

Approach to a child with psoriasis & It's Ayurvedic management

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ABSTRACT

Ayurveda considered all the skin disease under a wide term know as *Kushta*. *Mandal Kushta* is one of the *Mahakushta* were the patches are in the form of static, hard, heavy, whitish-red, not developing quickly, joined with one another, raised, with more of itching. Psoriasis is an autoimmune disorder which is triggered by infections, stress and cold. It is a long lasting, non contagious disease characterized by raised areas of abnormal skin with dry, thick patches. Most of these patches are covered with a silvery coating. They provide symptomatic relief or steroids which have a wide range of side effects and does not give a long term effect. Psoriasis can be considered one of the *Mandal kushta* by looking their clinical distribution and presentation. This is a case history of 7 year old female patient came with the complaint of thickened erythematous plaque with itching diagnosed as Psoriasis from modern medicine came to our outpatient department of *Kaumarbhritya*. A two-year oral medication was provided with a ensurement of complete cure. The treatment given was according to the *doshic* predominance. *Pathya-Apathya* was advised and strictly followed by the patient.

Keywords – *Mandal kushta*, *Mahakushta*, Autoimmune

INTRODUCTION

Kushta is disease pertaining to skin and appendages which also gives systemic symptoms. The *dushta doshas* in *amashaya* will take *tiryakgati* and travels from *Koshta* to *shakha*. [1] In *shakha* the doshas are thrown out and disease is expressed in form of various types of skin lesions. Due to specific *nidas* the *tridoshas* will under go *dushti* and invade *dhatu* like *twak*, *rakta*, *mamsa* and *ambu*[2]. Both *dushta dosha* and *pradushita dhatu* form a compound called *saptakushta dravyas*. [3]

The lesion in *Mandal kushta* is dry and dark inside and outside the wound. But can turn to blue, yellow and coppery shade. The wound erupts soon with less features of itching and less moisture; other features are burning sensation, pricking pain, suppuration and discharge from the middle of the wound. Skin patches are static, hard, heavy, whitish-red, not developing quickly, joined with one another, raised, with more of itching, edges smooth, yellowish and circular-are the features of *Mandal kushta* according to Vagbhata.[4] *Kushta* of *eka dosha* either *vataja* or *kaphaja* is *sadhya*.

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Psoriasis is one of the most common dermatologic diseases, affecting up to 2% of the world's population. It is an immune-mediated disease clinically characterized by erythematous, sharply demarcated papules and rounded plaques covered by silvery micaceous scale. Psoriasis has a complex multifactorial genetic basis. Family history of psoriasis is present in ~50% of patients, typically a first-degree relative. [5]

CASE REPORT

A 7 yr old female child came in our OPD presented with thickened erythematous plaques, associated with itching with intermittent bleeding which break off when rubbed and no pain presented over scalp, forehead gradually spreading to trunk, back and extremities since 3 years. The plaques were dry and crackled, rounded and irregular with red demarcation and raised appearance. Patient had taken allopathic medication for a year but not got satisfactory result even weight gain noticed due to continue intake of steroids so discontinued it. There was no personal history of any allergy. Her family history was positive in first-degree relation to her father. Her parents went for allopathic medications but no improvement noted so came SSH Ayurvedic OPD for better management.

Past History

No history of any co-morbidity

Integument Examination:-

- **Skin Colour** : Normal
- **Lesion Character** : Individual lesion
- **Size**: Small
- **Colour**: blackish red coloured.
- **Shape**: Asymmetrical.
- **Itching**: Present
- **Discharge**: Absent
- **Distribution of lesions**: Symmetrical

1) **Auspitz's sign**: positive.

2) **Candle grease test**: Negative.

Colour: blackish red coloured.

Shape: Asymmetrical.

Itching: Present

Discharge: Absent

Distribution of lesions: Symmetrical

1) **Auspitz's sign**: positive.

2) **Candle grease test**: Negative.

Personal History:-

Diet	Non vegetarian, Katu Rasa Pradhana & Abhishyandi Aharasevana
Appetite,	Normal
Micturation	5-6/day
Bowel	Once/Day

Samprapti Ghataka :-

- **Dosha** : Kaphavata predominant Tridoshaj predominant
- **Dushya** : Rasa, Rakta, Lasika, Mamsa
- **Agni** : Jataragni, Dhatwagni
- **Ama** : Jataragnijanya, Dhatwagnijanya
- **Srotas** : Rasavaha, Raktavaha, Mamsavaha
- **Srotho Dushti Prakara** :-Atipravrtti, Vimargagamana of Dhatus carried by vata
- **Udhbhava Sthana** : Amapakwashaya
- **Vyakta Sthana** : Shakha
- **Sadhya-asadhyataa** : Chirakari

CLINICAL FINDINGS

General condition was fair. Temperature was afebrile, Pallor, icterus, edema, clubbing, cyanosis were absent, and weight was 28 kg. Pulse, blood pressure was within normal limits. The patches were dry, scaly, with red boundary, well demarcated 2-3 mm raised from skin surface and non tender, rough on touch. No hairs were present at the site of the lesions.

ASHTAVIDHA PARIKSHA (EIGHT FOLD EXAMINATION)

Nadi (Pulse)- kaphavata,

Mutra(urine) – prakrita;

Mala (Excreta)- suska,

Jiwha (Tongue) –Lipta (coated),

Shabda(Speech)- prakrita,

Sparsha (Tactilation)- ushna,

Drika(vision) – prakrita,

Akruti (Body stature) - Madhyam

DASHAVIDHA PARIKSHA (TEN FOLD EXAMINATION)

Nidana – *Viruddhahara sevana* (simultaneous use of milk and salty snacks) and *Raktadushtikar Ahara-vihara* (excessive use of salty food, sour food like pickles, curd and sitting a long time in direct sunlight);

Samprapti – *Dosha* – *Kapha and Rakta*; *Dushya* – *Rasadhatu, Raktadhatu and Mamsadhatu*;

Agni – *Mandagni*;

Aam – *Jatharagni and Dhatvagni janya*;

Srotasa – *Rasavaha, Raktavaha and Mamsavaha*;

Adhisthana– *Twaka;rakta*

Rogamarga – *Bahya*;

Vyadhi Swabhava – *Chirakari* (chronic);

Sadhyasadhyata – *Kricchrasadhya* (difficult to treat);

Poorva roopa – *Abhyantara daha* (feeling of warmth), *Kandu* (itching), *Mukhapaka* (mouth ulcers) and *Mandagni* (anorexia);

Roopa: *Jwara* (fever), *Trishna* (thirst), *Daha* (burning sensation), *Kandu*, *Tvakavaivarnyata* (in present case, skin with a variable shade of red color and the surface covered with large silvery scales.), *Balahani* (generalized weakness);

Upashaya – *Bahya shita sparsha* and *Abhyanga* (improvement on wet cold sponging and oil application);

Anupashaya– *Ushna sparsha* (increased symptoms on work in hot and humid climate).

DIAGNOSTIC ASSESSMENT

CBC and LFT report was within a normal range. ESR and CRP was raised. Based on manifested symptoms and clinical findings, the case was diagnosed as *Mandal Kustha* which is characterized by smooth on touch, reddish white spots, fixed circular raised patches associated with intense itching and occasionally oozing.

TIME LINE

An intense oral medication of 6 months was given to the patient. The timeline of the treatment is shown in Table 1.

THERAPEUTIC INTERVENTION

Patient was given *Patolakaturohinyadi kashaya* half pal twice a day with 10 ml water and *Khadirarishta* 10 ml twice a day for 2 months. Patient was advised the *pathya* and strictly restricted of spicy food, sesame oil, curd, day, sleep, pickles, fish. *Nimbadi choorna* with *mahamaricadi taila* for external application and *siddhartak snana* twice a day was given for 3 months. *Avipathikara churna* 5g with water before sleep was advised in the first month of treatment. *Panchatikta guggulu* was started in the second visit for a month. Later rasayana chikitsa was started and *gandhakarasayana* 25 mg with milk was given. At the last sittings blackish discolouration was present and *twacya*, *varnya* and *raktasodaka* medicines such as

Maha manjishtadi Kashaya and *Nalpamaradi taila* for external application was given (Table 1)

Date	Medication with dose	Details
14/07/2021 - 18/8/2021	Patola Katurohinyadi Kashaya 12ml twice daily on an empty stomach Khadirarishta 10ml bd after food with water Nimbadi choorna with Maha marichadi taila for external application Sidhartaka churna for bath twice a day Avipathikara churna 4g with water once a day	After proper clinical examination and by observing the nature of rashes it was diagnosed as Mandal kushta(Psoriasis).Patient complaint severe itching in the rashes with occasionally bleeds.So we prescribed a internal medication which was kaphapitta samana and rakta prasada.
18/8/2021- 06/10/2021	Patola katurohinyadi Kashaya 12ml bd Khadirarishta 10ml bd after food with water Nimbadi choorna with maha marichadi taila for external application Pancha tiktaka guggulu ½-0-½ Sidhartaka Snana for bath twice a day	Following medication there was improvement in the itching and number of rashes was reduced.At this stage we observed more paitika lakshana such as raga (redness) and paka (inflammation).
6/10/2021 -15/12/2021	Maha manjishtadi Kashaya 12ml bd Arogyavardhini Vati ½ -0-½ Gandhaka Rasayana 25mg bd with milk	The was considerable decrease in the number of rashes,redness and itching. We started Gandhaka rasayana cikitsa with advising proper pathya and

	Sidhartaka Snana for bath once a day	apathy
15/12/2021-23/3/2022	Maha manjishtadi Kashaya 12 ml Bd Nalpamaradi Taila for external application Siddhartak snana	Itching and burning sensation significantly reduced. Mild rough lesions on touch. Internal medication was advised to continue
23/3/2022-7/09/2022	Siddhartak Snana Nalpamaradi Taila for external application	No Rashes were seen only mild blackish scar marks seen.
7/09/2022-22/02/2023	Giloy churna Siddhartak Snana	No Rashes
22/02/2023-15/06/2023	Siddhartak Snana	Normal Skin texture

The patient was advised to strictly follow a pathya diet that includes vegetables with a tikta (bitter) rasa. These vegetables included karavellaka (*Momordica charantia* L.), patola (*Luffa echinata* Roxb.), and mudga (green grams) in the form of dal.[6]The patient was instructed to avoid eating apathya (unwholesome) diet, which includes foods that are difficult to digest, such as milk, curd, paneer, red meat, fish, sweets, and foods that contain sugar and *Viruddha* (~incompatible) food items such as preparations of fish with milk, cold and hot food items together must be avoided.[7]

FOLLOW UP AND OUTCOME:

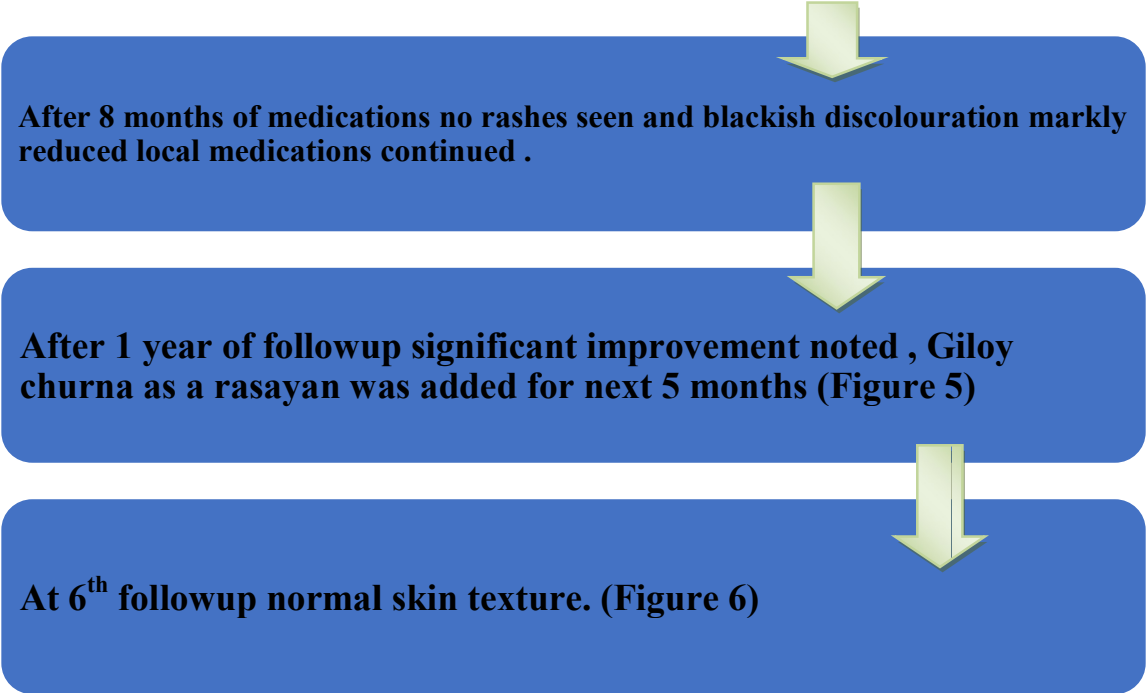
Patient presented in opd with Thickened dry,crackled,round,irregular merged,with red edges erythematous plaques associated with itching,intermittent bleeding.Patient was given oral medication for 1 months. Internal medication prescribed was kaphapitta samana and rakta prasadaka.(Figure1.1,1.2)

After 1 month patient came for follow up, Following medication there was improvement in the itching and number of rashes was reduced.At this stage we observed more paitika lakshana such as raga (redness) and paka(inflammation).So we added pancha tiktaka guggulu for a week.(Figure 2)

By 3 months of continuous medication There was considerable decrease in the number of rashes,redness and itching. It had become more vata pittika in nature. We started Gandhak rasayana cikitsa with advising proper pathya and apathya. Gandhak rasayan was prescribed to take only for 2 months only and then stopped.(Figure 3)

At fourth sitting the rashes got completely resolved,blackish discolouration at the site of lesions was present.So we advised nalapamaradi taila for external application which was twacya and varna prasadaka and manjishtadi kashaya for oral intake and siddhartak snana was continued.(Figure 4)

After 6 months of intense oral medication and significant improvement, at 5th followup all ongoing oral medications were stopped except mahamanjishthadi kasaya and external medications was continued.



After 8 months of medications no rashes seen and blackish discolouration markedly reduced local medications continued .

After 1 year of followup significant improvement noted , Giloy churna as a rasayan was added for next 5 months (Figure 5)

At 6th followup normal skin texture. (Figure 6)

DISCUSSION

The main causative factors in manifestation of pathology of Mandal kushta which is described in *Mahakustha askapha pradhana* that vitiates *Tvak*, *Rakta*, *Mamsa* and *Lasika*. Consumption of *Nidana*, leads to simultaneous vitiation of *Doshas* and *Shaithilyata* (~derrangement) in *Dhatus* (*Tvak*, *Rakta*, *Mamsa* and *Lasika*). Vitiating *Doshas* further affect *Shithila dhatus* leading to manifestation of kushta.[8] In present case unwholesome diet (milk and salt, curd in excess, excessive salty and sour food items) and sleeping during the day time by the patient might triggered the vitiation of *Doshas* that possibly lead the manifestation of *mandal kushta*. [9] Exact mechanism of such pathogenesis in modern terms need to be understood. Based on involved *Dosha* and *Dushya* in this present case, *kapha shamaka* (~pacifying kapha) treatment was given along with *Pathya* (~wholesome) diet including light easily digestible food, vegetables having bitter taste like pointed gourd, bitter guard, and neem patra, pulses such as red lentil, red gram, green gram, and old cereals.[10]

MODE OF ACTION OF DIFFERENT FORMULATIONS

In Ayurveda, Chikitsa of Kushta has been defined as ‘Samprapti Vighatan Chikitsa’. First step of management of Kushta is “Nidana Parivarjan”. Patola katurhinyadi Kashaya (Ashtanga Hridayam Su. 15/15) used in *Mandal Kushta* with different *Rasa*, *Guna*, *Virya*, *Vipaka* etc. Patolakaturhinyadi kashaya has mentioned under *Shodhanadi gana* in *Astangahridaya*. [11] It has *Tikta rasa* (bitter) *dravyas* that help in the *Rasadhatu* and *Raktadhatu prasadana* by pacifying vitiating *kapha* and *pitta doshas*. It has *kushthaghna* (corrects skin ailments), *Jwaraghna* (antipyretic), and *Vishaghna* (anti-poison) properties.[12]

Mandal kustha is *Kapha Pradhan* disease. *Patol*, *Katak*, *Chandana*, and *Patha* have *Kapha-Pitta Shamak* property. *Murva* and *Guduchi* have *Tridoshshamak* property and *Vitiation of Tri-dosha* along with *Rakta* and *Twak* are the major physiological events involved in the disease pathogenesis.[13]

According to *Sushrut Samhita Chikitsa* 6/19, *Khadira* is effective for all types of *kushta*. *Khadirarishta* is beneficial for treating skin disorders like *Mahakushta* and worms like *Krimi* since it has *Kushthaghna*, *Kandughna*, and *Shamana* (pacifying) characteristics. It has anti-inflammatory, blood-purifying, wound-healing, immunomodulatory, and debriding effects.[14]

Arogyavardhini Vati is effective and useful in *Kushta* (~Skin disorders), *Medo - dosha* (~obesity), and *Yakritvikara* (~liver disorders). [15] All types of skin problems can be treated using *Arogyavardhini Vati*'s components, including *Gandhaka* (sulphur), *Triphala* (a mixture of *Terminalia chebula*, *Terminalia bellirica*, and *Emblica officinalis*), *Katuki* (*Picrorhiza kurroa* R.), and *Neem* (*Aristolochia indica* A.). *Triphala* and *Neem*'s anti-inflammatory, astringent, and antibacterial qualities aid in the skin's natural exfoliation process and guard against secondary infection. Additionally, it facilitates the metabolism of *Ama Vishas* (toxins), cleans the microcirculatory channels, and restores the vitiated *Rasa Dhatu* to normalcy.[16]

Manjistha (*Rubia cordifolia* L.) is endowed with the following *rasas*: *Tikta*, *Kashaya*, and *Madhura*; *Guru*, *Ruksha guna*; *Ushna virya*; and *Katu vipaka*. Due to *Tikta*, *Kashaya rasa*, *Ushna virya*, and *Katu-vipaka*, it is *Kapha shamaka* (pacify *Kapha*), whereas *Pitta shamaka* is caused by *Madhura*, *Tikta*, *Kashaya rasa*, *Guru*, and *Ruksha guna*. [17]

Panchatikta Guggulu is a formulation described in *Bhaishajya Ratnavali* in *Kushtha Rogadhikara*. [18] It has *tikta rasa*, *laghu* and *rukta guna*, in turn reducing vitiated *kapha dosha* involved in *Mandal kushta*. It has anti – itching property, *kleda* and *vikrut meda upshoshana* and *vranshoshak*. [19]

For all varieties of *Kushtha*, *Khadirarishta* is advised. Most of *Khadirarishta*'s components have antipsoriatic properties. Decoction of *Khadir* (*Acacia catechu* Willd.) aids in blood purification. It contains immunomodulatory properties that could trigger both humoral and cell-mediated immunity. *Acacia catechu* contains a variety of phytoconstituents, and catechins may help with its antioxidant and anti-inflammatory properties.[20]

Sidhartak Snana contains *Musta*, *Madan*, *Triphala*, *Karanj*, *Aaragvadh*, *Indrayava*, *Saptaparna*, *Daruharidra*. It is *Tvak dosha*, *kushta*, *shophanashak*, *varnaprasadak*, *tridoshhara*. [21]

Gandhak Rasayana contains *Shudha Gandhak*, *bhavana dravya* (*Chaturjat*, *Triphla*, *Guduchi*, *shunti kwath*, *Bhringraj swaras*, *godugdha*). [22] *Gandhak* is *tikta*, *katu*, *aampachak*, *vishghna*, act as antibacterial and antifungal. *Guduchi* is *vrushya*, *kledanashak*, *agnidipak*, *balya* and *rasayana*. *Triphala* is *kledanashak*, *raktaprasadak* and *Bhringraj* is *tikta*, *katu*, *aampachak*, *vishghna*. *Shunthi* is *dipak*, *aampachak*. [23]

Purified sulphur treated with many medicinal herbs in *Gandhak rasayana* to greatly enhance its pharmacological effects. In Ayurveda, *gandhak* (sulphur) has *Kushthaghna* properties. Its anti-poisonous and rejuvenating *Garavishahar* and *Rasayana* capabilities aid in the treatment and elimination of skin problems' root causes. [24] *Kushthaghna*, *Kledaghna*, *Ampachana*, *Raktaprasadana*, and *Rasayana* are some of its well-known medicinal characteristics. *Raktashuddhikara*, *Pitta-kaphahara*, *Vranaropana* (wound healing), and *Kushthaghna* are some of *Manjishtha*'s most well-known effects. Additionally, it possesses antipsoriatic properties. [25]

Nalpamara means four *Vriksha Twak* viz *Nyagrodha*, *Udumbara*, *Asvatha* and *Plaksa*. It is indicated in *Pama*, *Kandu*, *Pidaka*, *Kushta* and *Visarpa*. Application of *Nalpamaradi taila* reduces *Shotha* (inflammation) and *Daha* (burning sensation) as it contains *Ksheerivriksha Dravya* which are *Kashaya rasa pradhana*, *Pitta* and *Kaphahara*. [26]

T. cordifolia (Giloy) is used for its *kushtahara* (anti-leprotic) properties, along with wide use in *kandu* and *visarpa* (types of skin disorders) and has been shown to exert anti-leprotic activity in a combination formulation. [27]

CONCLUSION

Psoriasis is a prevalent inflammatory skin illness with major medical and psychosocial comorbidities that is primarily genetically determined. The patient responded to the current case's Ayurvedic *samprapti* technique far more quickly than to previously received allopathic treatment. There was no known recurrence after the active therapy phase. The benefits of a balanced diet in promoting health are also confirmed. Ayurvedic external and internal therapies can aid in reversing the complex pathophysiology of long-term conditions like psoriasis. Overall, the patient with persistent psoriasis recovered swiftly and considerably thanks to the multimodal Ayurvedic therapy.

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DECLARATION OF PATIENT CONSENT

Consent of the patient was obtained for the photographs and before reporting the case report for publication.

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- Fig 1.1 **First visit** - Thickened dry,crackled,round,irregular merged with red edges erythematous plaques with itching present



- Fig 1.2 First visit



Fig 2 After 1 month of medication –improvement in the itching and number of rashes,size of lesion also reduced



Fig 3. After 3 months of medications – Much more improvement noted itching and size reduced



Fig 4. After 5 months of treatment – Mild blackish discolouration seen at psoriatic site



Fig 5. After 1 yr of treatment – Blackish discolouration got more fade

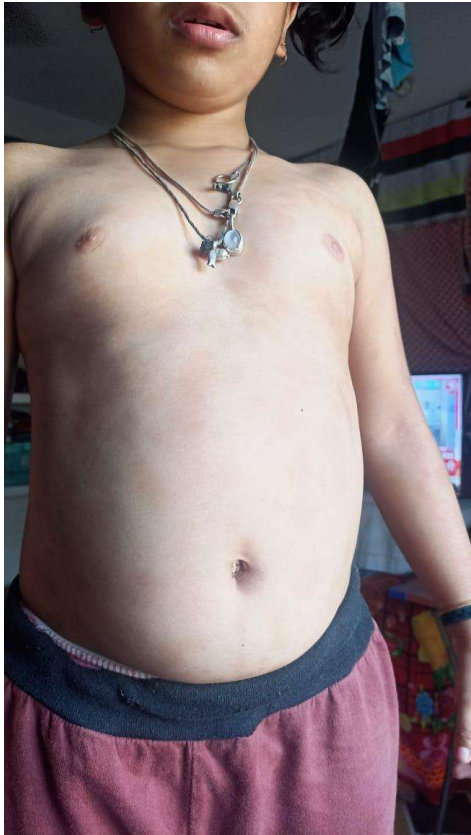


Fig 6. On 15th June'23 – No rashes,no scar,no blackish discolouration –Normal skin texture