

## EFFECT OF JALAUKAVACHARANA ALONG WITH SAMSHAMANA CHIKITSA IN EK-KUSTHA WITH SPECIAL REFERENCE TO PSORIASIS: A CASE STUDY

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### ABSTRACT

Ek- Kustha is a type of Kshudra Kustha described in different Ayurvedic classics. The clinical symptoms of Ek-kustha described in Ayurveda resembles with the clinical symptoms of Psoriasis. Ayurveda advocates holistic approach of shodhan, internal drug administration and external application in the treatment protocol. In this article, a patient treated with similar treatment protocol is presented as a case study. The observation and result of the case is reported on the base of PASI score.

**Keywords:** Ek-Kustha, Psoriasis, PASI score, Shodhana.

### INTRODUCTION

'Ek Kustha'<sup>1, 2</sup> has described in Ayurveda as a type of Kshudra kustha. It is a vata-kaphaja disorder. The clinical symptoms of Ek-Kustha described in Ayurveda are Asvedanam (Loss of sweating), Mahavastu (includes large area of body), Matsya Shakalopam (silver scaling) resembles with the clinical symptoms of Psoriasis.

Psoriasis<sup>3, 4</sup> is a non- infectious, inflammatory disease of the skin, characterised by well defined erythematous plaques with large, adherent, silvery scales. The eruption is usually symmetrical and clinically Psoriasis most frequently affects the skin of the elbows, knees, scalp, nails, lumbosacral areas, intergluteal cleft and glans penis. Leech therapy is very beneficial in Ek-Kustha<sup>5</sup>. Acharya Shusruta categorizes Rakta as Chaturtha dosha. So Leech can be put in category of Samshodhana<sup>6</sup> Chikitsa.

As Ek-kustha is a disorder due to vitiated vata-kapha, Rasmanikya and Shudh Gandhak both work as vata-kaphashamaka Aushadhi as shamshamana chikitsa.

**Case study:** A 30 years female patient complaints of red coloured raised patches over skin of almost whole of the body, scaling and intense itching over the lesions for past 15 years.

She was pre-diagnosed case of Psoriasis since 1987. At starting she complained some small patches on back and abdomen, which bleed on scratching. Itching persisted and patient started applying some local ointments on her own. But day by day eruptions appeared all over the body. She took treatment from various medicines but she did not find relief.

**Diagnosis and scoring:** Scoring had made on base of PASI (Psoriasis area and severity index). PASI<sup>7</sup> combines the assessment

of the severity of lesions and the area affected into a single score in the range 0 (no disease) to 72 (maximal disease). The body is divided into four sections (head (H) (10% of a person's skin); arms (A) (20%); trunk (T) (30%); legs (L) (40%)). Each of these areas is scored by itself and then the four scores are combined into the final PASI. For each section, the percent of area of skin involved, is estimated and then transformed into a grade from 0 to 6:

- 0% of involved area, grade: 0
- < 10% of involved area, grade: 1
- 10-29% of involved area, grade: 2
- 30-49% of involved area, grade: 3
- 50-69% of involved area, grade: 4
- 70-89% of involved area, grade: 5
- 90-100% of involved area, grade: 6

Within each area, the severity is estimated by three clinical signs: erythema (redness), induration (thickness) and desquamation (scaling). Severity parameters are measured on a scale of 0 to 4, from none to maximum.

**Patient's PASI score before treatment:**

	Area Score				
	Skin area involved (Palms)	Erythema	Induration	Scale	Total score
Head and Neck	6	3	2	2	2.8
Upper extremities	20	4	4	3	13.8
Trunk	27	4	3	3	15
Lower extremities	36	4	3	3	24

**PASI score = 55**

**PASI score after three months of treatment:**

	Area score				
	Skin area involved (Palms)	Erythema	Induration	Scale	Total score
Head and Neck	3	2	1	0	0.9
Upper extremities	9	2	1	0	1.8
Trunk	4	2	0	0	1.2
Lower extremities	4	2	1	0	2.4

The sum of all three severity parameters is then calculated for each section of skin, multiplied by the area score for that area and multiplied by weight of respective section (0.1 for head, 0.2 for arms, 0.3 for body and 0.4 for legs).

**Investigations:** all the routine investigations were within normal range except ESR= 30,

TLC= 6000/mm<sup>3</sup> of blood.

**Treatment Plan:**

1. Duration of treatment was three months with follow up for further 1 year.
2. Jalaukavacharana was done once in week for three months.
3. 2-3 Jalauka of Mdhayam pramana have applied on both limbs (upper and lower) at a time.
4. Mixture of Rasmanikya<sup>8</sup>- 500mg. + Shudh gandhaka<sup>9</sup>- 1gm. twice a day for three months.
5. Advised to avoid spicy and junk food.

**Observation and Result:**

**PASI score = 6.3**

**Result:**

On the base of PASI scoring:

1. Effect of therapy was highly significant on upper and lower extremities where significant on the trunk.
2. After 6 months marks of previous lesions were also disappeared.
3. Patient returned to her home and normal routine work.
4. No recurrence was reported by patient even after 1 year of therapy.

**DISCUSSION**

Probable mode of action:

- As in various texts Jalauka has mentioned as better shodhana upaya for Dushita Rakta by sucking the impure blood from all over body.
- Rasmanikya and Shudh Gandhaka both have Vatahara and Kaphahara property due to which vitiated Vata and Kapha become suppressed.

- Both Rasmanikya and Shudh Gandhaka also having antimicrobial property (Krumighana) work as shodhana as well as shamana chikitsa in case of Ek-kustha.

**CONCLUSION**

- Kustha has been considered as Raktpradosaja and chirkari vyadhi.
- Vitiated Rakta may be depleted by leech application after slight scraping on the lesion of Kustha (Ch.chi.7/52).
- Mixture of Rasmanikya and Shudh Gandhak churna effects as Shamshana chikitsa where as Jalaukavacharana provide better relief than other Shodhana particularly when Rakta is vitiated (A.H. Su.27/42)<sup>10</sup>.
- The treatment shows complete remission of all sign and symptoms in the patient till last follow up.



**Before treatment:**



**During treatment:**



**After treatment:**

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