Ayurvedic Management Of Psoriasiform Illness (Kaphaja Uttana Vatarakta): A Case Study.

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Abstract: Psoriasis is a skin disease characterized by well-demarcated, erythematous, papules to rounded plaques with silvery micaceous scale. Psoriasis is often associated with dyslipidemia and obesity is a risk factor for psoriasis. Pro-inflammatory cytokines TNF, IL-1, IL-6 are common between psoriasis, dyslipidemia, and obesity. Although psoriasis has been long viewed and treated as Kushtha, it may be seen and managed along the lines of Uttana Vatarakta with variable Dosha presentations. In this article, the case of a patient with psoriasiform illness and dyslipidemia is described. The patient was prescribed ayurvedic treatment for three months duration. His PASI score and lipid profile were assessed during the course of the intervention. The patient showed a marked reduction in all components of PASI score and improvement in lipid profile. A combination of Triphla guggulu, Navakarshika Kashaya, Tab. Imupsora, Jatyadi oil, and ointment Imupsora is found effective in reducing PASI score in psoriasiform lesions, relieving the discomforting symptoms, and combating psoriatic comorbidity of dyslipidemia. This ayurvedic regime successfully weaned the patient from antihistamines and was well tolerated, without any reported side effects. The response of our ayurvedic treatment was found satisfactory by the patient and it was met with discontinuation of other contemporary drugs such as antihistamines. The itching was the most notorious symptom which was dealt with over the course of treatment.

Keywords: Ayurved**,** Dyslipidemia, PASI, Psoriasiform illness, Vatarakta,

1. Introduction

Disease background

Psoriasis is a common, chronic, immune-mediated, inflammatory disorder of the skin and sometimes the joints. Clinically, psoriasis is characterized by well-demarcated, erythematous, papules to rounded plaques with silvery micaceous scale. Psoriasis vulgaris is the most prevalent type of psoriasis, affecting over 90% of people [1]. The skin behind the scale exhibits glossy uniform erythema, and when the scale is removed, bleeding spots develop, traumatizing the dilated capillaries below (the Auspitz sign). Obesity is a risk factor for psoriasis [2]. Psoriasis is associated with dyslipidemia, as seen in 55.8% of psoriatic patients [3]. Pro-inflammatory cytokines TNF, IL-1, IL-6 are common between psoriasis, dyslipidemia, and obesity [4].

Although psoriasis has been long viewed and treated as Kushtha, it may be seen and managed along the lines of Uttana Vatarakta with variable Dosha presentations. Tvaka involvement causes skin lesions in the prodrome, superficial, and mixed varieties of Vatarakta. Pidika(~papules) and Mandalotpatti(~plaques), a type of Uttana Shotha(~indurations) with a violaceous or erythematous base as well as altered hidrosis and itching, suggest Vata, Rakta, and Kapha vitiation in tissues. Due to the unregulated division of skin in psoriasis called epidermal hyperplasia, scaling might be regarded as a Vata dominant Vedana(~discomfort). The resulting desquamation of Ruksha(~dry), Parusha(~rough), and Sphutita(~fissured) quality with underlying Raktata(~erythma) and Snigdhta (~shiny unctuousness) as a bright erythematous foundation with leeders, strongly resembles Kaphaja Uttana Vata Rakta [5]. Association of obesity and/or dyslipidemia further consolidates the Kapha-Medavritta pathophysiology of Uttana Vatarakta [6]. Altered physiology of Mamsa tissue is reflected as derangements in its updhatu (~sub-tissue factors), namely Tvaka (~as psoriasis vulgaris) and Vasa (~as dyslipidemia).

2. Case report

A 50year old North Indian male, working as police personnel, came with the complaint of gradually progressive itchy reddish, scaly circular skin lesions on head and neck for four years. On inquiry, it is found that the lesions ooze mild sticky fluid with blood upon scratching. There is no associated fever, pain, burning sensation, arthralgia, or any other constitutional symptoms. The patient was a chronic alcoholic and a daily drinker for twenty years. He is also hypertensive and dyslipidemic for one and a half years but not on any medication. The patient uses chemical hair dye for several years as per need. There is no known history of any allergies, no family history of skin diseases, and no history of any surgeries or any other apparent trauma hinting Koebner's phenomenon was found. The patient is taking Desloratadine (antihistamine) 5mg SOS since the start of the skin disease and it was continued till 01-March-2021.

On examination, it is found that skin lesions are well-demarcated, indurated, erythematous round to oval plaques of different sizes with greasy scale. Auspitz sign is also found positive. There is no dandruff, no hair fall, no madarosis, and no hypo or hyperhidrosis was seen. The general condition of the patient is good with higher mental functions intact, vitals stable (BP 124/78 mmHg, PR 76/ min), no pallor, icterus, cyanosis, or clubbing is detected. No xanthomas are detected. Systemic examination is unremarkable. His bowel, bladder, sleep habits were normal and the appetite is good.

He is diagnosed with Kapha Uttana Vatarakta with the involvement of Tvaka (~cutaneous tissue), Rasa (~lympathic tissue), Rakta (~blood), and Mamsa (~subcutaneous

muscular tissue) vitiation due to the presence of Kandu (~itching), Sthira Shotha (~induration), Raaga (~erythema), Alpa Pichchhil Srava (~mild sticky discharge) on scratching, and dyslipidemia (~altered Vasa). Before treatment, the lipid profile of the patient was found to be deranged with total cholesterol at 278.0 mg/dl, triglyceride at 184.0 mg/dl, HDL at 67.2 mg/dl, and LDL at 182.8 mg/dl. After two months of treatment, total cholesterol came down to 176.0 mg/dl, triglyceride reduced to 147.0 mg/dl, HDL also reduced to 50.1 mg/dl, and LDL came down to 120.5 mg/dl. In contemporary medical science, his differential is Psoriasis vulgaris and Nummular eczema. It would favor psoriasis more because not all lesions were coin-shaped as in Discoid/Nummular eczema.

3. Treatment

Table 1. *Treatment regimen*

Time frame	Intervention	Dose	Frequency	Anupana
28-Dec-2020 to 25-Jan-2021	Triphala Guggulu	750 mg	Twice daily	Navakarshika Kashaya
	Navakarshika Kashaya	40 ml	Twice daily on empty stomach	-
	Jatyadi taila	Q.S.	SOS	-
26-Jan-2021 to 28-Feb-2021	Triphala Guggulu	750 mg	Twice daily	Navakarshika Kashaya
	Navakarshika Kashaya	40 ml	Twice daily on empty stomach	-
	Tab. Imupsora	2 tablets	Thrice a day	Warm water
	Jatyadi taila	Q.S.	SOS	-
01-Mar-2021 to 31-Mar-2021	Triphala Guggulu	750 mg	Twice daily	Navakarshika Kashaya
	Navakarshika Kashaya	40 ml	Twice daily on empty stomach	-
	Tab. Imupsora	2 tablets	Thrice a day	Warm water
	Jatyadi taila	Q.S.	SOS	
	Ointment Imupsora	Q.S.	Once-daily	

Alongside, the patient was advised against alcohol drinking, use of chemical hair dye, dairy products, jaggery, urada (~black gram), sesame, and excess salt.

In first month of treatment, the patient's frequency of Desloratadine came down from once daily to once every three-four day. However, the severity of itching increased in the second month of treatment so the patient resumed Desloratadine 5mg daily. For two months, ie. 01 March 2021 onwards, the patient discontinued Desloratadine due to relief in itching and no relapse is seen even after two months of treatment withdrawal. On 6/May/2021, the patient telephonically communicated the reoccurrence of itching without relapse of skin lesion. The patient was then advised to restart the Navkarshika Kwath as maintenance therapy due to yapya nature of his illness. Psoriasis area and severity index (PASI) and lipid profile of the patient were periodically assessed to measure the outcome.

4. Outcome

Figure 1. Timeline of change in skin lesion with treatment (right lateral view-facial)

Figure 2. Timeline of change in skin lesion with treatment (left lateral view-facial)

Figure. 3 Timeline of change in skin lesion with treatment (frontal view-facial)

Figure 4. Timeline of change in skin lesion with treatment (posterior view-neck)

Table 2. *Outcome measures*

Character under evaluation		Timeline of treatment			
		28-12-2020	26-1-21	01-3- 21	31-3-21
PASI	Area	03	03	03	01
	Induration (Sthira shotha)	02	02	01	00
	Erythema (Raag)	03	01	01	00
	Scaling (Ruksha, Parusha, Sphutita Tvaka)	02	02	02	01
	Total score	2.10	1.50	1.20	0.10
Lesional pruritus (Kandu)		Present with Visible excoriation	Present with Visible excoriation, increased degree of pruritus.	Decreased degree of pruritus with no excoriation	Pruritus absent
Total cholesterol (mg/dl)		278.0			176.0
Triglyceride (mg/dl)		184.0			147.0
HDL (mg/dl)		67.2			50.1
LDL (mg/dl)		182.8			120.5

After three months of treatment, a reduction in area and severity of psoriasiform skin lesions was seen. PASI score reduced from 2.10 to 0.10. Pruritus was a disturbing ailment before and during the initial months of treatment. Induration and erythema responded earlier than the scaling and any increase in scaling was associated with pruritus and excoriation. Intensification of the regime with Imupsora (tablet and ointment) was met with resolution in itching over a course of two months. Relief in itching was present despite discontinuation of anti-histamine desloratadine. However, a relapse in itching was noted during follow-up and ayurvedic treatment regime was reinstituted as maintenance therapy of this yapya disorder.

5. Discussion

Triphala guggulu contains Triphala, Pippali, and Guggulu. The formulation is mentioned for reducing swelling and indurations. Triphala, Pippali, and Guggulu have rasayana properties and improve the qualitative strength of bodily tissues. All three drugs have anti-inflammatory and antioxidant action. Triphala and Guggulu are also known to have hypolipidemic action. Navakarshika Kashaya is a classical ayurvedic formulation containing Triphla, Manjishtha, Guduchi, Vacha, Kutaki, Daruharidra, and Neem. It is described under the treatment of Vatarakta. Manjishtha purifies rakta dhatu, promotes normal skin color, and reduces indurations. It possesses anti-inflammatory and antiproliferative properties. Guduchi is a rasayana, balances tridosha and is beneficial in kushtha and vatarakta. Kutaki and Vacha are a part of lekhaniya mahakashaya(~group of scrapping drugs). Kutaki possesses the properties to reduce shotha(~swelling and inflammation), and promote varna(~lustre). Vacha is vedanasthapaka(~analgesic) in nature. Vacha also has antiproliferative properties. Neem is a drug of kandughna mahakashaya and therefore it reduces pruritus. Daruharidra belongs to lekhaniya and kandughna mahakashaya.

Jatyadi oil has wound healing properties. It is beneficial in restoring the health of excoriated skin. Its contents are mostly anti-inflammatory in nature and helpful in reducing erythema of psoriasiform lesions.

Therefore, as first-line therapy, a combination of shothahara, lekhaniya, varnya, kandhughna, and rasayana drugs was given to the patient. Despite a reduction in induration, the scaling did not stop and posed physical discomfort to the

patient in the form of increased pruritus on dry, flaky dermatoses. Imupsora was included to potentiate the regime in order to achieve the added benefits of Vanga bhasma, Khadira, and Aragwadha. Secondarily, Vanga bhasma is dhatuposhaka, beneficial in Kapha-Meda vitiation, and is varnya (~lustre enhancing). Krimihara action also prevents secondary infection on excoriated skin. Obstruction of Vata due to Kapha-Meda is a driving factor in the pathogenesis of Vatarakta. Dyslipidemia is an important comorbid condition seen in psoriasis. The pacification/scraping of Kapha-Meda is apparent as an improvement in lipid profile and relief in pruritus in the patient. Khadira possesses kandughna, kaphaghna, and shothahara properties. Aragvadha is best sransana (~laxative) and helps achieve koshtha shuddhi (~detoxification of GI tract). Anti-pruritic, anti-inflammatory, and soothing effect of Imupsora ointment was also apparent in the patient.

Table 3. *Drug review*

Formulation	**Triphala guggulu**
Composition	Triphala (Terminalia chebula Retz.,Terminalia belerica Roxb. , Emblica officinalis Gaertn.), Pippali (Piper longum L.), purified Guggulu (Commiphora wightii Arn.)
Reference	Sharangdhar Samhita [7]
Rasapanchak	Kashaya, Tikta, Katu, Laghu, Ushna.
Pharmacological action	Anti-inflammatory, anti-oxidant
Formulation	**Navakarshika Kashaya**
Composition	Triphala, Guduchi (Tinospora cordifolia Willd Meirs.), Manjishtha (Rubia cordifolia Linn.), Vacha (Acorus calamus Linn.), Kutaki (Picrorhia kurroa Royle ex Benth), Nimba (Azadirecta indica Linn.), Daruharidra (Berberis aristata De.)
Reference	Chakradutta, Vatarakta [8]
Rasapanchak	Tikta, Kashaya, Katu and Madhura viapaka
	Anti-inflammatory, anti-oxidant, anti-microbial, anti-proliferative, anti-pruritic
Formulation	**Jatyadi oil**
Composition	Jatipatra (Jasminum grandiflorum Linn.), Nimba, Patol (Trichosanthes dioica Roxb.), Karanja (Pongamia pinnata (L.) Pierre) (seeds and leaves), Yashtimadhu (Glycyrrhiza glabra), Kushtha (Saussurea lappa (Decne) Sch.-Bip.), Haridra (Curcuma longa L.), Daruharidra, Manjistha, Kutaki, Padmaka (Prunus cerasoides D. don), Lodhra (Symplocos racemosa Roxb.), Haritaki, Neel kamal (Nymphaea nouchali var. caerulea), beewax, Sariva (Hemidesmus indicus (L.) R. Br.), copper sulphate, sesame oil base, water
Reference	Sharangdhar Samhita [9]
Rasapanchak	Tikta, Kashaya, Katu, Madhura.
Pharmacological action	Anti-inflammatory, wound healing
Formulation	**Tab. Imupsora**
Composition	Vanga bhasma (Tin oxide) Manjishtha, Triphala, Guduchi, Khadir (Acacia catechu (L. f.) Willd), Sariva, Aragwadha (Cassia fistula L.), Tulasi (Ocimum tenuiflorum L.), Kutaki
Reference	Proprietary drug of Charak pharma.
Rasapanchak	Tikta, Kashaya, Katu.
Pharmacological action	Anti-inflammatory, anti-proliferative, anti-pruritic
Formulation	**Oint. Imupsora**
Composition	Purified Gandhak (Sulphur), Yashad bhasma (Zinc oxide), Karanja oil, Neem oil, Ghritkumari (Aloe vera (L.) Burm.f.), Nimba, Haridra, Manjishtha, Khadir, Yashtimadhu
Reference	Proprietary drug of Charak pharma.
Pharmacological action	Anti-inflammatory, anti-proliferative, anti-pruritic, wound healing

6. Conclusion

A combination of Triphla guggulu, Navakarshika Kashaya, Tab. Imupsora, Jatyadi oil, and ointment Imupsora is effective in reducing PASI score in psoriasiform lesions, reducing discomforting symptoms, and combating psoriatic comorbidity of dyslipidemia. The regime successfully weaned the patient from antihistamines and was well tolerated, without any reported side effects. Therefore, it is apparent that psoriasiform illness can be managed as Uttana Vatarakta. The shothahara, kandughna, and lekhaniya (Kapha-Medahara property to remove obstruction in pathway of Vata) reduce active psoriatic lesions and treat dyslipidemia. Varnya drugs help balance Shyava-Tamrata (~cyan-coppery discoloration; due to Vata and Rakta respectively) in skin lesions. Rasayana drugs help in the proper nourishment and act as maintenance therapy for bodily channels and tissues.

7. Patient's perspective

The patient was led to Kayachikitsa OPD of CBPACS due to concern about his persistent skin lesions with significant itching leading to frequent use of modern medicine. Face being the site of skin lesions worsened the cosmetic and social impact of the disease felt by the patient. The response of our ayurvedic treatment was found satisfactory by the patient and it was met with discontinuation of other contemporary drugs such as antihistamines. The itching was the most notorious symptom which was dealt with over the course of treatment.

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