AYURVEDIC MANAGEMENT OF EK-KUSHTA (PSORIASIS)-A CASE STUDY

Dr. Bhupinder Singh Arora *

*1 M.D. Panchkarma (Ayurveda), Reader of Panchkarma Department, Shri Dhanwantari Ayurvedic medical college & research center, Matura - 281401, India

Abstract

Psoriasis is described in Ayurveda as ek-kushta, it is type of kshudrakushta. The number of people suffering from Psoriasis all over the world is increasing progressively. Ayurvedic medicine is oriented toward prevention, health maintenance and treatment of diseases. There is large number of drugs of herbal and mineral origin mentioned in Ayurvedic texts, regarding the treatment of ek-kushta. The present case study is successful Ayurvedic management of a case of ek-kushta (psoriasis). Here a case report of a 35 years male having with the complaint of ubhay pad pradeshi twak aaraktavarniya twakavaivarnya, kandu, twakrukshata etc. since 2 months. He was treated with Ayurvedic herbs & some panchkarma procedure which give effective result with Ayurvedic Management.

Keywords: Psoriasis; Ek-Kushta; Ayurvedic Herbs; Effective Therapy.


1. Introduction

Ek-kushta is one of the skin disorder explained by Acharya in kushta-chikitsa adhyaya. There are two types of kushta, namely mahakushta and kshudrakushta. Ek-kushta is one of kshudra-kushta. Aswdanam (not perspire), mahavastu (extensive) and yana-masyoshakalopamam (looks like fish scale), arun varna (discoloration) are the main symptoms ek-kushta(1). Ek-kushta is most closely resembles like Psoriasis. Psoriasis is a long-lasting autoimmune disease characterized by patches of abnormal skin. These skin patches are typically red, dry, itchy and scaly. Psoriasis varies in severity from small, localized patches to complete body coverage(2).

In modern era, different types of pollution, lack of proper diet, uses of various cosmetic, chemicals all this leads prevalence of skin diseases day by day. The prevalence rate of psoriasis is 0.44-2.8%
in India\(^3\). Line of Ayurvedic treatment for psoriasis is *shodhan* and *shaman chikitsa*. *Shodhan chikitsa* can be given by *vaman* (emesis) and *virechana* (purgation)

*Raktamokshana* (*blood-letting*) whenever Vata is dominant, *Ghrita* should be prescribed, similarly, where the *Kapha* is dominant, *Vamana Karma* & in the dominancy of *Pitta*, *Virechana Karma* & *Raktamokshana* should be done\(^4\). While *Shaman chikitsa* given by internal and external medication. all the medicine which are used having properties *tikta* and *katu rasatamak* which is used to purification of vat, *kaph* and *rakta Dosha*. *Ek-kushta* can be treated remarkably with procedures of *panchakarma* and internal medications. By this treatment it gives excellent result to patient.

### 2. Case Report

A 35 years old male patient came to us with following chief compliant –

<table>
<thead>
<tr>
<th>No.</th>
<th>CHIEF COMPLAINTS</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><em>Ubhay pad</em> &amp; <em>padtal pradeshi</em></td>
<td>2 months</td>
</tr>
<tr>
<td>2</td>
<td><em>twakvaivarnya</em> (discolouration)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><em>Yanamasyoshaklopamam</em> (erythematous patches rounded and irregular shape appearing as silvery scale)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><em>Kandu</em> (itching)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td><em>twakrukshata</em> (dryness)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><em>twakrukshata</em> (dryness)</td>
<td></td>
</tr>
</tbody>
</table>

**History of Present Illness**

A 35 years old male patient presented with reddish erythromatous plague on legs he was complaining of itching and burning sensation over there.

On history patient had above complaints since 2 months. Patient took modern medicine but get only temporary symptomatic relief. Severity of symptoms increased day by days, So he came for our clinic for Ayurvedic treatment

**Past History**

No any H/o

- DM / Hypertension / Thyroid disorder
- TRAUMA
- Addiction
- Family illness (kulvrutta –
  - matrukul - sandhigata vata,
  - pitrukul - madhumeha,
  - swakul - Prakrut )

**Astavidha Pariksha**

- *Nadi* (pulse) = 78/min.
- *Mala* (stool) = awastambha
- *Mutra* (urine) = 3-4 times in a day
• \textit{Jeeva} (tounge) = Eshat saam.
• \textit{Agni} = prakrut
• \textit{Shabda} (speech) = Normal.
• \textit{Akruti} = Madhyama.
• \textit{Bala} = Madhyama.
• \textit{Raktadaaba} (B.P) = 120/70 mm/Hg.

Investigation

Table 2: Showing investigations done for study

<table>
<thead>
<tr>
<th>CBC</th>
<th>HB - 12 gm%</th>
<th>WBC 6700</th>
<th>PLATELET - 184000</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESR</td>
<td>18 mm</td>
<td>(westerngreen method)</td>
<td></td>
</tr>
<tr>
<td>BSL (Radam)</td>
<td>Within normal</td>
<td>Limit</td>
<td></td>
</tr>
<tr>
<td>URINE (R)-</td>
<td>81 mg/dl</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Materials and Methods

• \textbf{Method of sampling}- simple randomized
• \textbf{Study design}: experimental clinical single case study.

Materials

Table 3: Showing material used in study

<table>
<thead>
<tr>
<th>No.</th>
<th>Dravya</th>
<th>Dose</th>
<th>Duration</th>
<th>Anupan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ras manikya</td>
<td>125mg</td>
<td>Bd after meal</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>talsindur</td>
<td>125 mg</td>
<td>Bd after meal</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Praval panchamrut</td>
<td>500mg</td>
<td>1Bd after meal</td>
<td>With luke warm water</td>
</tr>
<tr>
<td>4</td>
<td>Kaishor gugul</td>
<td>250mg</td>
<td>1Bd after meal</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Nimba-patol-katukrohinyadi kwath</td>
<td>10ml</td>
<td>With half cup of water after meal</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Kamdudha rasa</td>
<td>250mg</td>
<td>1Bd after meal</td>
<td></td>
</tr>
</tbody>
</table>

Table 4: Showing panchakarma done in study

<table>
<thead>
<tr>
<th>No.</th>
<th>procedure</th>
<th>duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Virechana –by 5gm trivrutavaleha with luke warm</td>
<td>daily at night</td>
</tr>
<tr>
<td>2</td>
<td>Stanik abhyang (ubhay pad pradeshi) with Valyapladi oil</td>
<td>Ones in a day</td>
</tr>
<tr>
<td>3</td>
<td>Takradhara</td>
<td>Ones in a day</td>
</tr>
<tr>
<td>4</td>
<td>Psora kot oientment</td>
<td>At night</td>
</tr>
</tbody>
</table>

Table 5: Showing mode of action of drug.

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Dravya</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>\textit{Ras manikya} ($^5$)</td>
<td>\textit{vatshelshamak jwar nashak, kushtagna, swaskas-nashak}</td>
</tr>
<tr>
<td>2.</td>
<td>\textit{Talsindur} ($^6$)</td>
<td>\textit{twak-rakta vikar nashak, vishamjwarnashak}</td>
</tr>
</tbody>
</table>
4. Discussion

Hetu seven

**Aaharaja Hetu**

*Aahar* is one of *trayopstmbha*, so it is one of the chief responsible factors in the production of the kushta.

*Viruddha Ahara* (incompatible or antagonistic diet) Acharya *Charaka* has stated that the substances acting antagonistic to ‘Dehadhatu’ are *Vairodhika*. Acharya Charaka described eighteen types of *Viruddha Ahara* in *vimanstan*.

*Mithya Ahara* (irregular Diet)

**Viharaja Hetu.**

*Viharaja Hetu* also play an important role in the production of *kushta*. *Mithya Vihara, Vegadharana & Panchakarma pacharanare* included in *Vihara Hetus*.


**Krimi:**

Mahrshi charak and sushrut both mentioned *Krimi* is one of the probable causative factor for *kushta*.

**Samprapti (Pathogenesis)**

Most of the Acharyas have described the common *Samprapati* of the disease *Kustha* but they haven’t emphasized on the *Samprapti* of the *kushta*.

\[
\text{Hetu seven} \\
\text{vata doṣh kapha doṣhProkop} \\
\text{sharirat sarvatra sanchar} \\
\text{Twak, rakta, mansa, jaļiya dhatu (lasika) yachi drushti} \\
\text{kledopatti} \\
\text{aswedanam, mahavastu, yanmasyašaklopamam} \\
\text{ek-kushta}
\]
Samprati-Ghatak

- *Dosha* – vata kapha dosha prakop
- *Dushya* – ras, rakta, mansa, lasika
- *Srotas* – rasavaha, raktavaha, mansavaha
- *Srotodusti* – sanchaya vrutti
- *Udhhavasthana* – twak, mansa
- *Vyaktasthana* – ubhay pradeshi

5. Discussion

Discussion on treatment principles adopted w.r.t clinical condition

In line of treatment we think about *Aampachn, dipan, vata kapha shamanaand shodhan chikitsa.*

- *rasmanikya, talsindhur* having properties of raktadushtinashak and kushtagna as well as praval panchamrut are pittshamak so reduces the symptom of kandu of patient.
- Nimba having antibacterial, kushtagha property as well as katukrohini and patol having katu tikta rasa which reduces the raktdushti kamdudha act as a pittshamak which is also helpful for reducing raktdoshti.
- *Stanik abhyanga* with *Valyapladi* oil reduces the twakrkshta
- Daily *virechana* by *trivruttavaleha* is helpful reducing pitta kaphaj drushti which is helps to decreases all the symptoms of the diseases.
- *Psora kot* having kushtagna drwya like swetakutaj, nimba, kirat-tikta as well as takradhara is vatkapaha properties helps to reduces twakvaivarnya
- At the end of 2 months, there is improvement of 80% of total symptoms of the patient

6. Observation and Result

The results observed after the treatment: Improvement in signs and symptoms of the patient. Relief was found in kandu, (itching) twak vaivarnya (discolouration over skin),

<table>
<thead>
<tr>
<th>No.</th>
<th>CHIEF COMPLAINTS</th>
<th>before treatment</th>
<th>after treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ubhay pad &amp; padtal pradeshi twakvaivarnya (discolouratio)</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>Yanamasyoshaklopamam (erythmatous patches rounded and irregular shape appearing as silvery scale)</td>
<td>+++</td>
<td>_</td>
</tr>
<tr>
<td>3</td>
<td>Kandu (itching)</td>
<td>+++</td>
<td>_</td>
</tr>
<tr>
<td>4</td>
<td>twakrukshata (dryness)</td>
<td>++</td>
<td>_</td>
</tr>
</tbody>
</table>

7. Conclusion

Ayurvedic herbs along with *panchkarma* therapy shows highly significant results in ek-kushta.
Before Treatment

After Treatment

References

[1] Dr. Brahmanada Tripathi, Charak Samhita of Maharshicharak, Chukhambhaprakashan, Varanasi, 2011, Chikitsastan, chapter 7, verse no.21, page no.305
[7] Indian pharmacopoeia, Government of India, ministry of health & family welfare, the controller of publication, Delhi, 1996.part-1, vol-2, page.no.134
[8] Rasatantrasar v sidd prayogsangraha by gopal krrishna ayurved bhawan, reprint 2015 part 1st page no 240
[10] Rasatantrasar v sidd prayogsangraha by gopal krrishna ayurved bhawan, reprint 2015 part 1st page no 223

*Corresponding author.
E-mail address: dr bsarora@ yahoo.co.in