

## AYURVEDIC MANAGEMENT OF EKAKUSHTA: A SINGLE CASE STUDY

Dr. Palash Vinod Pande<sup>1\*</sup> and Dr. P. K. Dash<sup>2</sup>

<sup>1</sup>PG. Scholar Department of Balrog Yashwant Ayurvedic College, P.G. Training and Research Centre Kodoli Dist Kolhapur.

<sup>2</sup>Guide and HOD, M. D. Ph. D. (Ayu), Department of Balrog Yashwant Ayurvedic College, P. G. Training and Research Centre Kodoli Dist Kolhapur.

Article Received on  
01 March 2024,

Revised on 22 March 2024,  
Accepted on 11 April 2024

DOI: 10.20959/wjpr20248-32012



**\*Corresponding Author**

**Dr. Palash Vinod Pande**

PG. Scholar Department of  
Balrog Yashwant Ayurvedic  
College, P.G. Training and  
Research Centre Kodoli Dist  
Kolhapur.

### ABSTRACT

Eka Kushta is a form of Kshudra Kushta that resembles psoriasis in its clinical presentations and is primarily caused by an imbalance of the Vata and Kapha Doshas. A prevalent dermatological condition that affects up to 2% of the global population is psoriasis. Psoriasis in childhood is rather common, affecting 1-3% of the overall population. Ayurveda describes a number of therapy methods, including Shamana and Shodana, for managing Eka kushta. Therefore, Shamana chikitsa, or internal medication, was used to treat the 9-year-old male boy in this case study who presented to the Kaumarabhritya Out Patient Department with symptoms of Eka kushta on his elbows, knees, hands, and feet.

**KEYWORDS** Ekakushta, Shaman Chikitsa, Ayurved.

### INTRODUCTION

Ayurvedic writings have a broad description of skin problems grouped together under the word Kushta. Kshudra kushta has been cited in relation to Eka kushta. The same elements that cause Kushta also cause Eka Kushta.<sup>[1,2]</sup> The primary aetiologies are dietary variables such as Viruddha ahara, excessive eating of Drava, Snigdha, Guru ahara, Navanna, fish, curd, salt, sour substances, Vegadharana, particularly Vamana, and other immoral behaviors. The main clinical features of Eka kushta are Aswedanam (Absence of Sweating), Mahavastu (extends skin lesion), Matsya shakalopam (skin scales resemble the scales of fish, These clinical characteristics resemble those of psoriasis. Because of this, psoriasis can be treated

usir Eka Kushta therapy protocol, which has been used in this case study. In every case of the treatment protocol consists of repeated Samsodhana in conjunction with Samsl Psoriasis is one of the most common dermatologic conditions, impacting around 2% global populace, The Greek words Psora, which means itching, and sis, which mean condition, are the origin of the word psoriasis. Psoriasis in childhood is common, affecting 1-3% of the overall population. Psoriasis is a immune mediated clinically characterized by erythematous, sharply demarcated papules and rounded covered by silvery scales.<sup>[3,4]</sup> The most common variety of psoriasis is called plaque type aetiology of psoriasis is still poorly understood, but there is clearly a genetic compone disease. 30-50-% of patients with psoriasis report a positive family history.<sup>[5]</sup> Psoriatic contain infiltrates of activated T cells that are thought to elaborate cytokines respons keratinocyte hyperproliferation, which results in the characteristic clinical findi Auspitz's sign (pinpoint bleeding when scale is removed), Koebner phenomenon (n lesion appears at the site of trauma), is a valuable diagnostic feature.<sup>[6,7]</sup>

## CASE STUDY

Report Basic information of the patient Age – 9 years, Sex - Male, Religion – Hindu, Socioeconomic status – middle class Pradhana Vedana (Chief complaints) Child's parents presented with the complaints of Erythematous, scaly lesions on both elbows, hands, knee, foot from 1 year of child's age, associated with difficulty in holding objects, and reduced range of movements of interphalangeal joints of both hands since 1year. Vartamana vyadhivritta (History of present illness) The child was asymptomatic till 1 year of age, after that he gradually developed reddish scaly lesions over both feet, later gradually progressed and involved his knee, elbow, palm. There is severe itching, burning sensation, and blood discharge on scratching. Also, since 1year, the child developed difficulty in holding objects, and decreased range of movements of fingers was present. Child was on medication which provided symptomatic relief, and symptoms aggravated with the discontinuation of the medication. Hence, the child came to Kaumarabhritya Department of Ayurvedic Hospital and was treated on Out Patient basis. Later he was admitted for further care. Purva Vyadhivritta(history of past illness) Child has no significant history of any burn, or trauma signifying Koebner's phenomenon. Kulaja Vritta (Family history) Child's father had similar complaints in his childhood, but later symptoms were reduced after treatment. Vaiyaktikavritta (personal history).

Appetite - Good •Bowel - Regular (once in a day)

Sleep - Disturbed due to itching

Food habits - Habit of eating guru ahara( heavy) like curd, snigdha(oily) foods, sour and salty foods On examination

Vitals were normal (Pulse rate-75 beats per minute, Respiratory rate – 20 breaths per minute, Blood pressure – 120/80) •Cardiovascular system, respiratory system and per abdomen examination had shown no significant abnormality.

Prakriti was Vata kaphaja (based on physical and mental characters).

### **Ashtavidha Pariksha**

Nadi - Vata Kaphaja

Mutra - frequency – 5-6 times a day, normal colour (pale yellow)

Mala - Once a day •Jihwa - lipta (White Coated tongue which represents ama(indigestion))

Shabda - Speech and hearing was normal

Sparsa - Ruksha (Dry skin at the site of lesion)

Drik - Normal

Aakriti - Madyama (Height –130 cm and Weight –26 kg was normal according to age)

Integumentary system examination

Site - Elbow, Knee, Palm, Foot. The lesion at the site were symmetrical and well demarcated.

Color - Erythematous with white scaly lesions

Texture - Dry, Rough(at the site of lesions) •Mobility - Reduced in interphalangeal joints.(able to flex upto 45 degrees only)

Auspitz sign - Present Nidana panchaka Ayurvedic texts have described various nidana, purvarupa in the context of kushta, but in the present case scenario the following were observed •Nidana - Bija dushti, Viruddhahara ( His father had history of psoriasis).

Purvarupa - Aswedana(Absence of sweating), Kandu(itching), Rukshatvam(dryness).

Rupa - Aswedana (Absence of sweating), Tvak similar to Matsyashakalopam (resembles the scales of fish) on hasta(hands), pada(foot), J a n u Sandhi(knee joint) and Kurpara sandhi(elbow joint)

Samprapti - Nidana causing Tridosha dushti (vata- kapha predominant), resulting in shaitilyata of tvak, mamsa, ambu, rakta resulting in sthana samshraya in tvak, resulting in Eka kushta.

### **Treatment Given**

Khadirarishta 10ml BD with lukewarm water for 30 days.

Panchatikta Ghrita Guggul 125mg BD with lukewarm water for 30 days.

**OBSERVATION**

Sign	Before Treatment	After Treatment
Dryness	+++	+
Redness	++	-
Itching	++	-
Peeling	+++	+
Disturb sleep	+++	+

**DISCUSSION**

Pancha Tikta Gruta Guggulu - It is indicated in Sandhi asthi majjagata kustha explained in Baishajya Ratnavalias it contains Patha, Vayavidanga, Devadaru, Gajapippali, Sarja Kshra, Yavaksahra, Sonta, Haridra, Sounfha, Chavya, Kuta, Tejovathi, Maricha, Jeeraka, Chitraka Mula, Katuki, Shudha Bhallataka, Vachaa Pippalimula, Manjistha, Athasi, Triphala, Javayana, Shudha Guggulu. All thesedrugs help in Vrunaropana.

khadirarishta - It contain Madhura tikshna oushadisitis directly mentioned in Kushta rogadikara in Bhaishajya ratnavali. It acts as antibacterial, and eliminates blood toxins and microorganisms from the body. It also reduces Amaand detoxifies the body to excrete toxins from the body.

**CONCLUSION**

Eka kushtha (Psoriasis) though difficult to manage, but proper diagnosis is made at proper time, it can give significant relief. And ayurvedic treatment shows highly significant results in ek-kushta but further study in large sample size needed.

**REFERENCE**

1. Sharma RK, Bhagwan Dash. Caraka Samhitha 1Agnivesa. Chowkhanesa Sanskrit Series Office, Varana Chikitsa Sthana, 2014; 1319.
2. Sharma RK, Bhagwan Dash. Caraka Samhitha Agnivesa. Chowkhamba Sanskrit Series Office, Varana Chikitsa Sthana, 2014; 3: 325.
3. Lascalzo Kasper DL., et al. Harrison's Principles Internal Medicine. 21" Edition. New York, 2022; 1533.
4. Gupta P. PG Textbook of Pediatrics. Volume 3, Part Chapter 48.14, Page no. 2908.
5. Loscalzo J. Kasper DL., et al. Harrison's Principles. Internal Medicine. 21 Edition. New York, c2022; 1533+370.
6. Loscalzo J, Kasper DL, et al. Harrison's Principles of Internal Medicine. 21 Edition. New York, c2022; p.1535.

7. Kliegman RM, St Geme J, et al. Nelson Textbook of Podiatrics. 21 Edition. Volume 2. Part XXX, The Skin, Chapter 676.1, Page no: 13507.