**Management of *Ekakushtha* (Psoriasis) In Children by Ayurvedic *Panchkarma*: A Case Report**

**Abstract**

Skin diseases are disconcerting due the chronicity entitled as *Deerghkalinvyadhi* (Chronic Disease) in Ayurveda and also one of the *Astha Mahagada* (Eight dreadful diseases). The disease Psoriasis is incorporated in the *Kushtha Roga*. The signs and symptoms of *Ekakushtha* (Psoriasis) is considered as the commonest skin disease that can affect an individual. Acharya Charaka has described the involvement of *Vata-Kapha* Different compared to whether psoriasis is described in contemporary medicine, *Ekakushtha* (psoriasis) in Traditional system of medicine has a similar cause*.* Present study is the case of eleven years old female child diagnosed as *Ekakushtha* (Psoriasis) managed by Ayurvedic Panchakarma specifically by *Virechana Karma* (Therapeutic Purgation) followed by *Samsarjana Karma*. The results showed marked improvement in reduction of Psoriatic lesions.

**Key Words:** *Kustha*, *Ekakushtha*, Psoriasis, *Shodhana, Virechana,Pediatric*

**Management of *Ekakushtha* (Psoriasis) In Children by Ayurvedic *Panchkarma*: A Case Report**

**Introduction**

All skin ailments are encompassed by the term "*Kushtha*" in Ayurveda. Psoriasis, a manifestation of *Ekakushtha* (*Kshudra Kushtha*), is a chronic variant of *Kushtha*. Even after intervention, relapses are likely to occur. It is specifically stated that *Ekakushtha* (psoriasis) is a *Tridoshaja* with a considerable *Kapha Dosha* influence. *Ekakushtha* is more similar to psoriasis in terms of description and distinguishing characteristics. Consequently, Psoariasis and *Ekakushtha* can be compared.[[1]](#endnote-1)

Psoriasis is a chronic condition with a background of remissions and flare-ups. With the aid of spiraled and ultraviolet A (UVA) treatment, corticosteroids, and antimitotic medications, conventional medicine manages psoriasis. Nevertheless, these therapeutic interventions accompany with considerable adverse consequences as bone marrow depletion, liver and renal failure, etc.[[2]](#endnote-2)

**Patient Information**

A female adolescent around eleven reported to the *Kaumarbhritya* (Pediatric) Outpatient department with the primary complaint of reddish elevated dry plaque-like lesions with white or silvery scales throughout her body in the previous eight years, along with acute itching for the subsequent year. The itching aggravated during winters throughout the day. According to the patient’s mother, she was apparently well up to her 3 years of the age, then she developed a single reddish nodular lesion over her right knee joint associated with itching, gradually the lesion had spread sequentially to other areas as left knee joint, both thighs, trunk, both hands and the face. she had a normal lifestyle and food habits apart from increased intake of curd and dairy products in the meal. There is no history of any systemic illness, metabolic disorder, drug or food allergy. There is no significant family history.

**Clinical findings**

On examination, general condition fair, nutritional status was good, vitals were stable. On inspection, multiple small reddish and whitish plaque like lesions were distributed throughout the body associated with itching, often followed by bleeding from the lesions. borders were demarcated and no odour or discharge was present in the lesions. On palpation, the lesions were non tender, surface texture was rough and lesions were slightly elevated and non-edematous. On systemic examination no significant finding was observed. The Psoriasis Area and Severity Index (PASI), a quantitative scoring system for assessing the severity of psoriatic lesions based on area coverage and plaque appearance, was adopted to figure out the diagnosis.

**ASHTAVIDHA PARIKSHA**

|  |  |
| --- | --- |
| Parameters | Case |
| Nadi (Pulse) | Vega: 108/minute  Taal: sama  Bala: Prakanta |
| Mala (Urine) | Varna: Prakruta (Normal)  Sama/Nirama: Nirama  Swaroopa: Prakruta (Normal) |
| Mootra (Stool) | Varna: Prakruta (Normal)  Swaroopa: Prakruta (Normal) |
| Jivha (Tongue) | Sama/Nirama: Nirama  Swaroopa:Prakruta (Normal) |
| Shabda (Voice) | Prakruta (Normal) |
| Sparsha (Skin) | Ushna and Ruksha (Warm and Dry) |
| Druka (Eye) | Prakruta (Normal) |
| Akruti (General appearance) | Madhyama(medium) |
| DASHVIDHA PARIKSHA | |
| Prakruti (Body constituent) | Vata Kaphaja |
| Vikruti (Pathology) | Pravara (excellent) |
| Sara (Essence) | Twakasara (Skin) |
| Samhanan (Body proportion) | Madhyama(medium) |
| Pramana (Measurement) | Madhyama(medium) |
| Satwa (Mental strength)  Satmya (Compatibility) | Madhyama(medium)  Madhyama(medium) |
| Vyayama Shakti (exercise capacity test) | Madhyama(medium) |
| Ahara Shakti (Appetite) | Madhyama (medium) |
| Vaya (Age) | Balya (Pediatric Age Group) |

**Timeline**

**Patient history**

The patient, a 11-year-old girl who was simply born at full term, sobbed right away. The developments have taken place according to age. She is currently a sixth standard student. No chronic illness occurred, no history of systemic illness and no significant family history. She was apparently well up to the age of 3 years then developed a single reddish nodular lesion over her right knee joint associated with itching, gradually the lesion had spread sequentially to other areas as left knee joint, both thighs, trunk, both hands and the face. she had multiple visits to private hospitals and was on conservative treatment all these years but did not get any relief.

**Diagnostic Assessment**

In her investigations, a skin biopsy from right leg and left arm was done before she was presented in the OPD, which showed parakeratosis, compact hyperkeratosis, hyper granulosis with neutrophilic micro abscess in stratum corneum and stratum spinosum. There is mild spongiosis with pan dermal mild to moderate perivascular mixed inflammatory infiltrate. Features were confirmatory of the clinical diagnosis of Psoriasis.

**Therapeutic Intervention**

After taking written informed consent from the patient and her guardians, she was planned for the Ayurvedic Panchakarma management in the IPD set up. The regimen of the *Panchkarma* intervention comprised of the following:

|  |  |  |
| --- | --- | --- |
| Visit | Intervention | Observation |
| First Visit | Following medicines were prescribed for 15 days   1. *Kaishor Guggulu* 1 Tablet Twice Daily After Food 2. *Sarivadyasava* 5ml with 5 ml Water Twice Daily After Food 3. *Khadirarishta* 5ml with 5 ml Water Twice Daily After Food 4. *Mahamanjishthadi Kwath* 10 ml Twice Daily Before Food 5. *Avipattikar churna* 3gm H.S. with Luke Warm Water 6. 777 Oil for External Application | Patient was examined for the complaints of reddish raised dry plaque like lesions with white or silvery scales throughout the body. |
| Second Visit | *Virechana Karma* (Therapeutic Purgation)(First Sitting)   * *Deepana- Pachana* (Digestion- Metabolism enhancer) *Panchkola Churna* 3 gm BD with luke warm water After Food   *Chitrakadi Vati* 1 Tablet Thrice Daily After Food  *Triphala Churna* 5gm With Luke Warm Water at Night   * *Snehapana* With Goghrita in increasing dose for 7 days. * *Sarvanga Abhyanga*   *Ayyapala Kair Taila* for External Application for 3 Days   * *Sarvanga Swedana Dashmoola Kwath* for External Application for 3 Days * *Virechana Aushadha*   *Trivrita* *Avleha* 70 gms along with *Munakka Phanta* 100 ml  Stat   * *Samsarjana Karma* After *Virechana* for 5 days | The lesions were slightly reduced in size from the head, trunk and upper limbs. |
| Third Visit | * *Panchtikta Guggulu Ghrita* 1 Tablet Twice Daily After Food * *Kaishore Guggulu* 1 Tablet Twice Daily After Food * *Khadirarishta* 5ml with 5 ml Water Twice Daily After Food * *Avipattikar Churna* 3gm At Night with Luke Warm Water * *Ayyapala Kair Taila* for External Application for 3 Days | The symptoms did not aggravate and the size of the lesions did not enhance. There was no relapse of previous symptoms. |
| Fourth Visit | * *Deepana- Pachana*   *Chitrakadi Vati* 1 Tablet Thrice Daily After Food  *Triphala Churna* 5gm With Luke Warm Water at Night   * *Snehapana* With Goghrita in   inceasing dose   * *Sarvanga Abhyanga*   *Ayyapala Kair Taila* for External Application for 3 Days   * *Sarvanga Swedana Dashmoola Kwath* for External Application for 3 Days * *Virechana Aushadha*   *Trivrita* *Avleha* 70 gms along with *Munakka Phanta* 100 ml  Stat   * *Samsarjana Karma* After *Virechana* for 5 days | The lesions remarkably reduced from Head, trunk and upper limbs. There was significant reduction in size of the lesions was observed in the lower limbs. |

**Follow up**

Patient was assessed regularly throughout the intervention and follow up was done after every 15th day until the commencement of the treatment. All of the psoriatic lesions' symptoms and indicators were treated. No side effects were seen while receiving therapy. Before and after images of the afflicted areas' treatments are displayed.

**Outcomes**

Both subjective and objective characteristics were taken into account for the Psoriasis Area and Severity Index (PASI) score.[[3]](#endnote-3)

Add the three severity scores for each skin segment, multiply the total by the area score, divide the result by the proportion of the skin in each region.

The following criteria were used to evaluate the severity of the PASI Parameters (scaling, erythema, and induration) and additional parameters.

PASI Score Before First Sitting *Virechana* (Therapeutic Purgation) Procedure (0n First Day of IPD Admission)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Plaque characteristics | Lesion score | Head | Upper limbs | Trunk | Lower limbs |
| Erythema | 0=none  1=slight  2=moderate  3=Very severe | 0 | 2 | 2 | 2 |
| Induration/thickness | 1 | 2 | 2 | 2 |
| Scaling | 1 | 2 | 2 | 2 |
| Add together each of the 3 scores for each body region to give 4 separate sums (A) | | | | | |
| Lesion sum score | | 2 | 6 | 6 | 6 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Percentage area affected | Area score | Head | Upper limb | Trunk | Lower limb |
| Area Score  Degree of involvement as a percentage for each body region affected (score each region with score between 0-6) | 0 = 0%  1 = 1% - 9%  2= 10% - 29%  3= 30% - 49%  4= 50% - 69%  5= 70% - 89%  6= 90% - 100% | 3 | 5 | 5 | 5 |
| Multiply Lesion score sum (A) by area score (B), for each body region, to give 4 individual subtotals (C) | | | | | |
| Subtotals (C) | | 6 | 30 | 30 | 30 |
| Multiply each of the subtotals (C) by amount of body surface area represented by that region, i.e., × 0.1 for head, × 0.2 for upper body, × 0.3 for trunk, and × 0.4 for lower limbs. | | | | | |
| Body surface area | | × 0.1 | × 0.2 | × 0.3 | × 0.4 |
| Totals (D) | | .6 | 6 | 9 | 12 |
| Add together each of the scores for each body region to give the final PASI score | | | | | |
| PASI Score = 27.6 | | | | | |

PASI Score After Second Sitting of *Virechana* (Therapeutic Purgation) Procedure (After *Samsarjana Krama*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Plaque characteristics | Lesion score | Head | Upper limbs | Trunk | Lower limbs |
| Erythema | 0=none  1=slight  2=moderate  3=Very severe | 0 | 0 | 0 | 1 |
| Induration/thickness | 0 | 0 | 0 | 0 |
| Scaling | 0 | 0 | 0 | 0 |
| Add together each of the 3 scores for each body region to give 4 separate sums (A) | | | | | |
| Lesion sum score | | 0 | 0 | 0 | 1 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Percentage area affected | Area score | Head | Upper limb | Trunk | Lower limb |
| Area Score  Degree of involvement as a percentage for each body region affected (score each region with score between 0-6) | 0 = 0%  1 = 1% - 9%  2= 10% - 29%  3= 30% - 49%  4= 50% - 69%  5= 70% - 89%  6= 90% - 100% | 0 | 0 | 1 | 1 |
| Multiply Lesion score sum (A) by area score (B), for each body region, to give 4 individual subtotals (C) | | | | | |
| Subtotals (C) | | 0 | 0 | 1 | 1 |
| Multiply each of the subtotals (C) by amount of body surface area represented by that region, i.e., × 0.1 for head, × 0.2 for upper body, × 0.3 for trunk, and × 0.4 for lower limbs. | | | | | |
| Body surface area | | × 0.1 | × 0.2 | × 0.3 | × 0.4 |
| Totals (D) | | 0 | 0 | 0.3 | 0.4 |
| Add together each of the scores for each body region to give the final PASI score | | | | | |
| PASI Score = 0.7 | | | | | |

**Observations & Results**

PASI Score before implementing the treatment was 27.6 with individual scoring of surface area as head to be 6, upper limbs 6, Trunk 9 and lower limb 12. An improvement of 50% or more from primary treatment benchmark scores is often seen as a favourable physical response, and an improvement of 75% or more is typically regarded as an improvement approaching clearance.[[4]](#endnote-4)

The patient showed proper *Lakshana* (Symptoms) of *Snehana* (Oleation) in 7 days after administration of *Goghrita* in increasing dose. After *Samayaka Snehana* (Appropriate Oleation), The symptoms of *Kandu* (itching), and *Rukshata* (dryness) were significantly improved.

On the 10th day, *Virechana* (Therapeutic Purgation) was commenced with oral administration of *Trivrita Avleha* 70 grams along with *Munakka Phanta* 100 ml and patient had 11 *Vegas* or episodes of *Virechana* (Purgation)*.*

After *Virechana* (Therapeutic Purgation) and *Samsarjana karma* the effect of *Virechana* (Therapeutic Purgation) were again assessed with respect to initial score of the symptoms. There was marked improvement in *Mandala* (size of erythema), Scaling, *Rukshta* (dryness), *Kandu* (itching), *Daha* (burning), *Bahalata* (area involved), *Aswedanam* (absence of sweating).

**Figure: Before Treatment**





**Figure: After Treatment**





**Discussion**

A significant influence is represented by both hereditary and environmental variables in the autoimmune illness psoriasis. Additionally, keratinocytes, the inflammatory cascade, and cytokines all play a crucial role in the progression of psoriasis. Plaque psoriasis, also known as psoriasis vulgaris, is the most common kind of psoriasis and is distinguished by silvery-white scales and raised, reddish skin areas[[5]](#endnote-5). It is very complex to treat due to its being an autoimmune condition. As a result, the *Kushtha Chikitsa* (Management of Skin Disease)and *Rasayana Chikitsa* (Rejuvenation Therapy) treatment approaches have been integrated. *Rasadhatu* (Plasma), *Raktadhatu* (Blood)*,* and *Mamsadhatu* (Muscles) were the *Dushyas* (Site of Pathology) in this instance, while the three were *Doshas Pitta, Kapha*, and *Rakta*. Because to of dispersion of vitiated *Doshas* and related *Sthanasamshraya* (site of pathological alterations) at *Tvaka* (skin), together with the clinical manifestations of *Vyadhilakshnanas* (Symptoms of Disease), *Doshadushya* *Samurcchana* (Pathological development) occurred (signs and symptoms of psoriasis). *Pitta-Kaphahara* and *Rasayana* (Rejuvenation Therapy) were recommended together with *Kushthaghna* *Aushadhiyogas* (medications) as part of the therapy procedure for *Samprapti Vighatana* (to prevent the pathophysiology). Additionally, with the aid of all internal medications, the *Agnidipana* (improving the digestive heat), *Ampachana* (Digestion Enhancer), *Rasaprasadana* (enhance quality of blood), and *Raktaprasadana* (purifying blood) were accomplished. One of the major contributing reasons to the role in the pathogenesis of skin disorders is the use of *Viruddha Ahara* (unhealthy dietary habits). For a smoother transition, better therapeutic response, and to prevent the recurrence of chronic skin conditions, the patient must avoid *Viruddha Ahara* (unhealthy dietary habits). In the example at hand, the patient consumed too much butter and curd, spicy food, milk products at the same time as salty snacks, etc. The patient's sporadic use of contemporary pharmaceuticals prevented her from receiving a lasting recovery; instead, she only experienced recurrent episodes of transient respite. As a result, in the current situation, food modification (*Pathya*) has been suggested as a mitigating intervention in addition to Ayurvedic medications. Following internal treatments using *Kaishor Guggulu*, *Sarivadyasava*, *Khadirarishta*, *Mahamanjishthadi Kwath,* *Avipattikar Churna*, and 777 oil, the continuous degenerative alterations were slowed and rectified. When developing the multimodal Ayurvedic therapy plan, all potential path mechanisms were taken into consideration. The Ayurvedic *Yogavahi* (synergism) feature of *Guggulu* (Commiphora Mukul) is widely recognized. By encasing the active medicinal compounds and facilitating their controlled release, *Guggulu* (Commiphora Mukul) can serve as a medication carrier.[[6]](#endnote-6) *Kaishor Guggulu*, a multi-herbal pharmaceutical, is recommended for *Vatarakta* (Gout) and well-known in Ayurveda for its *Kantikara* (restores the skin's natural radiance and suppleness) characteristic. By cleansing the blood, it minimizes the *Vatarakta* (Gout) related pain and inflammation. Additionally, *Kaishor Guggulu* has antibacterial, antiallergic, and blood purifying properties.[[7]](#endnote-7) Therefore, by having moderating effects on the deeply seated vitiated doshas of psoriasis, it aids in decreasing redness, inflammation, and functions as a natural blood cleanser. Arista Kalpana extracts a range of phytoconstituents from fresh plants using a continuous hydro-alcoholic extraction method. Because of biological conversions into phytochemical substances mediated by microorganisms, Arista exhibits greater medicinal effectiveness. For all varieties of *Kushtha* (Skin Disease)*,* *Khadirarista* has given their recommendation.[[8]](#endnote-8) The majority of *Khadirarista's* components have ant psoriatic properties. Traditional medicine has consistently employed the heartwood decoction of *Khadir* (*Acacia catechu Willd*.) to treat skin conditions, including psoriasis. It aids in blood purification. It contains immunomodulatory properties that might trigger both humoral and cell-mediated immunity. Catechins are one of the several phytoconstituents found in Acacia catechu, and they may help with the plant's antioxidant and anti-inflammatory properties.[[9]](#endnote-9)*Sarivadyasava* is a medicinal, fermented product that has been used internally for *Shamana* (dosha-pacifying effects). In addition to being utilised in the treatment of *Vatarakta* (Gout), it was traditionally depicted in the setting of *Prameha pidika rogadhikar*.[[10]](#endnote-10) *Prasadak dravya* (Pigmentation Medicine), the most *Raktashodhaka* (Blood Purifier), is the major component of Sariva (Hemidesmus indicus R.Br). The majority of *Sarivadyasava's* ingredients have *Shothahara* (relieves erythema) and *Vranaropana* effects (aids in healing of wound). Additionally, anti-inflammatory, immunomodulatory, and antioxidant activities of *Sariva* (Hemidesmus indicus R.Br) have been identified. Due to its *Raktaprasadana*, *Dahaprashamana* (reduces burning sensation), and *Shothahara* (anti-inflammatory) characteristics, it is beneficial in treating psoriasis.[[11]](#endnote-11)The *Manjisthadi Kwatha* Its main ingredient is *Manjistha* (*Rubia cordifolia Linn*), which possesses anti-inflammatory, analgesic, and antioxidant activities due to its anthraquinone content, particularly in the form of purpurin, munjistin, rubiasin, and mollugin. These substances are helpful in halting disease pathology because chronic inflammation plays a significant part in the pathology of psoriasis. According to Ayurveda, *Manjistha* (*Rubia cordifolia Linn*) has the ability to tame pitta dosha and detoxify the blood.[[12]](#endnote-12)In this instance, 777 oil has been recommended for external application. The leaf extract of W. tinctoria has been added in 777 Oil, a psoriasis treatment made with coconut oil and herbs.[[13]](#endnote-13) Coconut oil (*Cocos nucifera (L.) Kuntze*.) has been processed with *Vidaphala* (*Wrightia tinctoria R. Br*.) for use in 777 oil. By boosting their penetration into the skin, 777 oil helps to treat psoriasis by containing all of the pharmaceutically active components from these herbs. It slows down exfoliation, skin discoloration, silvery scales, inflammatory reactions, and hyper keratinization. Additionally, it stops the development of scales and blisters and itching. In psoriasis, *Vidaphala* (*Wrightia tinctoria R. Br*.) is beneficial.[[14]](#endnote-14)

The term *Snehana* (Oleation) denotes the process that brings oiliness or unctuousness in the body. This includes both *Snehapana* (internal use of Oleation) and Abhyanga (local application of Oil). In the present case *Snehana* is achieved with external application of medicated oil ,777 oil, is all over the body. The aim of *Snehana* (Oleation) therapy is to prepare the body for *Shodhana karma* (Purification) by dislocating the doshas situated in the periphery to the preferred region *“Kostha”*(Gastro-Intestinal System) so that they can be expelled out easily.[[15]](#endnote-15) Loosening of the *Dosha-Dushya* after *Snehapana* lead to melting of the Doshas at the site of *Sthansanshraya* (site of lesions). Afterwards, *Swedana* (Sudation Therapy), a procedure which relieves Stiffness, Heaviness and Coldness of body and produces Sweating, was done. *Swedana* (Sudation Therapy) was done by steaming given to the patient up to the proper sweating for 3 days. *Swedana* (Sudation Therapy) produces localised hyperthermia that has extremely important physiological and therapeutic effects. It enhances localised blood and lymphatic circulation, which enhances local tissue metabolism.[[16]](#endnote-16)

*Virechana* (Therapeutic Purgation) reduces the excessive Pitta and aids in its regular functioning, promoting the healing of skin lesions.[[17]](#endnote-17) *Virechana* (Therapeutic Purgation) delivers two-level bodily cleansing by removing poisonous substances from the body.[[18]](#endnote-18)

1. The gross level, where the body's numerous organs and systems are completely disinfected, the cardiovascular system, and the digestive tract.
2. The body is purified and cleansed at the cellular level, where cell membranes and chemicals provide these effects. Both gut absorption and metabolism are significantly improved.

Since *Swedavaha Srotas* (Channels for sweating), which carry sweat, are blocked in *Aswedanam* (lack of sweating), *Virechana* (Therapeutic Purgation) is *Srotoshodhak* (channel purificatory) function opens the microchannels and promotes circulation, which causes perspiration. *Virechana* (Therapeutic Purgation) is *Pitta Kaphahara* property corrects *Rakta Dhatu (*Blood), minimizing large lesions, which are mostly linked to *Dushita Kapha Dosha* and *Rakta Dushya*. Scaling, also known as hyperkeratinisation, is brought on by the vitiation of the *Tridosha. Virechana* (Therapeutic Purgation) regulates scaling by acting on all *Doshas. Vata Dosha* is primarily responsible for *Rukshata* (dryness), which *Virechana* (Therapeutic Purgation)corrects by *Vatanulomana* and ultimately reduces.[[19]](#endnote-19) Since *Virechana* (Therapeutic Purgation)possesses Pitta *Shodhaka* and *Rasa Rakta Prasadana* property, it's possible that this is the cause of her decreased *Kandu. Kandu* (itching) is a sign that *Kapha, Rasa,* and *Rakta Dushya* are involved.[[20]](#endnote-20) The primary causes of *Daha* (burning) are *Pitta Dosha* and *Rakta Dusti*; *Virechana* (Therapeutic Purgation) eliminates vitiated *Pitta Dosha* and *Rakta,* hence lowering *Daha.* *Pitta Dosha* and *Rakta Dushya* are the primary causes of the Auspitz sign, and *Virechana* (Therapeutic Purgation) is the most effective treatment for both conditions[[21]](#endnote-21). *Virechana* (Therapeutic Purgation) assists in disrupting pathogenesis in this way, which controls the symptoms of *Ekakushta* (Psoriasis)*.*

Scientifically arranged diet protocol implemented after *Panchakarma* procedure aiming at the rejuvenation of elements in body which were medically-altered during procedure is mentioned as *Samsarjana karma* (Therapeutic Dietary Regimen).[[22]](#endnote-22) In this study, *Sansarjana Karma* (Therapeutic Dietary Regimen) was followed for 5 days after every *Virechana* (Therapeutic Purgation) depending upon the episodes of purgation and clinical condition of the patient.

The *Virechana karma* was performed twice as after the first *Virechana* the lesions could not be relieved from lower limbs. Also, the symptoms once subsided after first *Virechana Karma* mildly aggravated again during the next consecutive *Hemanta Ritu.*

**Conclusion**

In this scenario, the Ayurvedic *Samprapti* (Pathogenesis) treatment procedure had been used, and the therapeutic response was shown significantly sooner than with the previous allopathic therapy. After the active treatment phase, there was no apparent recurrence. The importance of a balanced diet in promoting health is also confirmed. Ayurvedic extrinsic and internal treatments can assist to rectify the intricate pathophysiology of chronic illnesses like psoriasis.

**Patient perspective**

In her native Hindi, the patient gave her opinion on the Ayurvedic therapy. At the time of her presentation, she experienced intense itching, a burning feeling, and stress; nevertheless, at the end of the therapy, she was free of all signs and symptoms.

**Informed consent**

The subject's permission was acquired before taking the pictures.

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