



ISSN:2456-9739

Available Online at <http://www.bjbmr.org>

BRITISH JOURNAL OF BIO-MEDICAL RESEARCH

Cross Ref DOI: <https://doi.org/10.24942/bjbmr.2021.803> Volume 05, Issue 01, March -April 2021

Case Study

A Case Study On Psoriasis

Dr. Meher Jyotiranjana*, Dr. Meher Arunima and Dr. Samal Jitendra

¹Lecturer, Deptt. of Kayachikitsa, Govt. Ayurvedic College, Balangir, Odisha.²Ayurvedic Medical Officer, Dist- Sonepur, Odisha.³Lect. Deptt. of Panchakarma, Gopabandhu Ayurved Mahavidyalaya, Puri, Odisha.

ARTICLE INFO

ABSTRACT

Article History:

Received on 11th March 2021
Peer Reviewed on 26th Mar 2021
Revised on 14th April 2021
Published on 29th April 2021

Keywords:

Uterine cervical neoplasms,
Radiotherapy, Intensity modulated
radiation therapy, Brachytherapy,
High dose rate

Aim: To assess the efficacy of Rasabhra guggul and Karanja taila in the management of Psoriasis (*Ekakustha*). **Background:** Psoriasis (*Ekakustha*) is one of the most common dermatologic diseases, affecting up to 1 to 2 per cent of the world's population. India has an incidence of approaching 1%-3%. It occurs in all age groups mainly at 20-30 years and about equally in men and women. Psoriasis is a skin disorder characterized by erythematous, swollen skin lesions covered with silvery-white scales. *Ekakustha* is one of the *kshudraroga* described in classical Ayurveda text which the sign and symptoms of *Aswedanam*[2] (absence of sweat), *Mahavastu* (big lesion), *Matsyasakolapamam* (Scaling) with *Vata-kaphaja* dosa [3] predominancy. The involvement of Vata results in dry silvery or blackish plaques of psoriasis. Whereas itching in those affected areas is due to *Kapha*. It is one of the most intriguing and perplexing disorders of the skin. The psychological aspect of psoriasis is most important in the etiopathogenesis and management of psoriasis. **Results and Discussion:** In the present study, the patient was taking "Rasabhra guggul" for oral administration along with *Karanja Taila* for external application. Both the drug has the property of *vatakaphahara*, *ushna virya* and *kusthaghna* for which it breaks down the pathogenesis of *Ekakustha*. **Conclusion:** Both the drugs *Rasabhra guggul*[4] and *Karanja Taila* [5] are highly effective to relieve the sign and symptoms of *Ekakustha*.

Br J Bio Med Res Copyright©2021 Meher Jyotiranjana et al. This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material for any purpose, even commercially, provided the original work is properly cited and states its license.

Corresponding Author: Dr. Meher Jyotiranjana, Lecturer, Deptt. of Kayachikitsa, Govt. Ayurvedic College, Balangir, Odisha.

INTRODUCTION

Psoriasis is a non-infectious skin disorder characterized by erythematous, swollen skin lesions covered with silvery-white scales caused due to dysfunction of skin metabolism. It has multiple etiologies which makes its management more and more challenging. In the Indian subcontinent, the incidence is 1%-3% outpatient department. It occurs in all age groups mainly at 20-30 years and about equally in men and women.[7] The present case is a case of uncomplicated psoriasis with the written consent of the subject.

CASE REPORT

A 45-year-old serviceman came to OPD of dept. of kayachikitsa, Gopabandhu Ayurveda Mahavidyalaya & Hospital, Puri on 18 Nov 2016 for a severe skin problem with complaining of absent of sweating, skin lesions,

erythema, scaling and itching since 2 years along with associated symptoms of multiple joint pain with psychologically upset. This condition had appeared gradually from last 2 years. At first, the patient felt erythema, itching. The patient had taken corticosteroid and multivitamin irregularly from many allopathic skin specialists to relieve the symptoms. There was no family history like skin disorders. Physical examination showed extensive non-uniform erythematous scaly patches involving the scalp, face, trunk, arms, legs. There was severe scaling of the epidermis from all over the body. Other laboratory investigations and vital signs were also normal. This patient was treated with Rasabhra guggul for oral administration along with Karanja Taila for external application twice a day for 1 month. The patient was follow-up in every 7 days.

Dosha Dushya Samurchhana

Dosha-Tridosha

Dushya-Twak, Rakta Mansa, Lasika

Srotas : Rasavaha, Raktavaha

Srotodushti : Sanga

Agni : Jatharagnimandya

Ama : Jatharagni

Udbhabasthana- Amasaya

Vyaktasthana-Twacha

Roga Marga : Bahya

Samprapti

↓
Nidana sevana(Ahara, Bihara, Manasika)

↓
Tridosha & Twak, Mansa, Lasika

↓
Sthana samsraya in Twacha

↓
Knadu, Daha, Srava in Twak

↓
Ekakustha

RESULTS

There was marked relive found after 1 month of treatment in every sign and symptoms.

Table No. 1: Showing Vital sign of the patient.

Pulse Rate	74/min
Respiratory Rate	18/min
Heart Rate	74/min
Blood Pressure	110/70 mm/Hg
Temperature□	Normal
Pallor	NAD
Jaundice	NAD

On examination

Auspitz Sign- Positive

Candle Grease Sign- Positive

Table No. 2: Showing Laboratory investigations of the Patient before and after treatment.

	BT	AT
Date	18/11/2016	20/02/2016
DC		
N%	68	66
L%	26	27
E%	04	06
M%	00	00
B%	02	01
TLC	8,300	8,800
Hb %	10.8	11.0
STOOL	NAD	NAD
URINE	NAD	NAD

Therapeutic Intervention

Rasabhra Guggul – 500mg, Twice daily with lukewarm water, for 1 month.

Karanja Taila- for local Application, Twice daily

Diet- *Purana Dhanya, Yava, Godhuma, Mudga, Adhaki, Masura, Patola, Jangala Mamsa*

Table No. 3: Showing Assessment Criteria.

Sign and symptoms	Gradation 0	Gradation 1	Gradation 2	Gradation 3	Gradation 4
Aswedanam (Absence of sweating)	Normal Sweating	Mild Sweating	Mild Sweating on exercise	No Sweating after exercise	
Mahavastu (Big lesion)	No lesion on Mahavastu	Lesion on partial part of hand, leg, neck, scalp, trunk, back	Lesion on most of hand, leg, neck, scalp, trunk, back	Lesion on the whole part of hand, leg, neck, scalp, trunk, back □	
Matsyasakolapamam (Scaling)	No scaling	Mild	Moderate	Severe	
Itching	No itching	Mild	Moderate	Severe	
Candle grease sign	Absent	Improvement	Present		
Auspitz sign	Absent	Improvement	Present		
Area of Involvement	Normal Skin	1-25% involved	26-50% involved	51-75% involved	51-75% involved
Erythema	Normal colour□	Near to normal, this looks like normal colour to distant observe□	Reddish colour□	Black reddish discolouration□	Deep black reddish discolourations□

Table No. 5: Showing Clinical Symptoms.

Symptoms	BT	AT1	AT2	AT3	AT4
Aswedanam (Absence of sweating)	1	1	0	0	0
Mahavastu (Big lesion)	1	1	1	0	0
Matsyasakolapamam (Scaling)	2	1	1	0	0
Itching	3	2	2	1	0
Candle grease sign□	2	2	1	1	0
Auspitz sign	2	1	1	0	0

Table No. 6: Showing PASI – Score (Overall).

Symptoms	B.T.	AT1	AT2	AT3	AT4
Erythema	2	2	1	1	0
Induration	2	1	0	0	0
Scaling	3	2	2	1	0

Table No. 7: Showing Pasi Score.

Symptoms	Head		Upper limbs		Trunk		Lower limbs□		Total	
	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.
Erythema	1	0	1	0	2	0	2	0	6	0
Induration	1	0	1	0	2	0	1	0	5	0
Scaling	2	0	1	0	3	0	2	0	8	0
Total	4	0	3	0	7	0	5	0	19	0
Area score	2	0	1	0	2	0	1	0	6	0
Subtotal□	8	0	3	0	14	0	5	0	30	0
Body Surface Area* (0.1)	0.8	0	0.6	0	4.2	0	2.0	0	7.6	0

Figure No. 1: Showing Before and After Treatment.**Before Treatment****After Treatment****DISCUSSION**

There are two drugs selected for the present study. These are Rasabhra guggul and Karanja Taila. Rasabhra guggul is the combination of various drugs i.e. Parada, Gandhaka, Louha Bhasma, Abhraka Bhasma, Guggul, Guduchi, Triphala, Haritaki, Bibhitaka, Amalaki, Sunthi, Pippali, Maricha, Danti, Indrayana Mula,

Bidanga, Nagakesara, Tribrit Mula. Rasabhra guggul in the form of Vati. Rasabhra guggul contains drugs like gandhaka, sunthi, pippali, maricha, vidanga etc., which are Vata Kapha shamaka. In this disease, the main dushyas are Rasa and Rakta. The drugs like danti, indrayana, nagakesara, trivrit are Kapha Pitta samaka and nitya virechaka. So, it acts as an

antisyphilitic, detoxifying agent, antimicrobial, antiallergic. Because the drugs which are Kapha Pitta samaka, that must be Rakta prasadaka in nature. Maximum drugs are of katu, tikta, kasaya rasa which are having the action of blood purification and immunomodulation. The disease occurs due to Sanga (Obstruction). So, Yogavahi and srotanusarini drugs like Parada, Pippali may help to clear the channel of srotas. The drug has the property of Antioxidant, Antibacterial, Antimicrobial, Antihelminthic, Antifungal, Antiprotozoal, Anti-allergic, Hepatoprotective, Radioprotective, Skin protective, Anti cancerous, Antiseptic, Anti-stress, Antioxidant, Antidepressant, Immunomodulator, Antisyphilitic, Blood purifier. Karanja Taila has the property of Anti anthelmintic, Anti-diabetic, Carminative, Antidiarrhoeal, Antiulcerogenic, Anti-inflammatory, Antifungal, Gastroprotective, Antioxidant-Free radical scavenging activity. Karanja Taila may act in the dryness of skin and help to reduce exfoliation. The above formulation is having the skin protective qualities which may help in reducing the thickness of the epidermal layer of skin. Combined effects of these drugs are helpful in breaking of immunological reaction, removal of a toxic substance from the body, relieving from absent of sweating, skin lesions, erythema, scaling and itching. The combination of these drugs has the capabilities to address all the manifestations of psoriasis or Ekakustha. This case was successfully treated with Ayurvedic medicine on the line of management of Ekakustha.

CONCLUSION

All the sign and symptoms of psoriasis have close resembles with Ekakustha. The case of psoriasis was successfully managed in the line of management of Ekakustha. This case study demonstrates that Ayurvedic management may be useful in hazardous skin condition.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

REFERENCES

- 1) Charaka Samhita of Agnivesha elaborated by Charaka & Drudhabala with Charaka Chandrika Commetary edited by Dr. Brahmanand Tripathy, Vol. 2, Chikitsa Sthana 7, Verse 28, published by Chaukhamba Surbharati Prakashana, Varanasi, Reprint: 2009.
- 2) Charaka Samhita of Agnivesha elaborated by Charaka & Drudhabala with Charaka Chandrika Commetary edited by Dr. Brahmanand Tripathy, Vol. 2, Chikitsa Sthana 7, Verse 28, published by Chaukhamba Surbharati Prakashana, Varanasi, Reprint: 2009.
- 3) Charaka Samhita of Agnivesha elaborated by Charaka & Drudhabala with Charaka Chandrika Commetary edited by Dr. Brahmanand Tripathy, Vol. 2, Chikitsa Sthana 7, Verse 28, published by Chaukhamba Surbharati Prakashana, Varanasi, Reprint: 2009.
- 4) Bhaishajya Ratnavali of Kaviraj Govind Das Sen, edited with Siddhiprada Hindi Commentary by Prof. Siddhi Nandan Mishra, Chapter no. 27 named Kustha Rogadhikar, Verse No 91-97, published by Chaukhambha Sanskrit Pratishtana, Reprint 2003.
- 5) Sushruta Samhita of Maharshi Sushruta edited with Ayurveda Tatwa Sandipika
- 6) Hindi Commentary by Kaviraj Ambikadutta Shastri, Sutra Sthana, chapter 45, verse no. 115, Vol: 1, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint: 2010.
- 7) Illustrated synopsis of Dermatology and sexually transmitted disease by Neena

Khanna, Fifth edition, 2015, Chapter 4,
page no. 44, Published by Elsevier India.

8) Illustrated synopsis of Dermatology and
sexually transmitted disease by Neena

Khanna, Fifth edition, 2015, Chapter 4,
page no. 44, Published by Elsevier India.

How to cite this article:

Meher Jyotiranjana, Meher Arunima and Samal Jitendra *A Case Study On Psoriasis* **Br J Bio Med Res , Vol.05, Issue 02, Pg.1527 - 1532, March - April 2021. ISSN:2456-9739 Cross Ref DOI : <https://doi.org/10.24942/bjbmr.2021.803>**

Source of Support: Nil

Conflict of Interest: None declared.

Your next submission with [British BioMedicine Institute](#) will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text)
- Unceasing customer service
- Immediate, unrestricted online access
- Global archiving of articles



Track the below URL for one-step submission

<https://bjbmr.org/manuscript-submission/>