

REVIEW ON *EKAKUSTHA* (PSORIASIS) AND ITS MANAGEMENT^{*1}Dr. Prabhu Nath Das and ²Dr. Suresh Kumar Jaiswara¹Assistant Professor, Department of Kayachikitsa, SCPM Ayurvedic Medical College & Hospital, Gonda., (U.P).²Lecturer, Department of Dravyaguna Vijnana, J.B.Roy State Ayurvedic Medical College & Hospital, Kolkata. (W.B).Article Received on
20 May 2021,Revised on 09 June 2021,
Accepted on 10 June 2021

DOI: 10.20959/wjpr20218-20994

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(U.P).**ABSTRACT**

A skin condition in which scaly skin is present like fish scales. *Ekakustha* (Psoriasis) is noninfectious chronic inflammatory disease of skin characterized by well-defined erythematous plaques with silvery scale which have a preference for extensor surface and scalp and by chronic fluctuating course. In *Ayurveda*, all skin disorders are covered under the heading of *Kustha*. *Ekkustha* can be compared to psoriasis based on its signs and symptoms. The disease not only disturbs the patient physically but also interrupts the mental and social health of the patient, as the appearance of patient may be embarrassing. *Ekakustha* is the skin disease among the *Kshudra kustha* which has symptoms of *aswdanam* (not perspire), *mahavastu* (extensive), *yana*

masyoshakalalopamam (looks like fish scale) and *aruna varna* (discoloration). And it can be compared with psoriasis in modern science. It is an auto immune disorder. Psoriasis patient can benefited through *sodhana chikitsa* in *Ayurveda*.

KEYWORDS: *Ekkushtha*, Psoriasis, *Shodhana*.**INTRODUCTION**

It is a chronic inflammatory disease with skin manifestations, aggravated by or can recur by number of triggering factors such as psychological (anxiety, stress, depression etc.).

Psoriasis is one amongst these notorious auto-immune disorders having deep psychological and social impacts. *Ekkushtha* in Ayurvedic literature is compared and accepted with Psoriasis of Modern Medical diagnosis. Psoriasis (*Ekkushtha*) is well known disease in

Ayurvedic fraternity from the time immemorial. A clear disease description is available in Caraka samhita.

This disease description along with its pathogenesis, treatment etc. are well defined in Ayurveda.

As per conventional system of medicine psoriasis comes under papulosquamous disorder with a morphological feature of scaly papules and plaques. Psoriasis is an autoimmune disorder of the skin results in hyper proliferation of the skin. The term Psoriasis originated from the Greek word "Psora" (spelled sora) that means, "itch". It is a chronic skin disease characterized by dry skin and raised, rough, red areas on the skin covered with fine silvery scales. Erythematous, well defined dry scaly papules and plaques ranges from pin head to palm sized. Due to itch scraping causes multiple bleeding points (Auspitz sign). Different variants of psoriasis may co-exist in a particular individual, but the skin lesions all share the same hall marks erythema, thickening and scale. Psoriatic lesions are distributed symmetrically on scalp, elbow, knees, lumbo-sacral area and in folds of body.

Etiology, preventive measures and Triggering factors

A. As per Ayurveda

As per Ayurveda causes of all varieties of skin diseases are common.

- Intake of mutually contradictory food like fish and milk, intake of unctuous and heavy drinks, suppression of natural urges like vomiting, sleep, thirst etc.
- Physical exercise in excess heat climate or after taking heavy meal, violation of laws of Ayurveda in exposing to heat, cold, fasting and taking food.
- Intake of cold water immediately after exposing to scorching sun.
- Intake of uncooked food and food before the previous meal is digested.
- Violation of laws of pañcakarma (5 purification procedures).
- Excess intake of foods like fresh grains, curd, fish, salt and sour substances; excess intake of black gram, radish, pastry, sesame seeds, milk, jaggery;
- Sexual act in the state of indigestion; day sleep, performing sinful acts.

As a common law of *Nidānaparivarjan* (abstinence of aetiological factors) these aetiological factors can also be considered as triggering factors/ preventive measures and to be avoided in the course of treatment.

B. As per conventional system of medicine

- Genetic factors play important role in its aetiology (7-36%). One parent has psoriasis chances are 7% and if both chances are 41%.
- T lymphocyte mediated T helper cell (Th-1) type of immune response is responsible for psoriasis.
- Local and systemic trauma (Koebner phenomenon), seasons (worsens in winter), emotional stress, upper respiratory tract infections, drugs like beta blockers, lithium, chloroquin, withdrawal of systemic steroids triggers the disease.
- The incidences of this disease are more in people of fair skin and are rarely seen in dark colored individuals.

Varieties, Signs and Symptoms

A. As per Ayurveda

- *Aswdanam* (not perspire), *mahavastu* (extensive), *yana masyoshakalalopamam* (looks like fish scale) and *aruna varna* (discoloration).

B. As per conventional system of medicine

Based on onset psoriasis is of 2 types, type 1 (early onset) and type 2 (late). Type 1 psoriasis occurs at or before the age of 40 and seen in 75% of patients. Type II Psoriasis presents after the age of 40, with a peak at 55-60 years of age. According to international Psoriasis Council (IPC) it is broadly 5 types. A. Chronic plaque psoriasis, B. Guttate Psoriasis, C. Pustular Psoriasis, D. Erythrodermic Psoriasis, E. Nail Psoriasis.

A. Chronic Plaque Psoriasis is common and covers 90% of all patients. There is relatively symmetrical distribution of sharply defined erythematous scaly plaques. The scalp, elbow, knees, and pre sacrum are sites of predilection. Plaques may persist for months to years at the same locations. The course of disease is chronic, periods of complete remission do occur. It has 4 sub types.

- a. Flexural/ intertriginous (where two skin areas may touch or rub together) psoriasis is with well defined plaques at intertriginous areas like sub mammary, groins, axillae, genitalia and natal cleft);
- b. Seborrhoeic psoriasis is characterized by thin red and demarcated lesions with scales. It occurs normally in naso-labial folds, nose, ears, eyebrows, hair line, scalp, pre-sternal and inter scapular regions.

c. Scalp psoriasis is commonest site of initial involvement. It ranges from discrete plaques to total scalp involvement.

d. Psoriasis of palms and soles appears as confluent redness and scaling, discrete plaques, ill-defined scaly / fissured areas or confluent plaques extending even to wrists or margins of soles.

B. Guttate Psoriasis presents as a small (0.5-1 cm in diameter) round or oval lesions scattered more or less evenly over the body, particularly on the upper trunk and proximal extremities, not infrequently on the face and scalp. These drop like eruptive papules show a salmon-pink hue.

This is further divided to 3 subtypes

a. Acute form is characterized by small (< 1 cm) eruption is accompanied by slight itching. This form is characteristic of Psoriasis in childhood and young adults. A streptococcal throat infection frequently precedes the onset or flare of eruptive Guttate Psoriasis in children.

b. Chronic plaque Psoriasis with Guttate exacerbation is seen in adults with established chronic plaque disease.

c. Wide spread small plaque (< 3 cm) psoriasis. It may occur in patients with large cumulative doses of photochemotherapy.

C. Pustular Psoriasis is having 3 sub types.

a. Acrodermatitis continua of Hallopeau is rare and pustules are seen on the distal portions of the fingers and sometimes on the toes. Nail dystrophy and paronychia redness and scaling are characteristic features.

b. Palmoplantar Pustulosis of the palms and soles is characterized by sterile pustules of the palmoplantar surfaces admixed with yellow-brown macules.

c. Generalized Pustular Psoriasis appears as sheets of small monomorphic pustules.

D. Erythrodermic Psoriasis is characterized by generalized Erythematous and scaling and its onset is gradual or acute. Confluent psoriasis with more than 90% skin involvement comes under this category.

E. Nail Psoriasis has been reported 40-50% of Psoriatic patients. The finger nails are more affected than the toe nails. The nail matrix, the nail bed and the hyponychium are the affected areas. Small parakeratotic foci in the proximal portion of the nail matrix lead to the

pits of the nails. Psoriatic arthritis occurs in 5-20% of the patients with cutaneous Psoriasis. The symptoms of psoriatic arthritis appear before involvement of the skin. An important hallmark of Psoriatic arthritis is erosive change, which may occur years after the presenting peri-articular inflammation.

Treatment

- As a common phenomena the involved *Doṣa* (body humors) are *Vāta* and *Kapha*.
- All the procedure and medicines those pacify these two *Vāta* and *Kapha Doṣa* are indicated in this disease.
- In vitiation of *Vāta* medicated ghee, in pitta domination bloodletting or purgation. *Kapha* domination medicated vomiting are indicated.

Externally

- Root of *Kāsamarda* (*Cassia occidentalis* L.) pounded with sour gruel;
- *Cakramardha* (seeds)- *Cassia tora* L. impregnated with latex of *snuhi* (*Euphorbia tirucalli* L.) mixed with cow urine and heated in sunrays;
- *Āragvadha* (*Cassia fistula* L.) leaves pounded with sour gruel;
- *Mūlakabījādilēpa*; *Āragvadhādayaḥṣaṭ Cūrṇa*, *Śvētakaravīryādi Taila*; *Viṣataila*; *Gaṇḍīrikādyam Taila*; *Cakramardādilēpa*, *Pippalyadilēpa*, *Gōmūtrādilēpa* are specifically indicated in *Kiṭibha* (psoriasis).

Internally

Khadirakvātha, *PañcanimbaCūrṇa*, *Pañcatiktaghrṛta*, *Pañcatiktaghrṛta*, *guggulu*, *Tiktakaghrṛta*, *Mahātiktakaghrṛta*, *Mahākhadirakaghrṛta* *Vajrakaghrṛta*; *Khadirāsava*, *Khadirāriṣṭha*; *Mañjiṣṭhādikvātha*, *Br̥ghat Mañjiṣṭhādikvātha*, *Āragvadhādikvātha*, *Br̥ghat Pañcanimba Cūrṇa*, *Amṛtaguggulu*, *Tālakēśvararasa*, *Mahā Tālakēśvararasa*, *Rasamāṇikya*, *Kuṣṭhārīrasa*, *Kuṣṭhakūṭhārīrasa* are indicated in *Kiṭibha* (psoriasis) and all other types of *Kuṣṭha* (obstinate diseases of skin).

- Usage of solid extract of heartwood of *Berberis aristata* DC.; solid extract of heartwood of *Acacia catechu* (L.F.) WILLD. and cow's urine are stressed more.

Ayurvedic herbs and formulations are Indicated

- *Navāyasa rasayana lēha* and *Dhātryādhyo lēpa*;
- *Kaiṣōra guggulu* and *Laghu mañjiṣṭhādi kvāth*;

- Kāñcanār guggulu, Arōgyavardhini vaṭi and Kajali Kōdaya malhar (ext);
- Saptasamo yōga and Dārvyādi yamak malahara;
- Pathyādyā vaṭak and Viḍaṅgādi lēpa;
- Leech therapy and pañcatiktaghr̥ ta internal medication;
- Seed of *Wrightia antidysenterica* linn as a therapeutic emetic agent (vamaka yoga);
- Decoction of Dāruharidra (*Berberis aristata* DC.);
- Guḍūci (*Tinospora cordifolia* (Willd.) Miers);
- Aloe vera gel;
- 777 oil,
- Ārōgyavardhinivaṭi, Kaiṣōra Guggulu And Cakramardakēra Taila as combination;
- Kaiṣōra Guggulu And Viśvāmitra Kapāla Taila;
- Kiratatiktādi Yōga;
- Takradhāra;
- Māñibhadra Vaṭaka;
- NIMBIDIN;
- Śasāṅkalēkhayōga;
- Āragvadha Satapaka ghr̥ ta,
- Amr̥ tballātak avalēha & Karañjādi Lēpa,
- Dinēśavalyāditaila and Ārōgyavardhinivaṭi and vajraka ghr̥ ta etc. are tried clinically and majority of these combinations and single drugs are found effective.

Pancakarma; surgical, para-surgical measures and supportive therapy

For complete relief purification procedures are also indicated. For all the skin diseases it is advised to perform emesis at every fortnight, purgation on every month, snuffing on every third day and bloodletting at every six months. It is also said to decide the Pañcakarma procedure based on the vitiated doṣa.

Pathyāpathya (Dos and don'ts)

Normal diet is indicated in all types of *kuṣṭha*.

Sour, salty, heat producing items like pepper etc.; curd, milk, jiggery, meat of marshy animals, sesame seeds, black gram are contraindicated; sexual intercourse and alcoholic drinks are to be avoided; Old rice, barley, green gram, bitter vegetables and meat of wild animals are wholesome.

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