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## A clinical experience in the management of Eka Kushta - A Case Study

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## ABSTRACT

Kushta is the broad spectrum word used in Ayurveda to describe all the skin diseases under one heading, which is mainly classified into Mahakushta and Kshudra Kushta. Ekakushta is one among the Kshudra Kushta. It is of prime importance due to its chronicity and severity which involves larger extent of the body. In contemporary science, Ekakushta can be compared to Plaque Psoariasis, In the present case study, we have reported 39 years old male patient came with the complaints of severe dryness of the skin along with white scaly powdery discharged skin lesions all over the body associated with severe itching. The treatment protocol adopted here are Antah Parimarjana Chikitsa (Shodhana) and Bahir Parimarjana Chikitsa (Sarvanga Pariseka and Jaloukavacharana) and Shamanoushadhis. After treatment, patient got satisfactory results and complaints are reduced by 60-70%.

Key words: Ekakushta, Antah Parimarjana Chikitsa, Bahir Parimarjana Chikitsa, Jaloukavacharana.

#### **INTRODUCTION**

In Ayurveda, almost all the skin diseases are described under Kushta Rogadhikara. Kushta is considered to be Ashtamahaqada Roga<sup>[1]</sup> and Aupasargika Roga.<sup>[2]</sup> As per Acharya Charaka, the vitiation of Tridosha along with Twak, Rakta, Mamsa and Lasika have major role in the pathogenesis of Kushta.<sup>[3]</sup> But still the signs and symptoms produced in Kushta depend on the type of predominance Dosha in it. Ekakushta is one among the11 types of Kshudra Kushta which is characterized by, Aswedana (absence of sweating), Mahavastu

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(covers entire body) and Matsyashakalopama<sup>[4]</sup> (resembles the scales of fish). Acharya Bhavaprakasha<sup>[5]</sup> describes that, the lesions of Ekakushta are in Chakrakara (Circular in shape), Abhrakapatrasama (silver colored mica sheets). It primarily manifests due to imbalance in the Vata -Kapha Dosha and Rakta as Pradhana Dushya.

The clinical features of *Ekakushta* are similar to that of Plaque Psoriasis explained in Contemporary science. About 3% world population suffers from Psoriasis. In India, prevalence of Psoriasis varies from 0.44 -2.88%.<sup>[6]</sup> It is immune mediated disease characterized by Erythematous and Rounded Plagues covered by Silvery Micaceous Scale which are variably Pruritic. Common sites are Scalp, Elbow, Knee, Chest, Trunk, Lower and Upper back region. Plaque Psoriasis remains as challenge to be treated.

In Ayurveda, Ekakushta is treated with both Antah Parimarjana Chikitsa and Bahir Parimarjana Chikitsa therapies. Since the nature of the disease is such that there is higher chance of remissions and exacerbations, hence the disease needs to be managed by Shodhana followed by Shamanoushadhis.

#### Sneha K. et al. A clinical experience in the management of Eka Kushta

#### ISSN: 2456-3110

#### **CASE STUDY**

The present case study deals with 39 years old male patient presented with the complaints of skin lesions with white powdery discharge all over the body associated with severe dryness and itching since 2 years.

#### **History of present illness**

Patient was apparently healthy 2 years ago. Gradually, he developed Erythematous Skin lesion over the Extensor part of Upper and Lower limb. Later, Skin lesion with White Powdery Plaque discharge was distributed all over the body including Scalp, Chest, Trunk, Upper and Lower Back, and Gluteal region associated with severe itching. Patient was treated conservatively at Allopathic Hospital. But he did not get any satisfactory results. Later he got admitted in Ayurveda Mahavidyalaya and Hospital, Hubballi for further management.

#### **History of past illness**

- Patient was not a known case of Type 2-Diabetes, Hypertension.
- There was no Surgical history.

#### **Personal history**

- Food habit: Mixed diet (Non-veg –Weekly twice)
- Sleep: Disturbed due to itching.
- Bowel: Constipated
- Micturition: 5-6 times/day, 1 time/night.

Family history: All Family members are said to be healthy.

#### **Vital examination**

Pulse Rate	78 bpm
Respiratory Rate	18cpm
Heart Rate	72bpm
Blood pressure	130/90mmhg

#### Nidana Panchaka

Nidana - Virudhha Aahara and Vihara Sevana, Dadhi Sevana, Ati Katu and Amla Rasa Sevana.

#### Purvarupa - Kandu

**Rupa -** Aswedana, Mahavastu and Matsyashakalopama .

Upashaya - External application of Narikela Taila.

Anupashaya - Exposure to too cold and hot weather.

Samprapti

Nidana Sevana

 $\mathbf{1}$ 

Tridosha Prakopa

#### $\mathbf{1}$

Dosha-Dushya Samurchana (Sapthako Dravya Sangraha - Tridosha, Twacha, Rakta, Mamsa and Lasika)

#### $\checkmark$

Khavaigunyata in Twacha

#### $\checkmark$

Lakshanas like Aswedana, Mahavastu and Matsyashakalopama appeared in Twacha of Sarvashareera.

 $\mathbf{1}$ 

#### Ekakushta

#### Samprapti Ghatakas

- Dosha Pitta Pradhana Tridosha.
- Dushya Rasa, Rakta, Mamsa, Ambu.
- Srotas Rasavaha, Raktavaha, Mamsavaha, Ambuvaha.
- Srotodushti Sangha
- Agni Jataragni, Dhatwagni and Bhutagni.
- Ama Jataragnijanya Ama, Dhatwagnijanya Ama and Bhutagnijanya Ama.
- Udbhavasthana Amashaya
- Sancharasthana Rasayani
- Vyakta Sthana Sarvashareera
- Rogamarga Bahya Rogamarga
- Sadhyaasadhyata Kashta Sadya

#### ISSN: 2456-3110

#### Ashta Sthana Pariksha

1.	Nadi	Pittaja (78bpm)
2.	Mala	Vibandha
3.	Mutra	Prakrita
4.	Jihwa	Ishat Liptata
5.	Shabda	Prakrita
6.	Sparsha	Anushna Sheetha
7.	Druk	Prakrita
8.	Akriti	Madhyama

#### Dashavidha Pariksha

1.	Prakruti	Vata-Pitta
2.	Vikriti	Tridosha+Rakta
3.	Sara	Madhyama
4.	Samhanana	Pravara
5.	Pramana	Madhyama
6.	Satwa	Madhyama
7.	Satmya	Shadrasa
8.	Aharashakti	Madhyama
9.	Vyayamashakti	Pravara
10.	Vaya	Madhyama

#### **Systemic Examination**

- Respiratory System: Normal Vesicular Breath Sound heard.
- Cardiovascular System: S1 S2 heard. No added sound heard.
- Central Nervous System: Patient is conscious and oriented to time, place and person.
- Gastro-Intestinal Tract: Soft and Non-Tender
- Integumentary System Examination:

1.	Onset	Gradual
2.	Duration	2 years
3.	Course	Progressive
4.	Aggravating factor	Cold and Hot weather

#### CASE REPORT November 2024

- 5. Relieving factor External application like Narikela Taila
- Site Scalp, Chest, Extensor part of upper and lower limbs, Trunk, upper and lower back and Gluteal region.
- Shape Irregular scaly reddish patch.
- Size Multiple, No specific size. (Ranging from 8mm to 9cms too).
- Color Pinkish white.
- Uniformity Generalized Plaques.
- Boundary Not well-demarcated.
- Lesions Plaques.

#### **Special tests in Plaque Psoriasis**

- a) Candle grease sign Positive (Presence of dry white scaly discharge)
- Auspitz sign Positive (Presence of Pinpoint like bleeding foci that appear when plaques are scraped deeper)
- Koebner phenomenon Positive (New skin lesions forming on an area of injured skin)

#### **MATERIALS AND METHODS**

Date	Procedure	Aoushadha	Days	Observations
9/1/24 to 13/1/24	Arohana Snehapana Matra: Day 1-30ml Day 2-60ml Day 3 -80ml Day 4 -100ml Day 5- 120ml	Aragwadha Mahatiktak a Ghrita	5 days	Itching has been increased. Snigdha Varcha.
14/1/24 to 16/1/24	Sarvanga Abhyanga	Eladi Taila	3 days	Vishrama Kaala
17/1/24	Virechana	<i>Trivrut Lehya</i> (25gms with <i>Ushna Jala</i> at 7.30 am)	1 day	10 Vegas Glani, Klama observed

#### Sneha K. et al. A clinical experience in the management of Eka Kushta

#### ISSN: 2456-3110

#### CASE REPORT November 2024

•	Kalka - Guggulu Panchapala Churna - 15gm
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- Gritha Guggulu Tiktaka Gritha 30ml
- Kwatha Aragwadhadi Kwath 80ml and Guduchyadi Kwath - 80ml
- Jala 250ml
- Total 500 ml

#### Shamanoshadhis

- Cap. Guggulu Tiktaka Gritham 1-1-1 after food.
- Tab. Manjishtadi Kashayam 1-1-1 before food.
- Tab. Gandhaka Rasayana 1-0-1 after food.
- Eladi Taila + Brihatdanthapala Taila + Karanja Taila for External Application .

#### **Assessment Criteria**

A. Subjective Criteria

**Gradation Scales**<sup>[7]</sup>

#### Table 1: Aswedanam

Grade	Score
Normal	0
Improvement	1
Present in few lesions	2
Present in all lesions	3
Aswedanam in lesions and uninvolved skin	4

#### Table 2: Kandu

Grade	Score
No itching	0
Occasional itching	1
Frequent but tolerate itching	2
Very severe itching disturbing sleep and activity	3

#### Table 3: Rukshata

Grade	Score
Normal skin	0
Slightly dry skin	1

18/1/24 to 20/1/24	Samsarjana Karma	Peyadi	3 days	Reduction in itching by 10% and White powdery discharge reduced by 20%.
21/1/24 and 23/1/24	Jalaukavacha rana (Alternate days)	-	2 days (Alte rnate days)	21/1/24 - 50ml blood collected 23/1/24 - 35 ml blood collected.
24/1/24 to 29/1/24	Sarvanga Pariseka	Aragwadha di Kashaya Pariseka	6 days	50% Itching has been reduced. Dryness still persists.
30/1/24 to 01/2/24	Jalaukavacha rana (Alternate days)	-	2 days (Alte rnate days)	30/1/24 - 80ml blood collected. 01/2/24 - 80ml blood collected. 60% of Itching has been reduced.
04/2/24 to 07/2/24	Yoga Basti	Aragwadha di Kwatha and Guduchyadi Kwatha	Niru ha Basti - 4 days	Dryness reduced, White powdery discharge reduced.
03/2/24 to 08/2/24	Yoga Basti	Guggulu Tiktaka Gritha	Anuv asan a Basti - 6 days	Dryness reduced, White powdery discharge reduced.

#### Aragwadhadi Kwatha Niruha Basti

- Saindhava Lavana 6 gms
- Madhu 30ml

#### Sneha K. et al. A clinical experience in the management of Eka Kushta

#### ISSN: 2456-3110

## CASE REPORT November 2024

Excessively dry skin	2
Lichenified	3
Bleeding through the skin	4

#### B. Objective Criteria

#### Table 4: Mahavastu

Grade	Score
No lesions on Mahasthanam	0
Lesion on partial parts of Hand, Leg, Neck, Back, Scalp	1
Lesion on most parts of Hand, Leg, Neck, Scalp and Back	2
Lesion on Mahasthanam (vast area)	3
Lesion on whole body	4

#### Table 5: Scaling

Grade	Score
No scaling	0
Mild Scaling by rubbing/by itching	1
Moderate Scaling by rubbing/by itching	2
Severe Scaling by rubbing/by itching	3
Scaling without rubbing/by itching	4

Table 6: Candle grease sign, Auspitz sign and Koebnerphenomenon

Grade	Score
Absent	0
Present	1

#### **OBSERVATIONS**

Following observations were found before and after the intervention.

Clinical features	Before treatment	After treatment
Aswedanam	3	1
Kandu	3	2
Rukshata	2	1
Mahavastu	4	4

Scaling	3	0
Candle grease sign	1	0
Auspitz sign	1	0
Koebner phenomenon	1	0

#### During Treatment



After Treatment



#### RESULT

Significant improvement was observed in the subjective as well as objective parameters of the patient.

#### DISCUSSION

Ayurvedic management of *Ekakushta* includes both Antar Parimarjana Chikitsa, Bahir Parimarjana Chikitsa

#### ISSN: 2456-3110

#### CASE REPORT November 2024

followed by *Shamanoushadhis*. In this case, *Virechana*, *Basti*, *Jaloukavacharana* along with *Sarvanga Pariseka* were adopted.

#### Virechana

**Purva Karma:** Aragwadha Mahatiktaka Gritha was selected for Snehapana. Aragwadha is the Ghataka Dravya, does Sramsana. This Gritha possess Tikta Pradhana Rasa and acts as Pitta Shamaka. Mainly indicated in Kushta. It also helps to bring Dosha from Shakha to Koshta where these vitiated Doshas can be removed through Virechana Karma.

During Vishrama Kala, Eladi Taila was selected for Sarvanga Abhyanga as it is mainly indicated in Kandu and it does Varna Prasadana in Shareera.

**Pradhana Karma:** Trivrut Lehya is selected as Virechana Dravya. As this Lehya contains Trivrut Kalka and Trivrut Kashaya which acts as Sukha Virechaka.

*Virechana* is mainly indicated in *Rakta* and *Pitta Dushti*. As the *Virechana Dravya* contains *Vyavayi, Vikasi, Sukshma Gunas* responsible for quick absorption of medicines. Mainly due to *Prabhava, Prithvi* and *Jala* constitution and presence of *Sara Guna, Virechana* occurs, thus helps in the evacuation of vitiated *Doshas* from the body.<sup>[8]</sup>. Thus, helps in pacifying *Kushta*.

*Pashchat Karma: Peyadi Samsarjana Karma* was advised, as it helps to kindle the *Agni*.

#### Basti

Aragwadhadi Kwatha Niruha Basti: In Niruha Basti, Madhu possesses Yogavahi and Sukshma Marga Anusarita Guna, functions as Catalyst, penetrating the Sukshma Srotas. The Laghu and Tridosha Shamaka Gunas were introduced through Saindhava Lavana. The Snigdha Guna of Sneha Dravya (Guggulu Tiktaka Gritha) combats Ruksha and Laghu Gunas of Vata. Guggulu Tiktaka Gritha does Pitta Shamana. Kalka (Guggulu Panchapala Churna) which is mainly indicated in Twak Vikara. Kashaya (Aragwadhadi Kashaya and Guduchyadi Kashaya) having Tikta Rasa Pradhana acts as Pitta Shamana, Rakta Prasadana, Kleda and Lasika Shoshana.<sup>[9]</sup> Thus helps in pacifying the Kushta. Jaloukavacharana: As we know, Kushta is Pitta Pradhana Vyadhi, Raktamokshana through Jaloukavacharana plays a significant role, where it contains Hirudine which helps in local circulation and drains the blood toxins.<sup>[10]</sup>

*Sarvanga Pariseka*: Here *Aragwadhadi Kashaya Pariseka* was done, where it helps to mitigates itching in the body.

#### Shamanoushadhis

- a. Cap. Guggulu Tiktaka Gritham: This is very potent drug of choice in *Eka Kushta* (*Vata-Kapha Pradhana*). As this drug contains *Pancha Tikta* (*Nimba, Patola, Guduchi, Kantakari* and *Vasa*) which is *Tikta Rasa* in nature that acts on both *Vata* and *Kapha* and *Guggulu* which is *Yogavahi and Kledahara*.
- Gandhaka Rasayana: It is having properties like Kushtaghna, Rakta Doshahara, Vishaghna, Vranasodhana, Ropana, Rakta-Tvakgata Vishahara, Durmedhohara, Rasayana, Dhatubalya. All these properties are essential to treat Eka Kushta.
- c. Tab. Manjistadi Kashayam: This medicine is mainly used in treatment of various skin diseases. It also helps in natural purification of blood so it can be used in skin related problems. Manjishtadi Kashayam helps in blood detoxification and also dissolves the obstructions in blood flow.

#### **For External Application**

Combination of *Eladi Taila*, *Brihatdantapala Taila* and *Karanja Taila* was given. *Eladi Taila*, having *Kandughna* and *Varna Prasadana* property. *Brihatdanthapala Taila*, having *Sarva Kushtaghna* property and *Karanja Taila* which balances *Vata and Kapha* and also it is *Kushtaghna* in nature.

#### **CONCLUSION**

From this case study, we can conclude that combined Ayurvedic treatments along with proper diet regimen will be effective in *Ekakushta*. No adverse effects were found in this patient during and after the treatment. Since, *Ekakushta* is a chronic and relapsing condition,

#### ISSN: 2456-3110

#### CASE REPORT November 2024

Acharya Charaka mentioned *Punah-Punah Shodhana*.<sup>[14]</sup> Hence, hereafter the above-mentioned treatment protocol can be adopted in further similar cases.

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