ABSTRACT

Psoriasis is non-infectious chronic inflammatory disease of skin characterized by well defined erythematous plaques with silvery scale which have a predilection for extensor surface and scalp and by chronic fluctuating course. The disease not only affects the patient physically but also disturbs the mental and social health of the patient, as the appearance of patient may be embarrassing. According to W.H.O. the world wide prevalence of Psoriasis is 2-3% (April, 2013). In India prevalence of Psoriasis varies from 0.44 to 2.88%. In Ayurveda all skin diseases are described under the umbrella of Kushtha. Ekakushtha is one of the Kshudra-Kushtha described in Ayurvedic text. In Charak Samhita Chikitsasthan chapter 7, Ekakushtha is described as Vata - Kaphaj disease. Ekakushtha has signs and symptoms i.e. aswedanam (absence of sweating), mahavastu (big size lesions) and matsyashakalopamam (scaling) which can be compared with psoriasis. The causes of psoriasis are not fully understood today. The current consensus is that the immune system, genetics and the environment (e.g. stress, cold weather, etc.) all play major roles in the development of psoriasis. As a result there is skin inflammation accompanied by overproduction of skin cells. Psoriasis is a disease difficult to cure by its nature. However, the treatment option available in contemporary system of medicine is not much satisfactory. Ayurveda has good results in Psoriasis. In ayurveda repeated shodhan chikitsa and shaman yogas are mentioned in treatment of kushta. In this case study first rukshana- pachana then virechana karma as shodhan chikitse and shaman yoga with takradhara therapy were given, which showed good results in Psoriasis. Pachana leads to aampachan, shodhana removes vruddha (vitiated) doshas from the body. Shamana stabilises doshas in our body.

Keywords: Ekakushtha, Shodhana, Shamana, Pachana, Psoriasis
INTRODUCTION

In Ayurveda all skin diseases have been described under the umbrella of kushtha. Ekakushtha is one of the kshudra-kushtha described in Ayurvedic text. In Charak Samhita Chikitsasthan Chapter 7, Ekakushtha is described as Vata-Kaphaj disease. Ekakushtha has signs and symptoms i.e. Aswedanam, Mahavastu and Matsyashakalopamam, which can be compared with symptoms of Psoriasis. Hence it has been taken as analogue to Psoriasis in the present case study. Psoriasis is a chronic, inflammatory disease which can affect the skin, joints and nails. The causes of psoriasis are not fully understood and are the subject of ongoing research. In psoriasis, the immune system is mistakenly activated, which leads to overproduction of skin cells. Skin cells build up too rapidly on the surface of the skin, forming raised, red, scaly patches (called plaques). These plaques are often itchy and sometimes painful can occur anywhere on the body.

Some people are not very affected by psoriasis but for others, psoriasis is a disabling and embarrassing condition that affects their lifestyle and their interactions with others. Incompatible food and liquid combinations, heavy substances, suppression of natural urges particularly vomiting, doing physical work or strenuous exercise after immediate eating, exertion and fear, Eating food again and again even without the sensation of hunger, use of contraindicated items while undergoing pancha karma, use of excessively new cereals (grains) curd, fish, salt and sour substances. Indulging in black gram, radish, rice flour preparations, sesame, milk and jaggery, performing intercourse during indigestion, taking catnap, insult brahmans, teacher (or other respectful persons), indulge in sinful activities.

Psoriasis has important consequences, both physical and emotional. Studies have shown that people with psoriasis have a lower quality of life and lower self-esteem than people who do not have the disorder. The physical impacts of psoriasis include irritation, pain, or burning sensations. The emotional impacts include an increased chance of depression, and impaired coping skills. People with psoriasis can feel stigmatized which may result in avoidance of social settings and increased isolation. In general, the degree of physical and emotional impairment for people with psoriasis is similar to those who have heart disease, cancer, or diabetes. There is no satisfactory treatment available for Psoriasis.

Acharya Charaka had mentioned that all kushthas are tridoshaj in nature. Hence shodhan chikitsa which helps to remove vitiated doshas from body and shaman yoga which help to bring samyavastha (balanced condition) of doshas showed good result along with takradhara therapy in this case study.

Case Presentation

A 32-year-old male patient, Hindu by religion, paper mill worker by occupation, having complaining of well demarcated, raised red scaling patches on trunk and back region. The affected skin was a variable shade of blackish red. He complained of itching and burning all over the body and on scraping, white scales (silvery scale) like substances falls down and leaves behind a shiny bleeding surface. On history, patient had above complaints since 1 year and diagnosed of Plaque psoriasis by allopathic physicians. Initially lesions were coin shaped and started from back of trunk, Hence; it was clear case of plaque psoriasis. For this, patient took
allopathic treatment for 6 Months but got no relief.

Examination
His general health was good and both physical examination and all blood tests (routine test) were within normal range. Vitals were normal.

The skin lesion was sent for culture and sensitivity test and report showed no growth. As per Ayurvedic text the symptoms of ekakushtha are: aswedanam mahavastu, matsbyashakalopamam

Diagnosis: ekakushtha (Psoriasis)

Sign and Symptom:

Table 1: Assessment of Subjective and objective Criteria

<table>
<thead>
<tr>
<th>Gradation</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjective criteria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aswedanam (Absence of sweating)</td>
<td>Normal Sweating</td>
<td>Mild Sweating</td>
<td>Mild Sweating on exercise</td>
<td>No Sweating after exercise</td>
</tr>
<tr>
<td>Mahavastu (Big size lesion)</td>
<td>No lesion</td>
<td>Lesion on partial part of hand, leg, neck, scalp, trunk, back</td>
<td>Lesion on most part of hand, leg, neck, scalp, trunk, back</td>
<td>Lesion on whole part of hand, leg, neck, scalp, trunk, back</td>
</tr>
<tr>
<td>Matsyashakalopamam (Scaling)</td>
<td>No scaling</td>
<td>Mild scaling from all lesions</td>
<td>Moderate scaling from all lesions</td>
<td>Severe scaling from all lesions</td>
</tr>
<tr>
<td>Objective Criteria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candle grease sign</td>
<td>Absent</td>
<td>Improved</td>
<td>Present</td>
<td>-</td>
</tr>
<tr>
<td>Auspitz Sign</td>
<td>Absent</td>
<td>Improved</td>
<td>Present</td>
<td>-</td>
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</tbody>
</table>

Objective Criteria
a. Candle grease sign⁶:
When a Psoriatic lesion is scratched with the point of a dissecting forceps, a candle grease-like scale can be repeatedly produced.
b. Auspitz Sign⁷:
On complete removal of the scales, a red, moist surface is seen. On further scarping, punctate bleeding points are seen.

Treatment
The patient was administered virechana (purgation therapy) and takradhara. All oral and local modern medicines were stopped. The details of the procedures are described below:

Method of Virechana Procedure (purgation therapy)
The virechana Process comprises of three stages, which are as follows:
Purva Karma (preperatory procedure)
Pradhana Karma (main procedure)
Pashchat Karma (post procedure)

1) Purva Karma (initial procedure viz. oleation and fomentation)
Purva karma of virechana is
1. Deepana – pachana
2. Snehana
3. Abhyanga-swedana.

Deepana and pachana was done by administration of arogyavardhini vati 500mg t.d.s. for 5 days. Snehana (oleation) before virechana procedure is performed by ‘snehapan’. ‘Snehapana’ (internal oleation therapy) was done by panchatikta ghruta. After obtaining of ‘samyaka snigdha lakshana’ (symptoms of proper internal oleation like oiliness of skin, passing stool containing fat, feeling of aversion of ghee), after 7th day of snehapana, patient was subjected to perform ‘abhyanga’ (oleation and massage) with ‘sesame oil and swedana by ‘kuti sweda’ (fomentation done by using vapour to whole body)
for two days. During all these days, light and liquid warm diet was given. Thereafter, on the third day morning, virechana was performed.

2) Pradhana Karma (main procedure viz. purgation therapy)

Before administration of virechana (purgation) Drug, abhyanga (massage) by sesame oil and svedana (fomentation) by kuti sweda was carried out in the morning of virechana day. Pulse, blood pressure, respiration and temperature were recorded. It was recorded two hourly during the pradhana karma. Patient was advised for empty stomach in the morning of virechana day. As mentioned in classics, virechana drug was administered after passing of morning time. Accordingly, the appropriate time for administration of virechana drug was 10:00 a.m. on empty stomach. Virechana yoga (purgative formulation) was prepared from 100 ml decoction of 25gm of triphala powder (powdered form of Terminalia chebula +Eblica officinalis + Terminalia bellirica )+20 ml Castor oil(Ricinus Communis) + 2 Tablets of abhayadi modak. Patient was given hot water repeatedly in little quantities. After that patients were observed carefully to avoid complications. Number of motions after administration of virechana drug was counted till the symptoms of proper purgation like stopping of purgation on its own, passing of stool with mucus in the last one or two motions, feeling of lightness in the body and later improvement in sign and symptoms of the disease appeared.

3) Pashchat Karma (post procedure of dietetic indication)

The time period from the completion of vegas, till the patient reached his normal diet is crucial and the specific management that has to be taken at this juncture is known as paschat karma. After the completion of virechana (purgation), patient was kept on samsarjana Krama (post procedure of dietetic indication) of considering the shuddhi as ‘madhyam’ type of ‘shuddhi’ (moderate purification). Patient was advised to take rest and thin rice gruel was given as a food and special diet is advised for 3 to 5 days.

TAKRADHARA

For takradhara, musta (Cyperus rotundus) choorna 20 gm, amalaki (Emblica officinalis) choorna 20gm, boiled in 6 litres water and reduced to 1/4 th. An Equal quantity of fresh takra (buttermilk, prepared from freshly boiled cow’s milk) is added to this. This mixture is used for Takradhara was given for 1month after virechana.

RESULT AND DISCUSSION

<table>
<thead>
<tr>
<th>Sign and Symptoms</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aswedanam (absence of sweating)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mahavastu</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Matsyashakalopamam (scaling)</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Candle grease sign</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Auspitz sign</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>DLQI</td>
<td>16</td>
<td>5</td>
</tr>
</tbody>
</table>

After purgation therapy and takradhara the reddish silvery patches all over body and scaling were disappeared at the end of 1 month leaving some area of hyper pigmentation over back.
Itching and burning was completely relieved. Then he was prescribed some oral medication viz. *arogyavardhini vati*. 500mg b.d. after meal with plain water for next 4 weeks and *maha-manjishtadi kwath* 30 ml b.d. after meal for next 2 months.

Along with the above medicines, he was advised to avoid intake of junk food, incompatible diet, sour food items (curd & citrus fruits) and salty food, day-sleep and advised to take simple dietary & lifestyle modifications.

With a follow up for a period of 6 month, till today the patient has shown no signs of recurrence.

**CONCLUSION**

It has been seen that, Ayurvedic line of management gives satisfactory answer as well equally beneficial for the promotion and preservation of health by removing toxic wastes by virechana and *takradhara*. Researches with *takradhara* containing *amalaki* & *musta* which has anti-inflammatory & antioxidant property, lactic acid in *takra* may help in the transdermal absorption of these drugs &have systemic anti-inflammatory, antioxidant effects in psoriasis.

**REFERENCES**


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**Conflict Of Interest: None Declared**