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## MANAGEMENT OF PSORIASIS THROUGH AYURVEDA: A REVIEW

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### ABSTRACT:

Psoriasis is fundamentally an inflammatory skin condition with reactive abnormal epidermal differentiation and hyper-proliferation affecting 2-3% of world's population. Pathophysiology of the disease includes mainly the activation and migration of T cells to the dermis triggering the release of cytokines (tumor necrosis factor-alpha TNF-alpha, in particular) which lead to the inflammation and the rapid production of skin cells. The possible factors and triggers causing psoriasis include emotional stress, skin injury, systemic infections, certain medications and intestinal upsets. Various types of psoriasis have been reported such as plaque psoriasis, psoriatic arthritis, scalp psoriasis, flexural psoriasis, guttate psoriasis, pustular psoriasis, nail psoriasis, erythrodermic psoriasis which can be diagnosed by clinical findings such as skin biopsies etc. therapeutic agents that either modulate the immune system or normalize the differentiation program of psoriatic keratinocytes are suggested for treating psoriasis. Based on the type of psoriasis, its location, extent and severity there are various treatment regimens available for psoriasis is such as topical agents, phototherapy, systemic agents which can help to control the symptoms. In Ayurveda, it can be equated with *EkaKushtha*. Various treatment plans in the form of *Shodhana&Shamana* have been mentioned in Ayurvedic texts regarding this disease. This review aims to cover each and every aspect of the disease.

**KEY WORDS:** Psoriasis, *EkaKushtha*, *Shodhana*, *Shamana*, Skin biopsy.

## INTRODUCTION:

Psoriasis is an autoimmune non-infectious, chronic, inflammatory skin disorder where altered keratinization of epidermal cell takes place with well-defined erythematous lesion and silvery plaques with a predilection for the extensor surface and scalp and a chronic fluctuating course<sup>1</sup>. The pathogenesis of Psoriasis involves both genetic predisposition including the influence of genes of the Human Leucocyte Antigen Complex and T-Cell mediated immunological mechanisms<sup>2</sup>. The word “*Kushtha*” means that which makes one’s skin look disgraceful or ugly<sup>3</sup>. In Ayurvedic classics, *KushthaRoga* is divided into two groups, *Maha-Kushtha* and *Kshudra-Kushtha* which are again classified into seven types and eleven types respectively. Due to *Mithya-ahara*, *vihara* and *karma*, *Tridosha* get vitiated affecting the *Twak*, *Rakta*, *Mamsa* and *Ambu* and thus it produces *Kushtha*. It is classified as one of the “*AshtaMahagada*”<sup>4</sup>. In this Article, classical details of *Kushtha* with special reference to *Eka-Kushtha* and *Kitibha* are studied elaborately along with its modern counterpart i.e., Psoriasis.

## DISEASE REVIEW:

The word ‘psoriasis’, is derived from the Greek word “psora”, which means “itch” or “scurf” or “rash”. Psoriasis is a chronic (long-lasting) skin disease of scaling and inflammation<sup>5</sup>. Diet has been suggested to play a role in the etiology and pathogenesis of psoriasis. It has been observed that psoriasis has been improved in 60% of the patients who changed their dietary habits. Fasting periods, lowenergy diets and vegetarian diets improved psoriasis symptoms in some studies<sup>6</sup>. Environmental trigger factors causing psoriasis include mechanical injury, ultraviolet, and chemical injury; various infections; prescription drug use; psychological stress, smoking; and other factors. The most compelling of these is infection with Group A Streptococci. Streptococcal throat infections frequently precede outbreaks of guttate psoriasis which can then lead to chronic plaque psoriasis<sup>7</sup>. Psychological stress plays an important role. Till date several studies suggested that most of the dermatological disorders are chronic inflammatory, immunogenic and psychosomatic in nature<sup>8</sup>. Research studies are found that really established the genetic component in Psoriasis. There is a clear genetic basis in psoriasis, as the incidence was found much greater amongst first- and second degree relatives of patients with psoriasis<sup>9</sup>.

Evidence suggests that psoriasis is an autoimmune disease. Studies show high levels of dermal and circulating TNF $\alpha$ . Psoriatic lesions are associated with increased activity of T cells in the underlying skin<sup>10</sup>.

### **SIGNS & SYMPTOMS:**

Common symptoms of this disease includes Plaques of red skin often covered with loose, silver scales. This is the symptom most commonly associated with Psoriasis. Such lesions can be extensive, itchy and painful. Cracking and bleeding may occur. In the most severe cases, these patches merge with one another to cover entire surface areas of the body. Irritated patches of skin and dots, which are raised and thick, ranging from pink-red salmon to red in color. Often these skin patches or skin dots are, like noted in the aforementioned, covered in silvery scales. Redness on elbows, knees, trunk and scalp. Though these are the main places in which psoriasis symptoms are seen, symptoms can occur anywhere on the body. Change and disfiguration of nails. Thickening, yellow-brown spots, dents and pits in the nail surface, separation of nail from base and crumbling of the actual nail may occur. Severe dandruff, Plaques of silver scales or crust may develop as loose flakes constantly shed<sup>11</sup>.

### **DIAGNOSIS:**

In most cases, psoriasis can be diagnosed by examining skin. If there are symptoms of psoriatic arthritis, such as swollen and painful joints, your doctor might run blood tests and take X-rays to rule out other forms of arthritis<sup>12</sup>.

### **TREATMENT:**

Treatment is based on the severity of the disease, the extent and location of the areas involved & responsiveness to the treatment. It includes Corticosteroid creams and ointments (most common treatment), Synthetic forms of vitamin D and Retinoids. A more controlled form of artificial light treatment (UVB phototherapy) is often used in cases that are more widespread.

### AYURVEDIC VIEW:

“*KushnatiitiKushtha*” means that which makes one’s skin look disgraceful or ugly or which destroys *Twak* and other *Dhatus* is called *Kushtha*. Taking excessive amount or constant usage of certain foods like new formed rice, heavily digestible foods, citrus fruits, she buffalo milk, curd, fish, jaggery, unrefined sesame oil, Horse gram, black gram, field beans, food articles (sweets) prepared by sugars, and carbohydrate rich foods leads to this disease. Improper food habits play an important role in the etiology of *Kushtha*<sup>13</sup>. *Eka Kushtha* symptoms mentioned in the classical texts include *Asvedana* – Absence of sweating Extensive localization and *Yatmatsyakalopamam* – Resembles the scales of fish. It occurs due to increase of *Vata* and *KaphaDosha*<sup>14</sup>.

### TREATMENT PLAN AS PER AYURVEDA:

In the treatment part, Patient suffering from *Kushtha* dominated by *Vata* is administered with herbal ghee internally. Patient suffering from *Kushtha* dominated by *Kapha*, is administered *Vamana* – emetic therapy. Patient suffering from *Kushtha* dominated by *pitta* is given *Virechana* – purgation therapy. *Raktamokshana* or Blood- letting is done with a coarse device in case of *Kushtha* with mild symptoms. *SiraVyadha* or vein puncture – is administered in more acute stage. Multiple *Shodhana* therapies: *Kushtha* patient with more vitiated *Doshas* (*Bahudosha*) is given *Shodhana* therapies for several times, with a lot of care. Excessive elimination of *Doshas* (morbid factors) might weaken the patient and the aggravated *Vata* might endanger patient’s life instantaneously. Because *Vayu* gets aggravated and the patient becomes weak soon after the elimination therapies which condition will be remedied by the administration of the *Snehapana* – oleation therapy. Shamana treatment for *Kushtha* – Palliative measures: The remedies for cure of different types of *Kushtha*, are categorized on the basis of aggravation of *Doshas*<sup>13</sup>.

### DISCUSSION:

After studying *Kushtha* in Ayurvedic literature, it is clear that the disease Psoriasis is mostly comparable with *EkaKushtha*, *KitibhaKushtha* and *SidhmaKushtha* which are categorized under *KshudraKushtha* and *MahaKushtha* respectively. *PanchaNidana* of *Kushtha* i.e., *Nidan*, *purvarupa*, *rupa*, *upasaya*, *samprapti* of *Kushtha* are studied

simultaneously with the etiopathogenesis and symptomatology of psoriasis. *Aharajanidana* is mentioned in *Kushtha* whereas as per modern science also diet plays a role in the aetiopathogenesis of psoriasis. Environmental factors like various kinds of mechanical injury, ultraviolet injuries are mentioned as excessive physical exercise, excessive exposure to sunrays. Infection is supposed to be a triggering factor whereas *samsargajanidana* was mentioned in classics. Psychological stress factors help in the manifestation of dermatological disorders as *manasikanidana* mentioned for *Kushtha*. Genetic factors for psoriasis can be focused as *kulajanidana* i.e., *Kushthais aAdibalaprabrittavyadhi*. Regarding pathogenesis, the epidermis is infiltrated by a large number of activated T cells, which appear to be capable of inducing keratinocyte proliferation. Key findings in the affected skin include vascular engorgement due to superficial blood vessel dilation and altered epidermal cell cycle. Epidermal hyperplasia leads to an accelerated cell turnover rate, leading to improper cell maturation. In addition to parakeratosis, affected epidermal cells fail to release adequate levels of lipids, which normally cement adhesions of corneocytes, as a result poorly adhered stratum corneum leads to flakes and scales of psoriasis. *Samprapti* of *Kushtha* says as vitiated *tridoshas* cause *saithilya* of *twak, rakta, mamsa* and *lasika* take shelter there resulting in *Kushtha*. There seems to be a close association between pathogenesis of psoriasis and *Kushtha*, which is a subject of further research. Regarding prodromal symptoms of psoriasis, very less informations are found and simultaneously *purvarupas* of *Kushtha* are highlighted. It is clear from the clinical features that psoriasis mostly resembles with the *rupa* of *EkaKushtha, KitibhaKushtha* and *SidhmaKushtha*. Regarding prognosis, limited information is found. If severe form of psoriasis is associated with chronic health conditions such as heart disease or cancer, these factors may also account for the mortality changes noted in patients with severe psoriasis. Similarly, in the classical reference of *Kushtha*, patients who are weak, having morbid thirst or burning sensation are said to be *asadhya* i.e., Untreatable. Regarding treatment of Psoriasis, there is very limited scope in modern medicine. Various preparations are available for topical and systemic applications. But the treatment procedures are with serious side effects. Whereas very effective treatment modalities are found in ancient Ayurvedic classics for *Kushtha*. As Ayurveda emphasizes as the *NidanaParivarjana* as the first line of treatment to treat a disease, so it is also applicable to prevent the manifestation of this chronic dermatological

disorder called psoriasis. The Panchakarma purificatory therapies along with shaman therapies are much helpful compared to modern medications as different aforesaid varieties of *Kushtha* have similar presentations with Psoriasis. Such comparative study of Ayurvedic disease with its modern counterpart not only helps in proper understanding of diseases particular but also can add new dimensions to the treatment aspect under proper research based evaluation.

#### **CONCLUSION:**

Psoriasis is a non-infectious chronic inflammatory disease of skin characterized by well-defined erythematous plaques with silvery scales having chronic fluctuatory course affecting both sex and different age groups. *Kushtha* is described as one of the most chronic diseases in Ayurvedic literature. Under the roof of *Kushtha*, Ayurveda described a wide range of dermatological disorders including its classification, etiopathogenesis, clinical presentation, prevention and management. The disease courses and the treatment modalities mentioned for dermatological disorders as described in Ayurveda are highlighted here with their modern counterparts and the measures mentioned in classics are focused in this study which provides management in natural way with no adverse effects. However, this article needs further discussion so that a fruitful conclusion can be drawn in near future on the basis of research based evaluation.

#### **REFERENCES:**

1. Edwards CRW Bouchier IAD, Haslett C & Chilvers ER, Davidsons Principles and Practice of Medicine, 18 th edn, (ELBS with Churchill Livingstone, USA) 1999, 948-52.
2. Harrison, Eugene Braunwald, Anthony, S. Farci, Dennis L. Kasper, Stephen, L. Hauser, Dan.L. Longo, J. Larrey, Harrison's Principle of Internal Medicine, 15 th Edition Vol-1, MC Graw Hill Publications.
3. Charak Samhita of Agnivesha Revised by Charaka and Drihabala with elaborated Vidyotini Hindi commentary by Pandit Kashinath Sastri and Dr. Gorakha Natha Chaturvedi.

4. Sushruta Samhita, Ayurveda TatvaSandeepika Hindi commentary by Vaidya Priyavrat Sharma, Chaukhamba Sanskrit Pratisthan Varanasi, Sutrasthan-33/4-5.
5. Questions and Answers about Psoriasis 1`National Institute of Arthritis and Musculoskeletal and Skin Diseases.
6. Sanjeev S.Tonni, Shamshad Begum, Diet in Psoriasis-An Ayurvedic Perspective, J-ISM, V2(4) pp210-215.
7. Prieto-Perez R CabaleiroT.DaudenE.OchoaD.RomanM.Abad-Santos F (Aug 2013) Genetics of Psoriasis and pharmacogenetics of Biological drugs,'Auto immune Dis, 2013, PMID 24069534.
8. Sing Satyapal, Tripathi JS, Rai NP, An overview of Ayurvedic and contemporary approaches to psychodermatology. The Journal of Phytopharmacology 2014;3(4):286-299.
9. Lomhott G. Psoriasis: Prevalence, Spontaneous course & genetics. A census study on the prevalence of skin diseases on the Faroe Islands, Copenhagen: GEC Gad,1,1963:31-3.
10. [emedicine.medscape.com/article/1943419-overview](http://emedicine.medscape.com/article/1943419-overview).
11. [www.mariobadescu.com/symptoms of psoriasis](http://www.mariobadescu.com/symptoms-of-psoriasis).
12. Web MD Medical Reference/Reviewed by Stephanie.S. Gardener MD ON June 05,2015.
13. Agnivesha, Charaka Samhita, elaborated by Charaka and Drihabala, Vaidyamanorama Hindi Commentary by Acharya Vaidyadhara Shukla, Prof. Ravi DuttTripathy, Chaukhamba Sanskrit Pratisthan, Delhi, 2006, Vol-2, Chikitsa sthana7/4-8,p-181.
14. Agnivesha, Charaka, Drihabalaa, Charaka Samhita, volume-1, Chaukhambhabharati Academy, Varanasi, 2005, 643.