

AYURVEDIC PANCHAKARMA THERAPY MANAGEMENT OF EKAKUSHTHA WITH SPECIAL REFERENCE TO PSORIASIS- A SINGLE CASE STUDY

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ABSTRACT

Psoriasis is an autoimmune disease in which scaling and itching in the skin disturbs the daily routine of the patients. The appearance and severity of symptoms varies between patients. The cause of psoriasis is not yet known, and there is no specific treatment for this in contemporary science, as a result patients often go through cycles of deterioration and improvement, making it a chronic condition.

In Ayurveda all skin diseases are categorized under the term “*Kushtha*”. There are 18 types of *Kushtha* mentioned in Ayurveda. With the similarity in features of Psoriasis it can be compared to *Ekakushtha* in Ayurveda. With the aim of better control on Psoriasis, Ayurveda has a specific schedule comprised of *Samshodhana* (bio-purification) and *Samshamana* (palliative cure) *Chikitsa* (treatment) in the management of *Kushtha*. *Samshodhana* includes various *Panchkarma* treatment aspects that includes internal and external medications.

In the present case report an attempt is made to show the importance of *Panchakarma* therapies in the management of Psoriasis.

Keywords: *Samshodhana, Snehapana, Vamana, Virechana, Rakthamokshana, Nasya.*

INTRODUCTION: In Ayurveda all skin diseases are categorized under the term “*Kushtha*”. There are 18 types of *Kushtha* mentioned in Ayurvedic classics. These are divided into *Mahakushtha* and *Kshudrakushtha*.¹ Psoriasis is a relatively common skin disease that often manifests with papules, plank-shaped skin irritations and silver-white scales.

The appearance and severity of symptoms varies between patients. The cause of psoriasis is not yet known, but patients often go through cycles of deterioration and improvement, making it a chronic condition.² There are no clear treatment guidelines in modern system of medicine.

In Ayurvedic classics, the cause of *Kushtha* or skin diseases are due to *Mithyaahara* (improper diet) and *Vihara* (Improper Lifestyle). *Tridoshas* (three basic humors) get vitiated, affecting the

Twak (skin), *Rakta* (blood), *Mamsa* (Muscle tissue) and *Lasika* (lymph) and thus it produces *Kushtha*.³

With the similarity in features of Psoriasis it can be compared to *Ekakushtha* in Ayurveda. Ayurveda advises the repeated *Samshodhana* (Bio-purification) and *Samshamana* (palliative cure) *Chikitsa* (treatment) in the management of *Kushtha*.⁴ In present case study an attempt is made to show the importance of Ayurveda *Panchakarma* (*penta purificatory therapies*) also called as *Samshodhana Chikitsa* in the Management of psoriasis.

AIM AND OBJECTIVE:

The aim of the study is to evaluate the role of *Panchakarma* therapies like *Vamana* (therapeutic emesis), *Virechana* (therapeutic purgation), *Nasya* (therapeutic nasal Medication) and *Rakthamokshana*

(therapeutic bloodletting) in the management of psoriasis.

Place of Study.

The present case study was done in the Panchakarma department of Government Ayurveda College & Hospital Bilaspur, Chhattisgarh.

Case report

Present history

A 39 year old male patient, came to the Department of Panchakarma, Govt. Ayurveda college, Bilaspur, Chhattisgarh, India, with a history of silvery/white lesions (scaly thickened skin) on whole body with patches associated with itching, cracks and bleeding from skin lesions since 4 years. He took Allopathic, Homeopathic treatment but the patient was disappointed, because remission of symptoms occurs after withdrawal of medicine. Also it resulted in worsening of disease. So he visited Government Ayurveda college and hospital, Bilaspur for treatment on 18/1/2021 (Op/No 2089 IP/No10).

Past history

Include disturbance in food habits and sleeping patterns ,due to change in shifts at work place before starting of symptoms initially.Symptoms especially the plaques (the less distant ones) use to grow and merge into one another covering large areas and scraping off whether itched or not from body other than scalp where scraping off took place especially on itching.

Personal history

Patient had a normal appetite and had diet with predominant *Madhura rasa* (sweet taste) in his diet. He had no alcohol or tobacco addiction.

Family history

There was no specific family history.

Examination

Astavidha pariksha

Nadi (pulse) was Vata- Kaphaja, *Jihva* (tongue) was uncoated *Mala* (stool) was *Nirama* (normal), *Mutra* (urine) was of light yellow coloured, *Sabda* (speech), *Sparsa* (touch) *Drika* (eyesight) & *Akriti* (physical characteristics) were found normal.

Dashvidha Pariksha

Prakriti (constitution) of patient was *Vata-Pittaja*, *Vikriti* (pathogenesis) was *Vata Kaphaj*, *Sara* (the essence of the body tissues), *Ahara Shakti* (food intake capacity), *Shamna* (body composition) was *Madhyama* (medium), *Vyayam Shakti* (exercise capacity) , *Jarana Shakti* (digestion capacity), *Satva* (mental strength), *Bala* (strength) was found *Pravara* (most excellent), *Agni* (metabolism) was *Samagni* (normal)

Systemic Examination.

Cardiovascular, Respiratory system, Locomotory System & CNS examination was normal with no abnormality. There was no history of streptococcal infection

Integumentary system.

Morphology-well defined, dry and rough, raised and dark coloured scaly patches.

Specific test for Psoriasis

Distribution- widely distributed

Pattern-scattered patches (generalized)

Koebner's phenomenon- absent

Sensation -intact

Auspitz & Candle grease sign- positive

Course-slowly progressive

Criteria for assessment

Patient was assessed with Psoriasis area and severity index (PASI) score (British Association of Dermatologist) for the presenting symptoms. Declaration of Helsinki was followed during case handling.

Treatment Protocol.

Total duration: 1 year.

The patient was given counselling before the commencement of therapy.

The *Panchakarma* therapy was planned with patients consent in 3 schedules (25-28 days each) at regular intervals of 3 month in which Shamana medications were used.

Initially *Deepan* (appetizer), and *Pachan* (digestion improvement) was done to the patient with *Trikatu Churna* (3gm twice) for 2 days mixed with lukewarm water before food.

Snehapana : *Mahatikthaka Gritha* was used for *Snehapana* (Drinking of medicated fats) for *Dosha Utkleshana* (excitement of humors) in the increasing dose pattern (test dose was given 30 ml prior and then dose was fixed accordingly) for 5 days till *Samyak Snigdha Lakshana* were seen.

Vamana : After the proper *Senhapana* the patient was given one day resting period, during which he was given external *Abhyanga* (oil massage) with *Til Taila* (sesame oil) and *Swedana* (*Sudation therapy*). He was advised to take *Kapha* increasing food which included Idli for breakfast, Curd rice in lunch and Kheer in

dinner. *Vamana* was carried out using *Madhana Phala* 10gm, *Vacha* 5gm and *Yestimadhu Churna* 5gm with Honey 20 ml.

Samsarjan Karma (Dietary management): Patient was asked to follow a restricted diet plan so as to balance his appetite and digestion after *Vamana*.

Virechana: After following the *Samsarjan Karma* for 5 days patient was again subjected to *Snehapana* on 6th day in the increasing dose pattern for 5 days till *Samyak Snigdha Lakshana* were seen. Patient was given rest for 3 days in which external *Abhyanga* and *Swedan* was done. *Virechana* was done with *Trivrith, Triphala Kashaya* 50ml and *Trivrit Lehya* 30gm. *Samsarjan Karma* was followed after the proper *Virechana*.

Rakthamokshana: *Rakthamokshana* was done post *Samsarjan Karma*. The areas like abdomen, thigh and scalp were given *Rakthamokshana* by using *Jaloka Avacharana* (leech therapy). *Jaloka Avacharana* was selected considering the ease in doing the therapy in these areas.

Nasya: *Nasya* was done after the *Jaloka Avacharana* for 3 days with *Anu taila* in mild dose (2 drops in each nostrils).

Table 1. Treatment Schedule.

Treatment	1 st session Duration	2 nd session Duration	3 rd Session Duration
<i>Deepan & Pachan</i>	3 Days	2 Days	2 Days
<i>Snehapana</i>	5 Days (30ml, 60 ml, 120ml, 150ml, 180 ml)	3 Days (30ml,60 ml, 150ml)	3 Days (30ml, 60 ml, 150ml)
Resting period	1 day	1 day	1 day
<i>Vamana</i>	12 Vegas (<i>Pittanta</i>)	9 Vegas (<i>Pittanta</i>)	10 Vegas (<i>Pittanta</i>)
<i>Samsarjan Karma</i>	5 Days	5 Days	5 Days
<i>Snehapana</i>	3 Days (30ml,60 ml, 120ml)	3 Days (30ml,60 ml, 150ml)	3 Days (30ml, 60 ml, 150ml)
Resting period	3 Days	3 Days	3 Days
<i>Virechana</i>	24 Vegas	20Vegas	25 Vegas
<i>Samsarjan Karma</i>	5 Days	5 Days	5 Days

Rakthamokshana:	<i>Jaloka Avacharana</i>	<i>Jaloka Avacharana</i>	<i>Jaloka Avacharana</i>
Nasya	<i>Anu taila</i> 2 drops – 3days	<i>Anu taila</i> 2 drops – 3days	<i>Anu taila</i> 2 drops – 3days
Total duration	29 Days	26 Days	26 Days

Diet Advised: Patient was Advised to avoid sour food in his diet. Preparations of Curd, Curd, Jaggaery, Fish, Pickles, Black gram or products made from Black gram, fermented products were advised to be avoided. Patient was also advised to reduce salt in his diet.

After completion of *Samshodhana Chikitsa* and *Samshamana Chikitsa* was given. Patient was asked to apply Eladi Taila externally on body in the morning and expose body to morning sunlight for 20 min. Follow up was done after every 45 days.

Table 2. Shamana Aushadi used during the treatment.

Shamana Aushadi used	Dose/Time of administration
<i>Tab Nimbadi Kwath</i>	2-0-2 (Empty stomach)
<i>Cap Gugglu tiktaka Gritham</i>	2-0-2 (just before food when hungry)
<i>Tab Kaishor Gugglu</i>	2-0-2 (Empty stomach)
<i>Tab Arogyavardani Vati</i>	2-0-2 (After food)
<i>Khadira Arista</i>	0-20ml-20ml (After food)
<i>Triphala Churna</i>	1tsp-0-1tsp (After food)
<i>Eladi Keram</i>	(Local application before bath) – head/body
<i>Artisor Tropical lotion (Atrimid)</i>	(After bath/ evening before bed)
<i>Artisor Shampoo (Atrimid)</i>	(weekly 3 times)
<i>Cap Stresscom (Dabur)</i>	0-0-1 (Bed time)
<i>Syp Nirucil (Solumiks)</i>	0-0-2tsp (After food)

Follow up and Outcomes:

Before and after treatment outcomes were done after grading the symptoms based on (PASI) score.

After 3 months of treatment, there were no much changes in lower limbs. Mild improvement was seen in erythema, induration and scaling on upper limbs and head. In second follow, rashes on the head and upper body reduced considerably leaving dark thick patches. The patches on the lower limb also reduced but scaling and thickness persisted.

In the third follow up after 12 months of treatment rashes on the head, upper body and trunk disappeared. Itching got relieved completely. The rashes on lower limb persisted with reduction in size, and mild scaling. The total PASI score reduced from 27.8 to 2.4 in 12 months of treatment. Area occupied by the patches decreased by more than 80%. There were no new patches developed on body, recurrence of previous patches was also absent.

Table.3 PASI Score After 3 Months

Plaque Characteristic	Head		Upper body		Trunk		Lower limbs		Total PASI Score	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
Erythema	2	1	2	1	3	2	2	2		

Induration/ Thickness	4	3	4	3	3	3	4	4		
Scaling	4	3	4	3	2	2	4	4		
Total	10	7	10	7	8	7	10	10	0	0
Area Score	5	5	1	1	2	2	4	4		
Total	50	35	10	7	16	14	40	40	0	0
Total body Surface Area	5	3.5	2	1.4	4.8	4.2	16	16	27.8	25.1

Table.4 PSAI Score After 6 Months

Plaque Characteristic	Head		Upper body		Trunk		Lower limbs		Total PSAI Score	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
Erythema	1	0	1	1	2	1	2	1		
Induration/ Thickness	3	1	3	2	3	2	4	3		
Scaling	3	1	3	2	2	2	4	3		
Total	7	2	7	5	7	5	10	7	0	0
Area Score	3	3	1	1	2	2	5	5		
Total	21	6	7	5	14	10	50	35	0	0
Total body Surface Area	2.1	0.6	1.4	1.5	4.2	3	20	14	27.7	19.1

Table.5 PSAI Score After 12 Months

Plaque Characteristic	Head		Upper body		Trunk		Lower limbs		Total PSAI Score	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
Erythema	0	0	1	0	1	0	1	1		
Induration/ Thickness	1	0	2	0	2	0	3	1		
Scaling	1	0	2	0	2	0	3	0		
Total	2	0	5	0	5	0	7	2	0	0
Area Score	2	2	1	1	2	2	3	3		
Total	4	0	5	0	10	0	21	6	0	0
Total body Surface Area	0.4	0	1	0	3	0	8.4	2.4	12.8	2.4

DISCUSSION: Mahavastu (large surface area), Matsyashakalopam (silvery scales), Krishna Aruna Varna (reddish black colour), Kandu (itching), Aswedana (loss of perspiration) and Rukshata (dryness) found in the patient, clearly indicates the

similarity of *Ekakushtha* with psoriasis. In the present scenario psoriasis is one of the severe skin diseases, which has no permanent treatment. Ayurveda also considers this as *Krichhra Saadhya* (difficult to cure). *Ekakushtha*

being a *Kshudra Kustha* has *Vata Kapha* dominance & even involvement of *Tridosha*.

Acharya Charaka highlights the role of *Panchakarma* therapy by stating that the disease treated by *Shodhana* will never reoccur, whereas the treatment with *Shamana* therapy may reoccur in due course of time.⁵

In Ayurveda the line of treatment of *Ekakushtha* is *Samshodhanam*⁶. Specific treatment of *Kushtha* is *Vata* predominant *Kusta* is *Sarpipana* (medicated ghee), *Kapha* predominant *Kusta* is *Vamana* & *Pitta* predominant *Kusta* is *Rakta Mokshana* or *Virechana*.⁷

Dipana & *Pachana* given prior to *Snehapana* are mainly to reduce the *Ama Dosh* (toxins) and simultaneously it increases *Agni* (Digestion). *Snehapana* done internally and *Abhyanga* done externally is *Vata Shamaka*, decreases scaling & dryness..*Sarvangasweda* decreases obstruction & increases *Swedana*(Sweating). It helps in liquefying *Doshas* (toxins) and bringing them to the *Kosta* (stomach).

Vamana mainly is *Kaphadoshanashaka* and *Virechana* has *Pittadoshanashaka* property and it also suppress *Vata* & *Kapha Dosh*. Both the procedures increases *Agni*. *Vamana* and *Virechan* *Aushadi* absorbed through the circulation and reach to *Sukshma Srotas*(minute channels), the *Virya* (potency) of drug exert its action at the *Dosha Sanghata* (site of aggravation). At first the medicines liquefies the of morbid *Dosha* followed by break down process. This process produces smaller molecules of toxins which may flow through the *Anu Srotas* (micro channels) and reaches at *Amashaya*

(stomach), from there these small toxins expelled out by *Vamana* & *Virechan*.

Samsarjan Karma when followed after the *Vaman* and *Virechan* helps in restoration and maintenance of *Agni* which is stabilised by the *Samshodhana processes*.⁸

Ayurveda consider *Rakta Dusti* as one of the prime causes of skin diseases.⁹ *Rakthamokshan* is considered as line of treatment in such conditions.¹⁰ *Jaloka Avacharana* is preferred in cases of vitiated *Pitta Doshas* in blood.

Pitta resides as *Ashrayi* (dependent) in *Rakta* (blood) and *Sweda* (sweat). When *Pitta* is vitiated and cannot be treated by *Pitta* alleviating medicines, bloodletting is helpful.¹¹

Psoriasis being a chronic disease have substantial psychological impact on patient's life. Stress and anxiety is considered as one among the main condition the patient has to go through in psoriasis. By administering *Nasya* this can be managed to a great extent. The medications used in *Nasya* improves the blood circulation in the head and neck and also nourishes the brain cells there by helping to reduce the mental stress.

CONCLUSION:

In Ayurveda Psoriasis is compared to *Ekakushtha*. From the signs and symptoms it involves *Tridoshas* with *Vata* and *Kapha* predominancy. The prevalence of *Ekakushtha* is increasing day by day. In *Ekakushtha*. *Mahavastu*, *Matsyashakalopa* m and *Aswedana* with *Kandu* and *Rukshata* is seen. Ayurveda treatment for *Kusta* involves Repeated *Shodhana*, *Sahamana*, *Snehana*, *Rakthamokshan* and *Pathya* (wholesome food) for long lasting results. In this case study combined use of *Ayurvedic* therapy has proved to be potent

and effective in successful management of Ekakushtha.

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Before



After



Before



After



Image1 and 2 before and after treatment