

AN AYURVEDA PANCHAKARMA APPROACH TOWARDS THE MANAGEMENT OF ERYTHRODERMIC PSORIASIS (EKAKUṢṬHA)- A CASE STUDY

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ABSTRACT

Erythrodermic Psoriasis is a Severe, widespread redness and scaling involving most of the body surface area, can be life threatening due to fluid loss and temperature dysregulation. In Ayurveda it is Correlated with Eka Kuṣṭha. In present case A 22yr old male patient Complaints of reddish black, elevated, few circular few irregular scaly vastly spreaded lesions all over the body since 1 month got admitted in male Panchakarma ward at Sri Venkateswara Ayurveda College and hospital. Diagnosis is based on examination of skin lesions like Auspitz sign and Candle grease Sign. Patient was treated with Deepana-Pachana with Chitrakadi vati, Snehapanam with Mahatikthaka Ghrtham, Abhyangam with Mahamarichyadi tailam and Atapa Swedam for 1 day, Vamana Karma with Madanapippali yogam. A very good improvement was seen in clinical features of patients and assessed by using PASI and DLQI.

INTRODUCTION

Psoriasis is a chronic, recurrent, immune mediated inflammatory disorder characterized by well defined erythematous plaques covered with silvery white scales. Global prevalence is approximately 1-3% of the population, In India ranges from 0.4% to 2.8%. Globally 50-140 cases per 1 lakh persons per year. Peak age of onset is 15-35 years. Erythrodermic psoriasis is a type of Psoriasis. Erythrodermic psoriasis is an acute or chronic inflammatory disorder characterized by diffuse erythema (redness), Extensive exfoliation/scaling, involvement of

the entire body surface area, systemic disturbances due to loss of skin barrier function. It may develop from existing plaque psoriasis or appear suddenly. Clinical features include generalized bright red erythema over most of the body, fine scaling and exfoliation, severe itching or burning sensation, skin pain and tightness, edema especially of legs and face, hair loss and nail changes, thickened palms and soles. Systemic features include fever, chills, malaise, fatigue, tachycardia, hypothermia or hyperthermia, fluid and protein losses leads to dehydration, electrolyte imbalance, peripheral edema, lymphadenopathy. The skin loses its normal barrier and thermoregulatory function. Complications include Secondary infection, High-output cardiac failure, Acute respiratory distress syndrome, death if untreated. Common triggers include sudden withdrawal of Systemic corticosteroids, Infection, Stress, Drugs (lithium, antimalarials), Sunburn or phototherapy, excess intake of alcohol. Diagnosis is mainly on clinical features.

Differential Diagnosis include Atopic Dermatitis, Drug reactions, Cutaneous T-cell lymphoma, Seborrhea, Pityriasis rosea. In Ayurveda all the skin diseases have been discussed under Vyadhi “Kuṣṭha” Eka Kuṣṭha is one among Kshudra Kustha, Vata-Kaphaja, Krcchra Sadhya Vyadhi.

Clinical features include Aswedanam (No Sweating), Rukshata (Dryness), Mandaloutpati (Patches), Mahavasthu (Large area), Matsya sakalopam (Resembles scales of fish).

CASE REPORT

A 22 year male Student was apparently normal before 2 years gradually he developed reddish black elevated circular lesions all over the body consulted dermatologist diagnosed as Psoriasis used medication found moderate relief then he discontinued medication for 2 months lesions spreaded vastly all over the body with severe scaling, itching and redness, then he came to OPD of Panchakarma, admitted in Panchakarma Male Ward for better treatment.

PERSONAL HISTORY

- Diet: Mixed
- Appetite: Low
- Micturition: 5-6 times per day
- Bowel: Regular
- Sleep: Disturbed due to severe itching
- Addictions: Nil

GENERAL EXAMINATION

- Pallor: Absent
- Icterus: Absent
- Cyanosis: Absent
- Lymphadenopathy: Absent
- Edema: Absent
- Built: well

VITALS

- Pulse Rate: 85 bpm
- Blood Pressure: 110/70 mm of hg
- Respiratory Rate: 16/min
- Temperature: 99.2 F

SYSTEMIC EXAMINATION

Respiratory System: B/L air entry present, no any added sounds heard

Cardio Vascular system: S1, S2 was heard, no murmur heard

Gastro intestinal System: No abdominal distension, no evidence of any tenderness, abdomen was soft

Examination of Skin Lesions

- Reddish black elevated scaly, circular and irregular lesions present all over the body
- Skin was dry
- Erythema spreaded all over the body
- Auspitz Sign: Positive
- Koebner's Phenomenon: Absent
- Candle Grease Sign: Possitive

INVESTIGATIONS

- Hb% : 12.7g%
- TC: 10,200 cells/cumm
- DC: P: 78%, L:18%, E:3%,M:1%
- ESR: 20 mm/hr
- Total Cholesterol: 126 mg/dl

- Triglycerides: 103 mg/dl
- HDL: 49 mg/dl
- LDL: 57 mg/dl

TREATMENT PROTOCOL

- Deepana-Pachana with Chitrakadi vati 1 TID for 4 days until Nirama lakshanas appear.
- Snehapanam with Mahatikthaka Ghrtham for 3 days until Samyak Snigdha lakshanas appear.
- Abhyangam with Mahamarichyadi Tailam and Atapa Swedam for 1 day.
- Vamana Karma with Madanapippali yogam (3g of Madanapippali soaked in 500ml of Yastimadhu Kasayam before night next day titrated filtered make it luke warm added 1g of Saindava Lavanam and 50ml Honey, Before giving Vamana Dravya Yavagu was given to the patient, after giving Vamana dravyam Yastimadhu kasayam is given. followed by Pippali 1g, vacha 1g, Sarsapa1g, Amalaki 1g, Saindava lavanam10g added to 1 litre of Luke warm water is given if vegas are weak till Pittantam).
- Samsarjana Krama.

PARAMETERS FOR ASSESSMENT

| | Before Treatment | 30 days After Treatment |
|-------------------|------------------|-------------------------|
| PASI Score | 62.7/72 | 11.8/72 |
| DLQI | 27/30 | 6/30 |

BEFORE TREATMENT





30 DAYS AFTER TREATMENT

DISCUSSION

Erythrodermic psoriasis is compared with Eka kustha because the description and characteristic features are similar. Sodhana karma forms the mainstay of treatment for kustha. Purva karma (Deepana-Pachana, Snehanam) helps in separation of vitiated dosas from dusyas and bring vitiated dosas from Sakha to kostha. Sodhana karma expels the dosas either through Vamana or Virechana. As Eka kustha is a Vata Kapha pradhana vyadhi, Vamana karma is the best treatment.

Although Kushta is kledha pradhana vyadhi, the rationale for administering snehanam lies in its ability to bring shakashrita dosha to koshta, thereby facilitating their expulsion. Additionally, Sneha acts as samprati vighnana chikitsa. In the present study Snehanam with Mahatikthaka Ghrtham is given as it is Kushtagna, Kandughna, Raktaprasadana and tridosha shamaka properties, with a predominant action on Pitta and kapha dosas. The tikta rasa of its ingredients aids in the purification of Rakta, facilitate the Kleda Shoshanam and it has anti-inflammatory and rejuvenating properties may also contribute to the reduction of scaling, erythema, itching and dryness in patients with Ekakusta.

CONCLUSION

A very good improvement was noticed in the patient of Eka Kusta (Erythrodermic Psoriasis) by significant reduction in PASI and DLQI scales from 62.7/72 and 27/30 to 11.8/72 and 6/30, with the above stated therapeutic protocol i.e., Deepana-Pachana, Snehanam, Abyangam and Atapa Swedam, and Vamana karma. From this study we may conclude that, Vamana karma can be considered as safe and effective therapeutic modality in the management of Eka kustha (Erythrodermic Psoriasis) which gives long lasting results and

better quality of life to patient. No adverse effect and aggravation of the symptoms was found in the patient during and after the treatment.

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