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Role of *Sarvanga Udwartana* and *Takradhara* in *Eka-Kushta* w.s.r to Psoriasis - Observation Study

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ABSTRACT

Eka-Kushta is one among the *Kshudra Kushta* presenting with *Lakshanas* like *Aswedanam*, *Mahavastu* and *Matsyashakalopama*. It is of prime importance due to its chronicity and severity which involves a larger extent of the body. This is often compared to Psoriasis. Psoriasis is one of the most common dermatological conditions affecting both males and females upto 2% of world's population. It is an immune mediated disease characterized by erythematous, sharply demarcated papules and rounded plaques covered by silvery micaceous scale which are variably pruritic. Traumatized areas, infections, stress and medications like beta blockers, anti-malarial drugs may exacerbate psoriasis. *Kushta*, a disease of *Bahudosh*, *Bhuridosha* and *Saptakodravya Sangraha* is to be treated by adopting repeated *Antah Parimarjana* as well as *Bahir Parimarjanachikitsa*. The present study was aimed to assess the efficacy of *Bahir Parimarjana Chikitsa* in the form *Sarvangaudwarthana* with *Manjistha Choorna*, *Triphala Choorna* and *Takradhara* with *Musta*, *Asandi*, *Amalaki Choorna*. This is a clinical study wherein 20 diagnosed *Eka-Kushta* patients of either sex were selected. The overall result in the study revealed that there is statistically significant ($p < 0.001$) improvement in patients after the treatment.

Key words: *Ekakushta*, *Psoriasis*, *Sarvanga Udwarthana*, *Takradhara*.

INTRODUCTION

Healthy skin is the reflection of healthy body where in the affliction of former will not only have an impact on somatic make-up but also on psychological and social aspects of an individual. *Kushta* is one such disease which is not only having cosmetic importance by its way of causing disfiguration (*Kushnati*), blackening or changes in normal skin color (*Krushnati*) but also affects the social activity and economical

indulgence of an individual to a marked extent. *Kushta* is *Kleda Pradhana Anushyanga Vyadhi* and *Dirgha Roga*,^[1] and is classified as *Mahakushta* and *Kshudra Kushta*. *Eka-Kushta* is one among the *Kshudra Kushta* and is *Kapha-Vata predominant*. Psoriasis is commonly identified with *Eka-Kushta*, one among the *Kshudra Kushta* presenting with *Asvedanam*, *Mahavastu* and *Matsyashakalopama Lakshanas*.^[2] *Ekakushta* takes upper hand by its chronicity, severity and for involving a larger extent of body parts and is often compared to Psoriasis. Psoriasis is a chronic inflammatory, hyperproliferative skin disease characterized by well-defined, erythematous scaly papules affecting about 0.1% to 3% of the population. It is common in both men and women. People suffering with skin disease always experience physical, emotional, and socio-economic embarrassment in society.^[3] Peak incidence during late teens or early twenties and a second peak during fifties is usually noted.^[4] The organism most commonly associated with Psoriasis is the β -hemolytic streptococcus. Other organisms that have been implicated as playing an

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etiological role in Psoriasis are Staphylococcus aureus, Candida albicans and Pityrosporum orbiculare.^[6]

Aharaja, Viharaja, Acharaja and Chikitsa Apacharajanya Nidana cause Jataraagnimandya which leads to Ama formation and causes Dosha Prakopa leading to Dushti of Twak, Rakta, Mamsa and Lasika causing Eka-Kushta presenting with the Lakshanas such as Aswedanam, Mahavastu and Matshyashakalopama. Here, all the Lakshanas indicate the predominance of Vata and Kapha. Kushta, a disease of Bahudosha, Bhuridosha and Saptakodravya Sangraha is to be treated by Antah Parimarjana as well as Bahir Parimarjana chikitsa.^[6] In this study Bahira Parimarjana Chikitsa in the form of Sarvangaudwarthana with Manjisthachoorana, Triphalachoorana and Takradhara with Musta, Asandi, Amalaki choorna was adopted.

AIMS AND OBJECTIVES

To evaluate the efficacy of Sarvanga Udwartana followed by Takradhara in the management of Eka-Kushta w.s.r. to Psoriasis.

MATERIAL AND METHODS

Source of data

A minimum 20 patients of Eka-Kushta (Psoriasis) were selected for the study from the OPD and IPD sections of SKAMCH & RC, Bangalore.

Diagnostic Criteria

- Lakshanas of Eka-Kushta.
- Symptoms of Psoriasis.
- Candle grease sign.
- Auspitz's sign.

Inclusion Criteria

- Patients of either sex between the age group of 18-70 years.
- Patients presenting with the Lakshanas of Eka-Kushta.
- Patients presenting with the sign and symptoms of Psoriasis.

Exclusion Criteria

Patients with other systemic diseases that affect the course of treatment.

Intervention

Patients were subjected to Sarvanga Udwartana with Manjistha Choorna, Triphala Choorna and Takradhara with Musta, Asandi, Amalaki Choorna for 35 minutes for 14 consecutive days.

ASSESSMENT CRITERIA

The assessment of disease was done based on following Subjective and Objective parameters using different grading and scoring methods before and after the treatment.

Parameters

Itching	Score
No itching	0
Mild / occasional itching	1
Moderate (tolerable) infrequent itching	2
Severe itching frequently	3
Very severe itching disturbing sleep and other activities.	4

Erythema	Score
Normal skin	0
Faint erythema on lesion or near to normal	1
Blanching + red colour on lesion	2
No blanching + red colour on lesion	3
Red colour + Subcutaneous involvement	4

Scaling	Score
No Scaling	0
Scaling off between 15 - 28 days	1
Scaling off between 7 - 14 days	2
Scaling off between 4 - 6days	3
Scaling off between 1 - 3 days	4

Anhydrous	Score
Non anhydrous	0
Mild, present in very few lesions	1
Moderate, Present in few lesions	2
Excess, Present in all lesions	3
Excess, Anhydrous in both lesion and uninvolved skin	4

Dryness	Score
No line on scrubbing with nails on lesion	0
Faint line on scrubbing by nails on lesion	1
Dryness on lining & even words can be written on scrubbing by nail on lesion	2
Excessive dryness leading to Kandu	3
Dryness leading to crack formation	4

Objective Parameter

PASI: PASI scoring was calculated by using PASI work sheet of British Columbia, ministry of Health Service.

RESULTS

Symptoms	Parameter	Mean Difference	S.D.	S.E.	t	p	Remark
Itching	BT-AT	1.5	0.61	0.14	7.18	<0.001	HS
Erythema	BT-AT	0.6	0.5	0.11	2.97	<0.01	HS
Scaling	BT-AT	1.55	0.69	0.15	6.54	<0.001	HS
Anhydrous	BT-AT	1.2	0.83	0.19	5.09	<0.001	HS
Dryness	BT-AT	0	1.49	0.33	0	>0.05	NS
Epidermal Thickening	BT-AT	1.05	0.69	0.15	5.13	<0.001	HS
PASI	BT-AT	8.46	6.28	1.40	2.69	<0.05	S

DISCUSSION

Kusta is a *Kleda Pradhana* and *Bahu Dosha Vyadhi* and it involves *Saptako Dravya Sangraha* in its manifestation. *Chakrapani* in *Aragwadadi Adhyaya* has highlighted the importance of *Bahirparimarjana* in *Kushta*.^[7] The word *Parimarjana* means *Shodhana*. This can be considered as *Bahya Shodhana* procedure.^[8] As *Kushta* is a disease of *Bahya Rogamarga* manifesting at *Twak* as *Vyakta Avastha*, there is a need for *Bahir Mala Shodhana* which can be achieved by adopting *Bahir Parimarjana Chikitsa* such as *Udwartana*, *Parisheka* or *Dhara*. It should be done in the opposite direction of body hair for it to be acted upon by the *Bhrajaka Pitta*. By this, the *Veerya* of the drugs enter the *Romakupa*, further on, the *Siramukha* through the *Svedavahis* and exhibits its action. There is an explanation of *Tiryakgata Siras* in *Sushruta Shareera Sthana*.^[9]

The *Moola* of all the *Sira* in the human body is the *Nabhi*. The *Sira* supply nourishment to all body parts via the *Sthula* and *Sukshma Srotas* just like a garden is supplied with water through various channels. These *Siras* are present both outside (skin) and inside the body. One end of these *Siras* is in the *Romakupa*, through which the *Sveda Abhivahana* and *Rasa Abhitarpana* occurs. These *Siras* carry the *Veerya* of the drugs used in *Udwartana* and *Takradhara* after undergoing its *Paka* by *Bhrajaka Pitta* in *Tvak*. This indicates the entry of essence of the drugs applied over the skin into the capillaries and there by entering to the systemic circulation. *Vagbhata* opines that the *Bhrajaka Pitta* present in the *Tvak* does the *Pachana* of the ingredients of *Lepa*, *Abhyanga*, *Parisheka* and other *Bahya* procedures. *Udwartana* removes the *Mala*, *Kapha* and *Vata* present in the *Tvak* and does *Tvak Prasadana*.^[10]

In *Udwartana*, the drug *Manjistha* is *Rakta Prasadaka* and does *Kapha* and *Pitta Doshaharana* whereas *Triphala* is *Tridosahara*. *Takaradhara* also does *Tvak Prasadana*.^[11] *Musta*, *Amalaki* and *Asandi* used in *Takaradhara* do the *Vata Kapha Harana* along with *Pittakarana*. *Takaradhara* or *Parisheka* is mainly indicated in '*Vatikottara*' condition ie explained as *Vata Kapha* predominant conditions under.^[12] According to *Sushruta Samhita*, *Drava Sweda* is indicated in *Pitta Samsarga Vyadhis*.^[13] So in this regard *Udwartana* and *Takaradhara* has been effective in *Eka-Kushta*, which is predominant in *Vata* and *Kaphadosha*.

CONCLUSION

Eka-Kushta is one among the *Kshudra Kushta* presenting with *Aswedanam*, *Mahavastu* and *Matsyashakaopama Lakshanas*. *Kushta*, a disease of *Bahudosha*, *Bhuridosha* and '*Saptako Dravya Sangraha*' is to be treated by adopting repeated *Bahiparimarjana* and *Antaparimarjana Chikitsa*, among which, *Sarvanga Udwartana* and *Takaradhara* as *Bahir Parimarjana Chikitsa* could be the best to handle this condition as it is dominated mainly by *Vata Kapha Dosh*. The overall result in the study revealed that there is statistically significant

improvement ($p < 0.001$) after the treatment. Hence, the present study reveals that there is a significant effect of *Sarvanga Udwartana* and *Takaradhara* in *Eka-Kushta*.

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