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## **Evaluation of Panchakarma as an Ayurvedic Line of Treatment in the Management of Psoriasis**

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### **ABSTRACT**

*The names psoriasis seemingly emerged from the greek word 'psora' meaning 'itch'. The aetiology of psoriasis is unknown. The theory of nervous origin has been given the best substantiation. According to this theory psoriasis is caused by the disturbances in the function of nervous system. In the present study, we used the Panchakarma as an ayurvedic treatment for the management of Psoriasis disease. The selection was made based on the various sign and symptoms indicative of this disease. We observed a time dependent improvement in patients with the sign and symptoms of Psoriasis disease.*

**Keywords:** Psoriasis, Patients study, Panchakarma, Ayurveda treatment.

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### **INTRODUCTION**

Psoriasis is a prolonged inflammation of the skin. The cause of psoriasis is still unclear. This condition is neither infectious nor it affect the general health. It is a papulosquamous disorder occurs due to altered kinetics affects 2 to 3 % of the total population. Psoriasis often appears between the ages of 15 to 25, but can develop at any age [1]. Among children it is more prevalent in girls while in adults males are afflicted more [2].

It is a chronic non infectious, recurrent inflammatory disease of skin characterized by well defined erythematous sharply demarcated papules and rounded plaques covered by silvery

micaceous scales variably pruritic and typical extensor distribution. Psoriatic lesions are usually presents for months but onset may be sudden. In Ayurveda various skin disorders have been included under *kushtha*. There are limited promising treatments. Total direct and indirect health care costs of psoriasis for patients are calculated at \$11.25 billion annually, with work loss accounting for 40 percent of the cost burden [3]. Approximately 60 percent of psoriasis patients missed an average of 26 days of work a year due to their illness [4]. Ayurveda has an answer in the form of Panchakarma. The present study is planned to see if Panchakarma as a Ayurvedic line of treatment is effective in the management of psoriasis disease.

## EXPERIMENTAL SECTION

### 2.1 Study plan

Total fifty patients of either sex which belong to various age groups with well defined indurate erythematous areas of circular shape of various sizes with silvery scale, positive koebner phenomenon, slight to moderate itching, positive Aupitz's sign, were selected from Kaya Chikitsa and Panchakarma Department of Pakwasa Samanvay Rugnalaya Mahal, Nagpur, Ashvin Rural Ayurved Hospital, Manchi Hill, Samganer (Maharashtra) and registered after thorough physical and systemic examination. Patients who required emergency treatment, having cardiac, renal, endocrine disorders, other associated diseases and patients with unconfirmed diagnosis were not included in the study. The protocol was approved by institutional ethical committee.

### 2.2 Drug treatment

All the patients were treated with help of Panchakarma (Vaman, Virechan and Matrabasti). Abhyantar Snehana (poorvakarma) with panchtikta ghrita per oral with initial dose of 50 ml/ day which increased by 50 ml/day for 3 to 7 days till features of samyak snigdha were appeared followed by abhyang and vashpa sweda by neem oil and dashmool kwath respectively. Pradhan Karma i.e. Vaman by Madanphal 2 gm, Vacha 1 gm, Saindhav and decoction of madhuyashti. Following Vaman Samsarjana karma was carried out for three days. Again the same method was followed for poorvakarma and performed Virechan by trivrit churna, erand oil followed by samsarjana karma for 3 days. Matrabasti of panchtikta ghrit was given for 21 days along with shaman chikitsa

Arogya vardhini 2 tab three times a day with lukewarm water, Combination of Gandhak rasayan 500 mg, 2gm Khadir, 1gm Amrita, 1 gm Manjishtha with Manjishthadi kwath three times a day.

Patients were followed up at one month interval. All the patients were advised to avoid black gram, curd, fish, and excess of salt, cold drink and bread.

Results were assessed on the basis of following parameters-

1. Estimation of PASI score index
2. Improvement in sign and symptoms of patients.

PASI (Psoriasis Area Severity Index) Score:

$PASI = 0.1(Eh+Sh+Ih) Ah+0.2 (Eu+Su+Iu) Au+0.3 (Et+St+It) At+0.4 (El+Sl+Il) AL$

Where E= Erythema, S= Scaling, I= Induration, A= Area

## RESULTS AND DISCUSSION

It is very well known that psoriasis or its relapses sometimes develops after psychic traumas or mental stress. It is not a contagious or an infectious disease but a life style induced disease [5]. There is much more emotional than physical suffering by the patients and he/she is forced to withdraw from most of his/her social activities due to physically unappealing appearance in the skin. Ignorance and inadequate information about the disease lead to social ostracism of the patient in his/her social circle [6]. Mandal kushtha is described as shweta rakta vikshat, sthir, styaan, snigdha, utsanna mandalam, anyonya sanyuktam and krichham; which can fairly be correlated with following signs and nature of psoriasis- red colored plaques, lesions are stable, collected into a mass, unctuous, elevated oval shaped, confluent and disease is difficult to treat. In present study statistically significant improvement was observed in the symptom vaivarvnyta (erythema) first month from onwards. At the time of initiation of treatment mean scoring of erythema was 3.3, which was reduced to 2.16 one month after basti. Elimination of vitiated dosha by shodhan helps to reduce erythema. Itching the most troublesome of psoriasis was improved after complete treatment, as before treatment mean scoring of this symptom was 2.64, which was reduced to 0.58 one month after basti. It may be due to elimination of kapha dosha by vamana, pitta dosha by virechana and vata dosha by basti of panchatikta ghrita which is also responsible to reduce roughness of psoriatic plaques. Symptom vranashoola started to reduce from first month. Statistically significant result was observed during 2<sup>nd</sup> and 3<sup>rd</sup> month, as basti is best treatment for vata disorders. At the time of initiation of treatment mean scoring of Shwet rakta vikshat (silvery scales) was 3.12, which was reduced to 1.36 one month after basti. Marked improvement was observed in patient having Shwet rakta vikshat (silvery scales), due to cleansing of minute channels by panchakarma. Utsanna mandala (Induration) was one of the major symptoms and was present in all the patients before treatment. Before treatment mean scoring of Utsanna mandala was 2.96, which was reduced to 1.92 one month after basti. Daha (Burning sensation) was improved remarkably after basti therapy, as initially mean scoring of Daha (burning sensation) was 1.58, which was reduced to 0.20 one month after basti. Highly significant results were observed after one month, as before treatment mean scoring of Utsanna mandala was 0.18, which was reduced to 0.06 one month after basti. PASI score significantly reduced much in patients treated with panchakarma therapy. In the whole study PASI score is nowhere more than 45 which indicates that none of the patients was suffering from erythroderma. It is very well known that there is involvement of all three doshas in madala kushtha and to eliminate larger amount of dosha shodhan therapy is best. Excessive worries and continuous stress causes rasavaha dushti which in turn affect skin and manifest skin disorders (C. Vi.5/21). Ushna and tikshana gunas dilutes doshas in the channels and separate them from the channel walls due to chhedan guna. From the srotas these diluted and liquefied doshas are brought to amashaya. The vama dravyas brings doshas shakha to koshtha. It also increases digestive power and good quality of rasadhatu from ahar rasa formed. In turn rakta dhatu and rasa's updhatu 'twacha' formed would be with best of their qualities. Virechan purifies pitta function and consequently balances and strengthens all metabolic process. Disorder of rasa dhatu also reflects as the disorder of twacha. Majority of skin disorders are due to involvement of dushta rakta dhatu. As pitta has also connection with blood, it also helps to remove waste material and toxicity from the blood. By virechan karma excessive mala-roopa pitta brought down to the gastrointestinal tract and eliminated through stool, resulting in rakta shodhan by which skin diseases are cured [7]. So in psoriasis, rakta and pitta shodhan by virechana

contributed to achievement of earlier and better results. In psoriasis, rough scaling and cracking of skin itself a symptom. Therefore sneha basti was preferred due to dominance of vata dosha in kushtha. Acharya Sushruta described the indication of basti in sansargaj and sannipataj vikara. Its sphere of action is head to toe. In present study *tiktarasatmaka dravyas* were used for *basti*. *Panchatikta ghrita* was also used for snehana as poorva karma procedure. As pitta vitiation is root cause of skin disorders, snehan is first step towards eradication of psoriasis followed by shodhan therapy. *Tikta rasa pradhan dravyas* are *deepak*, *pachak* and *kaphaghna*. *Tikta rasa* is *lekhana* and *vishaghna* in nature and destroys *kleda*, *vasa*, *majja*, *lasika* and *pooya*. The effect of *tikta rasa* on skin is *swedaghna*, *kandooghna*, *kushthaghna*, *dahprashmana* and *sthirikarana* [8]. Therefore *Panchatikta ghrita* showed good results in *mandala kushtha*. It can be concluded that panchakarma (virechan, vaman and matrabasti) proceeded by snehan show good results in psoriatic lesions.

**Table 1: Efficacy of Panchkarma treatment in patients with various sign and symptoms indicative of Psoriasis disease**

	Bt	Avm	Avch	Abst	1 <sup>st</sup> month	2 <sup>nd</sup> month	3 <sup>rd</sup> month
<i>Vaivarnyata</i>	3.3±0.74	3.28±0.76	3.22±0.79	2.56±0.76	2.16±0.71	1.56±0.70	0.76±0.80
<i>Twak Koth</i>	0.38±0.85	0.38±0.85	0.38±0.85	0.30±0.74	0.16±0.42	0.08±0.27	0.04±0.20
<i>Kandu</i>	2.64±1.22	2.44±1.28	1.76±1.19	1.00±1.14	0.58±0.99	0.34±0.80	0.22±0.68
<i>Vranashool</i>	0.92±1.05	0.84±1.00	0.62±0.83	0.30±0.61	0.14±0.40	0.06±0.31	0.04±0.28
<i>Shwet rakta</i>	3.12±1.15	3.06±1.17	2.92±1.19	2.08±1.05	1.36±1.03	0.64±0.80	0.22±0.62
<i>Utasann mandal</i>	2.96±1.14	2.92±1.16	2.82±1.19	2.40±1.07	1.92±1.03	1.26±0.83	0.44±0.70
<i>Dah</i>	1.58±1.13	1.48±1.09	1.16±0.93	0.60±0.78	0.20±0.57	0.10±0.46	0.06±0.31
<b>Exfoliative dermatitis</b>	0.18±0.63	0.18±0.63	0.18±0.63	0.16±0.58	0.14±0.50	0.12±0.44	0.02±0.14
<b>Nail involvement</b>	0.20±0.58	0.22±0.58	0.22±0.58	0.22±0.58	0.22±0.58	0.20±0.57	0.18±0.52
<b>Joint involvement</b>	0.28±0.73	0.28±0.73	0.28±0.73	0.28±0.73	0.26±0.69	0.24±0.66	0.14±0.45

## CONCLUSION

Based on the ayurvedic text for the management of complex skin diseases, we planned our study to see if panchkarma treatment is beneficial in the management of psoriasis diseases. The patients were selected based on various sign and symptoms indicative of psoriasis disease. There was a significant improvement observed in sign and symptoms followed by panchakarma treatment. The data from present study thus suggests the panchkarma as a new line of treatment for the skin disorders like psoriasis.

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