

An Ayurvedic Intervention of Ekakushta (Psoriasis) – A Case Study

Vd. Ankush Kure¹, Vd. Nilesh Dere², Vd. Swati Soman³

PG Scholar, Dept of Kayachikitsa, SST's Ayurved Mahavidyalaya, Sangamner Guide & Professor, Dept of Kayachikitsa, SST's Ayurved Mahavidyalaya, Sangamner HOD & Professor, Dept of Kayachikitsa, SST's Ayurved Mahavidyalaya, Sangamner

```
Date of Submission: 15-06-2024
```

Date of Acceptance: 25-06-2024

ABSTRACT

Ekakustha, often known as psoriasis, is a chronic inflammatory skin condition that is not contagious. It is typified by distinct erythmatous plaques with a silvery scale that are more common on the scalp and extensor area. The disease's course varies over time. The illness not only impairs the patient's bodily well-being but also their emotional and social lives because of their potentially unsightly appearance. Ekakustha is the skin disease among the kustha which has symptoms of aswdanam (not mahavastu (extensive), perspire), yana masyoshakalalopamam (looks like fish scale) and aruna varna (discoloration). And it can be compared with psoriasis in modern science. It can be define as well-defined, erythematous scaly plaques, particularly affecting extensor surface. It is an auto immune disorder. A 37 years old male patient came with complain of itchy scaly lesion on leg, head and hands. He was diagnosed with ekkustha (psoriasis). Sodhana, samana chikitsa was given for the patient. All the symptoms was resolved in 3month. Psoriasia patient can get benefits from Ayurveda treatment.

Key words: kushtha, Psoriasis, Ayurveda

I. INTRODUCTION

An autoimmune condition called psoriasis can strike anyone at any age and impact 1% to 2% of the population. The prevalence of psoriasis varies greatly by area. The majority of individuals with early age onset typically experience a more severe course of psoriasis. Psoriasis has been shown to have significant psychological and social impacts in addition to skin involvement, therefore it is impossible to assess a patient's overall quality of life based only on skin involvement. Psoriasis has no known cure, while research is progressing and new treatments are being created.

Approximately 40% of affected individuals have a family history of psoriasis.

It is a complex genetic disorder whose clinical manifestation depends on both environmental and polygenic factors. Pathophysiological events in the skin include proliferation of the epidermis, an increase in the dermal vasculature, and a build-up of inflammatory cells such as T lymphocytes and neutrophils in the dermis and epidermis.

The amount and location of psoriatic plaques should be taken into account while determining the best course of treatment, as should the affected people's psychological health. PUVA or narrow band UVB phototherapy has been utilized for decades with good outcomes in phototherapy. These treatments raise the patient's long-term risk of skin cancer, necessitating lifetime dermatological monitoring.

In Ayurveda, skin diseases have collectively considered under a common term Kushta. When the vitiated Doshas (Vata, Pitta, Kapha) and Dushyas (Twak, Mamsa, Raktha and Lasika) become imbalanced, it results in Kushta. According to severity, Acharyas have classified Kushta into Mahakushta and Kshudra kushta. All Acharyas have emphasized on Sodhana therapy in the management of Kushta due to the following features

- Bahu doshavastha of Kushta roga
- Maharoga
- Tridoshaja vyadhi
- Duschikitsya vyadhi
- Raktha dushti, hence Virechana along with Rakthaprasadana chikitsa should adopt.
- Virudhaharajanya vyadhi
- Santharpanotha vyadhi

In excessive morbidity of the doshas, repeated Sodhana should be performed at regular intervals

AIMS AND OBJECTIVE

To evaluate the efficacy of Samsodhana and Samsamana therapy in psoriasis.



Place of study: The present case study was done in the Dept. of Kayachikitsa, SST's Ayurveda College Hospital, Sangamner, Maharashtra.

CASE PRESENTATION:

Basic Informant of the Patient

- Age 37
- Religion- Hindu
- Socio economic status- Middle
- Occupation Clerk

Chief Complaints

Reddish itchy lesion on right leg, head, and hands since 3 years

History of past illness

No H/O – DM/HTN/PTB

Family History

Father –Healthy Mother- Healthy No family history of psoriasis or arthritis

Personal History

- Diet- Mixed: usually skip lunch / breakfast items intake curd+ fish daily prefer Amla, Lavana, Madhura ahara prefer curd, pickles, fried item dishes, bakery items
- Bowel- Frequency-2/day evacuation-Complete

Stool consistency- Well formed

- Appetite- Moderate
- Micturition- Regular
- Sleep- adequate; Day sleep- present
- Allergy- Not yet detected
- Addiction- Nil
- Exercise- Poor

On Examination

- General condition was fair
- Vitals were normal, afebrile
- Central nervous system, cardiovascular system, respiratory system ad gastrointestinal system examinations show no abnormality.

Prakriti – Pitta-kapha

A Male patient of 37 years old came to SST's Ayurved medical college & hospital, Sangamner. Chief complain of Reddish itchy lesion on right leg, head, and hands since 3 years. History of present illness were according to the patient he has had itchy lesion on his leg, head, and hands since 3 years with was gradual in onset. He had noticed itchy, dry, scaly lesion first then it becomes more thick and reddish. There was no aggravating and relieving factor. Symptoms were not associated with fever, arthritis. Past history he had no history of Diabetic mellitus (DM) Hypertension (HTN) Pulmonary Tuberculosis (PTB) and Thyroid disorder. In Treatment history Patient had taken steroids and allopathic medicine but could not get relief. But in his Personal History he had irregular bowel habit. But bladder habit, sleep, appetite is normal. He was no non vegetarian, alcoholic but she was chronic smoker. He loved to have junk food a lot, curd, fried items etc. In his Family History There was no history of DM, HTN, PTB, Carcinoma, Thyroid disorder to her family member. As well as in Allergy history he had no allergy history any.

Existing symptoms i.e. Reddish itchylesion on right leg, head and hand were graded (o to 3) and marked using a standard performa. On laboratory investigation of blood routine test was normal.

Candle grease sign was positive Treatment regime was planned according to the patient's Prakriti, symptoms appeared and associate Dosha with the diagnosed disease. Both internal and external treatments were consisting in the planned treatment regime.

Methods: Treatment Plan:

- Shodhana chikitsa
- Samana chikitsa
- Very strict Diet regime

Patient was advised not to take sour, biter, spicy food as well as junk food, fried items and curd. He was also advised to have pranayama regularly.

Treatment Advised:

Drug	Dose	Duration	Anupan		
Haritaki churna for shodhana	10gm	2	Luck w water	arm	



Avipattikar churna 100gm rasayan 10gm Giloya satva Rasamanikya 2gm Tal sindur 1 gm Prawal Pisti 10gm	Gandhak 20gm	After pro	oper Mixture -	3gm BI	3 month	Luck water	warm
Tab. Kaishor guggulu		2 tablet	BD		3 month	Luck water	warm
Aarogyavardhani vati		2 tablet	BD		3 month	Luck Water	warm
Karanaj taila		LA	BD		3 month		

Pathya (ahar and vihar)

AHAR – avoid alcohol consumption, sheeta ambu sevan, fish, excessive salt

VIHAR – sheetajalsnan, Diwaswaap

II. RESULT AND DISCUSSION:

Haritaki churna given to the patient has purgation effect. It cleanses Kostha (GIT). It passifies the pitta dosha of the body.

Kaisor guggulu is the medicine helps to purify blood and remove toxins from the body. ^[11] Aarogyavadhana vati helps to remove ama toxins from the body. It has tioxidants, antiprutitic nature alleviates itching sensation.

Tala sindur has properties to act against the skin disease of kapha and vata.

Prawal pisti balance tridosha and improves skin lusture and mplexion.

Giloya satva helps to improve immunity power and improves pitta disorder.

Rasamanikya- blances vata kaphaj and pasificies pitta. It removes excessive toxin from the body and relief's pain, inflammation, swelling.^[12]

Karanj tail - Similarly the action of antiseptic, antifungal and antioxidant helps to treat skin problems.

Patient had given these medicines for 3 month. After the treatment of three month he has got significant improvement.

III. CONCLUSION:

Ekkustha (Psoriasis) is the skin disease which is more difficult to cure even in modern science. This study showed the effectiveness of Ayurvedic regimens in the treatment of Ekkushta. Here shows complete recovery of psoriasis within 3 months along with the Ayurvedic medicines and proper dietic regimens.

REFERENCES:

- Sukla AB, Tripathi RD, Charak Samhita of Agnibesh Vol I, nidanasthana 5/3, Chaukhamba Sanskrit Prakasan: 2015. P-513
- [2]. Sukla AB, Tripathi RD Charak Samhita of Agnibesh Vol I, nidanasthana 5/3, Chaukhamba Sanskrit Prakasan: 2015. P-493
- [3]. Sharma AR, Sushrut Samhita of Maharsi Sushrut vol I, Nidansthana 5/6, Chaukhamba Surbharati Prakasan, Vanarasi: 2017. Pp 494
- [4]. Sharma AR, Sushrut Samhita of Maharsi Sushrut vol I, Sutrasthana 33/6, Chaukhamba Surbharati Prakasan, Vanarasi: 2017. P- 259
- [5]. Sukla AB, Tripathi RD, Charak Samhita of Agnibesh Vol I, chikitsasthana 7/21, Chaukhamba Sanskrit Prakasan: 2015. P-184
- [6]. Stuart H Ralston, Ian D Penman, Mark W J Strachan, Richard p Hobson, Devidsons principals and practice of medicine, Dermatology 29, Edinburgh: Churchill Livingstone/Elsevier, 23rd edition 2018: p-1247
- [7]. 7. Kumar, P. J., & Clark, M. L. (2002).
 Kumar & Clark clinical medicine.
 Edinburgh: Saunders Skin disease 24, 8th edition 1012, P-1207
- [8]. Parekh D, Makwana S, Patgiri B. Chronic psoriasis (Ek Kushtha) treated with Shodhana and Shamana Treatment: A Single Case Study. International Journal of AYUSH Case Reports, 2019;3(1), 50-59.
- [9]. Parida AN, Bhatt NN, Dave AR, Shukla VD. A Comparative Study of Vamana &



Virechana karma in Ekakushtha w.s.r to Psoriasis. AYU 2009;30(3):255-259.

- [10]. Masooda N, Mahapatra AK, Rajgopal S. Ayurveda treatment protocol for the management of Ek-Kushtha (Psoriasis)- A Single Case Report. International Journal of AYUSH Case Reports, 2020'3(4), 290-297.
- [11]. Bharati P, Agrawal P, Prakash O. A case study on the management of dry gangrene by Kaishore Guggulu, Sanjivani Vati and Dashanga Lepa. AYU (An international quarterly journal of research in Ayurveda) [Internet]. Medknow; 2019;40(1):48.
- [12]. Shivhare V, Tiwari N, Ayurveda perspective of Rasamanikya and its role in skin disorders: A Review, Journal of drug Delivery and Therapeutics. 2019; 9(6-s): 267-169