

AYURVEDIC MANAGEMENT OF EK-KUSHTHA (PALM PSORIASIS): A CASE STUDY

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ABSTRACT

Psoriasis is a non-infectious chronic relapsing inflammatory skin disease having unknown etiology, characterized by well-defined dry scaly erythematous patches, and covered with adherent silvery white scales. The eruption is usually symmetrical. Palm psoriasis is a chronic variant of psoriasis that characteristically affects the skin of the palms and produces significant functional disability. Psychological stress is emphasized as one of the major triggering factor in the exacerbation of the disease. Modern medical science treats psoriasis with PUVA and corticosteroids. But these therapies give serious side effects like hepato & nephrotoxicity, bone marrow depletion etc. Hence it is the need of time to find out safe and effective treatment for Psoriasis and here Ayurveda plays an important role. In Ayurveda, Psoriasis can be correlated with *Eka kushtha* due to very much similarity in their symptoms. A 57 years old female patient with palm psoriasis in the

last 2 years can be managed effectively with the *kushtha Chikitsa* Siddhant like *Shodhana* (Vaman), *Shaman*, *Nidana parivarjana*.

KEYWORDS: Psoriasis, *Ek kushtha*, Ayurvedic management, *Shodhana*, *Shaman*.

INTRODUCTION

Psoriasis is one of the most common dermatologic diseases, affecting up to 1% of the world's

population. It is a chronic inflammatory skin disorder clinically characterized by erythematous, sharply demarcated papules and rounded plaques, covered by silvery-micaceous scale. The skin lesions of psoriasis are variably pruritic. Traumatized areas often develop lesions of psoriasis (Koebner or isomorphic phenomenon). Additionally, other external factors may exacerbate psoriasis including infections, stress, and medication (lithium, beta blockers, and antimalarials).^[1]

The etiology of psoriasis is still poorly understood, but there is clearly a genetic component to the disease. Over 50% of patients with psoriasis report a positive family history. There are five main types of psoriasis: plaque, guttate, inverse, pustular, and erythrodermic.^[2] Plaque psoriasis, also known as psoriasis vulgaris, makes up about 90% of cases. It typically presents with red patches with white scales on top. Areas of the body most affected are the back of the forearms, shins, around the navel and the scalp. Palm psoriasis is psoriasis on the hands, although it can appear almost anywhere on the body, including the feet. The condition is a subtype of both plaque psoriasis and pustular psoriasis, depending on how it manifests.^[3] Palm psoriasis can occur at any age. A person may not have symptoms all the time. Often, they will experience times of remission and then a flare. Certain triggers can cause a flare. Generally, plaque psoriasis on skin of color may not appear as pink. The plaques may be thicker and more silver-looking. Some plaques may look more purple.

Ek-kushtha is one of the skin disorders explained by Acharya in *kushtha-chikitsa adhyaya*. There are two types of *kushtha*, namely *mahakushtha* and *kshudrakushtha*. *Ek-kushtha* is one of *kshudra-kushtha*. *Aswedanam* (not perspire), *mahavastu* (extensive) and *yana-masyoshakalopamam* (looks like fish scale), *arun varna* (discoloration) are the main symptoms *ek-kushtha*.^[4] *Ek-kushtha* most closely resembles like Psoriasis. Psoriasis is a long-lasting autoimmune disease characterized by patches of abnormal skin. These skin patches are typically red, dry, itchy, and scaly. Psoriasis varies in severity from small, localized patches to complete body coverage.

In modern era, different types of pollution, lack of proper diet, uses of various cosmetic, chemicals all this leads prevalence of skin diseases day by day. The prevalence rate of psoriasis is 0.44-2.8% in India. Line of Ayurvedic treatment for psoriasis is *Shodhan* and *Shaman chikitsa*. *Shodhan chikitsa* can be given by *Vaman* (emesis) and *Virechana* (purgation) *Raktamokshana* (blood-letting) whenever *Vata* is dominant, *Ghrita* should be prescribed, similarly, where the *Kapha* is dominant, *Vamana Karma* & in the dominancy of

Pitta, Virechana Karma & Raktamokshana should be done.^[5] While *Shaman chikitsa* given by internal and external medication. all the medicine which are used having properties *tikta* and *katu rasatamak* which is used to purification of *vata, kapha* and *rakta Dosha*. *Ek-kushtha* can be treated remarkably with procedures of *panchakarma* and internal medications. By this treatment it gives excellent result to patient.

CASE REPORT

A 57 years old Female Patient reported to OPD of department of *Kayachikitsa*, Government Akhandanand Ayurveda hospital Ahmedabad. There were silvery scales with dryness and itching in both palms. She was a diagnosed case of Palm psoriasis for last 2 years. This complaint occurs and subsides after taking medication. Patient has taken different medication of various Pathy. But then again disease recurrence nature occurs after it has subsided. For better management, he was admitted to our hospital.

Past history

No any H/o DM / Hypertension / Thyroid disorder.

Personal history

- Appetite - Good
- Bowel –Regular(1-2 times/day)
- Sleep - Disturbed due to itching
- Food habits - Habit of eating guru ahara(heavy) like curd, snigdha(oily) foods, sour and salty foods

Astavidha Pariksha

- *Nadi* (pulse) - 78/min.
- *Mala* (stool) – Regular(1-2 times/day)
- *Mutra* (urine) - 3-4 times in a day
- *Jeeva* (tongue) -Prakrut
- *Agni* -Prakrut
- *Shabda* (speech)- Normal.
- *Akruti* - Madhyama.
- *Bala* - Madhyama.

B.P = 120/70 mm/Hg.

METHODS

- *Snehana*
- *Vamanakarma*
- *Shamanaaushadhi*
- *Pathya-Apathya*

MANAGEMENT

(1) *Shodhanakarma*

(2) *Shamanakarma*

Shodhanachikitsa-Vamanakarma Purvakarma

- *Deepana Pachana*: with *Chitrakadi Vati* 250mg BD for 3 days.
- *Snehapana*: After *Deepana, Pachana, Mahatikta ghritam* was given in increasing dose i.e., 40-80-120-160-200ml for 5 days and *Samyak Snehana lakshanas* were seen.
- *Abhyang swedan*: for 2 days. The patient was advised to take *Kaphotklesha ahara* (i.e., curd, Dahi wada, lassi, Shrikhand etc.) a day before *Vamana*.

Pradhanakarma

On *Vamana* day patient was advised to pass natural urges before the procedure and then kept on *Sarvanga Abhyanga* and *Sarvanga Swedana*. After completion of *prevamana* regime, patient is asked to rest for while and vitals were examined i.e., Pulse, B.P., R.R. etc. before *Vamana* procedure.

The patient is asked to drink milk till she feels the regurgitation and then *Madanphala* yoga (*Madanphala* + *Vacha* + *Saindhava* + *Madhu*) was administered. After administering the yoga waited for self-induction of elimination of *doshas*. The whole procedure examined as per said in ancient texts and vitals are taken during and after the procedure.

Paschatkarma

After *Samyaka Vamana* Karma, Patient was kept on *dhoompana* to withdraw *kapha dosha*, and patient was asked to follow proper *Samsarjana Krama* (Peya, Vilepi in diet for 5 days) with complete rest.

After proper *Vamana karma* with completion of *Samsarjana krama*, patient was advised to take proper *Shamana aushadhi* with proper daily *Pathya* and other lifestyle modification.

SHAMAN CHIKISTA

- 1) *Kaishor guggulu* 2 BD
- 2) *Arogyavardhini Vati* 2 BD
- 3) *Sarivadi Vati* 2 BD
- 4) *Samsamni Vati* 2 BD
- 5) *Manjisthadi Kwatha* 20 ml twice a day

RESULT

After *Vaman* & one months of *Shaman chikitsa*, patient was reviewed. She got excellent (70% relief) recovery. She was advised to continue with same treatment.

**Before Treatment****After Treatment.**

No.	CHIEF COMPLAINTS	Before Treatment	After Treatment
1	<i>Ubhay Hasta tal pradesh twakrukshata</i>	+++	+
2	<i>Kandu</i> (itching)	+++	-
3	Scaling of skin	+++	-

DISCUSSION

In *Ek-Kushtha* there is dominance of *Vata* and *kapha dosha*. But all *Kushthas* are *Tridoshaja* in nature and the treatment should be planned according to the strength of *Doshas*. In this case role of *Shodhana* therapy is more essential because *Shodhana* completely expels the *doshas* out of the body and prevent the relapse of disease. So here *Snehapana* was conducted with *Maha tikta ghritam* has *tikta rasa*, *ushna virya* helps in *Rasa* and *Raktaprasadana* by pacifying vitiated *Kapha* & *Pitta* doshas and has *Rasayana* properties due to main ingredient *amalaki*.

Vamankarma is clearly mentioned by *Charaka* in *Siddhisthana* (*Panchkarmiya Siddhi adhyaya*)^[6] and *Vagbhata* in *Ashtang Hrudaya Sutrasthana* for Treatment of *Kushtha*.

In form of oral medication, *Kaishorguggulu* containing *triphala*, *giloy* and *guggul* was used. *Triphala* acts as *vibandhanashak*, *raktashodhak* and expel out the *mala* which accumulates in the *Srotas* (channels) and help in the breaking of pathogenesis of *kushtha roga*. *Giloy* being *tikta* in nature is *kushtha* and *kandughana* and it mitigates *kapha* and *pitta dosha*. Due to *ushna veerya* it pacifies the *vata dosha*. *Guggulu* is again *srotoshodhaka* which reaches in the minute channels of the body and help in break down the *dosha-dushya samoorchana*.

Arogyavardhini Vati is the best formulation told by acharyas specially in the management of *kushtha rogas*. The maximum ingredients are useful in skin diseases. The *Vati* improves the function of *grahani* due to which *tridosha* can be evident from signs and symptoms. All *kushtha* are said to be *Tridoshaja* in nature and treatment should be planned according to strength of *doshas*. *Sarivadi Vati*, *Samsamni Vati* are acting as *Kushthahar*, *Raktashodhak* and *Rasayan*. *Mahamanjishthadi kashaya* has *kushthaghna*, *raktaprasadan*, *raktashodhak* properties which are useful in treating the all *tvachavikar*.

CONCLUSION

Eka Kushtha which is a type of *Kshudra Kushtha* can be correlated to Psoriasis. From the above case, we can draw a conclusion that Palm psoriasis can be successfully managed through Ayurvedic treatment modalities like repeated *Shodhana* and *Shamanat*. As Ayurvedic treatment helps to relieve symptoms of disease and an attempt to provide safe and effective treatment to the patient.

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