



AYURVEDIC APPROACH IN THE MANAGEMENT OF EKAKUSHTHA W.S.R. PLAQUE PSORIASIS: A CASE STUDY.

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ABSTRACT

Skin diseases are increasing as a result of bad dietary habits and lifestyle changes. Due to the fact that the skin is a screen that reveals the harmony of the body's internal functions, people are also acutely aware of skin problems. Any alteration in skin tone causes the sufferer distress on a mental and physical level. A chronically inflamed, hyperproliferative skin condition is psoriasis. It represents an autoimmune condition characterised by skin scaling and itching. The illness has remained a major issue due to its recurring nature. As of yet, there is no known cure for this illness, and while modern medication alleviates symptoms, it also has long-term adverse effects. Here, an attempt was made to use a combined Ayurvedic regimen to treat a 35-year-old individual with plaque psoriasis. According to Ayurveda, the diagnosis is Ekakushtha, a Kshudrakushtha with a Vata-Kapha predominance. Samshodhana and Samshamana will be the foundation of treatment for all forms of Kushtha. According to this case study, the patient's overall health significantly improved after using a combination of Ayurvedic modalities, and there was no recurrence during a follow-up of two years. Such a combination of Ayurvedic techniques can greatly benefit humankind and the treatment of psoriasis.

KEYWORDS : Eka-kushtha, Ayurvedic treatment, Shaman Chikitsa, Abhyantara Snehana, Panchatikta Ghrita, Psoriasis, Stress.

INTRODUCTION:

Ayurveda is hope for suffering humanity in today's world, where no one has found a complete treatment solution for some of the most common chronic skin diseases. *Ekakushtha* is also one of them, which is the most irritating skin disorder described as "Kshudra-kushtha" in Ayurvedic classics. *Garuda Purana* and nearly all Ayurvedic classics published after that time, including *Brihatrayi* and *Laghutrayi*, both contain descriptions of *Ekakushtha*^[1]. Ayurvedic texts refer to *Ekakushtha* as *Kshudrakushtha* and note that it has a preponderance of *Vata* and *Kapha doshas*^[2]. *Ekakushtha* shares the same underlying cause as *Kushtha*. The main causes of vomiting include dietary variables such as *Viruddha ahara*, excessive eating of *Drava*, *Snigdha*, *Guru Ahara*, *Navanna*, and *Vega Dharana*. Negative thinking and fascination with immoral behaviour are contributing mental factors to the disorder^[3]. The three signs of *Ekakushtha* that *Acharya Charaka* identified are *Aswedanam*, *Mahavastu*, and *Matsyashakalopamam*^[4]. The etiological component causes the *Tridosha*, particularly *Vata* and *Kapha*, to become vitiated. These *Doshas* travel to *Bahya-rogamarga* via *Tiryakvahini-siras*, i.e., *Twacha*, *Rakta*, *Mamsa*, and *Lasika*, and cause the symptoms of disease^[5].

The signs and symptoms of *Ekakushtha* match those of psoriasis described in modern medical science. Psoriasis is one of the most difficult skin disorders to treat, and it is currently quite common. This illness, which impacts up to 1% of the world's population, affects both men and women equally^[6, 7]. The Greek words *psora*, which means *itch*, and *'sis*, which means 'active condition, are the source of the word psoriasis. With a preference for the scalp and extensor surface, psoriasis is a non-infectious, chronic inflammatory condition of the skin that is characterised by well-defined erythematous plaques and silvery white scales^[8]. The primary aberration in psoriasis is increased epidermal proliferation brought on by excessive basal layer cell proliferation. Keratinocyte transit time is speeded up, and epidermal turnover is decreased from 28 to 30 days to 5 to 6 days^[9]. Genetic, metabolic, and immunopathological variables are in play even if the aetiology is unclear^[10]. Trauma, infections, sunshine, certain medicines, and emotions are examples of precipitating causes that might exacerbate the condition. The

fact that there is no cure for the illness has continued to be a major burden for the sufferers^[11].

The majority of the time, clinical signs are used to diagnose the condition. Sharply defined, erythematous plaques that are coated in scales of silvery white. The elbows and knees, which are largely extensor surfaces, are affected^[12].

Both Koebner's phenomenon and Wornoff's ring are frequently seen throughout the disease's active and healing phases, respectively. Another defining characteristic of the illness is the Auspitz sign and the candle grease sign.

The purpose of medical care is to reduce symptoms that interfere with the patient's physical and social well-being. The local treatment for psoriasis in the current medical system includes coal tar preparations, calcipotriol, retinoids, corticosteroids, and UV radiation. Photochemotherapy with PUVA, Retinoids, Methotrexate, cyclosporine-A, and Corticosteroids is a frequent systemic therapy^[13]. Although these medications often offer effective acute relief, they can have a variety of unfavourable side effects over time. Unfortunately, the whole medical community has failed to eradicate this illness and develop effective therapeutic approaches that may entirely cure the patient. Ayurveda has a significant impact on the management of skin conditions like psoriasis (*ek-kushtha*).

MATERIAL AND METHOD:-

- The dissertation work was done in the *Charma-rog Nivaran Ikai* (the Skin Disease Prevention Unit) of Government Dhanwantari Ayurveda Hospital Ujjain, M.P.
- Available classical literature and articles were reviewed to find out the Ayurvedic and Contemporary view regarding role of causative factors and different treatment modalities of *Ekakushtha*, Psoriasis, and *Kshudra-kushtha* (common skin diseases).
- Contemporary researches were searched through online search engines and tried to correlate them with present results.

AIM AND OBJECTIVE:-

- To evaluate the role of Ayurvedic treatment in

management of *Ekakushtha* and Psoriasis.

- To evaluate the role of *Shaman chikitsa* in the management of *Ekakushtha* and Psoriasis.
- To understand the Ayurvedic concepts and treatment modalities for Psoriasis.

Case Report: -

Basic Information of the patient:

- Age – 35yrs.
- Religion – Hindu.
- Socioeconomic status - Middle class; he is a farmer and has mixed diet pattern.

Pradhan Vedana: Erythematous rashes on forearms and legs, for 3 years. Itching in rashes, with scaling on scratching.

Vartman Vyadhi Swarup: Three years ago, the patient was asymptomatic; after that, he started complaining of itchy, scaly rashes on his legs, which later spread to both of his forearms. The rashes include intense itching, a burning feeling, and scaling that occurs after scratching. He said that lesions have no relationship to seasonal change and stay consistent throughout the whole year when questioned. He used allopathic medication for around a year, which helped with symptoms while the therapy was still ongoing but made them worsen again after the treatment was stopped.

Purva Vyadhi Vritta: Patient has no significant past history of any chronic illness, burn, trauma or Koebner's phenomenon.

Kulaja Vritta: No family history.

Vyaktivritta: -

- Appetite was good.
- Predominant *Rasa* in *Ahara* was *Katu* and *Tikta*.
- Sleep was irregular due to itching.
- Habit of incomplete evacuation of bowel.

On Examination: -

- General condition was fair and afebrile.
- Vitals were normal.
- Cardiovascular system, respiratory system and per abdomen examinations had shown no deformity.
- *Prakriti* (constitution) was *Vata-Pittaja*.

Ashta-vidha Pariksha:

- *Nadi:* *Vatadhika-tridoshaja*.
- *Mutra:* Normal with no *Daha*.
- *Mala:* *Malabaddhata*.
- *Jihva:* *Sama*.
- *Shabda:* Clear and fluent.
- *Sparsha:* *Ruksha*.
- *Drik:* Normal.
- *Aakriti:* Lean.

Integumentary system Examination - Symmetrically well demarcated, dry, scaly, papular skin lesions present on both the legs and forearms.

- **Auspitz sign** – Present.
- **Candle grease sign** – Present.

Diagnosis- On the basis of clinical history and examination the condition was diagnosed as *Plaque Psoriasis*.

Treatment Protocol:

1. *Panchatikta Ghrit*,
2. *Kaishore Guggulu*,
3. *Jatamansi Churna + Guduchi Satva + Kamdudha Ras*.
4. *Shwetakutaj oil* – (local-application).
5. *Chakramarda beej churna mixed with butter milk* – (local-application).

Panchatikta Ghrit is given as *Abhyantar Snehana* directed by *Acharya Charak* ^[14]. *Kaishore Guggulu* is indicated for *Sarvakushtha* according to *Sharangdhar Samhita* ^[15]. The combination of *Jatamansi churna + Guduchi Satva + Kamdudha Ras* is given to reduce stress, anxiety, hyperacidity, and *Pitta shamanarth*. *Shwetakutaj oil*, as well as *Chakramarda Beej Churna* mixed with buttermilk for local applications, are also given once a day. ^[16]

Assessment Criteria - The improvement of condition of the patient was assessed on the basis of PASI scale*

Before Treatment:

Table no. 01

BEFORE TREATMENT	Head and neck	Upper limbs	Trunk	Lower limbs
Skin area involved score	0	2	0	4
Redness	0	3	0	3
Thickness	0	3	0	4
Scaling	0	3	0	4
Total	0	3.6	0	8.8



Fig. no. 01: Before Treatment

- **BEFORE TREATMENT** (First day in OPD.) : **PASI score: 12.4** (Table no. 01)
- **FIRST FOLLOW-UP** (After next 10 days) : **PASI score: 06**
- **SECOND FOLLOW-UP** (After next 09 days) : **PASI score: 1.2**
- **THIRD FOLLOW-UP** (After next 09 days) : **P A S I score: 0.6**
- **FOURTH FOLLOW-UP** (After next 01 month) : **PASI score: 0.4** (Table no. 02)

Table no. 02

AFTER TREATMENT	Head and neck	Upper limbs	Trunk	Lower limbs
Skin area involved score	0	0	0	1
Redness	0	0	0	1
Thickness	0	0	0	0
Scaling	0	0	0	0
Total	0	0	0	0.4



Fig. no. 02: After Treatment

RESULT:

For the basis of improvement of lesions, PASI scale was considered. Before starting the treatment his PASI score was 12.4. After 10 days it was 6.0, after 09 days it was 1.2, again after 09 days it was 0.6. After 1 month his PASI score was 0.4. The patient remained in follow up once every month and his PASI score varied from 0 to 0.4 and have no aggravation of complaints till May 2022.

DISCUSSION:

Psoriasis is a persistent inflammatory condition that has been linked to other illnesses in Ayurveda. This article discusses an instance of plaque psoriasis, which is most closely connected to *Ekakushtha*. *Ekakushtha* belongs to *Kshudra Kushtha* with *Vata-Kapha* dominance, and the clinical features might even show that *Tridosha* is involved. *Nidana Parivarjana*, *Snehana*, *Swedana*, *Shodhan*, *Prakriti Vighatana*, *Shamana*, *Lepana*, etc. are the lines of therapy for *Kushtha Roga* that are referenced in the classics of Ayurveda. Because *Ekakushtha* is often chronic with *Vata Dosh Pradhanata*, *Snehan* treatment must be used to give patients faster, more consistent outcomes. Both *Antahparimarjana* and *Bahiparimarjana* therapies should be employed as it is a *Bahya Rogamarga* condition. Considering the above facts, composite treatment plan was adopted. Initially *Abhyantara Snehan* was done with *Panchatik Ghrith* and *Shaman Chikitsa* started. Along with this, *Chakramarda Beej Churna* was soaked in buttermilk overnight and given to be applied 20 minutes before bath in the morning. It is very helpful in exfoliating dead skin of the patient from the lesion. After this *Shwetakutaj* oil was given to apply which helps in the healing of the psoriatic lesions. oil for local application. For the basis of improvement of lesions, PASI scale was also considered.

CONCLUSION:

This case study demonstrated that a combination Ayurvedic treatment plan is powerful and successful in treating psoriasis. During and following the therapy, the patient showed no side effects or worsening of the symptoms.

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