

AYURVEDIC MANAGEMENT OF *EKAKUSHTA* WITH SPECIAL REFERENCE TO PSORIASIS- A CASE STUDY

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ABSTRACT

Background: Psoriasis is a common chronic, immune mediated, inflammatory, proliferative, non contagious disease of the skin. This is papulosquamous lesion of skin having scaling and itching which disturbs the daily routine of the patient. As the disease has recurrence and there is no certain cure for the disease, it remained a great problem. According to Ayurveda it can be correlated with *Ekakushta* which is *vata- kapha* predominant *Kshudrakushta*. **Aim:** To study the role of Ayurveda in the management of *Ekakushta* with special reference to Psoriasis. **Methodology:** Present case study deals with 65years old male patient diagnosed case of plaque Psoriasis was admitted in our institute for the complaints of scaly patches and itching over body.

According to Ayurveda diagnosis was made as *Ekakushta* and treatment was given accordingly such as deepan, pachan, virechana & sthanik chikitsa. PASI (Psoriasis Area Severity Index) score was taken for assessment parameters of improvement. **Result:** The skin lesions of the patient were calculated by PASI score before and after the treatment was found to be 30.9 which decreased to 4.8 at the end of treatment. **Conclusion:** This case report showed that Ayurvedic management of psoriasis was found to be effective and there was no recurrence since 1 year.

KEYWORDS: Ayurvedic management, *Ekakushta*, Psoriasis, PASI SCORE.

INTRODUCTION

The word *psoriasis* has originated from the Greek word '*psora*' which means itch. Psoriasis is one of the most common dermatologic disease affecting up to 1% of the world's population. It is chronic inflammatory skin disorder clinically characterized by erythematous, sharply demarcated papules and rounded plaques, covered by silvery micaceous scale. The skin lesions of psoriasis are variably pruritic. The exact cause is unknown, though the current thinking is that psoriasis is one of the commonest auto inflammatory disease occurring in humans. Familial occurrence suggests genetic predisposition. Traumatized area often develop lesion of psoriasis (Koebner or isomorphic phenomenon). Additionally, other external factors may exacerbate psoriasis including infections, stress, and medications (lithium, beta blockers, anti-malarials etc). The most common variety of psoriasis is called *plaque-type*. Patient with plaque type psoriasis will have stable, slowly enlarging, plaque, which remain basically unchanged for long period of time. The most commonly involved area are elbows, knees, gluteal cleft, and the scalp. Involvement tends to be symmetric. In modern system of medicine, topical emollients(liquid paraffin), keratolytics (salicylic acid), steroids (clobetasol propionate, fluticasone), coal tar, Dithranol and systemic Methotrexate, psoralen and ultraviolet A therapy(PUVA), steroids, Retinoids, cyclosporine are used for the treatment purpose, but it provide temporary symptomatic relief and long term use causes a number of adverse effects.

According to Ayurveda, the sign and symptoms of psoriasis can be correlated with *Ekakushta*. *Ekakushta* is type of *kshudrakushta* mentioned in Ayurvedic samhitas and it has *Vata –Kapha* predominance. The causative factors are same as *kushta* such as *viruddha –drava- snighdha- guru ahara, vegadharana ,ajirnishana, diwaswapa, papakarma*. Acharya Charaka has mentioned the symptoms of *Ekakushta* As *Aswedanam, Mahavastu, Matsyashakhalopamam*, and Acharya Sushruta described it as *Krishna- aruna varnata*. The etiological factors leads to vitiation of *Tridosha* especially *Vata* and *Kapha dosha*. These dosha through *Tiryagavahini sira* proceed to *Bahya rogmarga* i.e *Twak, Rakta, Mansa , Lasika* and causes the symptoms of the disease. *Antahaparimarjan* and *Bahyaparimarjan* chikitsa has been indicated in *kushta*, hence the line of treatment was *Deepana, Pachana, Shodhana and Sthanik chikitsa*.

CASE REPORT

A 65 years old male patient was admitted in our institute for following complaints.

c/o –

- erythematous rashes on both upper limb, lower limbs, abdomen and back region since 4years
- itching in rashes with scaling on scratching.

H/o- HTN since 10 years on Rx Tab Amlo 5mg 1-0-0.

H/o- CVA, 2 month ago(right hemiparesis).

No any other medicinal and surgical illness, burn, trauma.

Family history- patients brother has same complaints since 6 months

Personal history- tobacco chewing 2-3 times /day & alcohol consumption 1 – 2times /month

Drug history-Allopathy medicine was taken for 1 year which provide symptomatic relief and then discontinued.

On examination-

G.C Fair, Afebrile

Pulse – 78/min

BP – 130/90 mm of Hg

S/E – RS- AEBE Clear

CVS- S1, S2 sinus rhythm

CNS- conscious & oriented

MPG – right 3/5, left 5/5

DTR- Right Ankle, knee, biceps, tricep reflexes are exaggerated.

Speech – slight slurred

Vision – normal

Jivha – sama

Mala(stool) – unsatisfactory

Local examination

- Dry Scaly lesions present on both hands, legs, abdomen and back.
- Auspitz sign – Present
- Candle grease sign – present

Diagnosis: on the basis of clinical history & examination the condition was diagnose as Plaque psoriasis i.e *Ekakushta*.

Treatment given

Deepan & pachana- tab Arogyavardhini vati 250mg 2-0-2.

Hingvasthak choorna 3gm BD with Goghrit.

Shodhana i.e Virechana

Abhyantara snehapana with Panchtikta ghrita for 7days followed by snehan, swedan for 3days and virechana was given with Triphala+Aragvadh+Trivritta kwath with erand taila and abhayadi modak.

After madhyam shuddhi of virechana, Sansarjana karma for 5days was given.

Shaman

- Guduchi ghanavati 2-0-2
- Gandhak rasayana 250mg 2-0-2
- Gandharva haritaki choorna 3gms Hs with luke warm water
- Panchtikta ghrit guggula 2-0-2
- Khadirarishta 20ml BD.

Sthanik Chikitsa

- Mahamarichyadi taila for L/A
- Nimb + karanj taila L/A at night
- Sarvang dhavan with triphala+ musta+ daruharidra kwatha.

Parameters of Assessment

PASI SCORE: the current gold standard for assessment of extensive psoriasis has been the Psoriasis Area Severity Index (PASI). The PASI is a measure of the average Redness, Thickness and Scaling of the lesion(0-4 scale), weighted by the area of involvement.

Steps in generating PASI score.

- Divide body into four areas: head, arms, trunk to groin, legs to top of buttocks
- Generate a percentage of the skin covered with plaques for each area and convert that to 0-6 scales as below

| percentage | Rating scale |
|------------|--------------|
| 0 | 0 |
| 0- <10% | 1 |
| 10 - <29% | 2 |
| 30 - <49% | 3 |

| | |
|------------|---|
| 50 - <69% | 4 |
| 70 - < 89% | 5 |
| 90 -100% | 6 |

- c) Generate an average score for the erythema, thickness and scale for each of the area
- d) Sum the score of erythema, thickness and scale for each area.
- e) Multiply item (c) and (d) for each area and multiply that by 0.1, 0.2, 0.3, 0.4 for head, arms, trunk and legs respectively.
- f) Add these scores to get the PASI score.

RESULT

The improvement of condition of the patient was assessed on the basis of PASI score.

Before trial

| | Head and Neck | Arms | Trunk | Legs | Total |
|--------------------------|---------------|------|-------|------|-------------|
| Skin area involved score | 01 | 05 | 02 | 05 | |
| Redness | 1 | 3 | 2 | 3 | |
| Thickening | 1 | 3 | 2 | 3 | |
| Scaling | 1 | 3 | 2 | 3 | |
| Total | 0.3 | 9.0 | 3.6 | 18 | 30.9 |

After trial

| | Head and Neck | Arms | Trunk | Legs | Total |
|--------------------------|---------------|------|-------|------|------------|
| Skin area involved score | 0 | 02 | 0 | 02 | |
| Redness | 0 | 2 | 0 | 2 | |
| Thickening | 0 | 1 | 0 | 1 | |
| Scaling | 0 | 1 | 0 | 1 | |
| Total | 0 | 1.6 | 0 | 3.2 | 4.8 |



DISCUSSION

The present case study of plaque psoriasis was correlated with *Ekakushta*. *Ekakushta* is a *kshudra kushta* and have *vata- kapha* dominance and even involvement of *Tridosha* can be evident from its sign and symptoms. The vitiated *doshas* reaches to *shithila dushya* like *twak*, *rakta*, *mansa*, *lasika* and results into *sthan samshraya avastha* and then produce symptoms of *Ekakushta*. Acharya charaka says that in *kushta*, *shithila* is in whole *twak*, while the lesions are produced at the site of enlodgement of *doshas*. In this disease oncet of *Matsyashakhalopamam* (silvery scales), in *Mahavastu* (large surface area) along with *aswedanam* (loss of perspiration) is seen. The line of treatment mentioned in Ayurvedic classics for *kushta* are *Nidana parivarjana*, *Shodhana*, *Snehana*, *swedan*, *raktamokshana*, shaman etc. As *ekakushta* is mostly chronic and *bahudoshajanya*, both *shodhana* and shaman therapies has to followed to provide long lasting result. Considering the above facts, composite treatment plan was adopted. Initially *Abhyantar shodhana* was done *Virechana* and after completion of *sansarjana karma*, *samshamana* treatment was performed.

CONCLUSION

This case report showed that Ayurvedic management is potent and effective in treatment of Psoriasis. No adverse effect and aggravation of the symptoms was found in the patient during and after the treatment.

REFERENCES

1. Harrison's principles of internal medicine, 17th edition, volume 1, chapter 53, papulosqamous disorders, page 315.
2. API Textbook of Medicine –Y.P Munjal, 10th edition, Volume 1, part 11-chaper 4, page no. 678.
3. Davidson's principles and practice of medicine 21st edition, Churchill livin stone publication, 2010, chapter – Disease of skin, 900.
4. Medicine – K George Mathew, Praveen Aggarwal 5th edition, chapter 4- Diseases of skin, 297.
5. Hutchinson's clinical methods by Michael Glynn, William Drake, 23rd edition, chapter 15 pg no 335.
6. Skin Diseases and sexually transmitted infections by Uday Khopkar 7th edition, pg no 136.

7. Fitzpatrick's Dermatology in General medicine volume 1, 7th edition, Mc Graw hill companies, pg.185.
8. Goldman's cecil medicine, 24th edition, Elsevier saunders, Eczemas, photodermatoses, papulosquamous diseases, pg. no. 2517.
9. Dermatology in clinical practice 2010, springers- verlag London limited, Immune system of skin, pg185.
10. Autoimmune disease of skin, Michael Hertl, 3rd edition, Springer Wein New York pg.no. 328-331.
11. W. sterry, R paus, W Burgdorf; Sterry Dermatology, Ed, 2006; 267.
12. Charak Samhita, samishra Vidyotini Hindi Vyakhya -Pandit Kashinath pandey and Dr Gorakhnath Chaturvedi; Varanasi, Ed 2011, Chaukhamba publication. (ch.chi &7/21,29-30,41,) (pg.no. 253,252, 255,643).
13. Sushruta Samhita –Kaviraj Ambikadatta Shashtri, Ayurved tatva sandipika, Varanasi, chaukhamba publication, Ed, 2007(su.ni. 5/10) pg no.321.
14. Ashtang hridaya, Dr Bhrahmanand tripathi, Varanasi, chaukhamba publication, Ed. 2010, (A.H.Ni.14/3) pg. no. 369.