

## An Ayurvedic Management of *Audumbara Kushtha* (Psoriasis Vulgaris) - A Case Study

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### Abstract:

*Kushtha Vyadhi* is increasing in population very rapidly specially in tropical countries like India, where other contributory factors are involved in the progression of this disease. Ayurvedic management is possible in such diseases by *Shamana* and *Shodhana* treatment for complete recovery and to eradicate the disease. In this study, a male patient aged 42 years consulted at OPD with complaints of reddish – white patches on back region with intense itching and burning sensation. Patient had history of Psoriasis since 5 to 6 years and symptoms are gets aggravated in winter season. Patient was treated with *Shamana Chikitsa* with *Aarogyavardhini Vati*, *Gandhaka Rasayana*, *Panchatikta Ghrita*, *Kaishor Guggulu*, *Mamsapachaka Churna* and *Gandharva Haritaki Churna* for two and half months and *Shodhana Chikitsa* (*Raktamokshana* by *Siravedha*) was carried out once during the treatment after *Pachana Karma* was done. Patient reported significant improvement in sign and symptoms.

**Keywords:** Ayurveda, *Kushtha*, Psoriasis, *Raktamokshana*, *Shamana*, *Shodhana*

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**Introduction:**

According to Ayurveda, all skin diseases are included under *Kushtha Vyadhi*. Ayurveda defined that development of *Kushtha Vyadhi* is occurred due to involvement of *tridosha* and with the dominance of contributing *dosha* they are classified under different types.<sup>[1]</sup> There are mainly two classification that are *Mahakushtha* and *Kshudrakushtha*. *Mahakushtha* comprises 7 types while *Kshudrakushtha* have 11 different types. With different permutation and combinations their numbers are increasing.<sup>[2]</sup>

Skin is the largest sense organ of the body. Primary function of skin is protection from bacteria and toxic substances.<sup>[3]</sup> The incidence of skin diseases is increasing in tropical countries due to their hot and moist climate like India. Other factors which contribute in this disease are poor sanitation, pollution, unhygienic conditions and poverty.

*Acharya Charaka* included *Audumbara Kushtha* under *Mahakushtha* type which has *Pitta* dominance. *Audumbara Kushtha* can be diagnosed with the symptoms like burning sensation, redness, intense itching, discolouration, erythema, lesion with elevated borders.<sup>[1]</sup>

In modern parlance it can be co-related with type of Psoriasis. Psoriasis is a chronic inflammatory skin disease with a strong genetic predisposition and autoimmune traits. The worldwide prevalence is about 2%, but varies according to the different regions. Clinical manifestations of Psoriasis Vulgaris are sharply demarcated, erythematous, pruritic plaques covered with silvery scales. The plaques can coalesce and cover large areas of the skin. Common locations include the

trunk, the extensor surfaces of the limbs and the scalp. Psoriasis Vulgaris is also called plaque-type psoriasis. It is most prevalent type.

Psoriasis is a chronic relapsing disease, which requires long term therapy. And in modern science, the treatment for psoriasis includes Methotrexate, Cyclosporine etc. These are the only systemic therapies for psoriasis included in the World Health Organization (WHO) Model List of Essential Medicines. Previous some studies are conducted with different interventions for the management *Kushtha*.<sup>[4]</sup>

**Case History:**

A 42 years male patient approached in the Outdoor Patient Department of M. A. Podar Hospital, Worli, Mumbai -18. The patient was normal 6 years ago. Since then he developed a reddish coloured patch at the back. White plaques are present with burning sensation and itching. The symptoms are aggravated during winter season.

In past history, he has been used various local applications and oral steroidal treatment, but he did not get significant relief. No history of any systemic diseases like Dengue, Malaria, Typhoid, Chikungunya and Jaundice. There is no history of any chronic diseases like DM, HTN, PTB, BA and Epilepsy. No history of any surgical illness. There is no family history of Psoriasis. A male patient aged 42 years and married for 12 years. There is no any history of addiction like tobacco, alcohol etc. He is non- vegetarian and his appetite was good. There is no trouble in bowel habit. He has *Vatapradhana* and *Pitta anubandhi prakriti*.

Reviewing above condition *samprapti ghataka* involved are as follows – There is main *dosha* involved in *kushtha* is *Pitta* dominance with *Kaphanubandha*. In this patient, *dushyas* are *Rasa, Rakta and Mamsa dhatu*. The *strotas* involved in this disease are *Rasavaha, Raktavaha and Mamsavaha strotas*. The first involved *dhatu* in this disease is *Ras dhatu*. And presentation of this disease is first seen on *Twak*. In this disease all *dhatu*s may get involved as the time passes and this is termed in ayurvedic classics as “*Dhatugatavastha*”. Hence it is categorized in *Bahya Rogamarga*. The patient having these complaints from 3 to 5 years hence the *vyadhi avastha* was

*Saam* and *Jeerna*. According to chronicity of the disease, this is considered *Kashtasadhya Vyadhi* as per ayurvedic classics.

#### Methodology/ Treatment Given:

The *Shaman* and *Shodhana* treatment was given to the patient for two and half months and follow up was done every 7 days for assessment (Table-1). In *Shaman Chikitsa* only Ayurvedic local as well as oral medications were used while, *Shodhana Chikitsa* was done in the form of *Raktamokshana (Siravedha)*. The detail description is as follows.

**Table-1: Treatment given (*Shaman Chikitsa*):**

Date	<i>Shaman Chikitsa</i>	Symptoms
11/01/2020	<ul style="list-style-type: none"> <li>• <i>Aarogyavardhini Vati</i> 250 mg two times a day with lukewarm water after food for 7 days</li> <li>• <i>Gandhak Rasayana</i> 250 mg along with <i>Mamsapachaka Churna and Guduchi Churna</i> 3 mg 2 times in a day with lukewarm water between the meals (<i>Samane</i>) for 7 days [Fig. 1]</li> </ul>	- Patch over back region - <i>Kandu</i> ++ - <i>Daha</i> + - <i>Alpa strava</i>
18/01/2020	Above treatment along with <ul style="list-style-type: none"> <li>• <i>Nimba and Karanja tail</i> for local application and <i>Panchatikta Ghrita</i> 20 ml at morning with lukewarm water</li> </ul>	Mild relief - <i>Daha</i> ↓ - <i>Kandu</i> – Increase at night time - No <i>Strava</i>
25/01/2020	<ul style="list-style-type: none"> <li>• <i>Panchatikta Ghrita</i> 20 ml at morning before breakfast for 3 days prior follow up</li> <li>• <i>Kaishor Guggul</i> 250 mg two times in a day with lukewarm water after food for 7 days</li> <li>• <i>Gandharva Haritaki Churna</i> 5 mg at bed time with lukewarm water for 7 days</li> </ul>	- <i>Daha</i> ↓ - <i>Kandu</i> ↓
8/02/2020	<ul style="list-style-type: none"> <li>• <i>Swayambhuvakhya Guggul</i> 250 mg two times a day with lukewarm water after food for 7 days</li> <li>• <i>Mahamanjishthadi Kwatha</i> 10 ml two times a day with lukewarm water after food for 7 days</li> </ul>	- Discolouration ↓ - <i>Daha</i> ↓ - <i>Kandu</i> ↓
15/02/2020	<ul style="list-style-type: none"> <li>• <i>Aarogyavardhini Vati</i> 250 mg two times a day with lukewarm water after food for 15 days</li> <li>• <i>Kaishor Guggul</i> 250 mg two times a day with</li> </ul>	- Plaques reduced - Discolouration ↓ - <i>Kandu</i> ↓

	lukewarm water after food for 15 days • <i>Triphala Churna</i> 5mg at bed time with lukewarm water for 15 days [Fig. 2]	- <i>Daha</i> ×
29/02/2020	• <i>Aarogyavardhini Vati</i> 250 mg two times a day with lukewarm water after food for 15 days • <i>Kaishor Guggul</i> 250 mg two times a day with lukewarm water after food for 15 days • <i>Swayambhuvakhya Guggul</i> 250 mg two times a day with lukewarm water after food for 15 days • <i>Gandharva Haritaki Churna</i> 5mg at bed time with lukewarm water for 15 days. [Fig. 3]	- <i>Kandu</i> ↓ - Elevated borders ↓ - <i>Daha</i> × - White plaques ×
14/03/2020	• <i>Aarogyavardhini Vati</i> – 250 mg two times a day with lukewarm water after food for 7 days • <i>Kaishor Guggul</i> 250 mg two times a day with lukewarm water after food for 7 days • <i>Gandharva Haritaki Churna</i> 5mg at bed time with lukewarm water for 7 days [Fig. 4]	- <i>Kandu (Alpa)</i> - <i>Daha</i> × - Elevated borders ×

**Clinical Images:**

**Fig-1: Before Treatment (11/01/2020)**

**Fig-2: During Treatment (15/02/2020)**

**Fig-3: During Treatment (29/02/2020)**

**Fig-4: After Treatment (14/03/2020)**

**Shodhana Chikitsa (Para-surgical):**

*Raktamokshana* by *Siravedha* was done from Right Cubital fossa with the help of scalp vein needle no. 18 once on 25/01/2020. The total amount of blood letting 50 ml was done. This para-surgical procedure was done by adopting all aseptic precautions and SOP of *Siravedha*.<sup>[5]</sup>

**Result and Discussion:**

In this patient, vitiation of *Rasa*, *Rakta* and *Mamsa dhatu* occurred. Ayurvedic medications are useful for the complete cure of the disease with fewer chances to return or get aggravated. In this case study, *Shamana Chikitsa* was carried out with *Pachaka Aushadhi* and topical treatment with *Nimba* and *Karanja* oil. Topical treatment includes combination of *Nimba* and *Karanja* oil to relieve the symptoms *Daha* and *Kandu* respectively. *Nimba* controls *Daha* by their *Sheeta Veerya* and it reduces *kleda* produced at *twak*. While *Karanja* has *Ushna Veerya* it reduces *Kandu*.<sup>[6]</sup>

*Shamana Matra* of *Panchatikta ghrita* was given for purification of blood and reduced the intensity of the *kandu*. *Panchatikta ghrita* contains five *dravya* which are *Patola*, *Vasa*, *Nimba*, *Kantakari* and *Guduchi*. All these *dravya* are having *tikta rasa* dominance and the property of *tikta rasa* is especially acts on *Pitta* and *Kapha dosha*. Also due to its *Sheeta veerya* it reduced *Daha lakshana*.<sup>[7]</sup>

*Gandhak Rasayana* has the important role in the *raktaprasadana karma* of blood. So, that the *daha lakshana* was get reduced significantly. *Twak* is the *updhatu* of *Mamsa dhatu*, hence for development of *prakruta Mamsa* and its *upadhatu*, here *Mamsapachaka* was used along with *Guduchi Churna* for enhancement of this *karma*.<sup>[8]</sup>

*Swayambhuvakhya Guggulu* was used for the *lekhana karma* of *kapha* present which, induced *Kandu*. *Swayambhuvakhya Guggulu* is mainly indicated in all types of skin disease which has *Kapha* dominance and characterized by intense itching and watery fluid coming out from the affected lesion. It helps to reduce the discharge of fluids from the skin and formation of pus.

<sup>[7]</sup> *Gandharva Haritaki Churna* was used for the excretion of vitiated *mala* from the body. *Haritaki* has property of *Anulomana* and also used in *Kushtha Vyadhi*. Also, it is used to purify micro channels of the body (To reduced *Strotovibandha*). *Gandharva (Erand)* enhances the property of *haritaki* i.e. *Anulomana* and excrete the vitiated *dosha* from the body and used as *Anulomaka*.<sup>[8]</sup>

*Kaishor Guggulu* as the name suggests 'Kaishor' means improve lustre of the skin and its *anupana* is suggests in the ayurvedic classics as *Ushnodaka*, *dugdha* or *Manjishthadi kwatha* to enhance its *kushthaghna karma*.<sup>[9]</sup> *Mahamanjishthadi Kwatha* was used for the improvement and maintains the quality of blood because it is made up of the *dravyas* like *Manjishtha*, *Haridra*, *Daruharidra* etc. which causes *Rakta-prasadana karma* of blood.<sup>[7]</sup> *Raktamokshana* (Blood-letting) is indicated as *samana chikitsa* of *Kushtha Vyadhi*. *Siravedha* is one of the para surgical procedures from ancient time. This procedure is one of the types of the *Raktamokshana* which are included under *Panchakarma*. In *Shalya tantra*, *Sira Vyadhana* is considered as half of the treatment just like *Basti* is considered as half of the treatment in *Kayachikitsa*. *Raktamokshana* is called 'Ardha chikitsa' due to *Ashrayashrayi bhava* it acts on *Pitta dosha* too.<sup>[10]</sup>

In this patient, *Raktamokshana* was done with Scalp Vein Needle No. 18 for extravasation of *dushta rakta* after *Pachana karma* was done. To compensate *Vata prakopa* induced by the *Raktamokshana (Siravedha)*, *Shamana matra* i.e. 20 ml of *Panchtikta ghrita* was advised to the patient with lukewarm water for next 3 days after the procedure was done.

**Conclusion:**

Ayurvedic treatment of mentioned oral drugs and local applications along with *Shodhana karma* were effective in the management of *Kushtha Vyadhi*.

**Informed Consent:**

The informed written consent for publication of this case study was obtained from the patient.

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