

MANAGEMENT OF *EKKUSTHA* W.S.R. TO ERYTHRODERMIC PSORIASIS THROUGH HERBOMINERAL DRUG FOLLOWED BY *SODHANA* THERAPY: A CASE STUDY

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ABSTRACT

Psoriasis is a chronic inflammatory skin disease that affects 2% to 4% of the population. Inflammatory arthritis develops in approximately 10% of patients with psoriasis and can have a major effect on activities of daily living and quality of life. It is also considered as psychosomatic disorder and having no permanent cure. Patient was diagnosed as *Ekkustha* (*kapha-pitta* dominance) as per ayurveda. This case study intends to evaluate the efficacy of *Virechan* and *Niruh vasti* in the management of recurrent psoriasis. Symptoms were assessed with PASI at pre and post therapy. Improvement was observed with PASI score. Ayurveda *Shodhan* therapy resulted in effective management of psoriasis as assessed by validated scales.

KEYWORD: Ayurveda, Psoriasis, *Virechan*, *Niruh vasti*, PASI.

INTRODUCTION

Psoriasis is a chronic inflammatory disease that can result in decreased quality of life. Psoriasis is characterized by increased epidermal proliferation resulting in an accumulation of stratum corneum. About 2-3% of the population have psoriasis and 10% of these individuals will develop psoriatic arthritis.^[1] Patients suffering from psoriasis are at higher risk of developing cardiovascular and other Non-Communicable Diseases. Prevalence of psoriasis in countries vary between 0.09% and 11.4%. Marked socioeconomic load is considered on an

individual level because of lost opportunities in professional life and elevated economic burden for treatment expenses as per WHO (World Health Organization 2016).^[2]

Several variants recognized – chronic plaque psoriasis (Ps), guttate Ps & pustular Ps. Chronic plaque Ps: Morphology: Well-defined, erythematous, indurated papules/plaques surmounted by characteristic large, loose, lamellar, silvery scales removable by grating lesions. Auspitz sign positive Koebner's (isomorphic) phenomenon seen in active disease. Morphology modified by site (flexures, scalp, palms & soles, & genitals). Distribution: Scalp, pressure points, extensors & palms & soles. Some- times generalized. Topical therapy with emollients (important part of any regimen in any severity of psoriasis), coal tar (usually combined with salicylic acid), dithranol & calcipotriol/Topical steroids (sometimes combined with salicylic acid for palmoplantar lesions) good option in limited, stable disease. Extensive lesions: Methotrexate, narrow-band UVB (NBUVB), PUVA/PUVAsol, cyclosporine. Biologics used in specific indications (NOT routinely) & include TNF- α inhibitors (infliximab, etanercept & adalimumab), IL-12/23 inhibitors (ustekinumab) & IL-17 antagonist (secukinumab). Guttate Ps: Antibiotics often given, NB UVB sometimes. Generalized pustular psoriasis & erythroderma: Methotrexate, acitretin & cyclosporine; & biologics^[3] On the basis of sign & symptoms like reduced sweating (*Asweda*), extended skin lesions (*Mahavastu*), fast scaling of skin similar to the scales of the fish (*Matsya shakalopama*),^[4] pink dis-coloration (*Aruna varna*), blackening of the part (*Krishnavarna*)^[5] etc, this disease can be correlated with **Ekkustha** In present case study there is *kapha-pitta* dominancy with involvement of **tridosha**.

MATERIAL AND METHOD

- Center of study: Government Ayurved college and hospital
- Simple random single case study

In the present case, a 30year old male patient came to the OPD of **Kayachikitsa**, Government Ayurved College and hospital Patna, Bihar with a history of red and white lesions (scaly thickened skin) on whole body in plaque with associated itching, burning and increasing size of patches from 3 years. He took various module of treatment but patient was reluctant, because remission of symptoms occurs after withdrawal of medicine so he approached Government Ayurved College and hospital Patna for conservative treatment. Symptoms especially itching increases with cold wind, cloudy environment and winter season. During

Astavidha pariksha; *Nadi* (~pulse) was *Vata-Kaphaja*; *Jihva* (~tongue) was clear/uncoated; *Mala* (~stool) was *Niram*; *Mutra* (urine) was of light yellow coloured; *Sabda*(speech), *Sparsa*(touch), *Drika*(eyesight), *Akriti* were found normal. *Prakriti* (constitution) of patient was *kapha-pitta*, *Vikriti*(~pathogenesis) was *Vata-Kaphaj*, *Samhana*(~body composition): medium, *saar* was *rakta* and *Vyayam* Shakti (~exercise capacity) was *Pravar*, *Jarana* Shakti(~digestion capacity), *Ahara* Shakti, *Satva*, *Satyama*, *Bala*(strength) were found *Pravar*, *Agni* (~metabolism) was *Vishamagni* (~altered) during *Dashvidha Pariksha*. There was no history of streptococcal infection. During cardiovascular and respiratory system examination finding were normal

CRITERIA FOR ASSESSMENT

Patient was assessed with Psoriasis Area Severity Index (PASI) score

(British Association of Dermatologist)^[6] for the presenting symptoms (table1)

Morphology: Well-defined, Dry and rough, raised, & pinkish red colored patches Distribution - widely distributed

Pattern: scattered patches (Generalized)

No association of any other cutaneous disorders (alopecia areata, halo nevus, atopic dermatitis, malignant melanoma & morphea)

Koebner's phenomenon- Present

Sensation – intact

Auspitz & Candle grease Sign - positive.

Course: Slowly progressive

Table 1: Showing the pasi score calculation and gradings.

Plaque characteristics	Lesion score	Percentage area affected	Area score
Erythema	0- None	Area Score (B)	0 = 0%
Induration/ Thickness	1-Slight	Degree of involvement	1 = 1% - 9%
Scaling	2-Moderate	as a percentage for each body	2 = 10% -29%
Lesion score sum (A)	3-Severe	region affected (score each	3 = 30% -49%
	4- Very severe	region in between 0 -6)	4 = 50% -69%
			5 = 70% -89%
			6 = 90% - 100%
Multiply Lesion Score Sum (A) by Area Score (B), for each body region, to give 4 individual subtotals (C)			
Subtotals (c)			
Multiply each of the subtotal (c) by amount of the body surface area by that region ie. x 0.1 for head x 0.2 for upper body, x 0.3 for trunk and x 0.4 for lower limbs add together each of the score for each body region to give the final PASI score			

MANAGEMENT

Considered the psoriasis as **Ekkustha** following Ayurvedic management was administered.

A. VIRECHAN-step wise plan follows

Therapy	Drug	Dose	Days
<i>Deepan, Pachan</i>	<i>Panchkol fant + Chitrakadi vati</i>	50 ml+2 tab	3
<i>Snehapan</i>	<i>Panchtikta ghrut</i>	30-110ml	5
<i>Sarvang abhayang+Sarvang swada</i>	<i>Nimba tail+dashmool kwath</i>		2
<i>Virechan</i>	<i>Triphla kwath+trivrut churna</i>	60ml,10gm	1
<i>Samsarjan krama</i>	<i>For madhyam shudhhi(mand,peya)</i>		5

B. NIRUHA VASTI-Rasnadi Niruha vasti

Vasti	Dose	days
Rasnadi niruha	600ml	15
Matra vasti(pinda tailam	60 ml	15

After 15 days of *Virechan* karma *Rasnadi niruha vasti* was administered as per **karma vasti**^[15] along with *Matra vasti*^[15] of *Pinda tailam* on alternate days.

C. Shaman Chikitsa for 1 month as follows

- 1 *Gndhak rasayan* -1 gm
 - Rasamanikya* -125 mg
 - Amrita satva* - 250 mg
 - Swarna makshika bhasma* -125 mg
- With madhu
- 2 *Mahamanjithadi kwath* - 15 ml BD
 - 3 *Aragvadhadi kasayam* -15 ml BD
 - 4 *Panchtikta ghrut* - 5 ml BD
 - 5 *Nimba tailam* for local application

Apathaya- patient was adviced to avoid *divaswapna, aatap sevan, amla lavan ras, mams, dadhi, gud, moolak, vegvidharana, virudha annapaan.*

RESULT

Before and after treatment grading of symptoms is shown in table2. After completion of - *Virechana, vasti* shaman *Aaushadhi* was given for 1 month along with external application of *Nimba tailam*. Follow up was done after 1 month There was no adverse or unanticipated

event during treatment. No relapsing of symptoms. **PASI** score – Before treatment- 56, After treatment – 1.

Table 2: Showing gradings of symptoms before treatment and after treatment.

Plaque Characterstic	Head		Trunk		Upper limb		Lower limb	
	BT	AT	BT	AT	BT	AT	BT	AT
Erythema	0	0	4	0	4	0	4	0
Induration	1	0	2	1	3	0	4	0
Scaling	3	1	3	1	2	1	4	1
Area score	5	1	6	1	5	1	6	1
Total PASI score	2	1	16.2	0.6	9	0.2	28.8	0.1
Final score- BT-56, AT-1								

BEFORE TREATMENT



AFTER TREATMENT



DISCUSSION

The patient had started improving during hospital stay and end of **virechan**, reddish plaque all over the body nearly get disappear. In this case study patient got relief from symptoms of **Ekkustha**(Psoriasis). Ayurveda has panchakarma chikitsa as its unique specialty. In this case study **Virechan** and **Rasnadi Niruh Vasti**^[7] showed good result along with the **Shaman Yoga**. **Virechan** and **Vasti chikitsa** help to remove vitiated **Dosha** from body. **Shaman yog** that is the combination of **Gndhak rasayan**^[8], **Rasamanikya**^[9], **Amritasatva**, **Swarnamakshikbhasm**^[10], **Mahamanjisthadi kwath**^[11], **Aragvadhadi kasayam**^[12], **Panchtikta ghrut**^[13] overall 90% has been shown the efficacy of given Ayurvedic management of psoriasis.

CONCLUSION

Ayurvedic management specially comprising of **Panchkarma** procedures and internal medications show significant improvement in all the symptoms as well as lesions of the patients. Patient was given Treatment as Shaman in the form of internal medicines and **Shodhan** in the form of **Virechan and Vasti**. The results found are very encouraging in this disease whose recurrence is also very high. In this case study we got good results of **Panchakarma** and Ayurvedic medicine. **Shodhan, Shamam Yoga** and these treatment was given for scalp psoriasis. Which helped in **Aampachan**, removal of vitiated **Dosha** from body and to bring **Samyavastha** (balanced condition) of Doshas. So above treatment helps to relieve symptoms of disease and also an attempt to provide safe and effective treatment to the patient.

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