

AYURVEDIC MANAGEMENT OF EKA KUSTHA (PLAQUE PSORIASIS): A CASE REPORT**Sonam Jaguri^{1*}, Shilpy Gupta² and Ganjam Krishna Prasad³**

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Article Received on
29 February 2024,

Revised on 20 March 2024,
Accepted on 10 April 2024

DOI: 10.20959/wjpr20248-31975



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ABSTRACT

Psoriasis, recognized as one of the prominent autoimmune disorders, exerts significant psychological and social effects. This persistent inflammatory condition, characterized by skin manifestations, is susceptible to exacerbation or recurrence triggered by various factors. These encompass psychological factors such as anxiety, stress, and depression, dietary influences like incompatible diets, disruptions in lifestyle, environmental stress or changes, and medications, among others. In *Ayurveda*, this condition can be considered as *Eka-Kushtha*. It is characterized by *Aswedanam* (dryness and rough lesions), *Mahavastu* (covering the entire body), and *Matsyashakalawat Twacha* (fish scales-like skin). The present case study shows the successful *Ayurvedic* treatment of a 50-year-old female patient suffering from plaque psoriasis, characterized by erythematous plaques over the back and buttock region. Following the *Ayurvedic* treatment protocol, the

patient achieved complete recovery without any reported adverse events after one year of consistent treatment. Remarkably, there was no recurrence even after treatment cessation. Prior patient consent was taken and photographic documentation was obtained with successive treatments and regular follow-ups. This case study demonstrated the efficacy of *Ayurveda* for the treatment and substantial recovery from chronic psoriasis.

KEYWORDS: Plaque Psoriasis, *Eka Kustha*, Fish scales like skin, Auspitz Sign, Autoimmune disorders.

1. INTRODUCTION

Eka-Kushtha is one among all varieties of *Kushtha*, and it is the primary type among the eleven *Kshudra Kushatha*.^[1] It is characterized by *Aswedanam* (dryness and rough lesion), *Mahavastu* (covering the entire body), and *Matsyashakalawat Twacha* (fish scales like skin).^[2] These characteristics of *Eka-Kushtha* are comparable to psoriasis in contemporary medicine. Psoriasis is a disease of unclear aetiology, characterized by inflammation caused by dysfunction of the immune system. There are visible signs of inflammation such as raised plaques and scales on the skin. It is manifested when the immune system becomes excessively active, hastening the growth of skin cells. Typically, regular skin cells undergo a complete cycle of growth and shedding within a month, in psoriasis it happens within three to four days. Rather than shedding, the excess skin cells accumulate on the skin's surface, accompanied by itching, burning, and stinging sensations. While these plaques and scales can emerge anywhere on the body, they frequently appear on the elbows, knees, and scalp.^[3] Epidemiological information regarding psoriatic disease remains uncertain, with estimates of psoriasis prevalence varying from 0.91% to 8.5% in adults and 0.0% to 2.1% in children. The global prevalence rate of psoriasis is approximately 2–3% of the world population.^[4]

Patient information

A 51-year-old woman, who works as a homemaker, had previously been diagnosed with plaque psoriasis. She had been undergoing allopathic treatment under the care of a consulting dermatologist for twenty years, with regular follow-ups. The combination of topical and systemic immunosuppressive therapy provided symptomatic relief during the most recent treatment. The patient's personal history indicated overall good general health. She has associated complaints of hypothyroidism and hypertension. Due to a recurring pattern triggered by unknown aggravating factors, the patient opted to discontinue allopathic treatment and sought *Ayurveda* treatment.

Clinical finding

The individual exhibited erythematous plaques on the lower back and buttock region. The affected skin displayed a range of red hues and was covered with sizable silvery scales. The patient experienced itching and a burning sensation throughout the body. During the

presentation in OPD, the Auspitz sign and Koebner phenomenon were observed positive. No evidence of psoriatic arthritis was detected.

General examination

Body temperature (98.6⁰ F), Pulse (72/min), and Blood Pressure (130/80 mm Hg) were within normal limits.

Systemic examination

During the systemic examination, the respiratory and cardiovascular systems were observed to be within normal parameters.

Ashtavidha Pariksha

In the context of *Ayurveda*, the *Nadi* (pulse) was characterised as *Vata-Kapha* dominant. *Mala* (Stool) consistency was described as Hard, and the bowel habit was irregular. *Mutra* (Urine) appeared *Prakrita* (normal). The *jiwa* (tongue) exhibited a *Shveta-picchila* (white coating) and was *Sama* (deemed coated). The speech was *Prakrita* (within the normal range). The sense of touch was *Ushna* (warm). Vision was reported as *Prakrita* (normal), and the individual's physique was described as *Madhyam* (medium-built).

Nidan Panchak (Diagnosis based on Etiology)

Nidan (factors causing disease)

Viruddhahara, involving the simultaneous consumption of milk and salty snacks, and *Raktadushtikar Ahara-vihara*, characterised by excessive intake of salty and sour foods like pickles and curd, Excessive intake of preserved food, curd vinegar, Fomented food like dosa Idli, vada etc.

Samprapti (Pathogenesis)

Involving the vitiation of *Vata*, *Kapha Doshas* and *Rakta Dushya* (Affected Tissues), Affecting *Twak* (skin) *Mansa* (muscle tissue), *Rakta* (blood), and *Lasika* (fluid and lymph), *Agni* (Digestive Fire) were found to be imbalanced and *Aam* Formation (Toxic Metabolites), *Jatharagni* and *Dhatvagni* were implicated in the generation of *Aam*. *Strotasa* (Channels of Circulation) Affected channels included *Rasavaha*, *Raktavaha*, *Mamsavaha*, and *Medovaha*. *Adhithana* (Primary Site of Manifestation): The *Twaka* (skin) was identified as the primary site. *Rogamarga* (Pathway of Disease): The disease manifested *Bahya Vyadhi Swabhava* (externally). (Nature of the Disease): *Chirakari* (Chronic), *Sadhyasadhyata* (Prognosis):

Kriccha Sadhya (difficult to treat),^[5] The individual is experiencing *Purvarupa* (Prodermal symptoms) *Abhyantar daha* (internal burning sensation), *Kandu* (itching), and *Mandagni* (anorexia), *Twak Rukshata* (Skin dryness). The clinical presentation includes *Kandu*, *Tvakavaivarnyata* (Blackish Whitish Scaly patches all over the lower back and gluteal region), *Balahani* (generalized weakness) and painful cracks present over the skin. Enhancement is observed with external cold touch (*Bahya shita sparsha*) and the application of wet cold sponging and oil while worsening is evident with exposure to *Ushna sparsha* (hot and humid conditions). Additionally, the symptoms of *kandu* (itching), *vedna* (pain), and scaly lesions are aggravated with the intake of *Tikta Kashaya Ahara* (bitter and astringent foods), whereas relief is experienced with the consumption of *Amla*, *Katu*, and *Madhur rasa* (sour, pungent, and sweet-tasting foods).

This *Ayurvedic* perspective helps characterize the nature of the condition, its root causes, and the involved physiological factors, contributing to a holistic understanding of treatment planning.

Diagnostic Assessment

All blood examinations are within normal limits. The ECG revealed a sinus rhythm, multiple arterial premature complexes, and ST and T wave abnormalities. The 2D echo identified sclerotic changes in the aortic valve.

Therapeutic Intervention

All contemporary oral and topical medications have been discontinued. In this scenario, the identification of *Vata* and *Kapha dosha* involvement is determined through the observation of clinical manifestations, such as *Kandu* (itching), *Raktavarnata* (redness), and the characteristics of skin lesions. The progression of pathology indicates the derangement of *Vata* and *Kapha doshas*. Table 1 provides comprehensive information on both internal and external medications prescribed.

Table 1.

Date of visit	Interventions	Periodic Clinical Outcome
21/2/2021 (OPD Visit)	Internal/ Oral <i>Panchtikta Ghrita Guggul</i> 500mg Twice daily after food with hot water <i>Gandhak Rasayan</i> 2Tablet twice daily after food with hot water <i>Khadiraristha</i> 30 ml Twice daily after food with an equal amount of hot water. <i>Jeevantyadi yamakam</i> (50ml) + <i>Ayyappal keratailam</i> (50ml) total 100ml for external applications. <i>Methi</i> (25g) + <i>Aragwadha Patra</i> (5g) + <i>Khadira</i> (5g) + <i>Amalaki</i> (5g) + <i>Nimba Patra</i> (5g) + <i>Haridra</i> (5g) powder for external application	<i>TwakgatVrana</i> (erythematous plaques) over the back and buttock region.
9/3/2021	Same treatment continued	No change over the skin lesion and got mild relief from <i>Kandu</i> (itching) and pain
4/4/2021	Internal/ Oral <i>Pancha Tikta Ghrita Gugglu</i> 500mg Twice daily after food with Tumeric milk. <i>Gandhak Rasayan</i> Twice daily after food with Tumeric milk <i>Haridrakhand</i> one tablespoon at night with buttermilk. <i>Winsoria</i> for external application	Relief in <i>Twakvrana Shula daha</i> and <i>kandu</i> (pain, itching and burning of skin lesions)- 50%
10/5/2021	<i>Bruhat Kamdudha</i> 1tab at 6 am with an empty stomach with hot water. <i>Rasmanikya</i> 1 tab daily after food with hot water <i>PanchaTiktaGhritaGugglu</i> 500mg Two tabs Twice after food with hot water. <i>Gandhak Rasayan</i> 2 tab Twice daily after food with hot water <i>Haridrakhand</i> One Tablespoon with buttermilk	Relief in <i>Kandu</i> symptom 70 % but <i>Shula</i> (pain) persist.
12/6/2021	<i>Bruhat Kamdudha</i> 1tab at 6 am with an empty stomach with hot water. <i>Pacha Tikta Ghrita Gugglu</i> 500mg Two tabs Twice after food with hot water. <i>Gandhak Rasayan</i> 2 tab Twice daily after food with hot water <i>Haridrakhand</i> One Tablespoon with buttermilk. <i>Jeevantyadi yamakam</i> (45ml) + <i>Panchavalkaldi tailam</i> (45ml) for external applications	Complaints of disturbed sleep, <i>Kosthabadhata</i> (unclear bowel) <i>Amlapitta</i> (acidity)
13/7/2021	Same treatment continued	Significant improvement in signs and symptoms of disturbed sleep, <i>Kosthabadhata</i> , <i>Amlapitta</i> , with no <i>Kandu Shula</i> and <i>Daha</i> (itching, pain or burning sensation).
10/8/2021	<i>Rasmanikya</i> 1Tab daily after food with butter/ <i>Ghrita</i> . <i>Pancha Tikta Ghrita Gugglu</i> 500mg 2tab twice daily after food with hot water. <i>Gandhak Rasayan</i> 2bd after food with hot water.	Auspitz Sign Negative

	<i>Haridrakhand</i> one Tablespoon at night with buttermilk	
11/9/2021	Same treatment continued	Mild <i>Kandu</i> over the healed lesion area no appearance of a new lesion in any part of the body
20/10/2021	<i>Pancha Tikta Ghrita Gugglu</i> 500mg 2bd after food with hot water. <i>Kaisor Gugglu</i> 500mg 2bd after food with hot water <i>Nimbadi Gugglu</i> 750mg 2bd after food with hot water. Herbo-Sulph one tab twice daily after food with hot water. <i>Haridrakhand</i> 1hs with buttermilk. <i>Jeevantyadi Yamakam</i> (50ml) + <i>Panchavalakadi Tailam</i> (50ml) for external applications	Significant improvement was shown in all signs and symptoms
12/11/2021	<i>Gandhak Rasayan</i> 2 tabs twice daily after food with buttermilk. <i>Haridrakhand</i> one tablespoon at night with buttermilk <i>Jeevantyadi Yamakam</i> (45ml) + <i>panch avalakadi tailam</i> (45ml) for external application	Relief of Skin lesions 100%, no <i>Shula</i> , <i>Kandu</i> or <i>Daha</i> is present over the skin
15/12/2021	Continue 1 and 2 <i>Methi</i> (25g) + <i>Aragwadha patra</i> (5gm) + <i>Khadira</i> (5gm) + <i>Amlaki</i> (5gm) + <i>Nimba Patra</i> (5gm) + <i>Haridra</i> (5gm) - 5gm choornam at bed time with hot water. <i>Ayyapalkeertailam</i> for external application.	No recurrence seen.
25/12/2021	<i>Methi</i> (25g) + <i>Aragwadha patra</i> (5gm) + <i>Khadira</i> (5gm) + <i>Amlaki</i> (5gm) + <i>Nimba Patra</i> (5gm) + <i>Haridra</i> (5gm) - 5gm choornam at bed time with hot water. <i>Ayyapalkeertailam</i> for external application.	No recurrence in any sign or symptoms

RESULTS AND OUTCOME

Patient with the skin condition called *Eka Kustha* (Image 1) was treated with Ayurvedic medicines (Table 1). After one and half months of internal and external Ayurvedic treatment, she got relief from *Kandu* (itching) up to 50%. (burning pain and sensation) was also reduced to 50%, and the skin sores got better. After six months, Auspitz's signs become negative (Image 2). In nine months, the red patches on the skin completely disappeared (Image 3). There were no bad events during the treatment. The patient was followed up for about 1 year and no recurrences were observed after the treatment.



Image 1: Before treatment.



Image 2: During treatment.

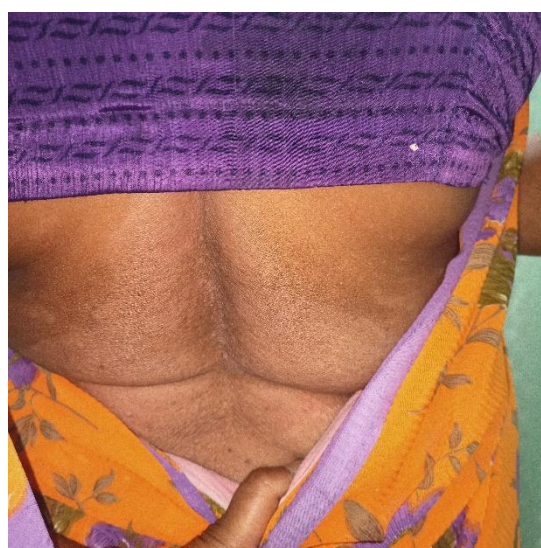


Image 3: After treatment.

DISCUSSION

Psoriasis, being an autoimmune condition, results from an interplay of genetic and environmental factors, each contributing significantly to its onset.^[6] Imbalance in *Tri-Dosha* (three fundamental energies) affecting *Twak*, *Mansa*, *Rakta*, and *Lasika* are a key element in the pathogenesis of *Kushtha*. The manifestations of symptoms in *Kushtha* disease depend upon the involved predominant *Dosha* (biological energies). Therefore, recognizing the *Dosha* predominance becomes crucial for understanding clinical features and devising an appropriate treatment plan. Treatment strategies for skin ailments encompass both *Shodhana* (purification) and *Shamana* (pacification) therapies. In the current study, there is an involvement of *Vata* and *Kapha Dosha*, in conjugation with *Twacha Rakta Mansa* and *Lasika*. The core principle behind the treatment is the elimination of involved dosha through *Shodhan Karma* and *Shaman Karma* by administering oral medications like *Panchatikta Ghrita Guggulu*,^[7] *Kaisor Guggulu*,^[8] *Gandhak*, *Rasayan*,^[9] and polyherbal decoction of *Tikta dravya* containing *Methi*, *Khadira*, *Nimba Patra*, *Haridra*,^[10] *Aragvadha* (*Cassia fistula*).^[11] These therapies possess properties such as *Raktasodhak*, *Kusthanashak*, *Srotosodhan*, and *Vranaropan*. It was suggested to avoid eating newly harvested pulses, black gram prepared food items, and fermented foods and also recommended to limit the intake of sour and salty foods, sesame, jaggery, curd, and fish. Milk with salty Food, also advice for doing light exercise, avoiding using chemical-containing body lotion and soap, Day sleeping, suppressing natural urges, mental stress, and excessive exercise. External application of green gram flour for gentle scrubbing was advised for removal of dead scaly skin tissues after six months of treatment when the Auspitz sign became negative. The principle behind scrubbing and removal of dead skin had been employed in the treatment of *Kustha*.^[12] Green gram possesses excellent Antioxidant and Anti-inflammatory activity apart from its nutritional benefits.^[13] Coconut oil was applied locally after the removal of scales by scrubbing. Coconut oil was applied locally after the removal of scales by scrubbing. The topical application of virgin coconut oil accelerates wound healing.^[14] Loosened scales in Scalp Psoriasis can be removed with the application of copra cake or green gram powder.^[15] Along with an Intake of buttermilk,^[16] Turmeric milk, and hot water^[17] was recommended to enhance digestion, alleviate inflammation, and pacify the *Srotas (channels)*.

CONCLUSION

Eka Kusta is difficult to manage, but with a prompt and precise diagnosis, substantial relief is achievable. The treatment administered in this specific case exhibited remarkable

effectiveness. There was a notable decrease in signs-symptoms with no adverse effects from the given drugs and the patient got significant relief from acute symptoms by Nidan Parivarjan, Sodahan (particularly Mridu Virechan), and Saman Chikitsa. By adherence to Pathya Ahar, Vihar and local application of prescribed drugs, no further recurrence was reported following the completion of the treatment.

Conflict of Interest: Nil.

Funding Sources: Nil.

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