



## MANAGEMENT OF *EKAKUSTHA* (PSORIASIS) THROUGH AYURVEDA

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### ABSTRACT

Psoriasis is among the widest spread chronic, non-infectious chronic relapsing inflammatory skin disease having unknown aetiology, characterized by well-defined dry scaly erythematous patches and covered with adherent silvery white scales. Its prevalence rate is 1-2% of world population. Modern medical science treats psoriasis with PUVA and corticosteroids having serious untoward effects if used long term. Psoriasis can be correlated with *Ekakustha* due to resemblance in their symptoms. The objective of the study was to assess the efficacy of *Shaman Yoga* along with *Mahamarichyadi Taila* (Topical application) in the management of *Ekakustha* (Psoriasis). Total 10 patients were studied in this series and the effect of therapy was assessed based on improvement obtained in terms of scores given to signs and symptoms. The subjective parameters like Size of patches (*Matsyashakalopama*), *Rukshata* (dryness), *Arunatva* (Discoloration), *Kandu* (Itching) & PASI score were used to score clinical outcome. The average clinical improvement was calculated by proper statistical treatment. The response pattern revealed statistically significant as patients improved gradually after 8 weeks of treatment. The relief in symptoms of Psoriasis provided by *Shaman Yoga* along with local application of *Mahamarichyadi Taila* proves safe and effective in the clinical management for Psoriasis.

**Keywords:** *Psoriasis, Ekakushtha, Shaman Yoga, Mahamarichyadi Taila*

**INTRODUCTION:** Psoriasis is one of the most common dermatologic diseases, affecting about 3-5 to 7-10 percent of total number of skin diseases. About 3 percent of the world population suffers from Psoriasis. It usually occurs before age of 40, most commonly between the ages of 15 and 25 years; affects equally in men and women. In India prevalence of Psoriasis varies from 0.44 to 2.88%.<sup>[1]</sup> Psoriasis consist of itchy, deep pink to reddish, well demarcated, indurate plaques with silvery scaling present particularly over extensor surface & scalp.<sup>[2]</sup> The aetiology of psoriasis is still poorly understood, but there is clearly a genetic predisposition. Psychological stress is emphasized as one of the major triggering factor in the exacerbation of the disease.

Evidence has accumulated and clearly indicating a role of T- cells in the pathophysiology of psoriasis.<sup>[3]</sup> Further, psychological stress, injury of skin, an environmental influence especially of cold weather, systemic factors i.e. infections, incomplete protein digestion and bowel toxemia and immunological factors have definite role as triggering factors in worsening Psoriasis.<sup>[4]</sup> 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 *Ekakustha* due to very

much similarity in their symptoms. The unique treatment modality of Ayurveda provides long lasting results and a better life to patients through its three basic principles of treatment i.e. *Shodhana*, *Shamana* and *Nidana Parivarjana*.<sup>[5]</sup>

The present study was primarily aimed at assessing the efficacy of *Shaman Yoga* for internal administration along with topical application of *Mahamarichyadi Taila* in the clinical management for *Ekakushtha* with special reference to Psoriasis.

**AIM:** To study the efficacy of *Shaman Yoga* for internal administration along with topical application of *Mahamarichyadi Taila* in the clinical management for *Ekakushtha* with special reference to Psoriasis.

#### **OBJECTIVE:**

To assess the efficacy of *Shaman Yoga* (internally) adjuvant to *Mahamarichyadi Taila* (locally) in relieving symptoms such as Size of patches, Dryness, Discoloration, Itching & PASI score.

To establish a cost effective and safe Ayurvedic remedy for Psoriasis.

To prevent further spread of Psoriasis and recurrence of the disease.

#### **MATERIALS AND METHODS:**

The identification and authentication of collected raw materials done, and formulation was prepared as per classical text, in the Pharmacy of Rasashastra & Bhaishajya Kalpana department. The patients attending OPD and IPD of Department of Kayachikitsa, AVPM'S Ayurved Mahavidyalaya and Hospital, Sion -Mumbai, were included and subjects fulfilling the criteria of diagnosis. Informed consents of all the subjects registered were duly taken before starting the treatment. Ethical clearance was taken from IEC for this study. The data obtained

by the clinical trial was statistically analyzed by applying Students' 't' test.

**Study Design:** Open non-comparative Clinical study.

**Sample size:** 10 Subjects diagnosed as *Ekakushtha* (Psoriasis) were selected.

#### **Drug and Dosages:**

Internally: *Shaman Yoga* {*Rasmanikya* 100mg+ *Khadir Churna* (*Acacia Catechu*)- 2 gms +*Neem Churna* (*Azadirachta indica*) 300mg+ *Tulsi churna* (*Ocimum tenuiflorum*)- 300mg+*Guduchi Satwa* (*Tinospora Cordifolia*)-300mg}<sup>[6,7,8]</sup>

Dose: 3 gms twice a day, *Anupana* : - *Ghee* (10 ml)

Externally: *Mahamarichyadi Taila* for Topical application.

**Duration:** 45 days

**Follow Up:** 3 months

#### **Inclusion Criteria:**

1. Patients having classical symptoms of *Ekakushtha* (Psoriasis)
2. Patients of either sex between the age group of 20 and 60 years.
3. Subjects with Chronicity up to 3 years

#### **Exclusion Criteria:**

1. Subjects with uncontrolled metabolic disorders.
2. Psoriasis with extra cutaneous manifestation.
3. Patients with other immune compromised illness such as HIV, Malignancy etc.

#### **Investigations:**

1. Blood: - CBC, ESR, Random Blood sugar, LFT, RFT, HIV (I&II)
2. Urine: - Routine, Microscopic

**Parameters of Study:** Parameters of assessment were totally based on the changes in the clinical features of *Ekakushtha* (Psoriasis) and improvement in Scoring Index of the Subjective

Parameters such as Size of Psoriatic patch(*Matsyashakalopama*), Dryness(*Rukshata*), Discoloration(*Arunatwa*) and Itching(*Kandu*).

Further, Objective Parameters such as Auspitz sign (The successive removal of psoriatic scales gives rise of small bleeding

points where the thin Supra papillary epithelium is torn off) and Candle Grease sign (When a Psoriatic lesion is scratched with the point of a dissecting forceps, candle grease like scale can be repeatedly produced even from the non scaling lesions) were also assessed.

Subjective parameters	Gradation of Parameters			
	0	1	2	3
Size of patch ( <i>Matsyashakalopama</i> )	Absent	0-5cms	6-10cms	More than 10cms
Dryness ( <i>Rukshata</i> )	No line on scrubbing by nails	Faint line on scrubbing	Dryness leading to itching	Excessive dryness leading to crack & bleeding
Discoloration ( <i>Arunatwa</i> )	No discoloration	Faint or near to normal skin	Blanching with red colour	Red colour
Itching ( <i>Kandu</i> )	No itching	Mild itching	Itching distracting subjects attention	Intolerable Itching disturbing sleep
Objective Parameters	Gradation			
	0	1	2	3
Auspitz sign	No bleeding	Mild bleeding	Moderate bleeding	Severe bleeding
Candle Grease sign	No scales	Mild scales	Moderate scales	Severe scales

**Table 1:** Subjective para meters for assessment with gradation measures

Skin Section	Severity	Coverage	Score	Percentage
HEAD	None	0%	0	10%
ARMS	Mild	>10%	1	20%
BODY	Moderate	10- 29%	2	30%
LEGS	Severe	30- 49%	3	40%

**Table 2: Para meters of Assessment of Scoring Index (P.A.S.I. Scoring Index)**

**Assessment criteria:**

The overall effect of the therapy before and after treatment was assessed as below:

Markedly improved: Above 75 percent improvement

Moderately improved: 51 to 75 percent improvement

Mildly improved: 26 to 50 percent improvement

Unchanged: Less than 25 percent improvement

**Observations & Results:**

In the present pilot study, maximum patients were belonging to age groups 40-60. Female patients were more than males

and maximum patients were belonging to 2-3yrs group. Similarly, maximum patients were belonging to Vata-Pittaja Prakruti.

**Overall effect of therapy :**

In study group, the size of patches shows 89.24% improvement. The dryness of the

skin shows 89.20 % improvement and skin discoloration shows 75.2 % improvement. Similarly, 93.01% improvement noted in itching. The study reveals 81.5% improvement in P.A.S.I score after the treatment.

Sr.No.	Parameters	Mean		‘t’ value	‘p’ value	%
		B.T.	A.T.			
1	Size of patches	1.86	0.20	13.22	<0.001	89.24
2	Dryness	1.86	0.20	13.22	<0.001	89.20
3	Discoloration	1.86	0.46	8.57	<0.001	75.26
4	Itching	1.86	0.13	11.39	<0.001	93.01
5	Auspitz Sign	1.26	0.40	11.25	<0.001	75.0
6	Candle Grease Sign	1.26	0.13	10.71	<0.001	90.7

**Table 3: Overall effect of therapy in the study**

**Images:**



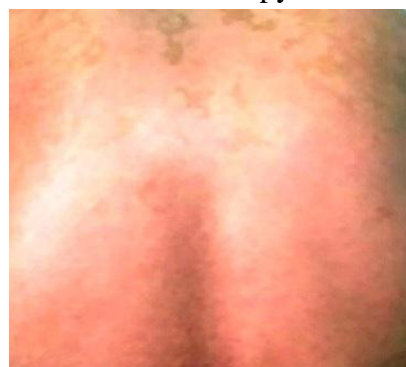
Chest, Abdomen- Before Therapy



Back- Before Therapy



Chest, Abdomen- After Therapy



Back- After Therapy

**Effect of therapy on PASI scoring in patients of Ekakustha (Psoriasis)**

Effect of therapy on P.A.S.I. Scoring was statistically highly significant (P<0.001)

with ‘t’ value 12.6 in all the patients. The therapy provided minimum 62.5% to maximum extent of 94% improvement in the study group.

PATIENTS SR.NO.	P.A.S.I. SCORE		PROGNOSIS PERCENTAGE %
	B.T.	A.T.	
1	21.8	3.9	82.1
2	17.7	1.5	91.5
3	16.8	6.3	62.5
4	20.0	1.6	94.0
5	21.2	2.6	87.7
6	16.0	2.0	87.5
7	17.1	3.8	77.7
8	23.6	3.0	87.2
9	22.3	3.3	84.7
10	24.0	5.6	76.6
<b>MEAN P.A.S.I.</b>	<b>17.9</b>	<b>3.3</b>	<b>81.56</b>

**Table 4: Effect of therapy on PASI scoring in all 10 patients**

**DISCUSSION:** The word *Kushtha* is a broad term which includes almost all skin disorders. *Ekakushtha* among one of the *Kshudra Kushtha* has a close resemblance with Psoriasis due to its maximum similarity in symptoms. *Ekakushtha* occurs mainly due to *Rasa, Rakta* and *Mamsa Dhatus Dushti*. It indicates that remaining other *Dhatus* (body tissues) are generally not involved. However, after long course of the disease nail and joint involvement also found which indicates involvement of deeper *Dhatus*.<sup>[9]</sup>

It has been observed that indulgence in un salutary life style and food habits vitiating *Vata* and *Pitta dosha* worsens pathogenesis of *Ekakushtha*. It has been found in large surveys that one third of patients have a positive family history. Though, Psoriasis does not kill but it is responsible for great deal of unhappiness feeling of depression. Hence, psychological aspect of psoriasis is most important in the etiopathogenesis and management of psoriasis.

The present study which was primarily aimed at assessing the efficacy of *Shaman Yoga* for internal administration along with

topical application of *Mahamarichyadi Taila* in the clinical management *Ekakushtha* with special reference to Psoriasis.

Total 10 patients were studied in this series and the effect of therapy was assessed based on improvement obtained in terms of scores given to signs and symptoms. The subjective parameters like Size of patches, *Rukshata, Arunatva, Kandu* & PASI score were used to score clinical outcome. The average clinical improvement was calculated by proper statistical analysis. The response pattern revealed statistically significant as all 10 patients improved gradually during 8 weeks of treatment. Further, the effort was to provide simple, cost effective and most of all early eradication of the root cause of this vulnerable disease.

**CONCLUSION:** The clinical manifestations of *Ekakushtha* resembles with that of Psoriasis of modern medicine. The people affected from such diseases experience low self-esteem and are often misunderstood by others which make their social interaction difficult. Though the patients notice the symptoms in the early

stage of diseases, they seek the help of physicians only when it attains severity and affects person's beauty and image in the society. The negligence of patients always leads the disease to the chronic stage. *Ekakushtha* (Psoriasis) though difficult to manage, but if proper diagnosis is made in time, and proper treatment is provided, many untoward complications can be avoided.

In this study, the efficacy of *Shaman Yoga* for internal administration along with topical application of *Mahamarichyadi Taila* in the clinical management for Psoriasis was assessed. The therapy showed statistically significant improvement on all subjective and objective parameters with minimum 62.5% to maximum extent of 94% improvement in the study group. This revealed that *Ekakushtha* (Psoriasis) can be effectively managed with *Shaman Yoga* along with topical application of *Mahamarichyadi Taila* even without any *Shodhana* procedure. However, for better prognosis treatment needs to be continued for longer duration.

It is recommended that the further study should be carried out in large number of patients to evaluate and analyze the results. Similarly, controlled study (with comparator drugs and adjuvant *Shodhan karma*) can be performed to prove better therapeutic validation of the trial drug.

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Source of support: Nil: Conflict of interest: None: Declared

**Cite this Article as :** [Pathrikar Anaya et al: Management of Ekakustha (Psoriasis) Through Ayurveda] www.ijaar.in : IJAAR VOLUME III ISSUE V NOV-DEC 2017 Page No:983-988