the patient was strictly instructed to follow the prescribed *Pathya* (wholesome diet and regimen) and avoid *Apathya* (unwholesome practices) as advised. Significant changes were observed after the treatment.

## CONCLUSION

Psoriasis is a multifactorial systemic illness that significantly impacts quality of life. This case demonstrates the fruitful results in terms of marked

relief in clinical signs and symptoms, PASI score and DLQI parameter without any adverse effects. So, Ayurvedic treatment beginning with *Sodhana* (detoxification) followed by *Shamana Chikitsa* (pacifying treatment) can be safely practiced as an effective treatment modality in the management of plaque psoriasis.

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