

## CASE REPORTS ON PSORIASIS

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### Psoriasis (Modern view)

- A genetically-determined chronic skin disease in which erythematous areas are covered with adherent scales.
- Although the condition may occur on any part of the body, the characteristic sites are extensor surface especially over the knees and elbows.
- In patients, skin may be colonised or infected with 'hospital strains of Staphylococcus'. Due to the exfoliative nature of Psoriasis, sensitive modification of patient management is required to protect others from infection.
- A common cause of erythroderma.

### Kitibha (Ayurvedic view and can be Correlated to Psoriasis)

- Vatakaphapradhan Kushtha.
- Shyavavarni (Pinkish) with Khara sparsha (rough in touch) and Prabhuta kandu (Severe itching).
- Additional Vataja Lakshanas (Symptoms)-Vedana(Pain), Kampa(Tremors), Supti(Numbness).

**Place of study** - The present case studies were done in the IPD under Unit NO. 2 of Kayachikitsa Department of M.A. Podar Hospital attached to R.A Podar (Govt) medical college, Mumbai.

### Case No.1

#### Basic information of the patient

- Name- XYZ

- Age -47 yrs
- Gender- Male
- Socioeconomic status- Middle class
- He is a farmer and has mixed diet pattern. Patient has habit of chewing Gutkha (2-3 packets per day).

**For case-1:**

Before Treatment



After Treatment



Before Treatment



After Treatment

**Pradhan Vedana (Chief complaints)**

Erythematous rashes with scaling and itching on scalp, bilateral upper and lower extremities, abdomen and lower back since 3 years.

**Vartaman Vyadivrittant (History of present illness)**

The patient was asymptomatic 3 years before. He developed complaints of scaly and itchy erythematous rashes on his scalp and lower trunk (anterior and posterior portions) first, which gradually progressed to his bilateral Upper and Lower extremities. Patient had blood oozing (Auspitz sign positive) on removal of scales. So he came to our Hospital for treatment.

**Purva Vyadivrittant (History of past illness)**

Patient had no significant past history of any chronic illness, burn, trauma etc.

**Kulaja Vrittant (Family history)** – None.

**Vaiyaktikavritta (Personal history)**

- Appetite was normal.
- Predominant rasas in Ahara were Amla-Madhura-Lavana.
- Sleep was disturbed due to itching.
- Habit of incomplete evacuation of bowels on and off since 3-4yrs.

**On Examination**

- General condition was fair and afebrile.
- Vitals were normal.
- Cardiovascular system, Respiratory system and Abdominal examinations had shown no abnormality.

**Ashtavidha Pariksha**

- Nadi (pulse) – 74/min, Niyamit (Regular)
- Mutra (urine) – 3–4 times/ day with Pale yellow in colour
- Mala (stool) (2-3 times / day, but unsatisfactory and with hard stools)
- Jivha (tongue) – Saam (Coated)
- Shabda (speech) – Prakrut (Clear and fluent)
- Sparsha (touch) – Ruksha with Vaivarnya (Dry and with pinkish scales)
- Drika (sight) – Prakrut (Normal sight)
- Aakriti (appearance) – Madhyam

**Investigations-** (Routine as well as Biochemistry point of view) - Within Normal Limits except WBC- 11000/mm<sup>3</sup> in Blood CBC, Blood ESR- 32mm/hr and Urine with 10-12 pus cells.

Elisa for HIV 1&2 - Negative

**Treatment Given for a period of 2 months**

Name of medicine	Dose and time	Anupan
1. Triphala Guggulu	(250 mg) 1 tablet three times a day after meals	Warm water
2. Aarogyavardhini vati	(250 mg) 1 tablet three times a day after meals	Warm water
3. Khadirarishta	20 ml two times a day	100 ml Warm water
4. Sarivadyasava	20 ml two times a day	100 ml Warm water
5. Nimba and Karanja taila	Local application twice a day	

**OBSERVATIONS**

Symptoms	Before treatment	After 1 month of treatment	After 2 months of treatment
<b>Vaivarnya (Scaling)</b>	+++ (Above 75%)	++ (50%)	+ (25%)
<b>Kandu (Itching)</b>	+++ (Above 75%)	++ (50%)	+ (25%)
<b>Araktata(Erythema)</b>	++ (50%)	+ (25%)	Complete curation

**CASE No. 2****Basic information of the patient**

- Name- ABC
- Age -16yrs
- Gender- Male
- Socioeconomic status- Middle class
- He is a Painter and has mixed diet pattern.



Before treatment



After Treatment

**Pradhan Vedana (Chief complaints)**

Sakandu Shyavavarni Pitika (Itchy Pinkish eruptions) on Chest, Abdomen, Axilla and Back since 2 months.

**Vartaman Vyadhivrittant (History of present illness)**

Patient had such similar episodes 2-3 times in past, but got treated symptomatically by GP. Then, he developed above said complaints since 1.5-2 months without any relief by Anti-fungal drugs, so he came to this hospital for further treatment.

**Purva Vyadhivrittant (History of past illness)**

Patient had no significant past history of any chronic illness, burn, trauma etc.

**Kulaja Vrittant (Family history)** – Mother- HTN since 2yrs under treatment.

**Vaiyaktikavrittant (Personal history)**

- Appetite was normal.
- Predominant rasas in Ahara were Madhura-Amla-Lavana.
- Sleep was disturbed due to itching.

### On Examination

- General condition was fair and afebrile.
- Vitals were normal.
- Cardiovascular system, Respiratory system and Abdominal examinations had shown no abnormality.

### Ashtavidha Pariksha

- Nadi (pulse) – 78/min, Niyamit (Regular)
- Mutra (urine) – 4-5 times / day with Pale yellow in colour
- Mala (stool) – Once / Day with no foul smell
- Jivha (tongue) – Niram (Uncoated)
- Shabda (speech) – Prakrut (Clear and fluent)
- Sparsha (touch) – Ruksha and Vaivarnya (Dry and with itchy pinkish eruptions)
- Drika (sight) – Prakrut (Normal sight)
- Aakriti (appearance) – Krisha

**Investigations-** (Routine as well as Biochemistry point of view) - Within Normal Limits except WBC- 8200/mm<sup>3</sup> in Blood CBC, Blood ESR- 30mm/hr and Stool with undigested foods.

Elisa for HIV 1&2 - Negative

### Treatment Given for a period of 1month

Name of medicine	Dose and time	Anupan
<b>Triphala Guggulu</b>	(250 mg) 1 tablet three times a day after meals	Warm water
<b>Aarogyavardhini vati</b>	(250 mg) 1 tablet three times a day after meals	Warm water
<b>Khadirarishta</b>	10 ml two times a day	100ml Warm water
<b>Sarivadyasava</b>	10 ml two times a day	100ml Warm water
<b>Nimba and Karanja taila</b>	Local application twice a day	

**OBSERVATIONS**

Symptoms	Before treatment	After 15days of treatment	After 1 month of treatment
Vaivarnya(Scaling)	+ (25%)	+ (25%)	Complete curation
Kandu (Itching)	+++ (Above 75%)	++ (50%)	+ (25%)
Araktata(Erythema)	++ (50%)	+ (25%)	Complete curation

**CONCLUSION**

Psoriasis (Kitibha) can be cured or relieved symptomatically by Ayurvedic management, which is a safest and economically cheap way with less or no side- effects.

**Need of the Study-** Looking towards the latest prevalence of the said Disease in India (0.44 – 2.8%) according to Indian Journal of Medical Research-2017, it is essential to run clinical trials or research projects to get the appropriate solutions for its eradication.

**Scope of the Study-** These cases were cured by Ayurvedic Sanshama Chikitsa (Medicinal therapy). But, it is a great necessity to invent more appropriate combinations of Sanshama and Panchakarma (Body purification) therapies like Vaman, Virechana, Raktamokshan etc in complicated cases of Psoriasis.

**Previous work done**

- A clinical study of some Ayurvedic compound drugs in the assessment quality of life of patients with Eka Kushtha (psoriasis) by Charmi S Mehta, Alankruta R. Dave, and V. D. Shukla. (Ayu Journal; volume. 32(3); Jul-Sep 2011).
- Ayurvedic Management Of Psoriasis (Ekakushta) With Panchakarma Chikitsa by Singh Vijeyta, Srivastava Alok Kumar (IJAPR; Vol 3, Issue 1: January 2015).

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