

Ayurvedic Management of Psoriasis Vulgaris (*Jeerna Vicharchika*): A Case Study

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Abstract:

Psoriasis is a common dermatologic disease, affecting up to 2% of the World's population, both males and females. People with skin disease may suffer the effects of stigma, on occasion stemming from others' belief that skin changes are the results of contagious disease. Ayurvedic management is possible in such diseases by *Antaparimarjana*, *Bahirparimarjana*, and *Shastrapranidhana* treatment for complete recovery and to eradicate the disease. In this study, a female patient aged 32 years consulted at OPD with complaints of large reddish-black round patches all over the anterior aspect near ankle joint bilaterally, with slight burning and itching and moderate scaling, slight discharge after itching. The patient is a known case of Psoriasis Vulgaris since 2017 and symptoms get aggravated in the winter season. The patient was treated with *Antaparimarjana* with *Aarogyavardhini Vati*, *Gandhaka Rasayana*, initial stage *raktadoshaghna dravya* (*Nimb Khadeer Manjishtha Vidanga*) later stage along with *Aarogyavardhini Vati*, *Gandhaka Rasayana*, *Rasamanikya*, *Guduchisatva*, for *raktaprasadana* (*Nimb Manjistha Amalaki Sariva Khadeer*) was used. For *Bahirparimarjana* initial stage *Gandhaka malahara* in the later stage *Marichyadi tail*. *Shastrapranidhana* for localized *shodhana* (*Raktamokshana* by *jalukawacharana*) was done twice with 7 days' gap in the initial stage. Patient-reported significant improvement in signs and symptoms.

Keywords – *Bahirparimarjana*, *Jeerna vicharchika*, *Raktadoshaghna*, *Raktaprasadana*

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Introduction:

The disease affecting the human skin is commonly found all over the world and is important because the lack of normal skin function, as well as sometimes being life-threatening, can severely impair quality of life. This may be getting worse by the fact that people with skin disease may suffer the effects of stigma, occasionally other people believe

that skin changes are the result of contagious disease. Psoriasis is a commonly occurring dermatological condition. It is an immune-mediated disease clinically characterized by erythematous, sharply demarcated papules and rounded plaques covered by a silvery micaceous scale. The most common variety of psoriasis is called plaque-type, affecting up to 2% of the World's population ^[1], both males

and females suffering equally. [2] Patients with plaque-type psoriasis have stable, slowly enlarging plaques which remains unchanged for a long period. [3] The most frequently affected areas are the elbows, knees, gluteal fissure, and scalp. Involvement appears to be symmetric. Plaque psoriasis generally develops slowly and runs an indolent course. It rarely remits spontaneously. Koebner's phenomenon presents in the active phase of the disease. Wornoff's ring often presents in the healing phase of the disease. Auspitz sign and Candle grease sign are other classical features of the disease. In psoriasis, the main abnormality is increased epidermal proliferation due to excessive multiplication of cells in the basal layers. [4] The transit time of keratinocyte is shortened and epidermal turnover is reduced to 5-6 days from 28-30 days. [5]

According to Ayurveda, *Kustha* refers to "*Kushnati vapuh iti Kustham*" or "*Kustham-Shareeram kushnati kutchitam karoti*". [6] According to Acharyas, *Kustha* is mainly of two types i.e *Mahakustha* (chronic and difficult to treat) and *Kshudra kustha* (mild skin diseases). Again, *Mahakustha* is of 7 types and *Kshudra kusthas* are of 11 types. *Vicharchika* is described under *kshudra Kustha* in ayurvedic texts and though the *Kustha* have *tridosha dushti*, *Vicharchika* is mainly due to *Kaphapradhanata*. [7] *Charaka* says that for every disease where *doshas* are vitiated we should use three types of treatment *Antaparimarjana* that is the internal administration of drugs, *Bahirparimarjana* which includes *Abhyangadi* and *Shastrapranidhana Chedana, Bhedana, Vyadhana, Darana, Lekhana, Utpatana, Seevana, Eshana, Kshara, Jalauka*. [8] Hence we are here using all three types of treatment plans, Internal medicine local application, and Leech therapy. The patient-reported significant improvement in signs and symptoms.

Case description:

A 32-year-old female patient, a housewife by profession, residing at Shivadi Koliwada Mumbai, India came to our institute on 20/02/2020 with complaints of large reddish-black round patches all over the anterior aspect near the ankle joint bilaterally, with slight burning and itching and moderate scaling, slight discharge after itching. In 2017, she had noticed small red round patches over the lateral ankle associated with itching and pain. She consulted an Allopathic physician and took medicines. She got mild relief in the first stage. Symptoms aggravated later. Within three years, lesions spread all over the anterior ankle along with scaling and itching, and pain. The condition had worsened in a cold climate. Thorough systemic examination revealed homeostasis. The patient was habituated to a mixed diet earlier but was advised to follow a vegetarian diet as part of the treatment.

Past Medical History -No history of joint pain or stiffness.

Past Surgical History- Nil

Family History Father- hypertension ↓ treatment

Mother- well

No family history of psoriasis/ arthritis/ autoimmune diseases

Allergies- None

Medical history - Omnacortil 10, Levosiz 5, Propygenta cream, Glumed lotion.

Social History -Non-smoker No alcohol or illicit drug use

Differential Diagnosis -

Psoriasis

Nummular dermatitis

Lichen planus

Mycoses Fungoides (MF)

Appearance: Ambulatory female, awake, alert, and co-operative

Vitals Temperature: 97.6 °F

Blood pressure: 132/76 mm of Hg

Heart rate: 75/min

Respiratory rate: 16/min

O/E-Large reddish-black round patches all over the anterior ankle bilaterally, with slight

burning and itching and moderate scaling, slight discharge after itching.

Chest-Chest clear

Cardiovascular- No murmurs, no added heart sounds

Abdomen- No distension or tenderness.

Bowel- sounds normal peristalsis.

Neurological- Normal level of consciousness, alert and co-operative. Gait, power, tone, sensation, and reflexes intact and functioning normally.

Musculoskeletal- No swellings, no effusions, no tenderness No joint deformities Normal range of motion in all joints.

Dermatological- Scattered large reddish-black round patches all over the anterior aspect near ankle joint bilaterally, with slight burning and itching and moderate scaling, slight discharge after itching (See figure 1), and flexural involvement. Positive Auspitz sign (capillary bleeding occurring after overlying scale removed).

Diagnosis and assessment-

Based on clinical history and examination the condition was diagnosed. Signs and symptoms like well- large reddish-black round patches all over the anterior aspect near the ankle joint bilaterally, with slight burning and itching and moderate scaling, slight discharge

after itching, Micaceous scales, Auspitz sign, Koebner phenomenon, Candle grease sign, etc. were present. Criteria of assessment were based on the scoring of

1. Dermatology life quality index (DLQI) ^[9]
2. Psoriasis disability index (PDI) ^[10]

Also, the histopathological report done on March 21, 2018, says that it is Psoriasis Vulgaris. The DLQI is a questionnaire which is relating to previous activities and feelings. Work, school, leisure, daily activities as well as the symptoms and feelings, personal relationships, and the impact of treatment are measured also. It is calculated by summing the score of each question, resulting in a maximum of 30 and a minimum of 0. The higher the score, the more the Quality of Life is impaired. The DLQI can also be expressed as a percentage of the maximum possible score of 30.

The psoriasis disability index (PDI):

This is a questionnaire having 15 aspects including daily activities, personal relationships,

Vacation, work as well as the effects of actual treatment. This has been used in several clinical studies.

Table-1: Therapeutic Intervention:

Date	Symptoms	Treatment Given					
20/02/2020	Large reddish black round patches all over the anterior aspect near ankle joint bilaterally, with slight burning and itching and moderate scaling, slight discharge	<i>Antaparimarjana</i>	1.	<i>Aarogyavardhini Vati</i>	250mg	TDS	Lukewarm water
			2.	<i>Gandhaka Rasayana</i>	250mg	TDS	Lukewarm water
			3.	<i>Nimba Khadeer Manjishtha Vidanga</i>	500mg each	TDS	Lukewarm water
		<i>Bahiparimarjana</i>					
		<i>Shastrapranidhana-</i>	<i>Raktamokshana</i> by <i>jalukawacharana</i> 2 times with 7 days gap				

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	after itching						
10/10/2020	Redness reduced Itching reduced DLQI 33.33% PDI 22.22%	<i>Antaparimarjana-</i>	1.	<i>Aarogyavardhini Vati</i>	250mg	TDS	Lukewarm water
			2.	<i>Gandhaka Rasayana</i>	250mg	TDS	Lukewarm water
			3.	<i>nimb khadeer manjishtha vidanga</i>	500mg	TDS	Lukewarm water
		<i>Bahiparimarjana</i>	<i>Gandhaka malahara</i>				
06/02/2021	No more red patch. They are replaced with slight whitish rough skin with scaling. The affected area got reduced to a very less extent. DLQI-6.66% PDI-6.66%	<i>Antaparimarjana</i>	1.	<i>Rasamanikya Guduchisatva</i>	100mg 500mg	BD	
			2.	<i>Arogyawardhini vati</i>	250 mg	TDS	
			3.	<i>Gandhak rasayana</i>	250 mg	TDS	
			4.	<i>Nimba Manjistha Amalaki Sariva Khadeer</i>	500mg	TDS	
		<i>Bahiparimarjana</i>	<i>Marichyadi taila</i>				

Table-2: Dermatology Life Quality Index

DLQI	Before Treatment 0th Day	After Treatment 8 Months	After Follow Up 4 Months
Percentage	80%	33.33%	6.66%

Table 3: The Psoriasis Disability Index

PDI	Before Treatment 0th Day	After Treatment 8 Months	After Follow Up 4 Months
Percentage	53.33%	22.22%	6.66%

Table-4: Symptomatic Relief:

Parameters	BT (Before Treatment)	AT (After-Treatment)
Burning	Slight	Absent
Itching	Severe	Absent
Scaling	Moderately present	Absent
Discharge	Slightly Present after itching	Absent
Nature of lesion	Prominently visible	Mild visible
Colour of lesion	Reddish black	Normal
Dryness	Present after <i>Jalaukavacharana</i>	Absent

Before Treatment- 0th day


On last follow up- 4 months



After Treatment- 8 months



On last follow up- 4 months



Discussion:

The action of drug & other procedure in the management of Psoriasis Vulgaris (*Jeerna Vicharchika*):

In the initial stage, to reduce the discomfort due to itching, burning and discharge was the aim, hence all the three treatment plans were used. *Antaparimarjana*, *Bahiparimarjana*, and *Shastrapranidhana* i.e. *raktadoshaghna* and in later stage *raktaprasadana* was done by *Antaparimarjana*, *Bahiparimarjana*.

Antaparimarjana drugs mode of action:

Aarogyavardhini Vati - It is mainly used in *Kushtha*. It acts as *Deepana*, *Pachana*, *Pathyakara*, *Hrudya*, *Medonashaka*, *Malashudhhikara*. It is said that *Kushtha* occurs due to *grahani* and *pakwashaya dushti*

and *Arogyavardhini* normalizes their function by doing *samprapti bhang* hence useful in all 18 types of *Kushtha*. it is specifically used in *Vata* and *Vata-kaphaja kushtha*.^[11] *Aarogyavardhini Vati* helps to remove *Ama* (toxins) from the body.^[12] It also has an antipruritic nature that relieves itching sensation.^[13]

Gandhaka Rasayana acts on *rakta* and *twacha*. It removes all the blood impurities. Also, impurities stored in the body gets removed and hence it improves the *uttarottara dhatu* quality. It acts as *Rasayana*, *Kushtaghna*, *Vishaghna*, *Jantughna*, *Kandughna*, *Dahaprashaman*, *Raktashodhaka*, *Vranaropaka*, *Twachya*, *Krumighna*. It is

mainly indicated in *Kushtha Roga* mainly in *kshudra kushtha* with dominant symptoms of burning.^[14] It possesses the property like antibacterial, antiviral, and antimicrobial.^[15] In disease, where *Raktadushti* occurs due to *Rasadhatu Dushti, Gandhaka Rasayana* works as *Amrutvalli*.^[16]

Nimba is used in *Kapha Pitta Vikara* due to *Sheeta Virya* hence used for *Dahaprashamana* and being *Tikta Kashaya rasa dravya* it is *kushthaghna*.^[17] It is *Krumighna* and *Rasayana*.^[18] Hence we used it in the initial and later stages. According to *Acharya Charaka* the neem is included in *Tikta Skandha Dravyas*. The effect of *Tikta Rasa* on the skin is *Swedaghna, Kandooghna, Kushthaghna, Dahaprashmana, and Sthirakarana*. *Tikta ras* is best to nullify *raktadushti*. *Charaka* also described *nimba* in *kandughna* (anti-pruritic) *mahakashaya*.

Khadeer is having *Tikta, Kashaya rasa* hence reduces *Pitta*. *Shita Virya* which alleviates *Pitta Kapha*. *Charaka* has mentioned that it is the best *kushtaghna dravya*. It is also *kandughna* and *krimihara*. Also it is *Laghu Ruksha Sheet Virya*.^[19] Hence it is used in the initial stage to reduce burning discharge and itching. *Kashaya rasa* of *khadeer* holds *twakprasada* and *raktaprasada* properties which ultimately leads to *raktaprasadana* and reduction of *vaivarnyata* (discoloration) of skin. Hence used in a later stage also.

Manjista has *tikta kashaya Madhura rasa* hence it is *kaphapittahara*. It is *Raktashodhaka, Shothaghna, Twakdosahara vranaropaka* hence improves the blood purification process.^[17] It comes under *charakokta vishaghna mahakashaya* and *Sushrutokta pittasanshamana mahakashaya*. In *pachana sansthana*, it acts as *krimighna*.^[18] Ethyl acetate fraction of ethanolic extract of its root formulated in the form of topical gel exhibited inhibitory action on keratinocyte proliferation in the mouse tail model.^[19] Hence used in initial and later stage also.

Vidanga acts as *krimighna* by its *prabhava*. It is *Deepana, Pachana, Raktashodhaka* and *Rasayana*.^[20] *Charak* has described *Vidanga* in *kushthaghna mahakashaya*. *Vidanga* has *Ushna Virya* and therefore acts as a good *Kapha Vata shamaka*.^[20]

Amalaki is *Pittaghna, Kledaghna, Rasayana, Agnidipana & Amapachana*, and *Tridosahara* it is *Kushtaghna*.^[21] Hence used in the later stage.

Sariva is *tridoshashamaka and kushtaghna*. It acts as *Twakadosahara, Raktashodhaka, Varnya, Rasayana, Dahaprashamana*.^[22]

Rasmanikya has Arsenic as its main content. Arsenic has good *mamsapachaka* as well as *medopachaka* action. It also deals with *twak* and *raktadushti* and also removes *krumi* along with *mala*. Along with *kushta*, it also works well in other skin diseases like *Visarpa, Vipadika, Vicharchika*, etc.^[23] balances *Vata* and *Kapha* and pacifies *pitta*. It removes excess toxins from the body and relieves pain, inflammation, swelling.^[24] Similarly, the action of antiseptic, antifungal and antioxidant helps to treat skin problems. *Rasamanikya* is helpful in all *kushtha*. *Galit* and *sphutita kushtha* it is very much useful. It is used in *Vicharchika*.^[25]

Guduchi Satva is *Ushna, Tikta, Tridoshaghna, Rasayana, Deepana, Twakarogahara, Vishaghna, Pittasaraka dravya*. It reduces *kandu, Daha*, and discoloration.^[26]

Bahirparimarjana drugs mode of action:

For *Bahirparimarjana* initial stage, *Gandhak Malahar* used. It is made up of *Siktha taila, Gandhaka, Girisindoor, Tankana bhasma, Camphora*. It is *Kaphavatahara* hence used in the initial stage to reduce itching and dryness. Later stage *Marichyadi Tail* is used for external application which contains *Maricha* (*Piper nigrum*), *Haritala, Manahshila, Nagarmotha* (*Cyperus rotundus*), *Arkadugdha* (*Calotropis Procera*), *Kanera Mula Twak* (*Nerium indicum*), *Nishoth* (*Operculina turpethum*), *Gorasa, Indrayanamula* (*Citrullus*

colocynthis), *Kushtha* (Saussurea lappa), *Haridra* (Curcuma longa), *Daruharidra* (Berberis aristata), *Devdaru* (Cedrus deodara), *Raktachandana* (Pterocarpus santalinus), *Vatsanabha* (Aconitum Ferox), *Sarshaptaila* (Brassica alba). Most of the drugs of *Marichyadi tail* are having *Katu*, *Tikta*, *Kashaya Rasa* and *Ushna Virya* causes *Kaphavata Shamana*, it reduces *Kandu*, *Snignidha guna* reduces dryness, *kharatva* (roughness), and scaling. It has *Raktashodhaka*, *Kushthaghnna*, and *Kandunashaka* property.^[27] The tail is *sukshmagami* in nature hence help *dravyas* to absorb deeply through the skin. These *dravyas* have *Kashaya rasa*, which helps in reducing *Kleda*. It has anti-fungal, antiseptic, anti-inflammatory, and immune modulator properties. Due to all these properties, local application of *Marichyadi tail* helps in reducing *Lakshana* of *Eka Kushtha*.^[28] It is used in all types of skin diseases where itching is present.

Shastrapranidhana:

Acharya Charaka says that in *kushtha* where the lesion is for a longer duration and skin has become hard but minimal *doshas* are present we should use *jalaauka*. Also, in *pitta raktaja kushtha*, we should do *raktamokshana*. After one sitting of *jaluakavacharana*, the burning sensation was reduced to much extend hence we planned to repeat it after 7 days.

Conclusion:

All 3 are required i.e., *antaparimarjana*, *bahiparimarjana* and *shastrapranidhana* *Raktadoshaghna* treatment should be followed by *raktaprasadana* for non-recurrence. *Shodhana* and *shamana* should be done alternatively or simultaneously as per requirement.

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