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# Role of *Ayurveda* in management of *Ekakushtha* w.s.r. to Psoriasis: A Case Study

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## ABSTRACT

Psoriasis is one of the most common dermatologic diseases, affecting up to 1% of the world's population. It is a non-contagious inflammatory skin disorder clinically characterized by erythematous, and rounded plaques, covered by silvery scale. It can be correlated with *Ekakushtha* which is having *Asvedanam*, *Mahavastu* and *Matsyashakalopamam Avastha*. This case is about *Ayurveda* treatment of a 27-year-old male patient with plaque psoriasis presented with erythematous plaques on the anterior surface of the legs, arms and forearms, front and back of trunk region. The Auspitz sign and Koebner phenomenon were positive. The treatment protocol was adopted as per *Ayurvedic Samprapti* (pathophysiology) and the patient cured completely without reporting any adverse events after 3 month of treatment. No recurrence observed even after one year of the halted treatment. The importance of a wholesome diet (*Pathya* and *Apathy*) as a health promoter is also revalidated. Photographic documentation was recorded with the proper consent of the patient during successive treatment and regular follow-ups. Altogether, multimodal *Ayurveda* treatment led to speedy and substantial recovery from a chronic case of psoriasis.

**Key words:** *Auspitz sign, Ayurveda, Ekakushtha, Psoriasis, Shodhan, Virechan.*

## INTRODUCTION

Psoriasis is a common dermatologic disease, affecting up to 1% of the World's population,<sup>[1]</sup> both males and females suffering equally.<sup>[2]</sup> The word Psoriasis is derived from Greek word 'Psora' means 'itch' and 'sis' meaning 'acting condition'. Psoriasis is a noninfectious, chronic inflammatory disease of skin, characterized by well-defined erythematous plaques with silvery white scales with a predilection for the extensor surface and scalp, and a chronic fluctuating course.<sup>[3]</sup> In psoriasis,

main abnormality is of increased epidermal proliferation due to excessive multiplication of cells in the basal layers. The transit time of keratinocyte is shortened and epidermal turnover is reduced to 5-6 days from 28-30 days.<sup>[4]</sup> Even though the aetiology is unknown, the factors involved are genetic, biochemical and immunopathological.<sup>[5]</sup> Trauma, infections, sun exposure, some medications, and stress are examples of precipitating causes that might exacerbate the condition. As there is no available cure for the disease it has remained a great problem for the patients.<sup>[6]</sup> Other than physical problems, patients also suffer mental and social distress. Diagnosis of the disease is made mainly on the basis of clinical symptoms<sup>[7]</sup> that is,

- Erythematous sharply defined plaques, covered with silvery white scales.
- Extensor surface primarily involved such as the knees and elbows.
- Koebner's phenomenon present in the active phase of the disease.

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- Wornoff's ring often present in the healing phase of the disease.

Auspitz sign and candle grease sign are other classic presentations of the disease. The goal of the treatment for the disease is to reduce the symptoms which interfere with the patient's life both physically and socially.

There are several types of Psoriasis which can be related to certain diseases described in *Samhitas*. While the description of *Kushtha* is present since Vedic period, *Ekakushtha* is described in *Garuda Purana*<sup>[8]</sup> and almost all *Ayurvedic* classics after that period i.e., *Brihatrayi*, *Laghutrayi* and all texts afterwards. *Ekakushtha* is mentioned in all *Ayurvedic* classics under *Kshudra Kushtha* and has predominance of *Vata* and *Kapha Dosh*.<sup>[9]</sup> *Ekakushtha* and *Kushtha* has same causative factors. Dietary factors as *Viruddha Ahara*, excessive consumption of *Drava*, *Snigdha*, *Guru Aahar*, *Navanna*, and *Vega Dharana* specially of vomiting are major etiologies. Indulgence in sinful act and ill *Manovritti* (negative mentality) are associated mental factor for causing the disease.<sup>[10]</sup> *Acharya Charaka* has mentioned the symptoms of *Ekakushtha* as *Aswedanam*, *Mahavastu*, and *Matsyashakalopamam*<sup>[11]</sup> and *Acharya Sushruta* described its symptoms as *Krishna-Aruna Varnata*.<sup>[12]</sup> The etiological factor leads to vitiation of *Tridosha* especially *Vata* and *Kapha*. These *Dosha* through *Tiryakvahini Siras* proceed to *Bahya Rogamarga* i.e., *Twacha*, *Rakta*, *Mamsa*, and *Lasika* and cause the symptoms of disease.<sup>[13]</sup> Repeated *Samshodhana* along with *Samshamana* is main line of treatment.<sup>[14]</sup> Both *Antah Parimarjan* and *Bahiparimarjan* therapies have been indicated in *Kushtha Roga*.

## AIM AND OBJECTIVE

To evaluate the role of *Samshodhana* and *Samshamana Karma* in management of Psoriasis.

## MATERIALS AND METHODS

### Place of study

The present case study was done in the Dept. of Kayachikitsa, A & U Tibbia College, Karol Bagh, New Delhi.

## CASE REPORT

A 27 year old male patient came to the Kayachikitsa OPD with complain of Reddish silvery plaque with itching, burning sensation on bilateral legs(upper and lower),back and front and back of trunk and bilateral arms and forearm, he was taking antihistaminics and immunosuppressants for relief since 6 months.

### Clinical Findings

The patient presented with erythematous plaques on the anterior, posterior and lateral surface of the trunk, Bilateral flexor and extensor surface of arms and forearms, and bilateral upper and lower legs (front surface). The affected skin was found with an erythema and the surface covered with large silvery scale. The patient was suffering from itching and burning all over the body. At the time of the case presentation, the Auspitz sign and Koebner phenomenon found positive. No signs of psoriatic arthritis and nail bed psoriasis were found.

### General examination

Body temperature (97.4°F), Pulse (84/min), and Blood Pressure (118/76) were within normal limit.

### Systemic examination

In systemic examination, respiratory and cardiovascular system found normal. The patient was disturbed due to itching and burning sensation over psoriatic lesions and due to social stigma.

### Diagnostic assessment

All routine blood tests were within a normal range. Based on clinical presentation, distribution of the skin damage, and positive Auspitz sign, the case diagnosis was confirmed as plaque psoriasis.

### Treatment Plan

Treatment was based on the Ayurvedic principles of –

- Nidanparivarjana*
- Shodhan*
- Shaman*

Considering the clinical signs, symptoms & aggravating factors initial *Shaman* treatment with *Pathaya-*

*Apathya* direction was given to the patient for a month (Table 1) and then *Shodhan* treatment viz. *Virechan* was planned for patient according to *Bala & Kala*. After *Virechan*, *Shaman* treatment was continued with *Pathya -Apathya*.(Table 3)

**Table 1: Shaman Chikitsa before Shodhan**

Medicine	Dose	Anupana	Route of administration	Duration
<i>Arogyavardhani Vati</i>	250mg BD after meals	Luke warm water	oral	30 days
<i>Haridrakhanda</i>	1/2 tsf BD after meals	Luke warm water	Oral	30 days
<i>Kaishore Guggu</i>	2 BD after meals	Luke warm water	Oral	30 days
<i>Mahamanjisti Kwath</i>	25 ml BD after meals	100 ml of Luke warm water	Oral	30 days
<i>Pinda Taila</i>	Local application q.s.		Topical	30 days

### Shodhan Karma

Patient was admitted for *Shodhan Karma* viz. *Virechan* and following treatment plan was adopted –

- Chitrakadi Vati* was given 2 tds with lukewarm water for *Deepan & Paachan* before *Snehana* for 2 days
- Snehana* was started with *Panchtikta Gugullu Ghrita* with starting dose of 20ml and increasing as follows for 7 days.(Table 2)

**Table 2: Snehapana before Virechan Karma**

Medicine	Dose	Anupana
<i>Panchtikta Gugullu Ghrita</i>	20 ml	Luke warm water

<i>Panchtikta Gugullu Ghrita</i>	40 ml	Luke warm water
<i>Panchtikta Gugullu Ghrita</i>	60 ml	Luke warm water
<i>Panchtikta Gugullu Ghrita</i>	80 ml	Luke warm water
<i>Panchtikta Gugullu Ghrita</i>	100 ml	Luke warm water
<i>Panchtikta Gugullu Ghrita</i>	120ml	Luke warm water
<i>Panchtikta Gugullu Ghrita</i>	140 ml	Luke warm water

- Virechan* was given on third day of *Snehan* completion with *Trivritta Avaleh* 40 gms mixed in lukewarm milk and 2 tab. of *Abhayadi Modak*. A total of 27 Vegas was observed which is a *Pravar Shudhi* with all the signs of *Samyak Virechan*.
- Patient was advised to follow *Samsarjana Karma* as per *Shudhi*.

**Table 3: Shaman Chikitsa after Shodhan**

Medicine	Dose	Anupana	Route of administration	Duration
<i>Arogyavardhani Vati</i>	250mg BD after meals	Luke warm water	Oral	60 days
<i>Haridrakhanda</i>	1/2 tsf BD after meals	Luke warm water	Oral	60 days
<i>Kaishore Guggu</i>	2 BD after meals	Luke warm water	Oral	60 days
<i>Mahamanjisti Kwath</i>	20 ml BD after meals	100 ml of Luke warm water	Oral	60 days
<i>Pinda Taila</i>	Local application q.s.		Topical	60 days

**Outcomes & Follow Ups**

Outcomes were assessed on the basis of PASI score that is Psoriasis Area Severity Score. (Table 4) Patient was treated for a period of around 3 months including *Shodhan* period and was monitored on follow ups. There was remarkable reduction in PASI score before and after the treatment. (Table 5) (Figure 1) Photographic documentation was recorded with the proper consent of the patient during successive treatment and regular follow-ups.(Figure 2) The patient was kept on a regular follow up and he is free of any sought of lesions till date.

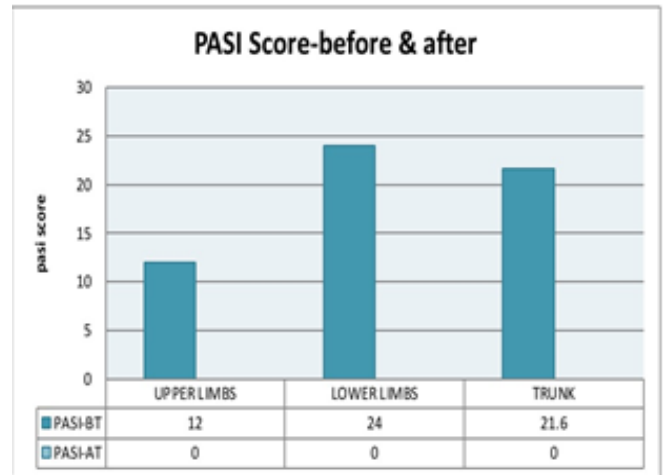
**Table 4 : PASI (Psoriasis Area Severity Index) scoring**

	Lesion score	Percentage of area affected	Area score
Plaque characteristics Erythema Induration Thickening Lesion sum score (A)	0 - None	Area Score (B)	0 = 0%
	1 - Slight	Degree of involvement as a	1 = 1% - 9%
	2 - Moderate	percentage for each body region affected	2 = 10% -29%
	3 - Severe	(score each region in between 0 -6)	3 = 30% -49%
	4 - Very severe		4 = 50% -69%
	5 = 70% -89%		5 = 70% -89%
6 = 90% - 100%		6 = 90% - 100%	
<b>Multiply Lesion Score Sum (A) by Area Score (B), for each body region, to give 4 individual subtotals (C).</b>			
Subtotal (C)			
<b>Multiply each of the Subtotals (C) by amount of body surface area represented by that region, i.e. x 0.1 for head, x 0.2 for upper body, x 0.3 for trunk, and x 0.4 for lower limbs</b>			
Body surface area	x .1	x .2	x .3 x .4
<b>Totals (D)</b>			

**Table 5 : PASI (Psoriasis Area Severity Index) score before and after treatment**

Plaque characteristics	Upper limbs		Lower limbs		Trunk	
	BT	AT	BT	AT	BT	AT
Erythema	4	0	4	0	4	0
Induration	4	0	4	0	4	0

Scaling	2	0	2	0	4	0
Area score	6	0	6	0	6	0
<b>PASI SCORE</b>	<b>12</b>	<b>0</b>	<b>24</b>	<b>0</b>	<b>21.6</b>	<b>0</b>



**Figure 1: Changes in PASI score before and after treatment**



**Figure 2: Leisons before and after treatment.**

**DISCUSSION**

Psoriasis is an autoimmune disease where genetic and environmental factors have a significant role. Furthermore, keratinocytes, the inflammatory cascade, and cytokines all play a significant part in the pathogenesis of psoriasis. As all the *Kushtha* are said to be *Tridoshaj*. In the present case, Patient had scaling (*Kharta*), itching (*Kandu*) which is *Vata, Kapha*

symptoms and erythema, burning, inflammation which also shows *Pitta* vitiation so here too all the *Doshas* were involved, and *Rasadhatu*, *Raktadhatu*, and *Mamsadhatu* were the *Dushyas*. The treatment protocol was adopted for *Samprapti Bhedan*. It includes *Shodhan Chikitsa*, in this case *virechan* was adopted to normalise the vitiated *Doshas* especially *Pitta* and *Shaman* included *Agnidipana* (improvement of the biological fire), *Aampachana*, *Rasaprasadana* (improvement in the quality of blood), and *Raktaprasadana* (purification of the blood) were achieved with the help of all the internal medicines. Thus, in the present case, the strict dietary regimen (*Pathya*) has been advised as the mitigating intervention along with *Ayurveda* medicines.

*Kaishor Guggulu* is a polyherbal preparation. Furthermore, *Kaishor Guggulu* acts as an antiallergic, antibacterial, and blood purifying agent.<sup>[15]</sup> Therefore, it helps to reduce redness, inflammation and acts as a natural blood cleanser by its pacifying effects on deep sited vitiated *Doshas* of psoriasis.

*Arogyavardhini Vati* has *Kutki* as main ingredient that has anti-pruritic and antioxidant properties and works as *Dhatu Poshaka* (promotes body tissue), hence resolving morbidity at *Dhatu* level. It is, *Deepani* (appetiser), *Pachani* (digestive), *Tridoshasham Aka* (pacify all *Doshas*), and is indicated in *Kushtha* treatment.

*Haridrakhand* has *Haridra* as main ingredient which has *Kaphahar*, *Kustaghana* and *Kandughan* property. It has blood purification properties (*Raktashodhana*) and it also helps to eliminate inflammatory mediators like cytokines and by its immunomodulatory property helps to reduce inflammation.

#### **Mahamanjishtadi Kwatha<sup>[16]</sup>**

It has drugs like *Manjishtha* (*Rubia cordifolia* Linn.), *Amrita* (*Tinospora cordifolia* Miers), *Haridra* (*Curcuma longa* L.), *Daruharidra* (*Berberis aristata* DC.), *Arishta* (*Azadirachta indica* A. Juss.), *Patolamula* (*Trichosanthes cucumerina* Linn.), *Katuka* (*Neopicrorhiza scrophulariiflora* Royle ex Benth.), *Bhringa* (*Eclipta prostrata* L.), *Magadha* Piper, *Trayanti*

(*Gentiana kurroo* Royle), *Patha* (*Cyclea peltata* LAM.), *Asana* (*Pterocarpus marsupium* ROXB.), *Aragvadh* (*Cassia fistula* L.) etc. All these drugs are having properties like *Varnya*, *Kapha Pittashamak*, *Shothahar* (Oedema reducing), *Kushtaghna* (Curing skin diseases), *Vranropak* (Wound healer). Most of the drugs are *Tridoshaghna* (Pacify aggravated *Dosha*) or *Kapha Pittahara* property by virtue of *Tikta* (Bitter), *Katu* (Pungent), *Kashaya Rasa* (Astringent), *Laghu* (Light), *Ruksha Guna* (Rough property), and *Ushna Veerya* (Hot potency); *Katu Vipaka* (Pungent postdigestive effect). *Manjistha* is *Varnya* and *Rakta Prasadana* (Blood purifying), *Nimba* is *Kandughna*, *Haridra* is *Kusthaghna* (Reduce itching). *Vacha* is *Sroto Shodhana* (Channel cleanser).

All these drugs perform the therapeutic pharmacological action on the basis of innate qualities i.e., *Rasa* (Taste), *Guna* (Properties), *Veerya* (Potency), *Vipaka* (Final transformation) and *Prabhava* (Specific potency) altogether and follow the *Samprapti Vighatana Chikitsa Siddhanta* (Breaking of etiopathogenesis as a principle of treatment).

*Virechana* (medically induced purgation) is one of the *Panchkarama* procedure which is used in detoxification. *Snehan* brings all the *Doshas* to alimentary canal (*Koshtha*) from where it is brought out of the body via rectal pathway. It reduces the pro-inflammatory cytokines in body and normalizes the vitiated *doshas* thus brings internal homeostasis.

*Pinda Taila* was used for local application which has *Manjista*, *Saariva*, *Sarjarasa*, *Madhuchhista* as ingredient. The ingredients have *Pitta Shaman* property which reduces the inflammation and also acts as anti-oxidant and reduces erythema, scaling and inflammation and overall disease activity.

#### **CONCLUSION**

In the present case, the treatment protocol was adopted as per Ayurvedic *Samprapti* and the treatment response was observed. *Shodhan* and *Shaman* treatment with external application has shown remarkable improvement in signs and symptoms of psoriasis which is evident from reduction in PASI score.

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