

Management of Scalp Psoriasis through Ayurvedic Modalities – Case Report

Case Report

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Abstract

In *ayurveda* skin diseases are described as *Kushta Rogas*. *Kushta Rogas* are of two types *mahakushta* and *khudrakushta*. *Ekakushtha* is a type of *Kshudra Kushta*. *Ekakushtha*, as described by Sushruta, presents with distinct clinical features. These include a lack of sweating or dryness (*Aswedanam*), widespread coverage across the entire body (*Mahavastu*), and a scaly appearance resembling fish scales (*Matsyashakalamam*). The skin coloration observed in *Ekakushtha* can vary, ranging from a dark hue to a pinkish-red tone, according to Sushruta's observations. Psoriasis is a long-lasting skin condition marked by red, scaly patches that are itchy and tend to come and go. These patches can appear anywhere on the body, but they're most commonly found on the elbows, knees, and scalp. Scalp psoriasis specifically causes raised, red patches on the scalp that may be thin or thick and can cover small areas or the entire scalp. The global prevalence of psoriasis varies from 0.12–8%, indicating that it is a common dermatosis. Many treatments are available in modern science but they have various complications & side effects. Here in this case we used *ayurvedic shodhan* and *shaman* therapies & successfully treated the case. A 29 years male came in the OPD with chief complaints of red, scaly patch with severe itching and with burning sensation on lower occipital and neck region since 8 months. The patient was treated with *Shodhan* and *Shaman Chikitsa*. Patient got complete relief after the completion of therapy with no reoccurrence. Thus it can be concluded that *Shodhana (Vamana and Virechna)* followed by *Shamana Chikitsa* with *pathya pathya* described in Ayurveda is effective in the management of *Ekakushtha* (Psoriasis).

Keywords: *Eka kushta*, Psoriasis, *Shodhana*, *Vaman*, *Shaman chikitsa*, Itching.

Introduction

Maintaining a healthy person's health and offering the proper treatment to treat a sickness are the main goals of Ayurveda. Traditional Ayurvedic remedies come in a wide variety with their own unique procedures and norms of behaviour. People are more drawn to western lifestyles, eating customs, and other aspects of modern life. Several psychiatric and physical problems brought on by emotional stress. Psoriasis is one of these and is the one that causes both patients and doctors the most stress. *Kushta Roga*, as outlined in *Ayurveda*, encompasses two primary categories: *Maha Kushta* and *Kshudra Kushta*. Among these, *Ekakushtha* is classified as a type of *Kshudra Kushta*. (1) *Madhava* explains that the onset of the condition *Kushtha* is attributed to the imbalance of the three *Doshas (Vata, Pitta, and Kapha)* along with the deterioration of various bodily components such as the skin (*Twak*), muscular tissue (*Mamsa*), blood (*Rakta*), and bodily fluids including lymph (*Ambu*). (2) *Charaka* emphasizes

that in the case of *Ekakushtha*, the primary disturbance or vitiation primarily involves the *Doshas Vata* and *Kapha*. (3) *Madhava* delineates the clinical characteristics of *Ekakushtha*, which include absence of sweating or dryness (*Aswedanam*), widespread involvement of the body (*Mahavastu*), and skin exhibiting a resemblance to fish scales (*Matsyashakalamam*). (4) According to *Sushruta*, colour of the skin is (black/ pinkish red). (5) *Ekakushtha* can be correlated with Psoriasis. (6) Psoriasis is a chronic inflammatory skin condition characterized by rapid skin cell growth. It commonly follows a pattern of flare-ups and periods of improvement, showing distinct red, scaly patches that primarily appear on the outer surfaces of joints, the scalp, and the nails. A raised, well defined, erythematous plaque of varying size characterises the typical lesion. Silver/white scale is noticeable in untreated disease and becomes more noticeable when the surface is scraped, revealing bleeding spots (Auspitz sign). A chronic inflammatory skin condition called psoriasis affects 2-3% of people worldwide. (7) Distinct, red, scaly bumps and patches are evident, often impacting areas like the scalp, ears, genital region, and skin over bony areas. Psoriasis is a prevalent dermatosis that affects between 0.12 and 8% of people worldwide. Psoriasis prevalence varies between 0.5 and 1.5% in India. (8) Psoriasis can manifest in five different types: plaque, guttate, inverted, pustular, and erythrodermic. (9) About 90% of instances

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of psoriasis are plaque psoriasis, also called psoriasis vulgaris. Usually, it appears as white scales on top of red spots. The backs of the forearms, shins, the area around the navel, and the scalp are the body parts most frequently effected.(10) Aside from the typical intertriginous regions such as the armpits, groin, beneath the breasts, and around the navel, inverse psoriasis can also affect the scalp, palms, and soles. The lesions are well-defined plaques, but due to their location, they might appear moist and lack scales. Children and young people are most frequently affected by guttate psoriasis (eruptive psoriasis). It appears suddenly in people without psoriasis as well as those with persistent plaque psoriasis. After an upper respiratory tract infection caused by -hemolytic streptococci, patients usually present with numerous tiny erythematous, scaling papules. An additional form is pustular psoriasis. The condition may only affect the patient's palms and soles, or it may be more widespread. The skin is erythematous with pustules and varied scale, regardless of the severity of the illness. It is sometimes mistaken for eczema since it only affects the palms and soles. Episodes are characterised by a temperature (39°–40°C) that lasts many days when they are generalised. Psoriasis affects the fingernails in about 50% of patients, manifesting as punctate pitting, onycholysis, nail thickening, or subungual hyperkeratosis. Psoriasis patients with finger nail involvement make up the majority of the 5–10% of individuals with concomitant arthralgias. Most people with rheumatoid arthritis have psoriatic arthritis, while some also happen to have it by coincidence.(11) The most commonly affected regions are the outer surfaces of joints, especially the elbows and knees, along with the lower back.(12) Most of the available allopathic treatments are associated with adverse effects as well as having chances of reoccurrence. *Ayurveda* suggests a combination of cleansing procedures (*Shodhana*) like *Vamana* (emesis), *Virechana* (purgation), *Basti* (enema), and *Raktamokshana* (bloodletting), along with pacifying treatments (*Shamana Chikitsa*) for managing *Kushta Roga*.(13) It will help in breaking pathogenesis by eliminating vitiated *dosha* and cures the disease. Hence here a case of *Ekakushtha* is treated with *Shodhana* (*Vaman* and *Virechana*) followed by *Shamana chikitsa*.

Case Report

A 29-year-old man visited the OPD reporting a persistent issue of a red, scaly patch on his lower occipital and neck area, accompanied by severe itching and a burning sensation. These symptoms had been bothering him for the past eight months.

History of Present illness

A patient was alright before 8 months back. Initially he noticed reddish patch with itching on occipital region. The size of patch and itching started aggravating with burning sensation for which he took allopathy treatment for 2-3 months and got some relief. But after some period the same complaints started so he

approached to our hospital for Ayurveda treatment. The patient noted that symptoms worsen after consuming oily, spicy, salty, and sour foods, as well as sesame, black gram, jaggery, and milk. Additionally, exposure to excessive heat exacerbates the condition.

Family History: No such history of skin disorder.

Past History: No significant past history.

Personal history

- Occupation- Private Service
- *Ahara*- intake of junk food, spicy and oily diet.
- *Vihara*- sedentary lifestyle
- *Nidra* –Disturbed due to itching
- History of Daytime sleep (2hrs)
- *Vyasana*: Tobacco chewing

Table 1: Ashtavidha Pariksha (Eightfold Examination)

1	<i>Nadi</i>	76/min-Regular
2	<i>Mala</i>	<i>shamyak</i>
3	<i>Mutra</i>	<i>shamyak</i>
4	<i>Jihwa</i>	<i>niraam</i>
5	<i>Shabda</i>	<i>spashta</i>
6	<i>Sparsha</i>	<i>Samsheetoshna</i>
7	<i>Druka</i>	<i>prakrut</i>
8	<i>Akriti</i>	<i>Madhyama</i>

Table 2: Dashvidhpariksha (Tenfold Examination)

1	<i>Prakruti</i>	<i>vata-pittaj</i>
2	<i>Vikruti</i>	<i>Tridosha, rasa,rakta,mamsa dhatu, Raktavahastrotasa</i>
3	<i>Sara</i>	<i>madhyama</i> (average)
4	<i>Samhanan</i>	<i>madhyama</i> (average)
5	<i>Praman</i>	<i>madhyama</i>
6	<i>Satmya</i>	<i>madhyama</i> (average)
7	<i>Satva</i>	<i>madhyama</i> (average)
8	<i>Ahar shakti</i>	<i>avara</i> (loss of appetite)
9	<i>Vyayam shakti</i>	<i>avara</i> (poor)
10	<i>Vaya</i>	<i>yuvavastha</i>

Systemic Examination: All Systemic Examinations Were Within Normal Limits.

Local Examination

- Shape and size – Roughly circular irregular patch measuring about 10cm long and 7cm wide (as shown in Figure 1)
- Colour- Reddish with white scales
- Site- Lesion present over lower region of scalp and neck.
- Auspitz sign– +ve
- Candle grease sign– +ve

Investigation

- Haematological investigations – CBC,ESR,BSL(fasting and post prandial) were within the normal limits.

Diagnosis: It was diagnosed as a case of *EkaKushtha* according to signs and symptoms.

Treatment Plan

Patient was treated *Shodhana Chikitsa (Vamana and Virechana)* and *Shamana chikitsa*. First *Vamana* was planned as shown in (Table 1).

Patient was examined for *dosha, bala, agni and prakriti* for fitness of *Vamana* and written consent was taken before starting procedure. *Vamana* was planned early in the morning.

Table 3: Vamana Protocol

Sr. No.	Date	Treatment	Drug	Dose	Duration
1	5/02/22-7/02/22	<i>Deepana, Pachana</i>	<i>TrikatuChurna</i>	3 gms twice a day prior meals with warm water	3 day
2	08/02/22-13/02/22	<i>Snehapana</i> (consumption of medicated ghee) in increasing quantity	<i>PanchtiktaGhrita</i>	1 st – 30 ml 2 nd – 60 ml 3 rd – 90 ml 4 th – 120 ml 5 th – 140 ml 6 th – 160 ml	6 days
3	14/02/22-15/02/22	<i>Abhyanga</i> <i>Swedana</i>	<i>MarichyadiTaila</i> <i>NadiSweda</i>	7 th and 8 th day	2 days
4	16/02/22	<i>Vamana</i> <i>Dhumapana</i>	<i>Madanaphala Yoga</i> With <i>Haridradi</i>	8 th day Mouthful quantity	1 day 3-5 min
5	16/02/22-20/02/22	<i>Samsarjana Karma</i>	<i>Peya vilepi, krita-akrita</i>	Morning and evening two times	5 days

After *Samsarjan Karma*, Vitiated *doshas* eliminated after this *Shamana Chikitsa* was Planned as per classical reference (Table 4).

Table 4: Shamana Chikitsa

Sr. No.	Drug	Dose	Duration (21.02.22 to 22.03.22)
1	777 Oil	Local application at night before sleep	30 days
2	Atrisor Cream	2 times a day for local application	30 days
3	<i>Gandhak Rasayana</i> (250 mg)	2 tab. Twice a day with water	30 days

After *Shamana*, again *Shodhana Chikitsa (Virechana)* was planned as mentioned in *kustha chikitsa* in *Samhitas* (Table 5).

Table 5: Virechana Protocol

Sr. No.	Dates	Treatment	Drug	Dose	Duration
1	25/03/22-27/03/22	<i>Deepana, Pachana</i>	<i>TrikatuChurna</i>	3 gms twice a day prior meals with warm	3 days
2	28/03/22-02/04/22	<i>Snehapana</i>	<i>PanchtiktaGhrita</i>	1 st – 30 ml 2 nd – 60 ml 3 rd – 90 ml 4 th – 120 ml 5 th – 140 ml 6 th – 160 ml	6 days
3	03/04/22-to 05/04/22	<i>Abhyanga</i> <i>Swedana</i>	<i>MarichyadiTaila</i> <i>NadiSweda</i>	7 th , 8 th and 9 th day	3 days
4	06/04/22	<i>Virechana</i>	<i>Kutki +Triphala + Icchabhedi Rasa</i>	10 th day	1 day
5	07/04/22-11/04/22	<i>Samsarjana Karma</i>	<i>MudgaYushadi karma</i>	Morning and evening two times	5 days

Table 6: Shamana Chikitsa

SR. NO.	DRUG	DOSE	Duration
1	777 Oil	For local application at night before sleep	2 months
2	Atrisor Cream	2 times a day for local application	2 months
3	<i>Panchatiktaghrita</i>	10ml empty stomach in the morning	2 months
4	<i>Arogya vardnavati</i> (250 mg)	500 mg Twice a day with water	20 days
5	<i>Gandhak Rasayana</i> (250 mg)	500 mg Twice a day with water	2 months

After 30 days followup patient had no reoccurrence of symptoms.

Diet And Hygiene

During treatment patient was advised following *Pathyapathya*.

Table 7 - Pathya Apathya

<i>Pathya</i>	<i>APATHYA</i>
nutritious,easily digestible food like khichadi, seasonal fruits, etc. Similarly, maintenance of proper hygiene was also advised. Regular exercises and meditation also advised.	-spicy foods like chilies, garlic, and raw onions,high salty food, fried items, fermented products such as yogurt and pickles, and cold treats like icecream and chilled beverages.Additionally, excessive consumption of nuts and strong tea, as well as

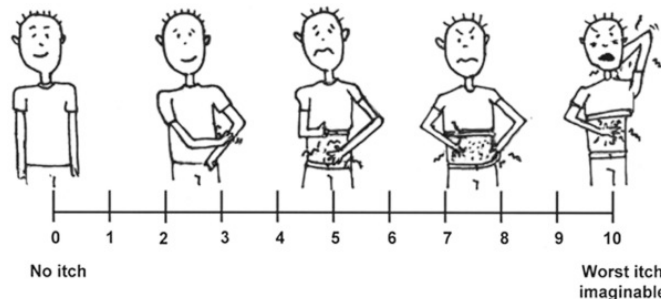
Assessment

Subjective criteria-

1. Cardinal Signs Of *Eka Kushta*
2. Auspitz Sign
3. Candle Grease Sign

Objective Criteria-

1. PASI Score
2. Pruritis Visual Analog scale(14)

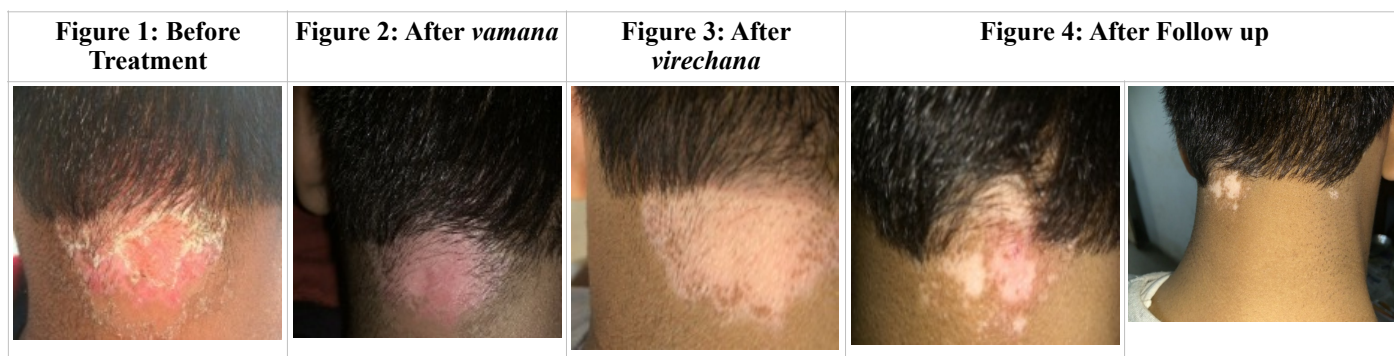


Observations and Results

Table 8: Assessment of parameters

Parameters		Before treatment (Day 0)	After <i>Vamana</i> (Day 15)	After <i>Shaman</i> (Day 45)	After <i>virechana</i> (Day 60)	After <i>Shamana</i> (Day 90)
PASI		2.2	1.6	1.2	0.8	0.2
PVAS		8	5	3	2	0
Auspitz sign		+	-	-	-	-
Candle grease sign		+	+	-	-	-
cardinal signs of <i>Eka Kushta</i>	<i>Aswedanm</i>	+	-	-	-	-
	<i>Mahavastum</i>	+	+	-	-	-
	<i>Matsyasaklopam</i>	+	-	-	-	-

Patient was assessed by taking photographs before treatment, after *Vamana*, after *Virechana* and after follow up as shown in figure no.1,2,3 and 4 respectively.



Discussion

Psoriasis is a chronic, multisystem inflammatory disease.It patients experience a significant emotional and psychosocial toll in addition to the physical aspects of the illness, which has an impact on how they interact with others and function in social situations. In Ayurveda,*Kushtha* is the term used to describe all skin conditions.The causative factors lead to *dushti* of *tridoshas* especially *Vata* and *Kapha*.These *Doshas* through *Tiryak vahinisiras* advances to *Bahyarogamarga* i.e.,*Twacha*, *Rakta*, *Mamsa*, and *Lasika* and lead to disease symptoms.The main course of treatment prescribed in Ayurveda is repeated *Samshodhana* along with *Samshamana*. *Shodhana* plays

a crucial role in the management of *Kushta*, because *Shamana Chikitsa* gives better result after *Shodhana* procedures and prevents further exacerbation.(15)Hence shodhan chikitsa (*vaman&virechan* therapy) was done followed by *shaman chikitsa*.

Mode of action of shodhan (*Vaman & Virechan*)

Agnimandya (diminished digestive fire) is the main causative factor of *Ekakushta* which is corrected by *TrikatuChurnagiven* as *deepanapachana* in ++*poorva karma* (preliminary measures).(16) *TrikatuChurna* also helps in *Ama Pachana*. *PanchatiktaGhrita*, a medicated ghee, helps move the *doshas* from their site of manifestation to their site of elimination (*koshtha*).(17)

It breaks the pathophysiology of Ekakushta by causing Utklesha of the doshas and assisting in loosening the dosha-dushya bond.(18) Snehana (Oleation therapy) with *Marichadi* oil followed by a swedana (hot fomentation) helps in liquification of doshas and moves them to Koshta (gut). This will lead to easy elimination of aggravated dosha. *Vamana* with *MadanaphalaYog*(19) helps in removal of aggravated doshas from upper part of the body and *Kutaki* with *Ichhabhedhi Rasa*(20) helps in elimination of aggravated dosha from lower part of the body. *Samsarjana Krama* given as *paschat karma* aids in reviving the patient's strength and digestive fire.(21)

Mode of action of Panchatikta Ghrita

Panchatikta ghrita has been mentioned in the management of *kushta*.(22) It contains *tikta rasa*, *ruksha*, and *laghu guna* content. It balances the vitiated *dosha* and *dhatu* by acting primarily on the *kled*, *meda*, *lasika*, *rakta*, *pitta*, and *kapha*. It does purification of channels (*Strotoshodhak*), blood purification (*Raktashodhak*), blood nourishment (*Raktaprasadak*), alleviation of itching (*Kandughna*), and promotion of skin complexion (*Varnya*).(23) The *Ghrit's* lipophilic action aids in transporting medications to the intended organs; it also penetrates to the cellular level and delivers to the mitochondria and nuclear membrane. It preserves the skin's natural texture.(24)

Mode of action of Atrisor cream

It is a topical anti-psoriatic medication that provides prompt relief from irritation, itching, and inflammation of lesion. Its ingredients like *Holestemma ada kodein* Schult. (*Jivanti*), *Rubia cordifolia* L. (*Manjishtha*), *Curcuma longa* L. (*Haridra*), *Wrightia tinctoria* Roxb. R. Br. (*Streekutaja*), *Cocos nucifera* L. (*Narikela*) and *Hydnocarpus wightianus* Blume. (*Tuvarak taila*) have antimicrobial and skin rejuvenating action.(25) Emollients and other fatty substances can be applied externally to the skin to help with psoriasis.(26)

Mode of action of 777 Oil

It contains *Wrightia tinctoria* Roxb. R. Br. (*Shweta Kutaja*) and *Cocos nucifera* L. (*Narikela Taila*) possessing skin smoothening and moisturizing property.(27) Both the ingredients together possess Anti-inflammatory, Anti-puritics, Anti-ulcerogenic, and Demulcent action. Skin cells quickly proliferate in psoriasis, thickening the skin and generating red areas, dryness, scales, and itching.(28) 777oil softens & reduces thickening dryness, itching, redness and inflammation of psoriatic lesion.(29)

Mode of action of Marichyadi Oil

For external oleation in *shodhan therapy* *Marichyadi* oil is used. It contains *ushnaviryakatu*, *tikta*, *kashayrasatmak dravyas* pacifying *Kapha* and *Vatadosha*. *Snigdhta* of oil reduces *rukshatva*, *kharatva* & *parushta* of skin. It goes deep into the tissues pacifying *raktadushti* & *kandu*(itching). *Kashay rasa* reduce *kleda*.(30) *Marichyadi* oil has anti-inflammatory,

antifungal & antiseptic action thus it is effective in psoriasis.(31)

Mode of action of Gandhaka Rasayan

Gandhak Rasayan has antiviral, antibacterial, anti-inflammatory, and anti-pruritic effects. As infectious episodes are a major cause of scalp psoriasis, these qualities may help to reduce the symptoms. *Gandhak Rasayan* serves as a rejuvenator and aids in maintaining Blood's (*Raktadhatu*) optimal condition.(32) In addition, it reduces itching and eliminates *Pitta* and *Kapha dosha* (Humours) from the body through its *swedjanana* (Inducing Perspiration) action (antipruritic action).(33)

Mode of action of Arogyavardhini vati

Arogyavardhanivati is a polyherbomineral formulation prescribe for skin disorders, with ingredients like *shuddhaparad*, *shuddhagandhak*, *lauhabhasma*, *Tamrabhasma*, *Triphala*, *Shilajatu*, *Guggulu*, *Chitrakmoola*, *Katuki* and *Nimbswaras* etc. (34) Various Studies supports its antibacterial and antifungal activity. *Kutaki* and *Triphala* in *Arogyavardhanivati* facilitates the elimination of the *Ama* toxin (Undigested food) out of the body. The drug's powerful analgesic and anti-inflammatory qualities are very helpful in treating skin illness since inflammation plays a significant part in the pathogenesis of psoriasis. The antioxidant capacity of *Arogyavardhini vati* aids in the removal of free radicals from the body and guards against the harmful effects of disease. Itching is reduced by its antipruritic action.(35)

Thus both *Shodhana* and *Shamana Chikitsa*, help in breaking pathogenesis and thereby eliminating symptoms with preventing further progression of disease.

Pathyapathya dietary and behavioral regimen helps in maintaining *dosha* in balanced condition and also prevents further progression of disease.

Conclusion

Shodhana (*Vamana* and *Virechna*) followed by *Shamana Chikitsa* with *pathyapathya* described in Ayurveda is effective in the management of *Ekakushta* (*Psoriasis*). It also prevents further progression of disease. Therefore, it may be stated that psoriasis can be effectively managed using Ayurvedic principles.

Recommendation and Scope of the study

This is a single case study so to prove the efficacy of Ayurvedic modalities, it is needed to conduct more studies with large sample size.

Declaration of Patient consent

The authors attest that they have all necessary patient permission paperwork on file. The patient has indicated in the form that he is comfortable with his clinical data being written about in the journal. The patient is aware that reasonable measures will be made to keep their identity a secret and their name and initials from publication, anonymity cannot be assured.

Conflict of Interest

The author has no conflict of interest regarding this article.

Informed consent

A written informed consent was taken from the patient before starting treatment and for publication in esteemed journal.

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