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Role of *Shodhan* and *Shaman Karma* for the management of Psoriasis- A Case Report.

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ABSTRACT

Introduction: Psoriasis is one of the most common dermatologic diseases affecting up to 1% of the world population. It is characterized by erythematous sharply demarcated papules and rounded plaques, covered by silvery micaceous scale. Psoriasis can be correlated with *Ekakushtain* Ayurveda. The prevalence of psoriasis is 2-3 percentages where in India, the prevalence of psoriasis varies from 0.44% to 2.88% worldwide. Ayurveda has adapted various kinds of treatment modalities. Generally, for psoriasis, *SanshodhanKarma* (Purification therapy) and *SamshamanaKarma* (Pacification) have been used.

Case Report: In this case study, a patient who had already been diagnosed with psoriasis, with the symptoms of red patches over the trunk region for 2.5 years and minute whitish silvery scaly over the red patches had been treated with *Vamana, Virechana* procedure along with *Shaman Karma* with Ayurvedic remedies.

Results: On clinical examinations, he had multiple redness maculo-papular with silvery scaly over the trunk and back with slightly itching sensation along with absence of sweating on affected areas. His problem got aggravated day by day. Then *Shodhan Karma (Vamana and Virechana Karma)* was started. For which *Deepan, Paachan, Snehan Paan* followed by *Sarvanga Abhyanga Karma* has accustomed. Then *Vamana Karma, Samsarjhan Kram* was done accordingly. Then he had taken some formulations of Ayurvedic medicine. Thus, After the completion of the course of intervention, he got complete relief from all the symptoms.

Conclusion: Psoriasis can be treated significantly by multi-modal Ayurveda treatment like, *ShodhanaKarma* (purification), *ShamanKarma*.

Keywords: *Ekakushta*; Psoriasis; *Shamana*; *Shodhan*.

INTRODUCTION

Psoriasis is a chronic disease of skin with emerging sign and symptoms of erythema, scaling, pain, pruritus, that causes psychological impact and reduced quality of life.¹ It is chronic, inflammatory and auto-mediated skin disorder with prevalence of 0-11% in the world where commonly accompanying with autoimmune, metabolic, cardiovascular diseases with association of the HLA-Cw6 allele.²

In classical tests, there are many skin disorders like *Ekakushta*, *Kitibha*, *MandalKushta*, *Vipadika*, *AudumbaraKushta* etc. The clinical features of psoriasis

are of various kinds but absence of sweating, silvery scaly formation and appearance of bleeding points when tend to remove scales are common, and are closely related to *Ekakushta*.

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Aacharya Charak has mentioned the signs and symptoms of *Ekakustha* with lack of sweating in the affected area, reddish patches and covered with *Matsyeshakala* (Silvery scale over the patches),³ that are closely similar to that of psoriasis. It includes vitiation of *Tridosha* with *Vata-Kapha* predominancy.⁴

According to classical text, in *Samprapti* (Pathogenesis) of *Ekakustha*, there is involvement of *Tridosha* along with, *Twacha* (skin), *Rakta* (blood), *Mamsha* (muscle) and *Lashika* (lymphatic system) as *Dushya*.⁵

Treatment of all kinds of *KusthaRoga* includes repeated *SanshodhanKarma*. In between the *SanshodhanKarma*, *SnehapaanKarma*, then *SamshamanaKarma* should be done.^{6,7}

CASE REPORT

A 27 years old male patient suffered from multiple redness maculo-papular with silvery scaly over the trunk and back with slightly itching sensation along with absence of sweating on affected areas for three months. He took some allopathic medicine like like, Acticort tablet (prednisolone 10mg), Nuvate-s6 (clobetasole propionate and salicylic acid), ointment (topisal 6% ointment) etc. for this problem from clinic for 2 months. But he didn't get any benefit from allopathic medicine, then he visited our hospital for the treatment of his skin disease. After examination, (Table 1) he was diagnosed as *Ekakustha* then he was advised to be admitted in our hospital for *Shodhan and ShamanChikitsa*.

Table 1: Clinical presentation with chief complaints

S.N.	Chief complaint	Grade	Duration
1	Reddish patches over trunk, back	3+	6 month
2	Silvery scaly skin	2+	6 month
3	itching sensation on affected area	1+	6 month
4	Absence of sweating	2+	6 month
5	Burning sensation	-	-
6	Constipation	1+	6 month
7	Decrease appetite	1+	6 month
8	disturbed Sleep	1+	6 month

Examination:

On inspection: the color of the body was found red with silvery scaly formation and body texture was rough.

On palpation: There were small bleeding points over the trunk when scale removed, that indicates Auspitz sign positive. Similarly, when the patches scale was scratched from the affected area, the collected part was greasy in nature, which suggested Candle grease sign was positive but there was no discoloration of nail bed which suggest oil drop sign negative.

Ayurveda point of view: *Astavidh* and *DashvidhParikshya* was observed during examination. (Table 2).

Table 2: Observation obtained from Ayurvedic Parikshya

<i>Aastavidha Parikshya</i>		
1	<i>Nadi</i> (pulse)	80 times per minute
2	<i>Mala</i> (stool)	<i>Asamyak</i> (constipated)
3	<i>Mutra</i> (urine)	<i>Samyak</i> (clear)
4	<i>Jeeva</i> (tongue)	<i>Saam</i> (coated)
5	<i>Shabda</i> (speech)	<i>Spashta</i> (clear)
6	<i>Sparsha</i> (Skin)	<i>RukshaTwak</i>
7	<i>Druka</i> (Eyes)	<i>Prakruta</i> (pallor or icterus not seen)
8	<i>Akriti</i> (Posture)	Medium (medium size)
<i>Dashvidh Parikshya</i>		
1	<i>Prakriti</i>	<i>VatakaphaPradhan</i>
2	<i>Vikriti</i>	<i>VataKaphajPradhan</i>
3	<i>Saar</i>	<i>Asthisaar</i>
4	<i>Samhanan</i>	<i>Madhyam</i>
5	<i>Satmya</i>	<i>MadhyamSatmya</i>
6	<i>Satva</i>	<i>MadhyamSatwa</i>
7	<i>Agni</i>	<i>Madhyam</i>
8	<i>Aaharshakti</i>	<i>Madhyam</i>
9	<i>Vyayam Shakti</i>	<i>Madhyam</i>
10	<i>Vaya</i>	<i>Yuvavasta</i>

On examination:

PASI score of patient before treatment is given in below: ⁸		
Plaque characteristic	Lesion score	Trunk(t)
Erythema(R _i)	0=None	3
Induration/thickness (T _i)	1=slight	3
	2=moderate	
Scaling(S _i)	3=severe	3
	4=very severe	
Lesion score sum =R _i +T _i +S _i =3+3+3=9		

Percentage area of psoriatic involvement score	Area score	Percentage area of psoriatic involvement score for Trunk(A _t)
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%	5=70%-89%

Pasi score for trunk

$$= 0.3 (R_t + T_t + S_t) A_t = 0.3(3+3+3)5 = 0.3 \times 45 = 13.5.$$

Diagnostic assessment:

The differential diagnosis (D/D) of *Ekakustha* can be done with *Mandala Kustha*. *Mandala Kustha* has quite similar signs and symptoms to *Ekakustha*.

Ekakustha is associated with *Aswedena* (absence of sweating) with *MatsyaSakalopamam* (resembling the scale of fish) and occupying large surface area with prominent lining (*Mahavastu*). where, in *Mandala Kustha*, although there is presence of reddish white, unctuous in *Mandala Kustha*, other presentations like *Aswedena*, *MatsyaSakalopamam* and covering of large surface area is not found in *Mandal*. These features help to differentiate *Ekakustha* from *Mandala Kustha*.

Other physical examination and confirmatory diagnostic criteria such as presence of Auspitz sign, Candle grease sign, oil drop sign, helps to distinguish psoriasis.

Treatment plan (Therapeutic intervention):

Purification therapy (Major procedure):

Before doing *Vamana Karma*, *Deepen*, *Pachan* was done on the date of 11-13th Feb 2021 with *Panchakol Churna* and *Dadimastaka Churna*, that has been observed with dose and duration. (Table 3) Then *Snehanpana* was started on 14-20th Feb, 2021 with *Guggulutiktaka Ghrit*, dose started from 25 ml to 175 ml on day seven. Which then followed by 2 days *Sarvanga Abhyanga Swedan* after the completion of seven days of *Sneha Paan* on 21-22th Feb 2021. Then *Vamana Karma* was conducted on 22th Feb, 2021 after the completion of *Sarvanga Abhyanga*, *Swedana karma* early in the morning. Then before intake of milk, 10gm of *Yavagu* with 1tsf of *Ghrita* was given.

After that he had suggested to intake milk continuously up to *Aakantha*. Here he had been intake 3 liters of milk. After that he was given the *Vamanopag Yoga* containing *Madanphal* 3gm, *Vacha* 1.5gm and *Saindhav Lavan*.75gm. After ingestion of *Vamaka yog*, he had been observed for 48 minutes. Between these periods, three *Vamana Vega* were observed with about 2 liters of vomitus. After 48 minutes of *Vamakagog* that he had taken three liters of *Yestimadhu Phanta* followed by *Lavanodak*, where he had taken two liters of *Lavanodak*. During this time next two *Vega* with 4.5 liters of vomitus were observed. Finally, he was intaking *Ushnodak* (plain water) about 1liter. where one *Vamana Vega* with 2.5 liters of vomitus was observed. Finally, *Yavagu* containing vomitus was observed. That indicates his *Vamana* procedure has been completed. Here six *Vega* of *Vamana* was observed. Then *SamsarjanKrama* (post dietary regimen therapy) was started on 22-26th Feb, 2021. After that he was discharged, but his body was still feeling mild heaviness and there was not fully seen of *Samyak Vamana Lakshana*. Then he planned for *Virechana Karma*. Where he had started again *Deepan Pachan Karma* on 6-8th March 2021 with *Panchakol Churna* and *Dadimastaka Churna* followed by *Sneha Paan* on 9-13th March 2021 with *Guggulu Tiktaka Ghrita* from 25ml to 125ml. Here he observed the *Samyak Snehan Lakshana*, so his further *Snehanpana Karma* was stopped. Then *Sarvanga Abhyanga Swedan* was done for 3 days on 14-16th March 2021. After that *Virechana Karma* was started on 17th March 2021 with 80 grams of *Trivrit Avaleha* after the completion of *Abhyanga* and *Swedan*. where fifteen *Vega* of *Virechana* was observed.

Paschat Karma: As *Dhoompaan* is indicated especially for aggravated *Kapha* predominant morbidities so After completion of *Vamana Karma*, *Dhoompaan* was performed for 5 minutes to eliminate and pacify the remaining part of aggravated *Kapha* from *Urdhwajatrugat* (Above clavicle). After cleansing as the *Agni, Bala* of the patient is weak. So, *Samsarjan kram* with *Peya* (thin gruel), *Vilepi* (thick gruel), *Akrit Yusha* (without processed with *Snehadilavana Dravya*), *Krityusha* (processed with *Snehadi Dravya*) was started for 5 days as the patient had *Madhyam Suddhi* (moderate purification).

Shaman Chikitsa-Ausadhi and Bahirparimarjan: After *Shodhan Karma*, some oral and topical preparation of medicine was given to the patient. (Table 4)

Table 3: Vamana Karma and Virechana Karma with Purva Karma details.

Procedure	Medicine	Dose	Duration	Route
Vamana				
<i>Deepan Pachan</i>	<i>Panchakol Churna, Dadimastaka Churna</i>	-3gm bid with lukewarm water -3gm bid with lukewarm water	3 days 11-13 th Feb 2021	Oral
<i>Snehapan</i>	<i>Guggulutiktaka Ghrit</i>	Day first:25 ml Day 2: 50 ml Day 3: 75 ml Day4: 100 ml Day5: 125 ml Day6: 150ml Day 7: 175ml	<i>Prataha</i> kaal (early morning) 14-20 th Feb, 2021	oral
<i>Sarwanga Abhyanga Swedan</i>	<i>Snehankarma</i> with Coconut oil And <i>Sarwanga Swedan</i>	Once a day for two times	For two days (after completion of 7 days of <i>Snehapan</i>) 21-22 th Feb 2021	External application
<i>Vamana Karma</i>	<i>Madanphala</i> yoga containing: <i>Madanphala, Vacha, Saindhalavan</i>	5.25gm	For one day (at morning time after <i>Sarwanga Abhyanga, Swedan</i>) 22 th Feb, 2021	Oral
<i>Sansarjan Krama</i>	<i>Peya, Vilepi, AkritYush, KritYush</i>		22-26 th Feb, 2021	
Virechana				
<i>Deepana</i>	<i>PanchakolChurna, DadimastakaChurna</i>	-3gm bd with lukewarm water -3gm bd with lukewarm water	3 days 6-8 th March 2021	Oral
<i>Snehanapaan</i>	<i>Guggulu Panchatikta Ghrit</i>	After <i>Vamana</i> : 1 st day: 25ml 2 nd day:50ml 3 rd day:75 ml 4 th day: 100ml 5 th day: 125ml	5 days 9-13 th March 2021	Oral
<i>Sarwanga Abhyanga/Swedan</i>	<i>Abhyanga</i> by <i>Nariwaltaila</i> and <i>Sarvangaswedan</i>	Quantity sufficient	For 3 days (after showing of <i>Samyak Lakshanas</i>) 15-17 th March 2021	External application
<i>Virechana Karma</i>	<i>Trivritta Avaleha</i>	80 grams	For 1 day morning at 10:30am [<i>Pitta Prakupit</i> (aggravated) <i>kaal</i>] 18 th March 2021	Oral

Table 4: Shaman Aushada with dose and Duration.

S.N	Medicine	Dose	Time	Duration
1	AvipattikarChurna	3gm	Bid	15 days
2	PittantakChurna	1gm	Bid	15 days
3	ManjisthadiGhanVati	500mg	Bid	15 days
4	KaishorGuggulu	500mg	Tid	15 Days
5	Sarivadhasava	20 ml	Bid	15 Days
6	777 oils	L/A	Bid	15 Days

***BID**: two times a day, **tid**: three times a day, L/A: local application
*777 oil is the product of **Dr. JRK Research and Pharmaceuticals Pvt. Ltd.** which contains extract of *Wrightia tictoria* and Coconut oil and especially indicated in psoriasis

Observation and Results:

After the completion of *Shodhana* and *Shaman* therapy, the patient was symptomatically improved. All the signs and symptoms related with *Ekakustha* like *Aswedanam*, *Mahavastu* (big lesions), Itching sensation, roughness disappeared and other parameters like Auspitz sign, Candle grease sign also became negative. His bowel habit became regular. The pasi score of that patient after treatment was observed to be 0.3. The clinical assessment findings of *Ekakustha* before and after treatment was observed. (Table 5)

Table 5: Clinical Assessment Findings				
S.N.	Sign and symptom	Before treatment	After 30 days before giving medicine	After complete course of treatment
1	<i>Mahavastu</i> (big lesions)	50-69 percent	20-30 percent	5-10 percent
2	<i>Aswedanam</i>	3+ (absent of sweating after exercise)	2+ (minimal sweating after exercise)	0 (normal sweating)
3	<i>Matsyashakalapamam</i>	2+ (moderate scaling)	1+ (mild scaling)	0 (no scaling)
4	<i>Kandu</i>	3+ (severe)	1+ (moderate)	0 (No)
5	<i>Ruksha</i>	3+ (Excess with crack formation)	1+ (mild)	0 (No <i>Rukshata</i>)
6	<i>Auspitz sign</i>	+	-	-
7	Candle grease sign	+	-	-



Figures 1: Clinical Photographs demonstrating status of lesion. Figure 1.a: (Before treatment). Figure 1.b: Mid treatment (15 days) Figure 1.c: Mid treatment (35 days). Figure 1.d (After treatment).

DISCUSSION

Classical text has mentioned Different causative factors like Daily intake of *Shita* and *Ushna* things in irregular order, intake of *Santarpanjanya* followed by *Apatarpanjanya* things in irregular order, continue intake of *Viruddha Aahar*, *Viruddha Vihar* etc., that causes vitiation of *Tridosha*. Vitiating *Dosha* then enters and distortion of *Dushya* i.e., *Twak* (skin), *Rakta*(blood), *Mamsha* (muscle) and *Lashika* (lymphatic system), where *Tridosha* gets *Sthana Samshraya* and causes different kinds of *Kustha Roga* like *Ekakustha*. First aim

of treatment through *Ayurveda* is *Samprapti Vighatan*. For that *Charak* has advised for repeated *ShodhanKarma* (whole body purification method) is essential first,⁹ where *Vamana Karma* for *Kapha* predominancy, *Virechana Karma* for *Pitta* predominancy.¹⁰ In this case, after assessing *Bala*, *Agni*, *Awastha* of the patient, *Vamana* was started after *Snehan and Swedana Karma*. During the course of *Vamana*, 6 *Vamana Vega* with approximately 9 liters of vomitus were observed. Then the patient was discharged after five days of *Samsarjhan Kram*. He again Visited for the *Virechana Karma*, As *Sushruta* advocated for *Virechana Karma* After 15 days of *Vamana*,¹¹ where he started with *Deepan*, *Paachan*, *Snehan*, *Swedan karma* followed by ingestion of 80grams of *Trivrit Avaleha* for

the induction of *Virechana* after *Sarvanga Abhyanga, Swedan*. Here 15 *Vega* of *Virechana* was observed.

GuggulutiktakaGhritam was used for *Sneha Pana* as *PurvaKarma* after *DeepanPachanKarma*. For *Shenapaana, Charak* advocated for *Sanskarit* medicated *Ghrita* is indicated in *KusthaRoga*.¹²

Most of the Drugs in *SanskaritGhrita* are with *Kusthaghna* and the contents of most of the *SanskaritGhrita* have *Katu, TiktaRasa, VipakaKatu, ViryaUshna* and *KaphaVataShamak* in property with *Amapachana* and *KledaShosaka* in nature which helps to eliminate the excessive accumulation of *Kleda* that is found in *Kustha*. So, *SanskaritaGhrita* is indicated for *Abhyantara* use prior to the *VamanaKarma* which increases the efficacy of treatment. *Madanphalayoga* was used to induce *Vamana*. Here *Madanphal* has the properties with *LaghuRuksha, Kashaya, Madhura, Tikta, KatuRasa, UshnaVirya* and *Vamak* as specific actions.¹³

Similarly, *Vacha* also has *Urdhwabhaghara* property with *Katu, TiktaRasa, KatuVipak* and *UshnaVirya* and is used in *KaphaVata* predominant diseases. Similarly, *SaindhavaLavan* has the property of *Vamak* with *Kaphachedanakarma*. So, it facilitates *VamanaKarma*.

Similarly, 80grams of *TrivritAvalehawas* given him to induce *Virechama*, which is generally indicated to the patient having predominance of *Rakta* and *Pitta Dosha* involvement. *Trivrit* has *TiktaKatu Rasa* with *KatuVipakaandUshnaViryaandisKaphapittaShansodhak (SukhaVirechana)*.¹⁴ During *Vamana* and *Virechana, MadhyamVega* was observed. After *ShodhanKarma* he was under post therapy to enhance his *Agni*.

After these major procedures, he started some Ayurvedic medicines with *Rasayana* like *AmalakiRashayan. Rasayana* helps to enhance the memory power, restoration and recovery of diminished *Dosha, Dhatu* and provides glow to the body.¹⁵ *ManjisthadighanVati, Sarivadhasava, Avipattikar Churna* with *Pittantak Churna* and for local application 777 oil was given as medicine. The detailed dose and duration of medicine is mentioned in table no.4.

AvipattikarChurna and *PittatantakChurna*(contains *SuddhaGairik*) because even after *Shodhankarma*, there was still a burning sensation in the stomach. so, to pacify the burning sensation, *Pitta Shamak* formulations were given.

Sarivadhasava: the main ingredient of *Sarivadhasava* is *Sariva*, which is strong blood purifier and *Sothhara* and commonly used in *RaktajaVikaras* diseases like *kustha Roga* along with *kandu* (Itching sensation).¹⁶

ManjisthadiGhanVati: The main ingredient of this Drug is *Manjistha*, which is also strong *Raktasodhak* so it is also indicated in *RaktajVikaradiseases*.¹⁷ also indicated in *KusthaRoga*.¹⁸

Kaishorguggul: *Kaishorguggul* is especially indicated in all type of *KusthaRoga*.¹⁹

PanchakolaChurna: *PanchakolaChurna* containing five different types of herbs having *DeepanPachan* properties which enhances body's *Agni* and even helps in digestion.²⁰

AamalakiChurna: *AmalakiChurna* contains *Amala, Chitrak, Harro, Pippali* and *Saindavalavan* which enhances appatite, *KaphaShamak, Deepan* and *Pachanakarma*.²¹

PancatiktaGhritGuggulu: contains bark of *Neem, Giloya, Vasa, Patolpatra* and *Kateri* with different *Prakshep* herbs which is used in *KusthaRoga*, different diseases.²²

777 oils: It is the proprietary Siddha medicine manufactured by Dr. JRK's Pharma. The main ingredients of this oil are *Kutaj (wrightiatictoria)* and coconut oil. which show *Kaphapittashamak* and *Raktashodhak* in properties and indicated in *Raktavikar, Kustha Vikara* (skin manifestations).²³

Limitation: As *Sushruta* advised for *Virechana* after 15 days of *Vamana* so the same procedure was planned but it could not be conducted on the appropriate day as the patient did not visit on the said day.

CONCLUSIONS

Thus, it can be concluded that psoriasis can be successfully managed by *Vamana, Virechana* procedures. Before doing these procedures, *Deepan, Paachan* followed by *Snehapaan* then *Sarvanga Abhyanga Swedana* was done accordingly. Which was followed by *Vamana* and *Samsarjhan Kram*. Similarly, As like the procedures performed before doing vaman, the similar procedure was followed for *Virechan Karma*. Hence it can be concluded that, toxic substances responsible for *Kustha Roga* can be eliminated by *Vamana & Virechana*. And the medicines mentioned above for external and internal use helps in preventing vitiation and pacifying the causative factors responsible for *kustha Roga* including *Ekakustha*.

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