

AN AYURVEDIC PERSPECTIVE ON EKAKUSHTHA (PSORIASIS) A CASE-BASED ANALYSIS

¹*Dr. Prathamesh Sable and ²Dr. Parashuram Dongare

¹Pg Student, Kayachikitsa Dept., G.A.C. Nanded.

²H.O.D. and Professor Kayachikitsa Department, G.A.C. Nanded.

Article Received on
31 July 2024,

Revised on 21 August 2024,
Accepted on 10 Sept. 2024

DOI: 10.20959/wjpr202418-33910



*Corresponding Author

Dr. Prathamesh Sable

Pg Student, Kayachikitsa
Dept, G.A.C. Nanded.

ABSTRACT

This case report presents a patient with psoriasis, diagnosed as Ekakushtha in Ayurveda. The patient, a 48-year-old female, had a 15-year history of the condition, despite undergoing multiple treatments. The case highlights the patient's clinical presentation, Ayurvedic diagnostic approach, and the treatment options employed. Ayurvedic principles attribute psoriasis to an imbalance of Vata and Kapha doshas. Ekakushtha, a variant of kushtha, is characterized by dry, scaly patches, a more extensive area of involvement, and fish-scale-like lesions. Panchakarma therapy, particularly Virechana, yielded a significant improvement in the patient's symptoms. Subsequent oral Ayurvedic medications further enhanced this positive outcomes. The case demonstrates the potential of Ayurvedic treatments for psoriasis.

This report contributes to the understanding of Ayurvedic management of psoriasis and offers valuable insights for healthcare professionals.

KEYWORDS: Psoriasis, ekakushtha, virechana, snehapana.

INTRODUCTION

Psoriasis is a chronic autoimmune disease characterized by patches of thick, red, scaly skin. It affects approximately 2-3% of the global population.^[1] While the exact aetiology remains unclear, it is believed to involve a complex interplay of genetic, environmental, and immune factors.^[2]

Psoriasis can have a significant impact on a patient's quality of life, leading to physical discomfort, psychological distress, and social isolation.^[3] Effective management involves a

multidisciplinary approach, often combining topical medications, systemic agents, phototherapy, and lifestyle modifications.^[4] Ayurvedic medicine offers promising approaches for managing psoriasis, including panchakarma therapies, dietary modifications, and lifestyle adjustments.

Psoriasis shares similarities with Ayurvedic conditions such as Ekakushtha, mandal kushtha, and kitibh kushtha, all of which are primarily associated with imbalances of Vata and Kapha doshas.^[5]

Ekakushtha, a variant of kushtha, falls under the classification of kshudra kushtha, distinguished by its following manifestations.^[6]

1. Aswedanam- The lack of perspiration in the affected area contributes to the development of dry, scaly patches.
2. Mahavastu – Involves a more extensive area of the skin (compared to other subtypes of kshudra kushtha).
3. Matsyashakalopama – Scaly lesions resembling fish scales.

This case report presents a patient with psoriasis, Diagnosed with Ekakushtha in Ayurveda. The case highlights the patient's clinical presentation, the Ayurvedic diagnostic approach, and the treatment options employed. The aim is to contribute to a deeper understanding of psoriasis management from an Ayurvedic perspective and to offer valuable insights for ayurveda healthcare professionals.

A 48-year-old female patient from Nanded, Maharashtra, presented with a 15-year history of Ekakushtha. Despite undergoing multiple courses of both Ayurvedic and allopathic treatments, the patient reported persistent symptoms and a lack of significant relief. This persistent condition had a substantial negative impact on her quality of life, prompting her to seek alternative therapeutic approaches.

The case demonstrates the effectiveness of Panchakarma therapy, specifically Virechana, in addressing Ekakushtha. The patient experienced a significant improvement in symptoms, exceeding 90%, highlighting the potential benefits of Ayurvedic treatments for chronic skin conditions.

This report contributes to the existing literature on Ayurvedic therapies for skin diseases. By documenting the successful treatment of a long-standing case of Ekakushtha with

Panchakarma, this case provides valuable insights for healthcare professionals and researchers exploring the potential of Ayurvedic medicine in managing chronic skin condition.

CASE REPORT

Date of first visit –27/05/2024

Opd no. 48727

Age/sex - 48years/ female

Marital status- Married

Occupation – Housewife

Chief Complaints

- 1) Numerous, inflamed patches with silvery scales on the legs, hands and scalp.
- 2) Intense itching and burning discomfort in the affected areas.
- 3) Some of the lesions on the legs were oozing a clear, yellowish fluid.

Associated Complaints

- 1) Interrupted sleep due to pruritus

Past History

No history of Diabetes Mellitus, Hypertension, Bronchial Asthma, Thyroid disorders or any other systemic illness.

Family History: No significant history.

Treatment History

1. Multiple times Allopathic treatment since last 15 years.
2. Ayurvedic treatment for few times (oral herbal medicines).
3. Not taken any treatment in last six months.

History of Present Illness

Patient was healthy approx. 15 years before. Firstly red circular patch developed on shaft of right leg then gradually multiple irregular red scaly patches developed on both legs, both forearms, and scalp.

Treatment taken for these symptoms during onset and progress of the disease did not lead to any long-term and satisfactory results. Moreover the patient faced the side-effects like Hyperacidity, Headache, Loss of Appetite etc. So in seek of another treatment she approached

our Hospital.

Physical Examination

BP: 110/70 mm of hg

Pulse: 86/min

General Condition: Fair, Afebrile

No signs of Pallor, Icterus, cyanosis.

Systemic examination – no abnormality detected

Local Examination

1. Multiple erythematous patches on all the extremities and scalp ranging from 3-7cm.
2. Covered by silvery scales.
3. Margins were ill defined except few lesions on legs.
4. Some of the lesions on the legs were oozing a clear serous discharge.
5. Auspitz sign Positive.
6. Candle grease sign Positive.

Investigations

On date - 27/5/2024

Hb – 12.2 % ESR- 12

Wbc- 8.25 k CRP- 5.06

Platelets 1.67 lakh

Ashtavidh Pariksha

1. Nadi: Pittakaphaj, 86/min
2. Mutra: Samyak
3. Mala: Samyak
4. Jivha: Niram
5. Shabd: Vyakt
6. Sparsh: Sadharan
7. Druk: Sadharan
8. Aakruti: Madhyam

Dashvidh Parikshya Bhav

- 1) Prakruti (Constitution): Pittapradhan Kaphanubandhi

- 2) Vikruti (Morbidities): Dosha – VataKaphapradhan tridosh
- 3) Satwa (Psychic condition): Madhya
- 4) Sara (Excellence of tissue elements): Madhyam
- 5) Samhanana (Compactness of organs): Madhyama
- 6) Pramana (Measurements of organs): Madhyama
- 7) Satmya (Homologation): Sarva rasa
- 8) Ahara Shakti (Power of intake and digestion of food): Madhyama
- 9) Vyayama Shakti (Power of performing exercise): Madhyama
- 10) Vaya (Age): 48 yrs (Madhya)

Samprapti ghatak

- a) Dosha - Vata pradhan kaphaj
- b) Dushya – Twak, Rasa, Rakta, Mansa
- c) Strotas - Rasvah, Raktavah, Mansvahstrotas
- d) Udbhav sthana – Shakha
- e) Vyakt sthan – Twak
- f) Desh -Ushna Sadharan
- g) Bala – Madhyam

Assessment criteria

1) Kandu i.e. itching (Gil yosipitch scale)	
a) No itching	0
b) Momentary itching	1
c) Episodic itching	2
d) continuous itching	3

Toda (Pricking Pain) (oxford pain scale)	
1. No pain	0
2. Mild pain of low intensity causing no disturbance in routine work	1-3
3. Moderate pain hampers the daily routine work	4-6
4. Severe pain causing definite interruption in routine work	7-10

1) Daha (Burning sensation)	
a) No burning	0
b) Momentary Burning	1
c) Episodic Burning	2
d) Continuous Burning	3

Mahavastu	Score
1. No lesions on <i>Mahasthanam</i>	0

2. Lesion on partial part of hand, leg, neck, scalp, hand, back.	1
3. Lesions on most part of hand, leg, neck, scalp, trunk, back.	2
4. Lesions on whole part of <i>Mahasthanam</i> (Vast area)	3

Nidana panchaka

Hetu-

Amlarasapriti

Shakasevana

Paryushitashana

Avoiding these hetu from last 5 years.

Purvarupa

Patient did not noticed/ unable to recognise symptoms.

Roopa

- 1) Numerous, inflamed patches with silvery scales (*matsyashalakopama*) on the legs, hands and scalp (*mahavaastu*).
- 2) Intense itching (*kandu*) and burning discomfort (*daha*) in the affected areas.

Upashaya

Symptoms are exacerbated during colder months and alleviated during warmer weather. The patient experiences relief when applying oil to the lesions.

Exposure to air or sunlight aggravates the symptoms.

Samprapti

1. Vata kafa dominated tridosha exacerbaration.
2. Contamination Rasa rakta mansa Dhatu.
3. Doshas settled at skin
4. Patches development on skin.

Management

1. Shodhana

- a. Virechanartha snehapana by panchatikta Ghrita^[7]

Signs	Day130ml	Day260ml	Day390ml	Day4 120ml
1) Vatanulomana	present	present	present	present
2) Agnidipti	After 2hours	After 5hours	After 6hours	After 9hours
3) Tvak snigdghata	Absent	Absent	mild	present
4) Purish snigdghata	Absent	Absent	present	present

5) Purish asamhat (Srushta)	Absent	Absent	Mild	present
6) Angamruduta	Absent	Absent	Absent	present
7) Snehodvega	Absent	Mild	present	present

(*Charka Samhita, Sutrasthan, 13/58; Ashtanghridya, Sutrasthan, 16/20*).

b. Sarvanga Snehana Svedana(gentle massage with sesame oil and sudation) 3days

c. Virechana with icchabhedi rasa 2tab +Trifala kwath 50ml

Symptomes ^[8]	YES/NO
• <i>Srotoshuddhi</i> (detoxification of minute channels)	Yes
• <i>Laghuta</i> (lightness)	Yes
• <i>Vatanulomana</i> (downward movement of <i>vata</i>)	Yes
• <i>Urjas</i> (enthusiasm)	Yes
• <i>Indriya-prasadan</i> (improve sensory and motorfunction)	--
• <i>Rugprasadan</i> (subside diseases)	Yes
• <i>Agnivirdhi</i> (increase metabolic fire)	No
• <i>Vitta-pitta-kaphanilamprapti</i> (sequential expulsion of faeces)	Yes
Vega sankhya	15

Samyakayoga Lakshana: (adequate) (Charaka Samhita, Siddhi sthan, 1/17)

2. Shamana

(Treatment began a day subsequent to virechana.)

a. Panchatikta ghrita shamana snehapana^[9]

Panchatikta ghrita 10 gm half an hour before meal daily for 1 month

b. Trifaladi rasayana^[10]

Trifala +Vidanga+pippali Churna 6gm with honey and Goghrita for 1month.

OBSERVATIONS

Criteria	0 th day	F/U 1 after Snehapana	F/U 2 day of Virechana	F/U 3 16 th day after Virechana	F/U 4 31 st day after Virechana
<i>Auspitz sign</i>	positive	positive	positive	negative	negative
<i>Candle grease sign</i>	positive	positive	positive	positive	negative
<i>burning</i>	2	1	1	0	0
<i>itching</i>	2	1	1	0	0
<i>Pricking pain</i>	5	2	3	1	0
<i>Mahavastu</i>	present	present	present	present	present
<i>Matsyashakalopama (scaling)</i>	present	present	present	present	absent

Auspitz sign and candle grease sign were both observed prior to treatment. After one month of therapy, both signs had resolved. Itching, pricking pain, and burning sensation began to

subside with the initiation of snehapana. However, scaling reduction was noticeable only fifteen days following virechana.

DISCUSSION

We began therapy with snehapana using panchatikta ghrita,^[9] as it helps to alleviate all three doshas. This led to a quick subside of the patient's itching and burning discomfort.

According to Ayurvedic principles, **Rakta Dhatu** plays a pivotal role in the **Prasara** stage of Kushtha development. This stage involves the dissemination and manifestation of the disease. Given the interconnectedness of **Pitta** and **Rakta**, addressing both is essential for effective psoriasis management.

Pitta is believed to contribute to the inflammatory processes underlying psoriasis. By targeting both **Pitta** and **Rakta**, we aimed to restore balance and alleviate the symptoms of this condition.

Virechana is employed to primarily balance **Pitta** and **Rakta**. However, balances kapha and vata doshas as well. Consequently, we opted for virechana therapy for shodhana, which proved to be effective for the patient.

Triphala and vidanga are two Ayurvedic herbs with demonstrated efficacy in the treatment of skin diseases and krumi, respectively. When used in combination, they may exhibit synergistic effects in the management of ekakushtha disorder. Additionally, pippali has been traditionally employed for the treatment of skin diseases and may be particularly beneficial in cases of ekakushtha that are characterized by an imbalance of vata and kapha doshas.

When we already balanced pitta and rakta by Virechana Therapy.

Accordingly we opted trifaladi rasayana^[10] given in Kushtachikitsa chapter of ashtangahridaya Samhita. Which gave us nice results. The patient exhibited serous exudation from several psoriatic patches on the lower extremities. (may be due to secondary infection) Which resolved within a few days of initiating Trifaladi Rasayana Churna. At the end of 1 month scaling is also almost disappeared.

CONCLUSION FROM THE CASE STUDY

Key Findings

- **Snehapana with Panchatikta Ghrita** was effective in alleviating itching and burning discomfort, suggesting its efficacy in balancing all three doshas.
- **Virechana Therapy** was chosen for shodhana to balance Pitta and Rakta, and it proved effective in addressing the patient's ekakushtha symptoms. Even when ekakushtha is vata kafa dominated condition.
- **Triphala and Vidanga** were considered synergistic in managing ekakushtha due to their known efficacy in skin diseases and krumi.
- **Pippali** was deemed beneficial for ekakushtha with vata-kapha imbalances, especially after balancing Pitta and Rakta with Virechana.
- **Trifaladi Rasayana** from the Ashtangahridaya Samhita was chosen for its effectiveness in Kushthachikitsa and yielded positive results, including resolution of serous exudation and reduction of scaling.

Overall, the treatment approach successfully addressed the patient's psoriasis symptoms by

- Balancing all three doshas.
- Utilizing a combination of Snehapana, Virechana, and rasayana formulations.

The case study demonstrates the potential of Ayurvedic principles and therapies in managing psoriasis.

REFERENCES

1. National Psoriasis Foundation. Psoriasis. [Internet]. Available from: <https://www.psoriasis.org/>
2. Menter A, Griffiths R, Barker JN, et al. Guidelines of care for psoriasis. J Am Acad Dermatol, 2009; 61(3): 447-476.
3. Gelfand JM, Kim EB. Psoriasis: an overview. Am J Clin Dermatol, 2009; 10(4): 255-264.
4. Menter A, Griffiths R, Barker JN, et al. Guidelines of care for psoriasis. J Am Acad Dermatol, 2009; 61(3): 447-476.
5. Acharya j. Charaka Samhita; chaukhamba Orientalia, 2021, 451, chikitsasthana 7/29.
6. Acharya j. Charaka Samhita; chaukhamba Orientalia, 2021, 451, chikitsasthana 7/21.
7. Acharya j. Charaka Samhita; chaukhamba Orientalia, 2021, 85, sutrasthana 13/58.
8. Acharya j. Charaka Samhita; chaukhamba Orientalia, 2021; 680, siddhisthana 1/17.

9. Tripathi s. bhaishajyaratnavali; tejakumar press, 1957; 672, phrase 361-364.
10. Garde s. sartha vagbhata; Chaukhamba surabharati prakashan, 2019; 318 phrase 35.