CASE REPORT

Ayurvedic management of childhood psoriasis: A case report

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Abstract

To study the effect of *shaman* therapy in the management of childhood psoriasis. Psoriasis in childhood age is likely to have profound emotional and psychological effects and hence requires special attention. Psoriasis in children exhibits more pruritus and less scaling as compared to an adult. Psoriasis clinic constituted 0.3% of the dermatology outpatients. In about one-third of patients, psoriasis starts in the first or second decade of life. The modern medicine has many options to alleviate the symptoms but have limitations, dependency, and long-term side effects. To exploring better substitute in Ayurveda free from side effects and to check the relapse of the disease the present case has been managed with pure Ayurvedic treatment protocol. The patient is treated with Ayurvedic medicines such as *Gandhak Rasayan, Swambhabhuv Guggulu, Argavadadhi Kashya, Argavadadhi Ghruta* depending upon the vitiation of *Vata, Pitta* and *Kapha Dosha* and *Rasa Rakta* and *Mansa Dhatu*. The patient was treated with *Rasayan* drug like *Sarivadyasav* to prevent the recurrence of the symptoms which is commonly seen in the management by using modern medicines. As *Shodhan Chikitsa* (bio purification treatment) is restricted in childhood age, we can manage psoriasis with exclusively on *shaman chikitsa* (pacifying treatment).

Key words: Psoriasis, *shaman chikitsa, shodhan chikitsa*

INTRODUCTION

Psoriasis is a chronic inflammatory and disfiguring skin disease. It may be associated with other inflammatory disorders such as psoriatic arthritis, inflammatory bowel diseases, and coronary artery disease. In childhood age, it is likely to have profound emotional and psychological effects and hence requires special attention. Psoriasis in children has been reported to differ from adults being more pruritic; plaque lesions are relatively thinner, softer, and less scaly; face and flexural involvement are common.[1]

The most common form of psoriasis in children is plaque psoriasis affecting the elbows, knees, and lower back. The scalp can also be involved in children, along with the face and flexures, for example, the groin, armpit, and behind the knees.

Guttate psoriasis is also more common in childhood and teenage years. This form of psoriasis often follows a throat infection and appears as a generalized rash of small, scaly patches up to 1 cm in diameter. The patches usually affect the trunk, limbs, and occasionally scalp. Guttate psoriasis generally clears well, but may take several weeks or months.[2,3]

Psoriasis clinic constituted 0.3% of the dermatology outpatients. The male to female ratio of 1.09:1. The age of onset ranged from 4 days to 14 years.[1] In about one-third of patients, psoriasis starts in the first or second decade of life. In the beginning, involvement is often atypical or mild, and a confident diagnosis may be difficult to establish.[3,4]

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Childhood psoriasis is a well-recognized entity, but its true prevalence is not known. However, around 30% of people with psoriasis have a family history of the condition, and certain genes have been identified as being linked to psoriasis. Triggers include injury to the skin (a simple scratch or insect bite), a streptococcal sore throat, stress, and emotional upset and puberty.[5-7]

The treatment modalities include emollients, Vitamin D analogs alone and in combination with topical corticosteroids, dithranol also referred as anthralin, is a topical agent with both anti-inflammatory and anti-proliferative properties, oral anti-histamines, psoralin-ultra violet-A, oral corticosteroid, anti-mitotic drugs like methotrexate depending upon the severity, which gives serious side effects such as erythroderma, liver, and kidney failure, due to the long term use of it. Treatment can be a challenge because many therapeutic options have drawbacks or are not approved in childhood.[7-10]

Ayurveda describes this condition under the heading of *Kushtaroga*. The management of *kushtha* described is bio purification (*shodhan*) as *vamana karma* (induced emesis), *virechana karma* (induced purgation) along with various *shaman* recipies.[11]

CASE REPORT

A 6-year-old female child came to Ayurveda and Sterling Multispecialty Hospital, Pune, Department of Kaumarbhritya (October 2013) with erythematous and intense itchy rashes with fine scaling all over the body except face and bleeds after excessive scratching and 2-3 dry scaly patches covering the scalp since 6-7 months. The itching worse at night causes sleep disturbance. She was on topical as well as oral steroid along with 1st and 2nd generation oral H_1 receptor antihistamines along with oral steroids (deflazacort) since last 6-7 months diagnosed as psoriasis by a dermatologist in a renowned hospital because the Auspitz's sign was positive in this case. Auspitz's sign is being performed by slide, from the side of slide scrape the lesions, you will see the silvery white micaceous scales first when all scales are scraped you will see a transparent membrane which when further scraped you will notice pinpoint bleeding spots.

The patient was showing drug dependency; the itching aggravates if she missed even a single dose of these medicines. If she was discontinuing the prescribed medicines the disease was spread all over body again due to the relapsing nature of psoriasis.

In her food history, she was ingesting bakery food items especially bread daily early in the morning and also chicken curry 3-4 times/week.

MANAGEMENT OUTCOME

On very first visit, patient was treated with the following combination. The treatment was given mainly considering *Rakta Dhatu Dushti* and *Vata Pitta* dominancy.

Visit	Name of drugs	Anupana and duration
1st visit	*Raktapachakvati+Gandhak rasayan*+Suvarna makshik bhasm+*Swayambhu guggulu*[12] each 125 mg+rasamanikya 10 mg	Mahatiktakghruta 5 g and honey 2.5 gms two times day for 30 days
	Khadirasrishta+Maha-manjisthadi Kwatha 10 ml each	Equal water two times in a day for 30 days
	Locally psororid oil	Two times in a day for 30 days

Even after 30 days follow-up, the patient still complaining itching which causes disturbance of sleep and less improvement in scaling considering the *Pittakapha* dominance few changes had been done.

Follow-up	Name of drugs	Anupanaand duration
1st follow-up	Bramhighanvati 60 mg+*Gandhak rasayan*+Suvarna makshik bhasm each 125 mg+Rasamanikya 10 mg	*Aragwadhtiktak ghruta*[13] and Honey 2.5 g two times day for 30 days
	Aragwadhadikashayam 10 ml	Twice in a day for 30 days
	Swayambhu guggulu 250 mg	Four times in a day with water
	Aragwadhtiktak ghruta locally/externally	2-3 times in a day for 30 days

After 30 days, all rashes subside except on buttock, posterior of the thigh and scalp and same treatment was continued for next 30 days (2nd follow-up) along with same external treatment.

The *pathyapathya* for this disease had been strictly followed by the patient like to avoid all refined flour food items, incompatible food like milk product + fish and spicy heavy (guru) food items like chicken, etc.

After 30 days, all the rashes subside and remain as hypopigmented patches considering the decrease in the *Kapha Dosha* and to pacify remaining *Pitta Dosha* and *Raktaprasadandravyas* were added along with some changes in prescription.

Follow-up	Name of drugs	Anupana and duration
3rd follow-up	*Gandhak rasayan* 500 mg	Two times in a day for 45 days
	Swayambhu guggulu 250 mg	Three times in a day for 45 days along with *Aragwadhtiktak ghruta* and sugar powder
	Mahamanjisthadikwath 5 ml	Two times in a day with equal water for 45 days
	Local application same	

After 45 days, hypopigmented patches remain as it is and no perspiration was there even in the month of May. Hence, we replace mahamanjisthadikwath with sarivadyasav to pacify the remaining Pitta dosha, *raktaprasadan* and to normalize perspiration.

The Same treatment was continued up to September with monthly follow-up. One single dry patch was developed on the scalp, so we decided to give *matrabasti* with *Aragwadhtiktak ghrita* 30 ml for 8 days to block the pathology and to prevent the recurrence.

After this treatment, only *Gandhak rasayan* 500 mg OD in the morning along with *Aragwadhtiktak ghrita* and sugar to prevent the further recurrence for 6 months with monthly follow-up.

Once again, dry patch was developed of 3 cm diameter on the scalp region only then we again recommended above medicines along with *matrabasti* with *Aragwadhtiktak Ghrita*.

Even after giving the *Gandhak rasayan* for so long duration there is still single dry patch get developed. Hence, we prescribed the herbs having *Rasayana* properties along with *Krumighna* herbs considering the pediatric age.

Follow-up	Name of herbs	Anupana and duration
Last follow-up	Vidang powder 125 mg+suddha shilajit+Suvarna makshik bhasma 60 mg	Two times in a day along aragwadhtiktakghruta+ honey

Same regimen was continued for next 3 months with monthly follow-up.

DISCUSSION

Psoriasis is a chronic inflammatory disease and commonly manifest as plaque or guttate form in childhood age exhibits more pruritus and less scaling. It is characterized by disfiguring, scaling, and erythematous plaques that may be painful or often severely pruritic and may cause significant quality of life issues.

It can be correlated with *kushtha*, having predominance of *tridosha* and *rasa, rakta, mamsa dhatu* involvement has been mentioned in most of our Ayurvedic texts.[14] *Kushtha* is a chronic and deep-seated disorder as described in its pathogenesis and also termed as *krucchasadhya* (intractable)/ *asadhya* (incurable) disease may be due to its nature of recurrence and very slow rate of improvement.[15,16] The management of *kushtha* required frequent *shodhan* and *shaman chikitsa* to give satisfactory results.

In this patient, symptoms were suggesting the involvement of *tridosha* and *rasa, rakta, mamsa dhatus* and skin is the *updhatu* of *mamsa dhatu*.[17] The known cause, in this case, was daily ingestion of bakery products like bread of refined flour which will cause to agnimandya which is responsible for improper production of *rasa dhatu* and further vitiation of *rakta* and *mamsa dhatus* due to long-term ingestion of this food item. Hence, the *pathyapathya* was advised to follow strictly throughout the treatment regimen.

Considering the chronicity of the disease we have to use purification procedures like *vamana* or *virechana* to remove the accumulated *doshas* but considering the pediatric age and *sukumara-vastha* of the patient, the treatment has been planned with only *shaman* therapy.

The treatment has been planned to improve status of *agni, srotoshodhana* and after that *rasayana* therapy as per *dosha* predominance and also add *krimignadravya* considering *krimirog* in this age.

Initially, we have started the *Mahamanjisthadikwath* and *Khadirarista* to pacifiy *Vata Pitta Dosha* and directly act on *Rakta Dhatu* but the effect was not very satisfactory. Hence, we discontinued these and started *Aragwadhadi Kashaya* to combat itching by considering *kapha* dominance.

Gandhak rasayana and *Sarivadyasava* help to maintain the proper status of *Rakta Dhatu* as well as act as *swedjanana* (to normalize the perspiration) to remove *Pitta* and *kapha/ kleda* from the body normally. Both the drugs act as *rasayana* therapy for *Rakta Dhatu*.

Swayambhu guggulu mentioned in *bhagandarchikitsa* pacifies *tridosha* and mainly works on *mamsa dhatu*.

Hence, it proves that we can treat this type of chronic and intractable disease only with *shaman chikitsa* and also to control its relapse with minimum treatment like some oral rasayana along with frequent *matrabasti* course in the relapsing phase of the disease.

CONCLUSION

Childhood psoriasis represents a special challenge to dermatologist. The manifestation of psoriasis differs from an adult. The present case shows that we can give encouraging result with only *shaman chikitsa* and also we can check the relapse with simple procedure like *matrabasti.*

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