



Role of *Siravyadha* in the management of Psoriasis a case study.

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Abstract:

In Ayurveda skin disease are described under *Kushtha*. It is further divided into *Mahakushtha* and *Kshudrakushtha*. *Rakta Dosha* is predominant in *Kushtha*. Signs and symptoms of *Ekakushtha* which comes under *Kshudrakushtha* can be correlate with Psoriasis. It produces significant adverse effects on psychological and social aspects of life mainly because of visibility. Psoriasis is chronic re-occurring condition that varies in severity from minor localised patches to complete body coverage. *Kushtha Chikitsa* is classified into *Shodhan*, *Shamana* and *Nidanparivarjana*. Amongst which *Shodhan Chikitsa* is of greater significance in skin diseases. *Raktamokshana* is an effective and safe treatment for *Kushtha*. *Acharya Sushruta* has mentioned detailed practical guidelines for bloodletting which is considered as *Ardhachikitsa*. Disease which does not get pacified so quickly by therapeutic measures like *Snehana*, *Swedana* etc. are specified by *Siravyadha*. This is a

single case study to evaluate the efficacy of *Shodhana* in terms of *Siravyadha* in the management of psoriasis.

Keyword: *Siravyadhaa*, *Kushtha*, *Kshudrakushtha*, *Chikitsa*, *Shodhan*, *Shaman*, *Nidanparivarjana*, *Swedana*, *Snehana*.

Introduction:

Psoriasis is a non-infectious, chronic, inflammatory skin disease characterized by well-defined erythematous plaque with silvery scale.¹ Psoriasis is characterized by patches which are blackish brown in colour, rough and Coarse in nature, exudative, round, thick, along with severe itching.² Psoriasis is highly stigmatizing and common inflammatory skin disease.³

Psoriasis produce significant adverse effects on the psychological and social aspects of life mainly because of visibility. Individuals with psoriasis may feel self-conscious about

their appearance and have a poor self-image that stems from fear of public rejection. The disorder is a chronic reoccurring condition that varies in severity from minor localised patches to complete body coverage. There are many treatments available but because of its chronic recurrent nature psoriasis is a challenge to treat. Modern medicine gives symptomatic relief for short time. As per *Ayurvedic* point of view this condition was diagnosed as *Kushtha*. *Tridosha* are main causative factors. So, contrary to the available medical treatment/management, *Shodhana Karma* which is the specialty of Ayurveda, respond a systemic, systematic and holistic treatment approach in the treatment of psoriasis.⁴

Kushtha is *Raktpradoshaj Vyadhi*, *Ratamokshana* is an effective and safe treatment for *Kushtha*.⁵ in *Sushrut Samhita* detailed practical guidelines for bloodletting are given which is considered as *Ardha Chikitsa*.⁶

Aims and Objects:

Aim: To study the role of *Siravyadha* in the management of psoriasis.

Objective: To evaluate the role of *Siravyadha* in the management of Psoriasis.

Materials and Methods:

Patient was diagnosed with Psoriasis clinically. Patient given supine position. Cuff of sphygmomanometer was applied above the site of *Siravyadha* for making vein prominent and clearly visualized. The area for *Siravyadha* was disinfected by spirit swab. Large boar scalp vein set was used for *Siravyadha* and blood was collected in

measuring bottle. Average 100 ml blood in one setting was collected. During the whole procedure patient was observed for any complications.

Duration of Treatment - Two settings. (On 1st and 15th day).

Case Report:

A 35-year-old male patient chronic smoker, labour worker by occupation presented with complaints of itching, redness, scaling over trunk bilateral upper limbs since 3 to 4 years. Patient was taking allopathic treatment from Dermatologist and was using local and oral medication (details are unknown) symptoms where aggravating on discontinuation of medicine. Patient was healthy and asymptomatic for 10 years but at the end of 2009 he started scaly patch on scalp with dryness and was diagnosed with Psoriasis he took allopathic treatment and the symptoms were subsided at that time.

HISTORY

PAST HISTORY

No H/O HTN / DM / asthma / any major illness.

H/O Sx - No any History

H/O Drug Allergy - No any History

PERSIONAL HISTORY

Appetite - Decreased

Diet - Non-vegetarian

Excessive consumption of spicy & oily food outside food, Regular curd intake.

Sleep - disturbed

Bowel - regular

Addiction - smoking 15 yrs. and alcohol 3-4 times a month.

FAMILY HISTORY

No any specific history found.

EXAMINATION**GENERAL**

Temperature - Afebrile

BP - 120/80 mm of Hg

P - 80/min

SYSTEMIC

CVS - S1S2 normal

CNS - conscious and oriented

RS - AEBE clear

LOCAL

Multiple irregular patches of different size & shape over back, trunk, & itching scaling over trunk and B/L upper limb.

Auspitz Sign +

INVESTIGATIONS

Hb% - 15.7gm%

WBC - 5400 /cumm

PLT - 297000 /cumm

BSL (R) - 116mg/dl.

Urine (R) - NAD

ESR - 8mm/hr.

BT - 1 min 45 sec

CT - 4 min 10 sec

HbsAg - Non Reactive

HIV - Non Reactive

Observation:

PASI Score (before treatment) was 10.9

Sr. No.	Objective Criteria	Head	Upper Extremities	Trunk	Lower Extremities
A	Erythema	0	1	2	0
B	Scaling	0	0	3	0
C	Induration	0	1	2	0
D	Sum of row of A,B & C	0	2	7	0
E	Area Score	0	1	5	0
F	Score of D* E* the multiplier	Row D* row E* 0.1	Row D* row E* 0.2	Row D* row E* 0.3	Row D* row E* 0.4
G	Sum of row F for each column for PASI score	0	0.4	10.5	0

After Treatment - PASI score was 3.8

Sr. No.	Objective Criteria	Head	Upper Extremities	Trunk	Lower Extremities
A	Erythema	0	1	1	0
B	Scaling	0	0	1	0

C	Induration	0	0	1	0
D	Sum of row of A,B & C	0	1	3	0
E	Area Score	0	1	4	0
F	Score of D* E* the multiplier	Row D* row E* 0.1	Row D* row E* 0.2	Row D* row E* 0.3	Row D* row E* 0.4
G	Sum of row F for each column for PASI score	0	0.2	3.6	0

Result:

Before treatment PASI score of the patient was 10.9 and after treatment it was 3.8. Significant change was noted in value of PASI score.

Discussion:

The course of *Kitibhakushta* is not uniform with periods of exacerbations and recurrences, which varies from days to week, months to year. Therefore, the management requires a continuous care to control the disease.

Kushtha is a *Raktapradosha Vyadhi*, there is vitiation of *Tridosha* predominantly *Pitta*.

For *Rakta* and *Pitta*, *Dosha*, *Raktamokshan* is indicated. It reduces *Daha*, *Kandu*, *Vaivarnya* and reducing overall symptoms caused by vitiation of *Tridosha* including *Rakta* and *Pitta*.

Conclusion:

As modern treatment modalities has it's on limitation and recurrent nature of disease, Ayurvedic treatment like *Siravyadha* plays tremendous role to cure the disease.

With the help *Siravyadha* PASI score reduced at significant level.

Siravyadha treated the root cause of disease.

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