CASE REPORT

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Ayurvedic management of Ekkushtha w.s.r. to Psoriasis - A Case Study

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ABSTRACT

The body's health and disease are reflected in the largest organ, the skin. All skin conditions are grouped under the Kushtha Roga category in the old Ayurvedic Samhitas. The skin has more cosmetic significance in today's society, which helps people feel more confident and like themselves while also cultivating a positive outlook. A persistent, non-infectious inflammatory skin condition known as psoriasis is characterized by well-defined erythematous plaques with a silvery scale. The main causes of the disease's worsening include psychological stress, physical injury, and gut dysbiosis. The patient experiences distress due to any change in skin tone on a mental and physical level. Daily activities are hampered by the patient's papulo-squamous skin lesion's scaling and itching, which is brought on by the autoimmune disease psoriasis. Due to how frequently it manifests, the disease has remained a serious problem. For this illness, there is no known cure. Although it offers symptomatic relief, modern medicine frequently has adverse long-term effects.

Key words: Psoriasis, Ayurveda, Kushtha, Eka Kushtha, Pathya, Apathya.

INTRODUCTION

Psoriasis is a persistent, inflammatory, immune-mediated skin disorder. All Kushtha Disorder are thought to be Tridosha-affected, according to the Samhita, but the kind of Kushtha varies depending on how much of a particular Dosha is present. A prevalent dermatological illness that affects both men and women equally. Although the exact cause of psoriasis is unknown, environmental, and genetic factors, including dietary and lifestyle modifications, are thought to play a role. Numerous factors are thought to aggravate psoriasis flare-ups. The key factors that contribute to the condition getting worse include intestinal dysbiosis, physical damage, and emotional stress. In Ayurveda, every skin disease is covered under the section "Kushtha." Psoriasis and "Eka Kushtha Kushtha" can be compared because their symptoms are so similar. Itching, scaling, and skin discoloration, are often known as erythema.

General Information of the Patient

Name - XYZ
Age - 30
Sex - Male
Religion - Hindu
Education - P.G.
Marital Status - Unmarried
Socio-economic status - M.I.G.
Address - Raipur
Occupation - Private Teacher
Type of living - Single
Habitation - Rural

Treatment History

Specific therapy undertaken - Yes

Drug History - Patient taken allopathy T/t

Dashvidha Pariksha

Prakriti - Vata Kapha

Vikriti - Dushya - VPK Pitta Pradhan

Sara - Meda Sara

Samhanana - Madhyam

Pramana - Madhya

Satmya - Pravara

Satva - Madhyama

Ahara Shakti - Madhyam

Vyayam Shakti - Avara

Vaya - Madhyam

Ashtavidha Pariksha

Nadi (Pulse) - Vata Kapha

Mutra (Urine) - Pandur 2-3/Day, 0-1/Night

Mala (Stool) - Badda Samanya Mal Gandhi

Jivha (Tounge) - White coated

Shabda (Voice) - Clear

Sparsh (Skin) - Sheet

Drika (Eye) - Normal

Akriti (General Appearance) - Normal

General Examination

Pulse rate - 72/min
BP - 120/80 mm/Hg
Temp - 98.6°F
R/R - 18/min.
Conjunctiva - Clear
Nails - NAD

Tongue - White coated
Oedema in leg - Nil

Systemic Examinations

- Pranvaha Srotas (Respiratory system) - Both Lungs Clear
- Annavaha Srotas (Gastro–intestinal System) - Not Any Deformity
- Rasvah Srotas (Lymphatic System) - Not Any Deformity
- Raktavah Srotas (Cardiovascular System) - S1 S2 Audiable
- Mutravaha Srotas (Renal System) - Not Any Deformity
- Purishvah Srotas (Anorectal System) - Not Any Deformity

MATERIALS AND METHODS

A clinical case study at Shree Khudad Dungaji Govt. Ayurvedic Hospital, Kayachikitsa Departmental OPD. Shamana Aushadhi and Sthanika Chikitsa was administered to the patient having signs and symptoms of Eka Kushtha.

Treatment Protocol

A. Nidana Parivarjan

Any dietary practices or elements that could vitiate Doshas and cause symptoms were strongly forbidden for the patient.

The patient was told to refrain from eating things like Guru, Viruddha Ahara, Amla Ras Dal, fish flesh, Til & Gud (jaggery), excessive milk products, etc.

B. Use in Pathya Dravya

From Charaka's use of Pathya as a synonym for "Therapy," we can deduce the significance of Pathya (Wholesome) and Apathya (Unwholesome) in Ayurveda. Charaka has thoroughly explained the concepts of Pathya (wholesome) and Apathya (unwholesome).
## Deepan Pachana Chikitsa

<table>
<thead>
<tr>
<th>SN</th>
<th>Yoga</th>
<th>Matra</th>
<th>Anupana</th>
<th>Sevankala</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Chitrakadi Vati</td>
<td>500mg</td>
<td>Koshna Jala</td>
<td>2 time</td>
</tr>
<tr>
<td>2.</td>
<td>Panchatikta Ghrita</td>
<td>20 ml</td>
<td>Ushna Jala</td>
<td>At morning</td>
</tr>
<tr>
<td>3.</td>
<td>Aaragvadha Phala Majja (For Kotha Sudhhi)</td>
<td>5 gram (3 days)</td>
<td>Koshna Jala</td>
<td>At night</td>
</tr>
</tbody>
</table>

## Shaman Chikitsa

<table>
<thead>
<tr>
<th>SN</th>
<th>Advice</th>
<th>Dose / Route / Form / Frequency / Anupana</th>
<th>Duratio n of Treatment</th>
<th>During treatm ent / Follow Up</th>
<th>Post Treatment Follow Up</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Kaisore Guggulu</td>
<td>500mg / internal use / Vati / 2 time / Koshna Jala Jala</td>
<td>90 days</td>
<td>15 days</td>
<td>1mont h</td>
<td>Use of Pathya Dravya</td>
</tr>
<tr>
<td>2.</td>
<td>Khadira rista</td>
<td>15ml / internal use / Aasav / 2 time / equal water after meal</td>
<td>90 days</td>
<td>15 days</td>
<td>1mont h</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Gandha k Rasayan</td>
<td>250mg / internal use / Vati / 2 time /</td>
<td>30 days</td>
<td>15 days</td>
<td>1mont h</td>
<td></td>
</tr>
</tbody>
</table>

## Criteria of Assessment

The following WHO recommendations were used to assess the patient's Lakshanas.

1. **Twakavaivarnya (Discoloration)**
   - Normal color: 0
   - Reddish discoloration: 1
   - Slight black reddish discoloration: 2
   - Blackish red discoloration: 3

2. **Mahavastu (Extension of Lesion)**
   - No lesion: 0
   - Lesion on partial part of hand, leg, neck, scalp, hand and back: 1
   - Lesion on whole part of hand, leg, neck, scalp, hand and back: 2
   - Lesions over whole body: 3

3. **Matsyashaklopamam (Scaling)**
   - No Scaling: 0
   - Mild scaling by rubbing: 1
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**CASE REPORT**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep Black Reddish discoloration</td>
<td>G3</td>
<td>G1</td>
</tr>
</tbody>
</table>

**RESULT**

<table>
<thead>
<tr>
<th>Extents of lesion</th>
<th>G2</th>
<th>G0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scaling</td>
<td>G2</td>
<td>G0</td>
</tr>
<tr>
<td>Anhydrosis</td>
<td>G1</td>
<td>G0</td>
</tr>
<tr>
<td>Itching</td>
<td>G1</td>
<td>G0</td>
</tr>
<tr>
<td>Candle grease sign</td>
<td>G1</td>
<td>G0</td>
</tr>
<tr>
<td>Auspitz sign</td>
<td>G2</td>
<td>G0</td>
</tr>
</tbody>
</table>

3. Moderate scaling by rubbing 2
4. Severe scaling by rubbing 3

**4. Aswedanam (Anhydrosis)**

<table>
<thead>
<tr>
<th>Extent</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present in few lesion</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present in all lesion</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aswedanam in lesion</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**5. Kandu (Itching)**

<table>
<thead>
<tr>
<th>Extent</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slight (not affecting daily work)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate (tolerable/ affecting daily work)</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be intense and frequent (not tolerable/ affecting daily work and sleep)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**6. Candle Grease Sign**

<table>
<thead>
<tr>
<th>Extent</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used to be now not now</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occurs in small amount</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occurs in excess</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**7. Auspitz Sign**

<table>
<thead>
<tr>
<th>Extent</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used to be now not now</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occurs in small amount</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occurs in excess</td>
<td>3</td>
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</tbody>
</table>
DISCUSSION

There is a dominant Vata and Kapha Dosha in Ekkushtha. Triphala, Giloy, and Guggul were all components of the oral Kaishore Guggulu. By acting as a Vibandhanashak, Raktashodhak, and expelling out Mala that builds up in the Srothas (channels), Triphala disrupts the pathophysiology of Kustha Roga.

Giloy decreases Kapha and Pitta Dosha due to its Tikta character, making it a Kustha and Kandu Ghana. Because of Ushna Veerya, it calms the Vata Dosha.

The breakdown of Dosha-Dusya Samoorchana is aided by the Srotoshodhaka Guggulu, which also enters the body’s minuscule channels.

The best treatment for Kustha is Khadira, which has the arista qualities of Teekhana, Vyavayi, and Vikasi, together with the other components of Khadijararista.

It consequently enters the Srotas and promptly expels the built-up Doshas from the body.

Furthermore, it strengthens Agni by influencing it at the intestinal level (Mandagni is the root of all diseases).

The impacts of Vata Kapha Dosha are lessened by Gandhak Rasayana because of its Kushtaghana and Kandughana properties.

CONCLUSION

Psoriasis cannot be completely cured, but patients can experience excellent relief from its bothersome symptoms thanks to Ayurvedic treatments and drugs. To improve quality of life and stop the condition from relapsing, repeated intervention is necessary. Psoriasis therapy, aggravation (triggering factors), and disease development all depend significantly on diet.

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