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Effect of *Panchatikta Ghrita Guggul* and *Mahamanjishthadi Kwath* along with *Virechan Karma* in the management of *Ek Kushtha* (Plaque Psoriasis) : A Case Report

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ABSTRACT

Background: Psoriasis, an autoimmune disease, affects a vast number of peoples around the world. About 2% of the world population and 0.44-2.8% of the Indian population were affected by psoriasis in 2016-2017. Plaque psoriasis is the most common type of psoriasis that manifests as red scaly patches with white scales affecting body areas, including the scalp, elbows, knees, trunk, and buttocks. The *Ayurvedic* diagnosis is considered as *Ekakushtha* which is a *Vata Kapha* predominant *Kshudrakushtha*. **Objective:** The present study was intended to assess the efficacy of *Virechan Karma* as *Shodhan* procedure along with *Panchatikta Ghrita Guggul* and *Mahamanjishthadi Kwath* as *Shaman* drug in *Ek Kushtha* (psoriasis). **Materials and Methods:** Here an effort was made to treat a 21 years old male diagnosed case of Plaque Psoriasis since 1 year. He presents with complaints of red scaly patches with white scales on upper limbs, lower limbs and trunk with itching and burning. After a thorough examination, an *Ayurvedic* treatment plan was designed in the form of *Panchakarma (Virechan Karma)* and oral medication (*Panchatikta Ghrita Guggul* 250 mg twice and *Mahamanjishthadi Kwath* 10 ml twice daily). As the principle of treatment of all types of *Kushtha* is *Sanshodhana* along with *Sanshamana* drugs. In this study initially *Virechana Karma* was performed. **Result:** After *Sanshodhana*, *Sanshamana* drugs were given for 4 months, the symptoms such as itching, burning, eruption, scaly patches gradually decreased. PASI (Psoriasis area severity index) score was taken for assessment parameter showed significant improvement. The skin lesions of the patient was calculated by PASI score before starting the treatment was found to be 29.9 which decreased to 3.5 after 4 months. **Conclusion:** This case report showed that combined *Ayurvedic* modalities resulted in great improvement in overall condition of the patient and clinically safe and effective in the management of *Ekkushtha* (psoriasis).

Key words: *Ekakushtha*, *Psoriasis*, *PASI score*, *Ayurvedic management*.

INTRODUCTION

Psoriasis is a common dermatologic disease, affecting up to 1% of the World's population,^[1] both males and females suffering equally.^[2] Plaque psoriasis, the most

common variant of psoriasis, makes up approximately 85 to 90 percent of all psoriasis cases.^[3] Hyperactivity of T-helper cells is important in pathogenesis. Upregulation in the levels of inflammatory cytokines triggered by T-cells leads to psoriasis which also can be associated with an increased risk of psoriatic arthritis, lymphomas, cardiovascular risk, Crohn's disease, and depression.^[4]

The main abnormality in psoriasis is the increased epidermal proliferation due to excessive division of cells in the stratum basale and a shorter cell cycle. There is proliferation of subepidermal vasculature which is responsible for the Auspitz's sign. Characteristic lesions are pink red, sharply demarcated papules and rounded plaques, covered by silvery scales. The most common areas involved are extensor body areas (elbow and Knees), gluteal cleft and scalp.

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Trunk is also commonly involved. Traumatized areas often involved Koebner phenomenon.

There is no permanent cure for psoriasis, though in modern system of medicine coal tar preparations, calcipotriol, retinoid, corticosteroids and ultraviolet radiations are the local measure to manage Psoriasis. The systemic treatment commonly used is photo chemotherapy with PUVA, retinoids, methotrexate and cyclosporine - A and corticosteroids.^[5] These medicines have been in wide use to control the symptoms with some success, but in long term cause a number of unpleasant side effects.

Ekakushtha is mentioned in all *Ayurvedic* classics under *Kshudrakushtha* and has predominance of *Vata* and *Kapha Dosha*.^[6] The aetiologic factors of *Kushtha* described in *Ayurved* classics are *Aharaj Nidan* as *Viruddha Aahara*, excessive consumption of *Drava*, *Snigdha*, *Guru Aahar*, *Navanna*, *Viharaj Nidan* as *Vega Dharana* specially of vomiting. Indulgence in sinful act and ill *Manovritti* (negative mentality) are associated *Mansik Nidan* (mental factor) for causing the disease.^[7] These causative factors are responsible for vitiation of *Vata* and *Kapha Pradhan Tridosha*. These *Dosha* through *Tiryakvahini Siras* proceed to *Bahya Rogamarga* i.e., *Twacha*, *Rakta*, *Mamsa*, and *Lasika* and cause the symptoms of disease.^[8] Acharya Charaka has mentioned the symptoms of *Ekakushtha* as *Aswedanam*, *Mahavastu*, and *Matsyashakalopamam*^[9] and Acharya Sushruta described its symptoms as *Krishna-Aruna Varnata*.^[10]

The goal of the treatment for the disease is to alleviate symptoms which interfere with the patient's life both physically and socially. Repeated *Samshodhana* along with *Samshamana* is the main line of treatment. Both *Antah Parimarjan* and *Bahiparimarjan* therapies have been performed in *Kushtha Roga* to prevent further progression of this disease.

CASE PRESENTATION

A 21-year-old male patient, diagnosed with psoriasis for 1 year. He came to our hospital in May 2023 with following Chief Complaints of pink red lesions and rounded plaques with silvery scales on lower abdomen,

lower back, elbows, forearms and forelegs. Itching and burning in rashes, with scaling on scratching.

History of Present Illness

The patient was asymptomatic before 1 year. After that he developed complaint of scaly rashes on his scalp then lower abdomen and lower back which gradually progressed and involved his both forelegs and both upper limbs. Gradually itching occurred in the rashes along with burning sensation, and scaling after scratching and patches widened. Lesions have no relation to seasonal variation and remained constant for whole year. He took allopathic medication for years which provided symptomatic relief till treatment continues, on discontinuity of the treatment again the symptoms aggravated. So, he came to our hospital for further treatment.

History of past illness

Patient has no significant past history of any chronic illness, trauma or Koebner's phenomenon.

Family History: Negative for HTN, DM and any skin diseases.

Personal history

Diet - Mixed: prefer *Amla*, *Lavana*, *Madhura Ahara*, curd, pickles

Bowel - Frequency - 2/day, evacuation - Complete

Stool consistency - Well formed

Appetite - normal

Micturition - Regular

Sleep - adequate

Allergy - Not yet detected

Addiction - Nil

On Examination

General condition was fair

Vitals were normal, afebrile

Central nervous system, cardiovascular system, respiratory system and gastrointestinal system examinations show no abnormality.

Prakriti - Pitta-Kapha

Integumentary system Examination

Lesion - erythematous papule then plaques of varying size, erythematous patches with white scales

Mode of spread - Centripetal

Colour - Erythematous papule and plaques covered with white scales - body erythematous patches with white scales - scalp

Size - Papule and plaques of varying size - body patches - scalp

Margination - Well demarcated - body

Surface - rough, dry with scales

Distribution - symmetrical, bilateral scattered

Auspitz sign - Present

Candle grease sign - Present

Diagnosis - On the basis of clinical history and examination the condition was diagnosed as Plaque Psoriasis.

Treatment protocol

Total duration - 4 months

1. *Deepana Pachana* with *Lasunadi Vati* 500 mg BD for 2 days.
2. *Abhyantara Snehana* with *Panchtikta Ghrita* for 5 days in increasing order from 30 ml to 180 ml followed by *Mridu Snehana* and *Swedana* for 2 days.
3. *Virechana Karma* - Then *Virechan Karma* was performed and *Samsarjana Karma* for 7 days was done before starting *Samshamana* drugs.

Samshamana therapy - For *Samshamana* therapy following medicines were used -

- a) *Panchatikta Ghrita Guggul* 250 mg twice a day
- b) *Mahamanjisthadi Kwatha* - 20ml twice a day
- c) Psora oil for local application

Table 1: Line of treatment

| Day | Treatment |
|--|---|
| 1 st and 2 nd day - <i>Deepan</i> and <i>Pachan</i> | <i>Deepana Pachana</i> with <i>Lasunadi Vati</i> 500 mg BD |
| 3 rd to 7 th day - <i>Abhyantar Snehana</i> | <i>Shodhnarth Snehpan</i> with <i>Panchatikta Ghrita</i> , after complete digestion of previous day diet it was administered in higher dose every day in early morning depending upon <i>Agni</i> and <i>Koshtha</i> for a period 5 days, till the <i>Samyak Snigdha Lakshan</i> appears. |
| 8 th day - <i>Abhyang</i> and <i>Swedan</i> | <i>Abhyang</i> with <i>Marichadi oil</i> , <i>Sarvang Bashpa Svedan</i> with <i>Nimb Patra</i> . |
| 9 th day | <i>Abyang</i> and <i>Bashp Swedan</i> |
| 10 th day - <i>Virechan Yoga</i> | <i>Virechan Karma</i> with <i>Trivrut Churna</i> and <i>Erand Tail</i> (100ml). Total 18 Vega on administration of <i>Virechana Yoga</i> , it was <i>Kaphant Virechana</i> , patient felt lightness in the body, <i>Kshudha Pravritti</i> . |
| 11 th to 14 th day - <i>Samsarjan Karma</i> | <i>Samsarjana Karma</i> specific diet schedule was followed for 5 days according to <i>Shuddhi</i> . |

Assessment: (Before Treatment)

PASI score: 29.9, Auspitz sign: Positive, Candle grease sign: Positive

PASI SCORE - PASI score in psoriasis which assesses and grade the severity of psoriatic lesions and patients' response to treatment. Had a numeric score ranging 0 to 72. Score of 1 to 10 is considered moderate and above 10 is severe.

Lesion Score

| | No symptoms | Mild | Moderate | Marked | Very marked |
|----------------|-------------|------|----------|--------|-------------|
| Erythema (E) | | | | | |
| Induration (I) | | | | | |
| Scaling (S) | | | | | |
| | 0 | 1 | 2 | 3 | 4 |

Area score

| | | | | | | | |
|-------|---|------|--------|--------|--------|--------|---------|
| Area | 0 | 1-9% | 10-29% | 30-49% | 50-69% | 70-89% | 90-100% |
| Score | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Before treatment

| Lesion Score | Head (H) | Trunk(T) | Upper limb (UL) | Lower limb (LL) including buttocks |
|--|----------|----------|-----------------|------------------------------------|
| Erythema(E) | 1 | 3 | 3 | 3 |
| Induration(I) | 2 | 3 | 3 | 2 |
| Scaling(S) | 2 | 2 | 3 | 2 |
| SUM: E+I+S | 5 | 8 | 9 | 7 |
| Percentage of affected area | | | | |
| Area score | 3 | 3 | 4 | 5 |
| Sub Total: | 15 | 24 | 36 | 35 |
| Sum × Area score | | | | |
| Body area: subtotal × amount indicated | 15 x 0.1 | 24 x 0.3 | 36 x 0.2 | 35 x 0.4 |
| Total | 1.5 | 7.2 | 7.2 | 14 |

PASI Score = H+T+UL+LL = 29.9

After Treatment

| Lesion Score | Head (H) | Trunk(T) | Upper limb (UL) | Lower limb (LL) including buttocks |
|---------------|----------|----------|-----------------|------------------------------------|
| Erythema(E) | 1 | 1 | 1 | 1 |
| Induration(I) | 0 | 1 | 1 | 1 |
| Scaling(S) | 0 | 0 | 0 | 1 |

| | | | | |
|--|--------|-------|--------|--------|
| SUM: E+I+S | 1 | 2 | 2 | 3 |
| Percentage of affected area | | | | |
| Area score | 1 | 1 | 1 | 2 |
| Sub Total: | 1 | 2 | 2 | 6 |
| (Sum × Area score) | | | | |
| Body area: subtotal × amount indicated | 1x 0.1 | 2x0.3 | 2x 0.2 | 6x 0.4 |
| Total | 0.1 | 0.6 | 0.4 | 2.4 |

PASI Score = H+T+UL+LL = 3.5



After Treatment



RESULTS

The Patient had started improving during treatment, and all over recovery was done in 4 months. The patient's PASI score after treatment was 3.5. The candle grease sign was also negative after treatment.

DISCUSSION

Psoriasis is a common, chronic, recurrent inflammatory disease of the skin, characterized by circumscribed, erythematous, dry, scaly plaques of varying sizes. Plaque psoriasis or psoriasis vulgaris is the most prevalent one.

Here a case of Plaque Psoriasis has been discussed, which is best correlated to *Ekakushtha*. It is *Raktapradoshaj Vyadhi*, which is *Vata-Kapha Pradhan* and *Tri-Doshaj*. Since the skin diseases are caused by vitiation or aggravation of one or more *Doshas*, the line of treatment or selection of drugs is based on predominance of specific *Dosha* causing the ailment. *Ayurveda* classics explains *Shodhan* and *Shaman Chikitsa* for the management of *Kushtha*. Amongst the *Shodhan*, *Virechan* is the best *Chikitsa* for the *Kushtha* as it eliminates the *Pitta* and *Kapha Dosha* from the body.

In the present study *Shodhan* and *Shaman Chikitsa* was given to the patient. In *Purva Karma*, *Deepan - Pachan* was done with *Lashunadi Vati* which is *Agnivardhak*, Stimulates digestion and *Amapachak*. After that *Snehapana* was given with *Panchtikta Ghrita* for 5 days. Prior to *Virechan Karma* *Abhyanga* was done by *Marichadi Tail* which reduces the dryness, improves the blood circulation & reduces itching. Followed by *Sarwanga Swedan* it does the *Dosha-Vilayana* (liquefies the *Doshas*) and brings *Shakhagat Doshas* to *Koshth* to eliminate them. And thus, it does *Srotoshodhan*. As *Kushtha* is chronic and *Bahudoshajanya* both *Sodhana* and *Samana* therapies must be followed to provide long lasting results and a better life to patients.

Action of *Snehapana*

Panchatikta Ghrita has *Shothahara* (anti-inflammatory) property which helps provide relief from itching and irritation caused due to psoriasis. Its *Pitta* balancing and *Snigdha* (oily) properties help to control dryness which is also beneficial in psoriasis. *Tikta Rasatmaka*, *Madhur Vipaki* and *Ushna Viryatmaka* properties of *Ghrita* acts mainly on *Kleda*, *Meda*, *Lasika*, *Rakta*, *Pitta* and *Kapha* which helps in balancing the vitiated *Dosha* and *Dhatu*.

Action of *Abhyanga* with *Marichyadi Tail*

For the purpose of *Abhyanga* the *Marichyadi Tail* is used. The most of *Dravyas* of *Marichyadi Tail* have properties like *Katu*, *Tikta*, *Kashay Rasa* and *Ushna Virya* which does the *Shaman* of *Kapha* and *Vata Dosha*. It has properties like *Raktashodhan*,

Kushtaghna and *Kandughna*. *Marichyadi Tail* has antiseptic, antifungal, anti-inflammatory property. Hence it is effective in reducing the symptoms of *Eka Kushtha*.

Action of Virechan Karma

Virechana Karma is indicated in *Kushtha*, as it pacifies vitiated *Pitta Dosha* and also help in eliminating vitiated *Kapha Dosha*, also corrects *Dushit Rakta Dhatu*, causes *Vatanulomana* and *Srotoshodhana*. Due to *Ushna*, *Tikshna*, *Vyavayi* and *Vikasi* properties of *Virechnopag* drugs it helps in removal of all the toxins from the body thus burning sensation, inflammation, itching and pain were reduced.

Mode of action Panctiktaghrit Guggulu

Panctiktaghrit Guggulu consist of drugs like *Giloy*, *Neem*, *Kantkari* etc. which acts as an agent or a substance that inhibits the manifestation of immediate hypersensitivity. And help to reduce oxidative stress, by scavenging free radicals. Thus, *Shodhana* therapy along with *Shaman Aushdhi* completely expels the doshas out of the body and prevent the relapse of disease.

Mode of action of Manjishthadi Kwatha

Kushtha is a *Santarpanottha Vyadhi* as per *Charak Samhita*. *Manjishthadi Kwath* has contents like *Manjishtha*, *Guduchi*, *Bakuchi*, *Nimb*, *Haridra*, *Patola* etc., which helps in detoxification and purification of the blood. Thus, through its *Rakta Prasadan* property it helps in reliving plaque psoriasis.

CONCLUSION

Psoriasis being a chronic and often disfiguring condition causes a marked impairment in quality of life socially as well as mentally. In the present case the most common Plaque Psoriasis that is correlated with *Eka-Kushtha* was successfully treated with the *Shodhana* and *Shamana Chikitsa*. In all skin conditions mainly *Katu*, *Kashaya*, *Tikta Aushadh* should be given as *Shamana*. They all do *Rakta Dhatu Shodhana*. The patient was asked to avoid food, which is heavy to digest, sour food, milk and curd. Where there's chronicity in disease, *Shodhan* is a must, because due

to previous medicines which were taken by the patient, somewhat produces resistant or *Avarana*. For removal of that *Shodhan* is essential. Thus, it can be concluded that *Virechana Karma* followed by *Shamana Aushadhi* is highly effective in the management of psoriasis (*Ek Kushtha*).

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