

## A CLINICAL STUDY ON THE ROLE OF SHODHAN AND SHAMAN CHIKITSA IN THE MANAGEMENT OF EK- KUSHTHA W.S.R. PSORIASIS

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### ABSTRACT

*Ek- Kushtha* is a kind of *Kshudra Kushtha* that resembles Psoriasis in its clinical presentation and primarily caused by an imbalance of the *Vata* and *Kapha Doshas*. The reported prevalence of psoriasis in countries ranges between 0.09% and 11.4%, making psoriasis a serious health concern. Skin disease was referenced in the *Kushtha* chapter of *Charak Samhita*, along with other *Samhitas*, in our classical text. Psoriasis, categorized as noncommunicable, chronic, painful, disfiguring and disabling disease for which there is no cure. It negatively impacts on patient quality of life. Modern treatment modalities are not devoid from grave complication mainly in long term use. Owing to these reasons, there is a need for treatment having good efficacy and no toxicity profile. So this case study was conducted considering psoriasis as *Ek Kushtha* and Ayurvedic management was planned accordingly. Significant result was witnessed by *Shodhan*

(*Vasantik Vaman* followed by *Virechana*) and *Shaman* (some internal herbo-mineral preparations, external oil application). Sign and Symptoms like *Daha*, *Rukshata*, *Aswedanam*, *Strava*, *Unnanti*, *Kandu*, of disease subsided without recurrence.

**KEYWORDS:** *Ek-Kushtha*, Psoriasis, *Shodhan*, *Shaman Chikitsa*.

## INTRODUCTION

Skin is the largest organ which reflects the both healthy and diseased. Skin has greater cosmetic importance leading to boosting the confidence and personality of an individual.

Psoriasis involves the skin and nails, and is associated with a number of comorbidities. Skin lesions are localized or generalized, mostly symmetrical, sharply demarcated, red papules and plaques, and usually covered with white or silver scales. Lesions cause itching, stinging and pain. It can occur at any age, and is most common in the age group 50–69 years. Psoriasis developed chronic, inflammatory arthritis (psoriatic arthritis) that leads to joint deformations and disability. Individuals with psoriasis are reported to be at increased risk of developing other serious clinical conditions such as cardiovascular and other NCDs.<sup>[1]</sup> The etiology of psoriasis remains unclear, although there is evidence for genetic predisposition. The role of exact etiology is unknown, though the current thinking is that psoriasis is one of the commonest autoimmune disease occurring in human. It is spreading fast because of unsuitable life style changes such as dietary pattern, busy schedule and stress. Pathology seen in psoriasis is that there is accelerated epidermal turnover and deficient keratinocyte maturation results in visible exfoliation of skin. Vascular changes lead to erythema where as dense neutrophilic infiltrate may lead to formation of pustules. Initial lesion of psoriasis is a barely elevated erythematous papule topped by a whitish scale. Sometimes scales may not be evident unless the surface is stroked or scratched. Papules may enlarge to form plaques covered with thick silvery scales. When the scales are removed, pinpoint bleeding is visible on the involved skin. There may be variation in distribution such as scalp Psoriasis, palmoplantar psoriasis, nail psoriasis. In *Ayurveda* majority of all skin diseases are described under the chapter of *Kustha* in *Charak Samhita chikitsa sthaan*.<sup>[2]</sup> Vitiated *Doshas* destroys the skin structure creating discolouration of skin. *Kustha* are divided into 2 types, (a) *Mahakustha*, (b) *Kshudra Kustha*. *Mahakustha* is again divided into 7 types and *Kshudra Kustha* is divided into 11 types.<sup>[3]</sup> Commonly described etiological factors for development of *Kustha* are *Viruddha Annapana*, *Drava*, *Snigdha*, *Guru Bhojan*, *Vegvidharana*, eating during *Ajeerna Avastha*, *Mitthyopachar* procedures etc. because of all these etiological factors all three doshas get vitiated and cause vitiation of *Twak*, *Rakta*, *Mansa Dhatu* & *Lasika*. Symptoms of psoriasis can be correlated well with the symptoms of *Ek-kustha* and *Kitibh*.<sup>[4]</sup>

*Ek-Kushtha* is described as *Vata-Kapha* predominant disease having signs and symptoms as - *Aswedanam* (absence of sweating), *Mahavastu* (big size lesions) and *Matsyashakalopamam* (scaling). Symptoms of *Kitibha* are *Shyava Varna* (blackish discolouration), *Khara Sparsha* (keratinized skin).<sup>[5]</sup>

There is need to find safe and effective treatment for psoriasis, where *Ayurveda* play important role. The basic principle of *Ayurvedic* treatment are *Shodhan*, *Shaman* and *Nidanprivarjan*. *Kushtha* is *bahudosha avasthajanya vyadhi*. Those *Vaman* and *Virechana karma* help to manage psoriasis and after *Shodhan Chikitsa*, *Shaman Chikitsa* also play an important role. Hence the present case study was chosen as administration of *Shodhan Chikitsa* in the form of *Vaman* and *Virechan Karma* followed by *Shaman Chikitsa* in Psoriasis.

## CASE REPORT

A 29 years old male was admitted in IPD under Panchkarma department at pandit khushilal sharma government ayurvedic hospital presenting with itchy, burning, scaly lesions on bilateral lower limb which gradually spread to generalize body including scalp since 1 year. Simultaneously he was suffering from constipation, mental stress. Patient had taken allopathic medicine for 2 months from the locality doctor, but didn't get any significant relief even blister was appear after treatment. Routine blood investigation was done to rule out any possible associated disorder. There was no past history of any type of addiction.

### Criteria for assessment of *Ek-Kushtha* (psoriasis)

| <b><i>Matsya Sklopamam</i>(Scaling)</b>                     |   | <b><i>Rukshata</i>(Dryness)</b>                           |   |
|---|---|---|---|
| No scaling  | 0 | No line on scrubbing with nails                           | 0 |
| Mild scaling by rubbing or itching                          | 1 | Faint line on scrubbing with nails                        | 1 |
| Moderate scaling by rubbing or itching (from > 70% lesions) | 2 | Lining and even words can be written on scrubbing by nail | 2 |
| Severe scaling by rubbing or itching (from > 70% lesions)   | 3 | Excessive rukshata leading to kandu                       | 3 |
| Scaling without rubbing or itching(from > 70% lesions)      | 4 | Rukshata leading to crack formation                       | 4 |
| <b><i>Aswedanam</i>(Anhidrosis)</b>                         |   | <b><i>Daha</i> (Burning sensation)</b>                    |   |
| Normal  | 0 | No burning  | 0 |
| Improvement   | 1 | Mild/occasional burning                                   | 1 |
| Present in few lesions                                      | 2 | Moderate(tolerable) infrequent                            | 2 |
| Present in all lesions                                      | 3 | Severe burning frequently                                 | 3 |
| Aswedanam in lesion and uninvolved skin                     | 4 | Very severe burning disturbing sleep and other activities | 4 |
| <b><i>Strava</i> (Discharge)</b>                            |   | <b><i>Unnati</i> (Elevation)</b>                          |   |

|   |   |   |   |
|---|---|---|---|
| No strava   | 0 | No elevation  | 0 |
| Mild strava in < 70% lesions                                    | 1 | Slight elevation that cannot be felt                            | 1 |
| Mild strava in > 70% lesions                                    | 2 | Elevation can be felt but depressed in middle                   | 2 |
| Moderate strava in < 70 % lesions                               | 3 | Elevation in all lesions but soft                               | 3 |
| Moderate strava in > 70 5 lesions                               | 4 | Elevation in all lesions but hard                               | 4 |
| <b>Kandu(itching)</b>   |   | <b>Mahavastu(Extent of leasion)</b>                             |   |
| No itching  | 0 | No leasions on maha sthanam                                     | 0 |
| Mild/occasional itching   | 1 | Lesion on partial part of hand, leg, neck, scalp, trunk, back   | 1 |
| Moderate (tolerable)infrequent                                  | 2 | Lesions on most part of hand, leg, neck, scalp, trunk, and back | 2 |
| Severe itching frequently                                       | 3 | Lesions on whole part of maha sthanam(vast area)                | 3 |
| Very severe itching disturb sleep and other activities          | 4 | Leasions on whole body  | 4 |
| <b>Discoloration</b>  |   | <b>Candle grease sign and Auspitz sign</b>                      |   |
| Normal color  | 0 | Absent  | 0 |
| Near to normal which look like normal color to distant observer | 1 | Improvement   | 1 |
| Reddish coloration  | 2 | present   | 2 |
| Slight black reddish coloration                                 | 3 |   |   |
| Deep black reddish discoloration (Krishnaruna Varna)            | 4 |   |   |

## AYURVEDIC TREATMENT PROTOCOL

### Poorva karma

**1. Deepana- Pachana:** it was done for digestion of *Ama Doshas* in the body to facilitate the proper *Shodhan Karma*. *Chitrakadi vati* 250 mg two times with water and *Panchkola phant* was prescribed for 5 days.

**2. Snehapana:** Patient was administered with *Panchtikta Ghrita* in increasing dose (30ml, 70ml, 120ml, 170ml, 200ml, 230ml, 250ml) with luke warm water. *Samyaka snigdha lakshana* were achieved on 7th day of *Snehapana*. Does and dont's explain to the patient during *Snehapana*.

**Vishrama Kala:** After attaining *samayak snigdha lakshana* in *Vaman Karma* 2 days and in *virechan karma* 3 days gap given in which *Sarwang Abhyang* with *Marichyadi Tail* and *Peti Swedan* was done. Before one day of *Vaman* patient instruct to eat *Kapha vardhak Aahar* as mentioned in *Samhita* and wake up early in the morning at 4:00 am do not take anything by mouth except water.

### 3. Pradhan karma

**Vaman Karma** - on the day of *Vaman Karma* after mala mutra visarjana of patient measured patient vitals. After *Sarwang Abhyanga Swedan* and chanting mantra start *Vaman* procedures, initial *Akantha* leuk warm milk was given, continue observed patient vitals, prepared *Vamak kalka* (4 bhag *madanphal*, 2 bhag *vacha*, 1 bhag *Saindhav lavan* mixed with honey) was given and observed for 15-20 min projectile *Vega* were started between that *Vamanopag phant* (*Madhuyashthi phant*) was given continue. At the end *lavanodak* and *ushnodak* was given. After *shuddhi Virechnik Dhoompana* done.

**Samsarjana Karma:** After completion of *Vaman Karma*, *Samsarjana Krama* was carried for 7 days, considering *pradhan* type of *shuddhi*. *Samsarjana karma* was adopted for *jatharagni vardhan*.

**Virecchan karma-** Three days of resting was given after *Samsarjan krama*, again *Snehapana* start for three days after three days of *Sarwang Abhyanga Swedan* done with *Kapha Avridhikkar* diet followed by patient. On the day of *Virechan*, *Sarwang Abhyanga* and *Swedan* done with *Marichyadi Tail* and measured patient vitals. After chanting mantra prepared decoction (*Aragwadha*, *Haritaki*, *Nagarmotha*, *Kutki*, *Draksha*) added *Erund* oil(100ml) was given to the patient. Explain about how to count *Vega* during defecation, observed patient condition and vitals regularly. *Pradhan Shuddhi* done with 23 vega, from evening of same days *Samsarjan Krama* followed by patient for 7 days.

**Shaman Chikitsa-** *Shaman chikitsa* done for 21 days.

**Table 1: External therapy and internal medicine.**

| Drug   | Dose and duration           | Anupana              | Duration |
|--|-----------------------------|----------------------|----------|
| <i>Rasa manikya</i>  | 60 mg twice a day           | With water           | 15 Days  |
| <i>Gandhaka rasayan</i>  | 125 mg twice day            | With water           | 15 days  |
| <i>Arogya vardhani vati</i>  | 125 mg twice a day          | With water           | 21 days  |
| <i>Marichyadi oil</i>  | External application 2 time | External application | 21 days  |
| <i>Sarwanga takra dhara</i> including shirah Pradesh with <i>amla</i> and <i>musta</i> | One time in morning         | External application | 21 days  |



## RESULT

Therapeutic effect on clinical sign and symptoms

| Signs & symptoms           | Before treatment | After treatment |
|----------------------------|------------------|-----------------|
| <i>Matsyashakala pamam</i> | 4                | 0               |
| <i>Rukshata</i>            | 3                | 1               |
| <i>Aswedanam</i>           | 3                | 1               |
| <i>Daha</i>                | 1                | 0               |
| <i>Strava</i>              | 3                | 0               |
| <i>Unnati</i>              | 4                | 0               |
| <i>Mahavastu</i>           | 4                | 1               |
| <i>Kandu</i>               | 4                | 0               |
| Discoloration              | 4                | 2               |
| Candle grease sign         | 2                | 0               |
| Auspitz sign               | 2                | 0               |

21 days of *Shaman chikitsa* after *Shodhan* therapy significant result was noted in patient, Scalling was reduced from 4 to 0, *Rukshata* from 3 to 1, *Asedanam* from 3 to 1, *Daha* from 1 to 0, *Strava* from 3 to 0, *Unnanti* from 4 to 0, *Mahavastu* from 4 to 1, *Kandu* from 4 to 0, discoloration from 4 to 2, Candle grease sign and Auspitz sign was negative after treatment. Even no relapsing symptoms was found till now.

### Before Treatment



### After Treatment



## DISCUSSION

*Acharya Charaka* focuses attention on repeated *Shodhan* in *Bahudosh Avastha* of *Kushtha*. While *Acharya Srushuta* recommended *Vamana* on every 15<sup>th</sup> day, *Virechana* once in a month, *Nasya* on every 3<sup>rd</sup> day and *Raktamokshana* once in a 6<sup>th</sup> month. *Acharya Charaka* stated that the disease treated by *Shodhan* will never reoccur, whereas treatment with *Shaman* therapy may reoccur in due course of time. But after *Shodhan* therapy *Shaman Chikitsa* give better result. *Vaman karma* is the best measure for *Kapha Dushti*, whereas *Virechana Karma* is indicated not only for *Pitta Dosha* but also in *Kapha* and *Vata Dosha*.

**Deepana- Pachana:** *Mandagni* causes improper digestion which leads to *Ama* production, which is root cause of disease. Accumulation of *Ama* can lead to all kind of imbalance and number of disease in body. Before performing *Shodhan Chikitsa* it was necessary to do *Deepana-Pachana*. Here *Chitrakadi Vati* and *Panchkola Phant* is preferred for *Deepana-Pachana*. Both increase digestive power and which is essential for *Sneha* digestion, and *Ama Pachana*.

**Snehapan:** *Snehapana* is an important pre- operative procedure that has to be performed before *Shodhan* and proper *Snehana* is essential for attainment of *Samayaka Shuddhi*. It is important for loosening the bond between toxin and *Dhatu*. It liquefy the morbid *Dosha* and the *Sneha* selection is according to condition and should be given for a time period of 3-7 days till the appearance of *Samayaka Snigdha Lakshanas* after assessing the *Koshtha* and *Agni*. *Panchtikta Ghrita* used in clinical study. It contain *Nimba*, *Patola*, *Vyaghri*, *Guduchi*, *Vasa*, *Triphala*. The drug possess *Ushna*, *Teekshna*, *Vyavayi* and *Vikasi* properties, *Katu* and *Tikta Rasa* and *Katu Vipaka*.

**Resting period:** during resting period *Sarwang Snehana* and *Swedan* was done, it remove the *Srotorodh* and also the doshas move toward *Koshtha* which are eliminated by *Vamana* and *Virechana Karma*.

**Vaman:** As per ayurvedic text, *kapha* is one of the main vitiated *Dosha* in *Ek Kushtha*, so *Vaman* is the best treatment for excreting vitiated *Kapha* from body in the *Ek-Kushtha*. According to *Dosha Pradhan Lakshan* of *Ek-Kushtha* as *Matsyasklopama*(scalling) and *Kandu* (itching) is due to *Kapha Dosha*.

**Virechana Karma:** In Kushtha, *Rakta* is vitiated so *Pitta* is also involved as it has *Asharaya Ashrayi Bhava*. *Virechana Karma* is the main line of treatment for *Rakta* and *Pitta* vitiated disease.

*Vamana* and *Virechana* act on microcellular level, eliminates the toxins from the body and help in maintaining normal functioning of body. It strengthens the immune mechanism and help in preventing relapse.

**Shaman chikitsa-** After *Shodhan*, *Shaman Chikitsa* show better result. *Rasa Manikya* and *Gandhak Rasayan* are the drug that help in mitigation of *Vata* and *Kapha Dosha* having *Kushthaghna* and *Kandughna* properties.

## CONCLUSION

Cellular biopurification is the unique approach of Ayurvedic *Panchkarma* therapy. In this concern out of five-fold *Panchkarma* therapy, *Vamana* (therapeutic emesis) and *Virechana* (therapeutic purgation) procedure are important one for removal of toxic metabolite. On account of these procedures the body channels cleanses and becomes healthy and feasible. This clinical observation is carried out to evaluate the effect of sequential administration of *Vamana* and *Virechana Karma* followed by administration of Ayurvedic drugs in a selected patient of Psoriasis. Sign and symptoms of disease subsided without recurrence. Patient satisfied with whole treatment.

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