<u>Title</u>: Ayurvedic management of a Psoriasis (Kshudra Kushtha) case

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**Introduction**: Psoriasis is a common skin condition that can affect anyone, although it's more common in people between the ages of 15 and 35, according to the National Psoriasis Foundation, USA. If you have psoriasis, your skin cells grow faster than normal. The body naturally develops new skin cells every month to replace skin that sheds or flakes off. With psoriasis, new skin cells form within days rather than weeks. This rapid growth causes dead skin cells to accumulate on the skin's surface, resulting in thick patches of red, dry, and itchy skin. In this case, an Indian male of 80 yrs developed psoriasis. In terms of *Ayurveda* it was diagnosed as Kshudra Kushth and eventually managed by *Ayurvedic* line of treatment.

<u>Case</u> <u>description</u>: An 80 year old Indian male with complaints of skin lesions visited the OPD.

#### Pradhan Vedana:

Sarvanga Toda, Kandu since 7 days

Twak Arakta Varnata since 7 days

Mandalotpatti since 7 days

Twak patana on scratching since 4 days

**Vedana Vrutta:** Patient was apparently healthy before 7 days. Suddenly itching started all over body, which includes scalp, extremities, abdomen & back. The sleep was disturbed due to itching. Patient took local steroid treatment. Within 2 days he got apparent relief. But the symptoms aggravated afterwords. With the main complaint of itching patient came to OPD.

## Purva Vyadhi Evam Chikitsa Vrutta:

Known case of Uchcha Raktachapa, Madhumeha.

#### **Kula Vrutta:**

Did not have knowledge.

## **Clinical examination**

It reveled Arakta Varni Mandala (reddish skin patches)

Ghrushtam cha Munchet Rajah (shedding off the skin on itching).

The itching was quite severe to affect the normal sleep of the patient.

Associated symptoms were reduced appetite and Lakshana of Nidra-Vegadharana, viz; Shirogaurav, Netragaurav, Araktanetrata, Jrumbha, Angamarda.

## Prakrityadi Pariksha

Prakruti: Pitta-Vata

Sara: Avara Sara

Samhanana: Krusha

Agni: Vishama

Koshtha: Krura

Nadi: 88/min very prominent

Mutra: 8-9 times. Naktamutrata ++

Mala: Avashtambha

Jivha: Sama ++

Shabda: Kshama

Sparsha: Ruksha

Druk: Upanetra

Akruti: Krusha dehabhara 38 kg

## **General Examination**

BP: 130/70 mm of Hg

RS: AEBE

CVS: S1, S2 normal.

P/A: Pidanasahatva (tender)

## NidanaPanchaka

Hetu: Adhyashana, Atichinta

Purvaroopa: Kandu

Rupa: Mandalotpatti, Todavat Kandu, Ghrushtam cha munchet Rajah

Upashaya: Snehana (local application of coconut oil)

## Samprapti:

Adhyashana+Atichinta

Agnivaishamya

Anna Avipaka

Apachita rasa dhatu

Doshasanchiti

Dhatushaithilya

Raktadhatvagni mandya

Sthanasamshraya in twacha

Kshudrakushtha

#### Chikitsa:

- 1. Arogyavardhini 2 Vati, Vyanodana, koshna Jala for 1 Mandala (42days): as Vyadhipratyanika
- 2. Raktapachaka Kwatha 20 ml vyanodana for 15 days as raktavaha srotogamitva.
- 3. (Khadira+Nimba+Darvi+Patola) Siddha Ghruta Vyanodana for 1 month as doshapratyanika
- 4. Mahatiktaka Ghruta 2 gm Sanna for 6 months As Apunarbhava (Rasayana) Chikitsa
- 5. Also for Abhyanga for first 15days
- 6. Strict instructions about Ahara, asked to avoid Adhyashana.

#### **Discussion:**

As the patient was 80 yrs old, Shodhana chikitsa was not possible. So Shaman Chikitsa was the only option.

Arogyavardhini was administered as Vyadhipratyanika Chikitsa. As patient was having Malavashtambha, it was the drug of choice.

Raktapachaka (Charakakokta Patoladi Kwatha-Sannipata jware) was administered as Raktavahasrotogami kwatha. Necessary for raktadhatvagni vriddhi.

Khadirai Ghruta helped as Doshapratyanika chikitsa. There were araktavarni Mandala indication of involvement of Pitta Dosha & Rukshata, toda indicating involvement of Vata Dosha.

Mahatiktaka Ghruta was helpful as Rasayana Dravya. It was also used for Abhyanga to get rid of Rukshata along with todavat Kandu.

Most important part of Chikitsa was Nidana Parivarjana. Patient cooperated very well in this issue.

#### **Conclusion:**

Acute condition of psoriasis can be successfully managed by Ayurvedic treatment.

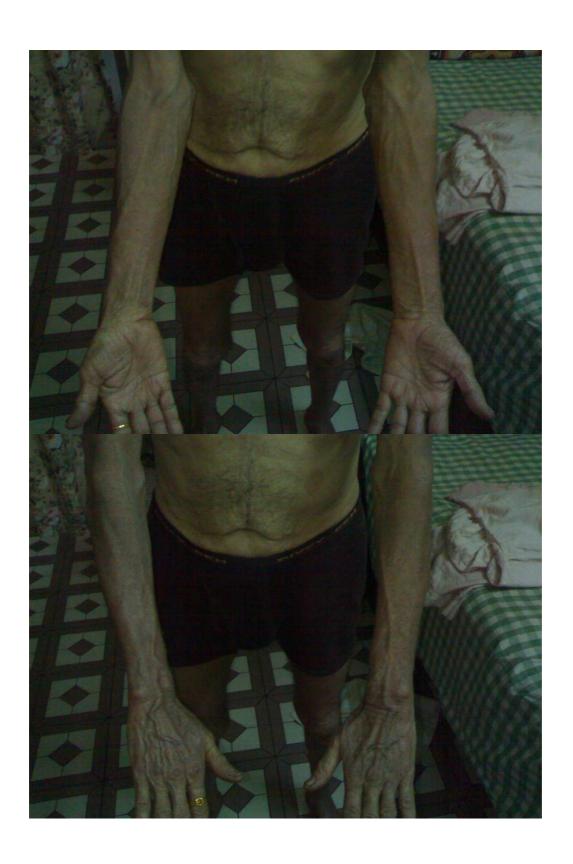
Hetuviparita Chikitsa (Pathya-Apathya) proved to be having key role

# Before treatment









## Bibliography

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