

# Management of Psoriasis with *Pasi* Score Reduction through *Virechana Karma* and *Shamana Aushadis* - A Case Study

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## ABSTRACT

A case study is carried out to evaluate the efficacy of *Virechana karma* and *Shamana aushadis* in recurrent Psoriasis. A 29 year old female presenting with Psoriasis and mild arthritis was diagnosed as *Ekakusta* (*Kapha-Pitta* predominance) as per *Ayurveda*. Initially, treatment was carried out as in-patient department care. i.e, *Nithya virechana* with *nimbamritha erandam,ksheera* and *guda* in the ratio of 50ml:250ml:10gm, respectively. Then *shamana aushadi* was given for 3 months. After 3 months of follow-up period *virechana karma* was planned again. Results obtained after *virechana karma* was 29 vega's with *pravara shuddhi lakshanas* with reduction in signs and symptoms and decline in PASI Score. The follow up medications were given for 3 months. No re-occurrence was observed during the follow up period. *Virechana karma* and *Shamana aushadis* resulted in effective management of Psoriasis.

**Key Words** *Psoariasis, Eka Kusta, Virechana Karma, Shodhana, Shamana*

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## INTRODUCTION

Psoriasis is a long- lasting, non contagious autoimmune disease characterized by raised areas of abnormal skin<sup>1</sup>. These areas are red or purple on some people with darker skin, dry, itchy and scaly, localized patches to complete body coverage.

The prevalence of psoriasis is 0.09-11.4% with serious global issue, where at least 100 million individuals have been affected worldwide. In India, the incidence of psoriasis is 0.44-2.8%

with overall incidence of 1.02%<sup>2</sup>. In adults and in children ranged from 0 to 2.15 %<sup>3</sup>. A higher prevalence of Psoriasis has been reported in males and usually it begins in third and fourth decades of life.

On the basis of signs and symptoms like reduced sweating (*asweda*), extended skin lesions (*Mahavastu*), scaling in the skin resembles skin of fish Figure 1 (*matsya shakalopama*). According to Ayurveda Psoriasis can be correlated to *Ekakusta*<sup>4</sup>. Study showed

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dominancy of *kapha-pitta* dosha and hence, *virechana karma* was planned as described in the *chikitsa sutra* of *kusta*.



**Figure 1:** Before treatment

## CASE REPORT

A female patient of 29 years of age complaints of Blackish discolored scaly pigmentations in the whole body along with bilateral knee joint pain and back pain since 6yrs.

Detailed history-

Patient was apparently healthy before 6 years. Initially, the complaints started with blackish discolored scaly pigmentations with itching in the lower limbs, followed upper limbs and scalp region. Gradually the condition got aggravated and patient noticed well demarcated raised red scaling silvery patches on head, bilateral upper and lower limbs with itching and powdery discharge. The lesions used to increase in winter season, cloudy environment and cold wind along with increase in stiffness of knee joints. The symptoms were relieving by intake of

medications and during summer season and increase after withdrawal of medicine. As per Ayurvedic parameters, the symptoms pertaining to *Pitta dosha* associated with *Kapha dosha* were noted and a treatment modality was planned which is suitable to eliminate both *pitta* and *kapha dosha* without altering the functions of *vata dosha* i.e., *virechana karma*. The treatment was initiated with pre-operative procedure such as *pachana* and *deepana* with *agnitundi vati* 2tds before food. Followed by *Shodhananga snehapana* was administered with *triphala ghrita* in *arohana krama* until the appearance of *samyak snigdha lakshanas*. Later treatment was continued with *abhyanga* in *karanja taila* along with *karanja patra parisheka* for 4 days. At the end, the *virechana karma* was planned, beginning from the last day of *abhyana* by giving 35gm of *trivrit avaleha* with 200ml of hot water. The results of *virechana karma* were explained in terms of *pravara shuddhi* where total *vega's* attained was 29, along with *laingiki lakshanas* pertaining to *virechana* and based on *shuddhi lakshana* 7 days of *samsarjana krama* was advised to the patient.

### PAST HISTORY:

H/O Haemorrhoids 5 years back

### FAMILY HISTORY:

Nothing specific

### PERSONAL HISTORY:

Appetite – good

Bowel – hard stool, once in 2 days

Micturation – 5-6 times/day, 1-2 times/night

Sleep – Disturbed due to itching

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Habits – Regular intake of junk foods.

### TREATMENT HISTORY:

Underwent allopathy and homeopathy medications. Medications prescribed for the complaints details are not available. Examination finding and Investigations during first visit are given in Table 1 and Table 2.

**Table 1** General Examination

<i>Nadi</i>	<i>74/min</i>	
<i>Mutra</i>	<i>Samyak, 5-6 vega/day</i>	
<i>Mala</i>	<i>Katina, once in two days</i>	
<i>Jihva</i>	<i>Upalepatwam</i>	
<i>Shabdha</i>	<i>Prakruta</i>	
<i>Sparsha</i>	<i>Ruksha</i>	
<i>Druk</i>	<i>prakruta</i>	
<i>Aakruti</i>	<i>Prakruta</i>	
<i>Prakriti</i>	<i>vata-kapha</i>	
<i>Sara, satva, saatmya, samhanana, pramana</i>	<i>Madhyama</i>	
<i>Aharashakti, vyayam ashakti</i>	<i>Madhyama</i>	
<i>Vaya</i>	<i>Madhyama</i>	
<b>General examination</b>		
<b>Built</b>	Moderate	Pulse -72 BPM
<b>Nourishment</b>	Moderate	B.P -120/80mm of hg
<b>Pallor</b>	Absent	Temp -98.6
<b>Icterus</b>	Absent	Rs -18 times/min
<b>Cyanosis</b>	Absent	Height -147cm
<b>Clubbing</b>	Absent	Weight-55kg
<b>Lymphnodes</b>	Not palpable	BMI- 25.46
<b>Oedema</b>	Absent	

**Table 2** Systemic Examination

<b>Systemic Examination</b>		
<b>RS</b>	NVBS Heard	
<b>CVS</b>	S1S2 Heard	
<b>CNS</b>	HMF Intact, Fully conscious, oriented to time, place, person, memory intact, intelligence good, speech disturbance absent Cranial nerve examination- NAD	
<b>P/A</b>	Soft and non tender no organomegaly	

### SKIN EXAMINATION ON 2/11/2021

<b>Inspection</b>	Site of the lesion- Both upper and lower limbs, Scalp region Appearance of lesion- Maculo papular Colour of lesion- Reddish Distribution of lesion-localised Number of lesion-numerous Itching –present Discharge – watery on scratching Scaling –silvery powdery discharge when it dries.
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**Criteria for assessment : psoriasis area and severity index (PASI Score) ( British Association of Dermatologist n.d) is used for the assesement of presenting symptoms .**

**Test : Candle grease sign - positive**

**Auzpitz sign –positive**

**Investigations on first visit on 1/11/2021**

**Hb -12.4 gm%**

**Total count of W.B.C – 11,400**

**ESR-70 mm/1hour**

**IgE-1500 Ku/L**

**Uric acid -4.9 mg/dl**

Examination(General and Systemic) findings and Investigations during first visit are given in (Table 3 and Table 4)

**Table 3** GENERAL EXAMINATION

<i>Nadi</i>	<i>74/min</i>	
<i>Mutra</i>	<i>Samyak, 5-6 vega/day</i>	
<i>Mala</i>	<i>Katina, once in two days</i>	
<i>Jihva</i>	<i>Upalepatwam</i>	
<i>Shabdha</i>	<i>Prakruta</i>	
<i>Sparsha</i>	<i>Ruksha</i>	
<i>Druk</i>	<i>prakruta</i>	
<i>Aakruti</i>	<i>Prakruta</i>	
<i>Prakriti</i>	<i>vata-kapha</i>	
<i>Sara, satva, saatmya, samhanana, pramana</i>	<i>Madhyama</i>	
<i>Aharashakti, vyayamashakti</i>	<i>Madhyama</i>	
<i>Vaya</i>	<i>Madhyama</i>	
<b>Built</b>	Moderate	Pulse -72 BPM
<b>Nourishment</b>	Moderate	B.P -120/80mm of hg
<b>Pallor</b>	Absent	Temp -98.6
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<b>Cyanosis</b>	Absent	Height -147cm
<b>Clubbing</b>	Absent	Weight-55kg
<b>Lymphnodes</b>	Not palpable	BMI- 25.46
<b>Oedema</b>	Absent	

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**Table 4** Systemic Examinations and Investigations on the first visit

<b>RS</b>	<b>NVBS Heard</b>
<b>CVS</b>	S1S2 Heard
<b>CNS</b>	HMF Intact, Fully conscious, oriented to time, place, person, memory intact, intelligence good, speech disturbance absent Cranial nerve examination- NAD
<b>P/A</b>	Soft and non tender no organomegaly
<b>SKIN EXAMINATION ON 2/11/2021</b>	
<b>Inspection</b>	Site of the lesion- Both upper and lower limbs, Scalp region Appearance of lesion- Maculo papular Colour of lesion- Reddish Distribution of lesion-localised Number of lesion-numerous Itching –present Discharge – watery on scratching Scaling –silvery powdery discharge when it dries.
<b>Criteria for assessment : psoriasis area and severity index (PASI Score) ( British Association of Dermatologist n.d) is used for the assesement of presenting symptoms.(Table 5)</b>	
<b>Test : Candle grease sign - positive</b>	
<b>Auzpitz sign –positive</b>	
<b>Investigations on first visit on 1/11/2021</b>	
<b>Hb -12.4 gm%</b>	
<b>Total count of W.B.C – 11,400</b>	
<b>ESR-70 mm/1hour</b>	
<b>IgE-1500 Ku/L</b>	
<b>Uric acid -4.9 mg/dl</b>	

**Table 5** PASI Score calculations

Plaque	Lesion	Percentage	Area score
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**Table 6** Intervention

DATE	DIAGNOSIS BASED ON AVASTHA	OPD	IPD	DISCHARGE MEDICINE
1/11/2021	complaints of Blackish multiple scaly pigmentation all over the body associated with itching, low backache, knee joint pain since 2016.	Advised blood investigations and IPD level treatment	➤ <i>Karanja nimba parisheka</i> ➤ <i>Nithya virechana</i> with <i>nimbamritha erandam</i> 50ml and 250ml milk and 10gm <i>guda</i> around 9.30am.	psora 1-1-1 R&H Compound 1-1-1 Vaidhya patankara kada 3tsp-3-3tsp A/F with ushna jala anupana for 3 months
8/11/2021				
26/2/2022	Previous complaints improved slightly, only remained blackish discoloration on both upper and lower limbs (Figure 2)	-----	➤ <i>Deepan a pachana</i> with <i>agnitundi vati</i> 2-2-2 ➤ <i>Snehapa na</i> with <i>Triphala</i>	

characteristic	score	area affected
<b>Erythema</b>		
<b>Induration</b>	0- none	<b>Area score</b> 0-0%
<b>Scaling</b>	1-slight	<b>(B)</b> 1=1%-9%
<b>Lesion score sum(A)</b>	2- moderate 2-severe 4-very severe	Degree of involvement as a percentage for each body region affected (score each region in between 0-6)
		2=10-29% 3=30-49% 4=50-69% 5=70-89% 6=90-100%

**Multiply lesion score sum(A) By Area Score (B), for each body region, to give 4 individual subtotals(C)**

**Subtotals (C)**

**Multiply each of the subtotals(C) by amount of body surface area represented by that region, i.e. X 0.1 for head, X 0.2 for upper body, X 0.3 for trunk and X 0.4 for lower limbs**

Body surface area	X 0.1	X 0.2	X 0.3	X 0.4
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**Totals (D)**

**Add together each of the scores for each body region to give final PASI Score**

**INTERVENTION:**

Patient visited OPD on 1/11/2021- Advised Investigations and IPD level treatment. Treatment details are explained in Table 6

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*ghrita*  
 > After attaining *samyak snigdha lakshana*  
 > *Bahya snehana* with *karanja taila* followed by *bahya swedana* with *aragwada karanja patra parisheka* for 4 days.  
 > Fourth day *virechana* administered with *trivriith avaleha* 35gm with *ushna jala* as *anupana*.

7/3/2021

psora 1-1-1  
 R&H Compound 1-1-1  
 Vaidhya patankara kada  
 3tsp-3-3tsp A/F with  
 ushna jala anupana for 3  
 months



Figure 2 After 1 week of treatment



Figure 3 After 3 Months of follow up

RESULTS AND OBSERVATIONS

Significant improvement was seen in patient's signs and symptoms after the treatment. The results of the study are given in Table 7 and Table 8.

Table 7 Improvements in signs and symptoms after virechana karma

Auzpitz sign	Negative
Candle grease test	Negative
Itching	Reduced
Discharge	Reduced
Colour	Faded (Figure 3)

Table 8 Gradings of symptoms before treatment(BT) and after treatment(AT)

CLINICAL SIGNS	HEAD		ARMS		TRUNK		LEGS	
	BT	AT	BT	AT	BT	AT	BT	AT
Erythema	3	1	2	1	3	1	3	1
Induration/Scaling	2	2	2	1	3	2	2	2
Area score	3	1	4	1	5	3	5	3

After the treatment PASI Score was significantly reduced from 34.7 to 8.3 in the follow up period of 3 months. Patient has no recurrence of patches.

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### DISCUSSION

Psoriasis is a chronic, multisystem inflammatory disease with predominantly skin and joint involvement. Characterized by raised red scaling patches that preferentially localized to extensor surfaces<sup>5</sup>. In *ayurveda* most of the skin diseases are mentioned under the broad classification of *kusta*. It is said that *deerghakaleena vyadhi* presents with *bahudoshavastha*<sup>6</sup>. Involvement of *tridosha* with *dushyas* like *twak*, *rakta*, *mamsa*, *lasika*. *Shodhana* helps to eliminate the vitiated *doshas* from its root. In classics *vamana*, *virechana* and *rakthamokshana* is the *chikitsa* sutra of *kusta*<sup>7</sup>. Hence in this study as there is *ashraya-ashrayi sambandha* of *pitta dosha* and *raktha dathu*, it is better managed by *virechana karma*.

### CONCLUSION

Psoriasis is having high impact on the body as well as the mind. This case has the similarity with *eka kusta* in *ayurvedic* paralance. This case study demonstrates that *ayurveda* management may give blissful life by boosting immune system as well as it can provide symptomatic relief in this condition. *Shodhana* line of management helps to remove the root cause of the disease and also prevents the condition.

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