



A COMPARATIVE CLINICAL STUDY OF MUSTADI KWATH AND SHASHANKLEKHADI CHURNA AFTER VIRECHANA KARMA IN EKAKUSHTHA

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ABSTRACT In Ayurveda almost all skin disorder are explained under Kustha Rogadhikara. Ekakushtha is a type of Kshudra Kushtha. It is Vata Kaphaj disorder. It can be correlated with psoriasis both of these have similar symptoms Psoriasis is long lasting autoimmune inflammatory papulosquamous disorder characterized by patches of abnormal skin. These skin patches are typically red, itchy and scaly. Its symptoms often worsen during winter and with certain medication, such as beta blockers etc. Psychological stress can also play a role in manifestation of psoriasis. Both males and females are equally affected by this disease. Approximately 1-2% of World's total population is affected by psoriasis. Due to its chronic recurrent nature, it is a challenge to treat this disease. Total 20 patients diagnosed as Ekakushtha of any socio-economic status, age group of 15-60 years and irrespective of sex of all ethnic origins are randomly selected from OPD and IPD of Kayachikitsa of Gurukul Campus, UAU, Haridwar. The duration of study was 90 days with 2 follow ups will be done with the gap of 15 days after completion of treatment. Result -The drug provided a significant effect on the symptom; Group I- the relief percentage in Matsyosaklopamam 68.52%, in Mahavastu 46.67%, in Mandal 67.50%, in Rukshta 70.73%, in Kandu 69.57%, and Daha was 70.00% Group II - the relief percentage in Matsyosaklopamam 55.10%, in Mahavastu 33.33%, in Mandal 39.53%, in Rukshta 56.10%, in Kandu 71.79%, in and Daha was 71.43%. Group I provided marked relief in 25%, moderate response in 70% of the patients and mild improvement in 5% of the patients after completion of treatment. Group II provided marked relief in 5% and moderate response in 40% of the patients mild improvement in 55% of the patients after completion of treatment.

KEYWORDS : Ekakushtha, Psoriasis, Virechana Karma, Mustadi Kwath

INTRODUCTION

In *Ayurveda*, almost all the skin disorders are explained under *Kushtha Rogadhikara*. The term *Kushtha* can be defined as the state in which disfigurement of body occurs. It has been elaborately described in almost all *Ayurvedic* texts. According to *Acharya Charaka 'Sptakodravayasangraha'* (group of 7 factors) is responsible for formation of all kind of *Kushthas*. This group of 7 factors includes three *doshas* namely – *Vata, Pitta, Kapha* and four *dushyas* namely – *Twak, Rakta, Mamsa & Lasika*. So it is obvious that vitiation of all three *dosha* is responsible for the development of *Kushtha* (skin disorders), but which kind of *Kushtha* will develop, it totally depends on the predominance of particular *dosha* or their combination.

The disease *Kushtha* is classified in two categories- '*Mahakushtha*' and '*Kshudrakushtha*'. Further 7 types of *Mahakushtha* and 11 types of *Kshudra-kushthas* are explained by *Acharya Charaka*. *Ekakushtha* is one among 11 types of *Kshudra-kushtha*. According to *Acharya Charaka*, vitiation of *vata & kapha* is responsible for the development of *Ekakushtha*. He has described symptoms as¹

This is to say that, the disease in which there is complete absence of sweating over skin, with evidence of large scaly skin lesions is known as *Ekakushtha*.

According to *Acharya Sushruta*, it develops due to vitiation of *kapha dosha*. According to him symptoms of *Ekakushtha* are as follows² The disorder in which skin becomes black and reddish is known as *Ekakushtha*.

Ekakushtha can be correlated with psoriasis in modern medical science, because both of these have similar signs and symptoms, as⁻

- Psoriatic lesions are dry and rough (*Aswedanam*).
- Lesions are spreaded over large area of body (*Mahavastam*).
- Lesions are covered with silvery scales which resembles skin of fish (*Matsyashakalopamam*).
- Lesions are erythematous and blackish in colour (*Krishnaaruna varnata*).
- The clinical feature of *Ekakushtha* described by *Acharya*

Kashyap represents remission, relapse and seasonal variation which are present in Psoriasis.

Psoriasis is long lasting autoimmune inflammatory papulosquamous disorder characterized by patches of abnormal skin. These skin patches are typically red, itchy and scaly. Its symptoms often worsen during winter and with certain medication, such as beta blockers etc. Psychological stress can also play a role in manifestation of psoriasis. Both males and females are equally affected by this disease. Approximately 1-2% of World's total population is affected by psoriasis.

Due to its chronic recurrent nature, it is a challenge to treat this disease. In modern medical science corticosteroids, systemic therapy and PUVA therapy is used for its treatment.⁴ But they are well known for many serious side-effects. Hence there is the need of time to find out safe and effective medication for psoriasis. In *Ayurveda* both *Shodhan* and *Shaman Chikitsa* are mentioned for *Kushtha*, which are cost effective having no side-effects. So we can hope for a holistic Ayurvedic treatment in this disease. On the light of above merits, present study has been conducted with following aim and objectives-

- To establish etiopathogenesis of *Ekakushtha*.
- To evaluate the effect of *Mustadi Kwath* after *Virechana karma* in *Ekakushtha*.
- To evaluate the effect of *Shashanklekhadi Churna* after *Virechana karma* in *Ekakushtha*.
- To provide a reliable cost effective *Ayurvedic* treatment for *Ekakushtha*.

Kushtha in general and *Ekakushtha* particularly has excessive accumulation of *doshas* and its chronic in nature. In *Charaka Samhita Viman Sthan Acharya Charaka* clearly recommends *Shodhan* therapy for diseases which manifests due to excessive accumulation of *doshas*. Both *Aacharya Sushruta* and *Vagbhata* supports the idea of repeated *Shodhan* in all kind of *Kushthas*. Hence *Shodhan* therapy seems to be the first line of treatment in *Ekakushtha* Vitiation of *Rakta* is crucial for manifestation of *Kushtha* and *Virechana* is considered best purificatory measure for vitiated *Rakta*. In spite of blood purification *Virechana*

Karma also eliminates excessive *Pitta*, *Kapha* and *Vata doshas* from body, augment *Agni* and clears channels of the body. The procedure and drugs were selected on the basis of the *Chikitsa Sutra & Doshik* involvement in *Ekakushtha* and their ability to pacify the involved *Dosha*, rectifying the *Agni* and their ability to provide relief in symptoms.

Mustadi Kwath contains drugs like *Nagarmotha*, *Triphala*, *Madanphala*, *Karanj*, *Amaltas*, *Indrayava*, *Saptparna*, *Kustha*, *Priyangu*, *Daruharidra*, *Sarshap*. Which are having *Kushthaghna*, *Kandughna*, *Dahanasak*, *Sothhar*, *Krimighna*, *Twakdosshar*, *Vednahar* and *Rasayana* properties.

Shashanklekhadi churna contains drugs like *Bakuchi*, *Vaividang*, *Pippali*, *Chitrak*, *Mandur Bhasma*, *Aamalaki* which have *Kushthaghna*, *Jantughna*, *Varnashodhan*, *Agnideepak* and *Rasayana* properties.

MATERIAL AND METHODS

SOURCE OF DATA

- Patients were selected from OPD and IPD of *Kayachikitsa* department, Gurukul Campus, U.A.U. Haridwar.
- Literary review - Literary aspect of study is collected from classical Ayurvedic and Modern texts and updated recent Medical Journals.
- Literary Source of Drugs – The formulation of *Kwatha* was selected from *Astanghridy Chikitsasthan*, nineteen chapter and *Churna* was selected from *Chakradutta* fifty chapter. Drugs for *Virechana karma* were taken from *Astanghridy Kalpstan*, two chapter.

SELECTION OF PATIENTS AND SAMPLING METHOD

- Total 20 patients of *Ekakushtha* were selected from O.P.D / I.P.D unit, P.G. Department of *Kayachikitsa*, U.A.U. Gurukul Campus, Haridwar.
- Patients were randomly divided into 2 groups. 20 patients were allotted to each group on the basis of criteria of inclusion and exclusion.
- A detail proforma was prepared on the basis of *Ayurvedic* text and allied sciences and scoring of different clinical features was done on the basis of assessment criteria.

TYPE OF STUDY: Open clinical trial

DURATION OF STUDY: 90 days

SELECTION OF DRUGS

- For *Shodhana (Virechana)* - *Trivrit avleha*
- For *Shaman* – 1) *Mustadi Kwath*
- 2) *Shashanklekhadi Churna*

DRUG TRIAL SCHEDULE

The selected patients for trial were randomly divided into following two groups:

Group I: Patients will be treated with *Mustadi Kwath* after *Virechana karma*.

Group II: Patient will be treated with *Shashanklekhadi Churna* after *Virechana karma*.

TREATMENT SCHEDULE

Medicines	Dosage	Time of administration	Schedule
Mustadi Kwatha	40ml, BD	After meal	Continuous for 90 days
Shashanklekhadi churna	3gm, BD	After meal	Continuous for 90 days

PREPARATION METHOD OF MUSTADI KWATH –

Kwatha was provided to patients in raw form. All the patients were showed and trained for the preparation of *kwatha* with following method- 0Mixture of coarse powder of all dry herbs was taken in amount of 10 grams. After adding 16 times of water (160 ml), it was allowed to boil in an open-mouthed container on low fire. Boiling was continued till it reduces to one-fourth. Then after filtering, patients were advised to taken it orally luke warm. They were instructed to prepare fresh *kwath* (decoction) each time.

ADMINISTRATION OF VIRECHANA KARMA:

Virechana karma divided into three stages, which are as follows

POORVAKARMA

Deepana – Pachana:

Trikatu churna 3gm BD with *sukhoshna jala* was administered to patient depending on their status of *Agni* in terms of *Sama* and *Niramata* for 3-7 Days till *Niram Lakshanas* are seen.

Snehana:

The *panchiktka gritha* was given to all the 40 patients. The initial dose was 25ml (*Hrisiyasi matra*) with luke warm water in early morning, after the digestion of the last night meal. During this period the patients were advised to consume little quantity of hot water in between and to follow all the restriction of *Snehapaana* in terms of diet (Time of food intake, Nature of food), Sleep (Avoid *Divasvapna* & *Rathri jagaran*) etc. Then patient was continuously observed for appearance of *Sneha Jeeryamana*, *Sneha Jeerna* features. Based on the time of *Snehajeeerna lakshana* the dose of *Sneha* for next day was decided. As soon as *Samyak Snigdha Lakshana* are seen, the *Sneha pana* was stopped.

Swedana:

Once *samyak snigdha lakshana* appears then, from next day *Sarvanga Abhangya* with *Tila taila*. Thus *Bhaya Snehana* and *Swedana* was performed for 3 days and during this period patient was advised to avoid consumption of *Kaphakara Ahara* and *Vihara*.

PRADHAN KARMA

'*Pradhana Karma*' is '*Pana*' of '*Virechana Yoga*'. Patients were administered the *Virechana Yoga* prior to this in previous night *Laghu*, *Ushna*, *Mridu*, *Guru* and *Ashleshmakar Ahara* was suggested. Counting of the *Vega* of *Virechana* and accordingly the *Shuddi* was estimated on the basis of classical references. The drug use for purpose were as follows.

Virechana drug - *Trivrt avahleh*. The dose of the *Virechana yoga* varied depending upon *Koshtha* of the patient.

Before & after *Virechana karma*, vitals like Temperature, Pulse, Respiratory rate, B.P were recorded & careful monitor of the patients during *Virechana* process was done.

PASHCHAT KARMA:

Main 'Pashchat Karma' after '*Virechana*' is '*Sansarjana Krama*'. '*Sansarjana Krama*' is subjected to reactivate the '*Agni*' called '*Agni Sandhukshana*'

SANSARJANA KARMA:

After the *Virechana Karma*, patients *Agni* becomes very weak. The aim of *Sansarjana Krama* is to increase *Agni* gradually. *Charaka* has mentioned that the *Peya*, *Vilepi*, *Yusha* and *Mamsarasa* should be administered for the period of 3, 2 and 1 meal times to the patient having *Pravara*, *Madhyama* and *Avara* types of *Shuddhi* respectively (*Ch. Si.* 1/1, *A.H.Su.* 18/29).

After getting assumed that the proper *Shodhana* has been achieved the patients of this group were suggested to follow the *Sansarjan Krama* recommended by classics. After that *Shaman* drugs viz *Mustadi Kwath* and *Shashanklekhadi Churna* were administered

ASSESSMENT & FOLLOW UP

The assessment based on subjective parameter will be done at the interval of 15 days. The assessment based on objective parameters will be done before and after the therapy. Two follow ups will be done, with the gap of 15 days after completion of treatment.

INCLUSION CRITERIA

- Patients having classical features of *Ekakushtha (Psoriasis)*.
- Patients from age group of 15-60 years.

EXCLUSION CRITERIA

- Patient suffering from *Asthma*, *HIV*, *Anemia*, *Tuberculosis*.
- Patient suffering from other major medical and psychiatric disorders.
- Pregnant and lactating women.
- Patients of age below 15 and more than 60 years.

CRITERIA FOR WITHDRAWAL

- Personal matters
- Aggravation of complaints
- Intercurrent illness
- Any other difficulties

CRITERIA FOR ASSESSMENT:

Assessment was done on the basis of following parameters-

1. Objective parameters
2. Subjective parameters

SUBJECTIVE PARAMETERS:

The subjective assessment will be done on the basis of improvement in following cardinal symptoms of *Ekakushtha*-

- *Matsyosaklopamam* (Scaling).
- *Mahavastu* (Lesion are spreaded over large area of body).
- *Mandal* (Erythema).
- *Rukshta* (Dryness).
- *Kandu* (Itching).
- *Daha* (Burning sensation).

DEPICTING GRADATION METHOD FOR SUBJECTIVE PARAMETERS

Matsyashaklopamam (Scaling):

No scaling	0
Mild scaling by rubbing/by itching (scaling from some lesions)	1
Moderate scaling by rubbing/by itching (from all lesions)	2
Severe scaling by rubbing / by itching (from all lesions)	3
Scaling without rubbing / by itching (from all lesions)	4

Mahavastum:

No lesions	0
Lesion on partial parts of hand, leg, neck, scalp, back	1
Lesion on most parts of hand, leg, neck, scalp, back	2
Lesion on whole parts of hand, leg, neck, scalp, back	3
Whole	4

Mandala (Erythma):

Normal skin	0
Very faint erythema	1
Faint erythema	2
Bright erythema	3
Very bright	4

Rukshata (Dryness):

No line on scrubbing with nail	0
Faint line on scrubbing by nail	1
Lining & even words can be written on scrubbing by nail	2
Excessive rukshata leading to kandu	3
Rukshta leading to crack formation	4

Kandu:

No itching	0
Mild / occasional itching	1
Moderate (tolerable) infrequent	2
Very severe itching disturbing sleep and other activity	3

Daha :

No daha	0
Mild daha	1
Moderate daha	2
Severe Daha affecting sleep	3

OBJECTIVE PARAMETERS-

The objective assessment will be done on the basis of changes in clinical findings, relevant laboratory parameters and PASI score before during and at the end of the trial.

Investigations- Blood- Hb%, TLC, DLC, ESR

- Liver function test
- Blood sugar
- Lipid profile
- KFT
- Other investigation will be done according to necessity.

OVERALL ASSESSMENT

Improvement in subjective and objective parameters were calculated by percentage. The formula applied for this was-

$$\frac{[(TBT - TAT) \times 100]}{TBT}$$

Where TBT is 'Total score before treatment' and TAT refers to 'Total score after treatment'. The result obtained from individual patient for subjective parameters was categorized according to the following grades:

ASSESSMENT	SCORE
Complete cure	100%
Marked Relief	>75% to 99%
Moderate Response	>50% to 75%
Mild improvement	25% to 50%
Unchanged	Up to 25%

STATISTICAL ANALYSIS

All information on various parameters was gathered and statistical study was carried out in terms of median (X), standard deviation (S.D), standard error, (S.E.) and wilcoxon's signed rank test before and after treatment in both groups while Mann-Whitney U test was applied to the statistical data for evaluating the difference in the effect of therapy.

P>0.05	Not Significant
P<0.05	Significant
P<0.01	Very Significant
P<0.001	Highly Significant

OBSERVATIONS AND RESULTS

Demographic Data

Maximum patients belong to the age group of 21-30 years (42.5%). Maximum patients were male (72.5%). Maximum number of patients belong to Hindu community (77.5 %). Maximum patients belong to lower middle class (43.33%). Maximum number of patients were married (67.5%). Maximum patients have educational qualification graduation (35%). Maximum patients were serviceman and student (25%). Maximum number of patients were from urban areas (60%). It was observed that 12.5% of patients had family history. Maximum patients had received previous treatment (80%). Maximum i.e. 62.5% patients were having 1-4 years chronicity. Habit of smoking and alcohol drinking was in about 17.5% patients. The observation reveals that about 67.5% patients were taking mixed type of diet. 45% patients had a disturbed sleep pattern. Most of the patients were having constipated bowel habit (57.5%). Maximum number of patients were stressed. Maximum patients (60%) were of *Vata-Kaphaja Prakriti*.

RESULT OF THE THERAPY

Relief Percentage of Individual Symptoms in 40 Patients of *Ekakushtha*

Relief Percentage-The drug provided a significant effect on symptom;

Group I- The relief percentage in *Matsyosaklopamam* 68.52%, in *Mahavastu* 46.67%, in *Mandal* 67.50%, in *Rukshta* 70.73%, in *Kandu* 69.57%, and *Daha* was 70.00%.

Group II- the relief percentage in *Matsyosaklopamam* 55.10%, in *Mahavastu* 33.33%, in *Mandal* 39.53%, in *Rukshta* 56.10%, in *Kandu* 71.79%, in and *Daha* was 71.43%.

STATISTICAL ANALYSIS

ASSESSMENT OF SUBJECTIVE PARAMETERS

In subjective assessment in this group symptomatically the result was statically significant (p<0.05) in lowering *Matsyashaklopamam*, *Mahavastu*, *Mandal*, *Ruksta* and *Kandu*, *Mandal*, *Daha*.

In subjective assessment of Group II symptomatically the result was statically significant (p<0.05) in lowering *Matsyashaklopamam*, *Mandal*, *Ruksta* and *Kandu*, *Mahavastu* and *Daha*.

ASSESSMENT OF OBJECTIVE PARAMETERS

Effect of in this Group on biochemical parameters showed nonsignificant changes (p>0.001 NS) in SGPT, Hb% (P>0.187NS), Polymorphs (p> 0.051 NS), Monocytes (p>0.494 NS) where as significant lowering was noticed in Random Blood sugar, S. cholesterol, S. Triglyceride, SGOT, Blood urea, Serum Creatinine, ESR, Lymphocytes, Eosinophils and PASI Score.

Effect of Group II on biochemical parameters showed nonsignificant changes (p>0.086 NS) in SGPT, Hb% (p>0.379NS), Lymphocytes (P> 0.194NS), Monocytes (p>0.186 NS), Eosinophils (P>0.171NS) where as significant lowering was noticed in Random Blood Sugar, S. cholesterol, S. Triglyceride, SGOT, Blood urea, Serum Creatinine, ESR, and PASI Score.

Comparative statistical evaluation of groups for subjective parameters-

In subjective symptoms Statistically significant value was obtained on comparing Group I vs Group II in *Matsyashaklopamam* (p<0.004), *Mahavastum* (p<0.030), *Mandal* (p<0.008), *Rukshta* (p<0.014),

Kandu ($p < 0.021$), *Daha* ($p < 0.034$) Group I was better result in these symptoms than Group II.

Comparative statistical evaluation of groups for objective parameters-

In objective parameter Statistically significant value was obtained on comparing Group I vs Group II on biochemical parameters in Serum cholesterol, SGOT ($p < 0.015$), SGPT ($p < 0.001$), ESR (0.002), Eosinophils (0.014) while In other biochemical parameters (Hb%, TLC, Polymorphs Monocytes, Lymphocytes, Random Blood Sugar, S. Triglyceride, Blood urea, Serum Creatinine, ESR, and PASI score,) results was not statistically significant.

Assessment of Overall Effects of Therapies of 40 patients of *Ekakushtha*-

Mustadi Kwath i.e. Group I provided marked relief in 25%, moderate response in 70% of the patients and mild improvement in 5% of the patients after completion of treatment. *Shashanklekhadi Churna* i.e. Group II provided marked relief in 5% and moderate response in 40% of the patients mild improvement in 55% of the patients after completion of treatment.

DISCUSSION

PROBABLE MODE OF ACTION OF VIRECHANA KARMA:

All *Aacharya* mentioned that *Kushtha* is the *Raktja Vyadhi*. In all the *Twak Vikara*, the vitiation of *Rakta* and *Pitta* mentioned. *Virechana Karma* acts on all *Dhosha* in general and *Pitta* and *Rakta* in particular. *Deepana*, *Pachana*, *Snehapana* followed by *Virechana* is the sequential order which was followed. *Deepana* and *Pachana* was administered with *Trikatu Churna* which had enhanced the digestive power and also facilitated for the early digestion of *Sneha*. *Panchtikta ghrta* was administered in *Vardhamana Krama*. *Virechana* was performed by *Trivrit avleha*.

In *Virechana Karma* maximum ingredient have *Katu Rasa*, *Laghu*, *Rukshya Guna*, *Usna Veerya* and *Katu Vipaka*. *Vatakapha Shamak*, *lekhaniya*, *aampachana*, which normalize the state of *Agni* thus, regulated *Jatharagni*, *Dhatu Shoshana* properties due to *Raktaprasadak* property it normalize *pitta* lead to *kleda harna* and give relive in the symptoms of psoriasis⁵

PROBABLE MODE OF ACTION OF MUSTADI KWATH :

Most of the ingredients of *Mustadi kwath* having *Katu* and *tikta rasa*, *Ushna virya*, *Katu vipaka*, *laghu guna* and *Tridoshaghana* property seem to quite naturally antagonise the *Ekakushtha* which is *Vata-Kapha pradhana vyadhi*. *Acharya Sushruta* in Su.46 has described *Lekhana* and *Ropana* properties of *Laghu guna*. *Lekhana* property might help in management of Hyperkeratinization which leads to scaling. *Acharya Vagbhatta* described the *ushana virya* has *vatakaphashamak* property and according to *Ashtanga Hridayam* it has *ashupaka* property through which it acts quickly at minute channels. The compound preparation attributed with *Agnideepak* property rectifies the *kha-vaigunya* at *srotasa* level. Quick absorption of the *Kwath* from the *amashaya* due to its *Vikasi* and *Vyavayi* properties also contribute in quickly implementing its action. *Mustadi Kwath* possesses *Tridoshaghana* property and *Srotovishodhana* property therefore it clears the *Avrodhatamaka Samprapti* in *Rasavaha*, *Raktavaha*, *Mansavaha* and *Swedavaha srotasa* due to the vitiated *Vata* and *Kapha* as *doshas Twak*, *Rakta*, *Mansa* and *Lasika* as *dushya*- thus effectively mitigating the disease *Ekakushtha*.⁶

PROBABLE MODE OF ACTION OF SHASHANKLEKHADI CHURNA:

Ekakushtha is *Vatakapha Pradhan Vyadhi* the *dravyas* of *Shashanklekhadi Churna* contains *Laghu*, *Ruksha*, *Tikshna*, and *Snigdha guna* except *Mandur Bhasma* which is *Sheet Guna*. *Laghu*, *Ruksha*, *Tikshna Guna* of *Dravyas Kaphahar* property and *Sheet Guna* is *Rakta Prasadan*. *Vata dosha* is subsided by *Snigdha Guna*. *Shashanklekhadi Churna* mainly has *Tikta*, *Katu* and *Kashaya Rasa* have *Aampachan*, *Agnideepak*, *Kleda Shoshan* and *Pitta Kaphahar* properties. All *dravyas* of *Shashanklekhadi Churna* are *Katu Vipaka* except *pippali* which is *Madhur Vipaka* is useful to *Sarva Dhatu Vardhan* and acts as a *Rasayana* and *Katu Vipaka* of *Dravyas* has *Kaphahara* property. All *Dravyas* of *Shashanklekhadi Churna* are *Usna Veerya* except *Mandur Bhasma* and *Pippali*. *Mandur bhasma* is *Sheet Veerya* and *Pippali* is a *Anoushmasheet Veerya*. The *Usna Veerya* helps in *Aampachan*, *Srotoshodhan* and *Agni Deepan* and *Sheet Veerya* is *Raktaprasadan*.

Looking to the *Karmas*, it is clear that almost all the drugs are having

Kushthaghna, *Kandughna* and *Rasayana* properties which clearly explain its mode of action in *Ekakushtha*.

Thus the mode of action of *Shashanklekhadi Churna* can be understood on the basis of its *Rasa*, *Guna*, *Veerya*, *Vipaka* and *Karma*.

CONCLUSION

Ekakushtha being a *Kshudra Kushtha* has *VataKapha* dominance & even involvement of *Tridosha* can be evident from its signs & symptoms. *Ekakushtha* in modern medical science has similarity with Psoriasis. Most of the patients were reported in the chronic stage of Psoriasis. Negligence in early stage and recurrence of psoriasis is common phenomenon. Maximum patients had the history of *Virrudhaahara* and constipated bowel which clearly shows the role of *Ama* formation in pathogenesis of *Kushtha*. *Chinta* is *Mansika Nidana* which leads to *Vataprakopa* which was observed in maximum number of patients. Also maximum patients were found stressed and anxious. This observation clearly shows the psychosomatic nature of the disease. Family history was supporting in many patients which suggests that the disease is hereditary. The disease used to aggravate during winter season and in dry weather. Maximum number of patients had the chronicity of 1-4 years and had previously undergone allopathic treatment. It clearly shows the relapsing nature of the disease. It suggests that, long term treatment is necessary for eradication of the disease. *Rasa*, *Rakta*, *Mamsa* and *Swedavaha Srotodushthi* were found chiefly and *Kapha* and *Vata* were main *Dosha* who vitiated these *Dhatu* and *Srotasa*.

BEFORE TREATMENT



AFTER TREATMENT



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