

EKA KUSHTHA (PSORIASIS) TREATED WITH AYURVEDIC TREATMENT - A CASE STUDY

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ABSTRACT

Skin is vital organ of human body. It is the largest organ of the integumentary system. Psoriasis is one the most dreadful dermatological condition. In India an estimated 1 to 2 % of the population is suffering from psoriasis. *Kushtha* explained in Ayurveda having similar features of psoriasis. Causative factors mention in Ayurveda and modern science are derangement in immune, metabolic system and stress. *Ekakushtha* is one of the *Kshudra-Kushtha* described in *Ayurvedic* text. In *Charaka Samhita* chapter 7, *Ekakushtha* is described as *Vata-kaphaj* disease. *Ekakushtha* has signs and symptoms i.e. *aswedanam* (absence of sweating), *Mahavastu* (big size lesions), *matsyashakalopamam* (scaling) which can be compare with psoriasis. It is chronic *Tridoshaj* disorder with pathological involvement of *Rasa*, *Rakta*, *Twak*, *Lasika* etc Depends upon chronicity of psoriasis, management consist of *Shodhan* (purificatory) and *shaman* (palliative) measures for its prevention and curative aspects. Clinical research has indicated individuals often experience a diminished quality of life. In this case study Ayurvedic treatment which shown extreme results, signs & symptoms of disease vanished without recurrence even after 6 months without medications used by me.

Keywords: *Ekakushtha*, *Shodhana*, *Shamana*, Ayurvedic, integumentary system, skin, dermatological disorders.

INTRODUCTION

Skin is vital organ of human body. It is the largest organ of the integumentary system. According to Ayurveda, skin is the one of the five "Gyanendriyas" It is responsible for *sparshgyan*, therefor it plays great role in physical and mental wellbeing. In present modern era, altered life style and food habits specially *virudhahar* is most common cause for the skin diseases. Skin diseases make a person handicap in society. Nobody wants to touch

them. They are forbidden by everyone and there is loss of beauty and personality which turns to stress and anxiety. Psoriasis is one the most dreadful dermatological condition.

Psoriasis is a fairly common skin condition and is estimated to affect approximately 1%-3% of the U.S. population. It currently affects roughly 7.5 million to 8.5 million people in the U.S. It is seen worldwide in about 125 million people. Interestingly, African

Americans have about half the rate of psoriasis as Caucasians¹. Psoriasis is a common autoimmune dermatological disorder in India with prevalence varies from 0.44 to 2.8 %². In India an estimated 1 to 2 % of the population is suffering from psoriasis. There is no satisfactory treatment in any other system of medicine except in Ayurveda, where a lot of description about its etiopathogenesis and treatment is available right from the Vedic and Samhita period. *Kushtha* explained in Ayurveda having similar features of psoriasis.

All the skin diseases in Ayurveda have been discussed under the broad heading of “*Kushtha*”, which are further divided in *Mahakushtha* & *Ksudra Kushtha*³. In present study Psoriasis has been taken as *Eka Kushtha*. Clinical features of *Eka Kushtha* described by Acharya *Charaka* are very much similar to that of Psoriasis and the features explained by Acharya *Kashyapa* represent remission, relapse and seasonal variation which are present in Psoriasis⁴.

Clinical Features of *Eka Kushtha* (Psoriasis)

*Aswedanam Mahavastu Yasyamatsyahakalopamam | Tadekkushtham...*⁵

Aswedanam (absence of sweating), *Mahavastu* (extensive lesions on body), *Matsyashakalopam* (resembles scales of fish) are features of *Eka Kushtha*. *Eka Kushtha* is a condition having dominancy of *Vata* & *Kapha Dosh*⁶. All Acharyas have emphasized on the *Shodhana* therapy in the management of *Eka Kushtha*. As per pathophysiology of disease, vitiated *Vata* along with *Kapha* hampers normal physiological functions of dermatome i.e. sweating, perception of touch stage by stage. As *Vata* is having *Yogavahi* property, it functions according to associated *Dosha* i.e. *Kapha* in this particular disease. *Kushtha* is *Raktapradoshaja Vikara*⁷. Psoriasis is a non- infectious, inflammatory disease of the skin, characterized 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 penis⁸

Factors involved in *Samprapti* of *Eka Kushtha* (Psoriasis)⁹

Doshas: Vata, Pitta, Kapha, Dushyas: Twak, Rakta, Mamsa, Lasika, Agni: Jatharaagni, Dhatvaagni, Bhrajakagni, Aam: Dhatwaagni-Maandya-Janya, Strotodushti: Atipravritti, Sanga, Siraagranthi & VimaargaGamana, UdbhavaSthana: Twaka, Rogamarga: Shakhagata Rogamarga

CASE REPORT

A 45 years old male patient occupationally worker in chemical industry approached in our Hospital for Ayurvedic treatment with chief complaint of –

1. Silver colored patches on all over body specially on Both (right and left) hands, legs, chest, Abdomen and back of the region,
2. Itching in patches
3. Scaling from patches

Patient had above complaints since 2 months.

History of Present illness: The patient was normal before 2 months. Then he started to have reddish patches Right and left Ankle region, Right and left Palm region gradually it turns in silvery with scaling and itching in these patches. Patient took treatment for this from skin specialist, allopathic doctors, Ayurvedic, Homeopathic doctors but did not get relief, and then he came to our SSNJ *Ayurved* Hospital, Solapur for further management.

Family History of *Kushtha* absent Laboratory Investigation

CBC, ESR, Urine routine and microscopic all were within normal limits.

Physical Examination Vitals Systemic Examination

Temperature - 98.6 0 f, Respiratory System - Normal
Pulse - 74/min Cardio Vascular System - Normal
R.R. - 20/min Central Nervous System - Normal
B.P. - 130/80 mm of Hg Per Abdomen – Normal

Local Examination

Skin Inspection: Silvery white colored, scaly patches on Right and left Hand, Right and left Legs, Chest and Back region.

Palpation

Patches were felt dry with rough surface, normal in temperature, firm, minimally elevated from skin surface.

Treatment given to Patient

1. *Aam Pachana and Agni Deepan for 5 days*
2. *Abhyantara Snehapana with Mahatiktaka Ghrita 5 Days*
3. *Virechana Karma 1 day*
4. *Samsarjana Krama of 1 Week 7 Days*
5. *Abhyantara Oushadha (Shaman Chikitsa) and mrudu Abhanganga 40 Days*

DISCUSSION

Kushtha is *Shodhan Saadhya Roga*¹⁰ hence in its management Acharya told to employ *Panchakarma* (Purificatory measures) frequently¹¹. In present Case study utilized *Aam Pachana*, *Virechana*, *Shamana Chikitsa* and *mrudu Abhanganga* for management of disease.

1. Aam Pachana and Agni Deepan

After examination and *Agniparikshana*, *Aam Laxana* found on *Jeevha* and *Jaranashakti* was hampered, to combat this *Aam Pachana* and *Agni Deepan* processed with employing *Langhana*, only Rice and *Mudga Yusha* etc. *Sutshekhara Vati*¹² 2 Tablets twice daily, before Meal given with *Koshna Jala as Anupana*, for 5 days. Due to *Dhatwagni Mandhya* and *Bhutagnimandhya*, there is production and accumulation of *Aam*¹³ which cause *Strotorodha* (blockage of body channels) by its *Guru*, *Abhishyandi*, and *Picchila* properties so nutrition of body parts congested.

2. Abhyantara Snehapana with Mahatiktaka Ghrita

Before employing *Panchakarma*, *Snehana Swedana* is mandatory.

“*Snehoanilam Hanti Mrudu Karoti | Deham Malanam Vinihanti Sangam || Snigdhasya Sookshmeshvayaneshuleenam | Swedastu Dosham Nayati Dravatvam*”¹⁴

Snehapana pacifies *vata*, brings softness in body parts, *Mala* accumulated, stagnated in body parts get loosened, *Swedana* cause liquefaction of *Doshas*. *Dosha* get *Anuloma Gati* and brought towards *Koshtha*. *Mahatiktaka Ghrita* used in this clinical study for *Abhyantara Snehapana* having superior *Kushthaghna* properties and *Kapha-Pittahara Guna* so it bring vitiated *Doshas* to *Koshtha*, pacifies *Vata* by *Sneha Guna*.

3. Virechana Karma

After *Samyaka Snehapana*, *Samyaka Snigdhalaxana* of patient 2 day gap given. *Bahya Snehana* with *Mahatiktaka Ghrita* and *Swedana* given on 1st and 2nd day. On 3th day *Virechana* conducted. At 6 A.M. *Shyama Trivruta Avaleha*¹⁵ 10 grams churned with 30 ml of *Triphala Kwatha*. *Vega* Started at 10 A.M. Total 12 *Vega* occurred in whole day which show best *Virechana* result. Appropriate utilization of *Virechana Karma* removes bodily vitiated *Kapha*, *Pitta Dosha*, and *Kleda* from body cause *Samprapti Bhanga* and makes body disease free.

4. Sansarjana Krama

On successful completion of *Virechana Karma*, *Sansarjana Krama* adopted for *Jatharagni Vardhana*. After completion of *Sansarjana Krama* *Psoriasis* affected part turns from pinkish to normal skin color, scaling, itching completely stopped.

5. Abhyantaraoushadha and Mrudu Abhanganga

After completion of *Shodhan Karma*, *Abhyantara Oushadha* given for 40 days, and *Mrudu Abhanganga* with *nimba tail* applied on *Psoriatic* part *Sutshekhara Vati* -2 Tablet Twice Daily Before Meal, *Aarogyavardhini Vati* 23- 2 Tablets Before Dinner. *Anupana* - *Koshna Jala*, *Kushthaghna Kwatha*- *Patol*, *Indrayava*, *Triphala*, *Trayamana*, *Shunthi* each 3 gm and *kutki* 1gm prepare *kwatha* 32 ml twice daily., *Mrudu Abhanganga* with *Nimba tail* applied on *Psoriatic* part. *Nimba tail* having

Kushthagna Property and acts as Pitta *Vataghna* acting on *Daha*, *Raga*, *Kandu* and *rukshta*.

Sutshekharavati, *Aarogyavardhini Vati*, *Kushthagna Kwatha* given for maintenance of bodily Pitta, Vayu and *Kapha Dosha*.

PHOTOGRAPHS

Before Treatment

After Treatment



CONCLUSION

Ayurvedic treatment shown excellent results in this case, signs & symptoms of disease relapsed totally

without recurrence even after 6 months without medications. Patient suffered from disease since last 2 months taken treatment of different doctors recur-

ring and relapsing, patient left hope of its betterment but this long standing treatment works and provided resultant output to get rid from psoriasis. Here more number of patients required to rich up to any conclusion, but with this case it can be stated this treatment is a hope for long standing Psoriasis with conventional medicaments

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