



Role of Ayurvedic Modalities in the Management of *Ekakustha* (Psoriasis) : A Case Report

Dr. Md. Moniruzzaman¹, Dr. Waquar Akbar², Dr. P.B KarMahapatra³

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1-P.G. Scholar, Department of Kayachikitsa, Institute of Post Graduate Ayurvedic Education & Research at S.V.S.P., Kolkata, West Bengal.

2-P.G. Scholar, Department of Kayachikitsa, Institute of Post Graduate Ayurvedic Education & Research at S.V.S.P., Kolkata, West Bengal.

3-MD(Ayu), Ph.D (CU), Reader, Department of Kayachikitsa, Institute of Post Graduate Ayurvedic Education & Research at S.V.S.P., Kolkata, West Bengal.

Corresponding Author :- : Dr. Md. Moniruzzaman , P.G. Scholar, Department of Kayachikitsa, Institute of Post Graduate Ayurvedic Education & Research at S.V.S.P., Kolkata, West Bengal, Email id – jaman1992indya@gmail.com

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ABSTRACT –

Psoriasis is a chronic papulo-squamous disorder of unknown aetiology characterized by well-defined erythematous papules and plaque lesions with silvery white micaceous scales. It is an incurable ailment which is frustrating to the suffering human physically as well as psychologically. There is no such satisfactory safe and curable remedy in modern medicine. Ayurveda has considered all skin diseases under *Kustha*. *Ekakustha* (Psoriasis) is one of the *kshudra kusthas* characterized by *Aswedan* (absence of perspiration), *Mahavastu* (big size lesions), *Matsyashakalapam* (fishlike scale). Due to similarity of sign and symptoms *Ekakustha* (Psoriasis) may be correlated with Psoriasis. In the present study, a diagnosed case of psoriasis has been treated with ayurvedic modalities like *Deepan –pachan* (appetizer-digestives), *Ghritapana* (intake of medicated ghee), *Virechana* (purgation) as *sodhana* (purification), *Shamana* (pacification) yoga and *Takradhara*. The effectiveness of these treatments were found unique and very much satisfactory. 'PASI' (Psoriasis area and Severity index) score was taken as assessment parameter of improvement. The skin lesions of the patient was calculated by 'PASI' score before starting the treatment, was found to be 48, which decreased to 1.2 at the end of treatment. This case report showed remarkable improvement in overall condition of the patient with no recurrence since 1 year.

Keywords: Psoriasis, *Ekakustha*, *Virechana*, *Takradhara*, PASI score.



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INTRODUCTION

Psoriasis is a chronic papulo-squamous disorder of unknown aetiology characterized by well-defined erythematous papules and plaque lesions with silvery white micaceous scales affecting mainly extensor aspect of extremities, lumbo-sacral area of trunk and scalp^[1]. According to W.H.O the world wide prevalence of psoriasis is 2-3% (August,2020)^[2]. In India prevalence of psoriasis varies from 0.44-2.88%^[3]. In Ayurveda all skin diseases are described under the umbrella of *kustha*. *Ekakustha* (Psoriasis) is one of the *kshudrakustha* (minor skin diseases) described in ayurvedic texts^[4]. In Charaksamhita, chikitsasthana, chapter-7,

Ekakustha (Psoriasis) is described as *Vata-kapha* predominant disease and characterized by *Aswedan* (absence of perspiration), *Mahavastu* (big size lesions) and *Matsyashakalapam* (fish like scale)^[5]. It can be compared with psoriasis due to similarity of signs and symptoms. The exact aetiology of psoriasis is not known but many precipitating reasons like genetic, dietary, immunological and psychological factor have been found. In modern medicine, there is no satisfactory treatment available for psoriasis. In Ayurveda, various kind of treatment modalities are available for *kusthachikitsa*

AIMS AND OBJECTIVE

To evaluate the role of various Ayurvedic modalities in management of Psoriasis

Material And Method

A. Place of study: Institute of Post Graduate Ayurvedic Education and Research at S.V.S.P, Kolkata.

- Reddish silvery patches on upper and lower limbs, trunk and head since 2 years.
- Itching and burning sensation in rashes with scaling on scratching.

B. Case report:

● Basic information of the patient:

- Age- 21years
- Religion- Hindu
- Socio-economic status – Middle class
- Occupation – Student
- Diet – Mixed diet

History of present illness:-

The patient was asymptomatic before 2 years. After that he developed complaint of scaly rashes on his lower abdomen and lower back which gradually progressed and affected his both lower and upper limbs and scalp. There was severe itching on the rashes along with burning sensation and scaling after scratching. He took allopathic medication for about 1 year before coming to our hospital, then, he took Ayurvedic medication for 6

Chief complaint:

months which provided remarkable improvement of symptoms.

History of past illness:-No such history of any other major illness in past.

On Examination:-

General condition – Moderate

Vitals were normal

Local Examination:-

1. Reddish silvery plaque more on upper limbs, lower back and lower limbs.
2. Several black-reddish patches on scalp

3. Auspitz sign – Present
4. Candle grease sign – Present.

● **Investigation:** Complete Blood counts, Liver Function Test, Kidney Function Test (Serum Creatinine, Urea) were within normal limits.

● **Diagnosis:** On the basis of clinical history and on examination of the lesions, the case was diagnosed as *Ekakustha* (Psoriasis).

● **Treatment protocol :-**

- Total duration – 6 months.

Table 1: List of prescribed medicines with treatment protocol

Deepan-panchan (appetizer-digestives),	With <i>Panchakola churna</i> – 3gm. TDS for 3days
Abhyantara Sneha (internal oilation)	With <i>Mahatikta ghritam</i> for 5 days in increasing order 30ml to 160ml with luke warm water followed by <i>mridusnehan</i> (oilation) & <i>swedena</i> (sudation therapy) for 2 days.
Virechana Karma (Purgation)	With <i>Trivrit Avaleha</i> - 40gm given with lukewarm water at morning in empty stomach followed by <i>Samsarjan Karma</i> (regeneration procedures) for 7 days. After <i>Samsarjan Karma</i> (regeneration procedures), <i>Shamana</i> (pacification) yoga started and simultaneously <i>Takradhara</i> also given for 1 month.
Takradhara ^[6]	<i>Takradhara</i> is a special Panchakarma therapy in which medicated buttermilk processed with medicinal herbs is used in the form of an external remedy. Ingredients: <ol style="list-style-type: none"> 1. <i>Amlaki churna</i> (<i>Embelica officinalis</i>) - 200gm 2. Milk- 1.5 litres 3. <i>Musta</i> (<i>Cyperus Rotundus</i>),- 100gm 4. Water- Q.S. Prepare the <i>takra</i> & <i>Amlaki kwath</i> separately. Then mixed properly and use for Dhara.
Samshaman yoga (Pacification therapy)	Following medicines were used – <ol style="list-style-type: none"> 1. <i>Panchatiktaghritaguggulu</i> -500mg twice daily after meal 2. <i>Gandhak Rasayan</i>-500mg twice daily after meal 3. <i>Khadhirarista</i>-15ml twice daily after meal 4. <i>Mahamarichyaditaila</i>-for local application

- **Assessment criteria:-**The improvement of condition of the patient was assessed on the basis of ‘PASI’ score [7].

Table 2: Showing ‘PASI’ scoring pattern

<p>▪ ‘PASI’ score:</p>	<p>The Psoriasis Area and Severity Index (PASI) is the most widely used model for measuring Psoriasis Severity and is based on the degree of Severity and degree of skin area affected. The score ranges from 0 to 72, where 72 denote maximal severity of disease.</p>																
<p>▪ Steps in gathering PASI score:</p>	<p>Divide body into four areas: Head, arms, trunk to groin and legs to top of buttocks.</p> <p>Generate a percentage for skin covered with psoriatic plague for each area and convert that 0-6 scale as below:-</p> <table border="1" data-bbox="663 864 1147 1281"> <thead> <tr> <th><i>Percentage (%)</i></th> <th><i>Rating scale</i></th> </tr> </thead> <tbody> <tr> <td>00</td> <td>00</td> </tr> <tr> <td>00-<9%</td> <td>01</td> </tr> <tr> <td>10-<29%</td> <td>02</td> </tr> <tr> <td>30-<49%</td> <td>03</td> </tr> <tr> <td>50-<69%</td> <td>04</td> </tr> <tr> <td>70-<89%</td> <td>05</td> </tr> <tr> <td>90-<100%</td> <td>06</td> </tr> </tbody> </table> <p>Generate average score for- Erythema, Thickness and Scaling for each area.</p> <p>Sum of the score of erythema, thickness and scale for each of the area.</p> <p>Multiply item (c) and (d) for each area and multiply that by 0.1, 0.2, 0.3 and 0.4 for head, upper limbs, trunk and lower limbs respectively.</p> <p>Add these scores to get the ‘PASI’ score.</p>	<i>Percentage (%)</i>	<i>Rating scale</i>	00	00	00-<9%	01	10-<29%	02	30-<49%	03	50-<69%	04	70-<89%	05	90-<100%	06
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50-<69%	04																
70-<89%	05																
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RESULT

Table 3: Showing ‘PASI’ score before and after treatment

<u>Before treatment</u>	<u>Head</u>	<u>Arms</u>	<u>Trunk</u>	<u>Legs</u>	<u>Total</u>	
• Skin area involved	5	5	4	4	48	
• Redness	3	4	3	3		
• Thickening	3	4	3	3		
• Scaling	3	4	3	3		
	4.5	12	13.5	18		
After 1.5 month						
• Skin area involved	5	5	3	3	24.6	
• Redness	2	3	2	2		
• Thickening	2	3	2	2		
• Scaling	2	3	2	2		
	3	9	5.4	7.2		
After 3 month						
• Skin area involved	3	5	3	3	17.3	
• Redness	1	3	2	2		
• Thickening	1	3	1	1		
• Scaling	1	2	1	1		
	0.9	8	3.6	4.8		
After 4.5 month						
• Skin area involved	0	3	2	2	7.8	
• Redness	0	2	1	1		
• Thickening	0	2	1	1		
• Scaling	0	2	1	1		
	0	3.6	1.8	2.4		
After 6 month						
• Skin area involved	0	2	0	0	1.2	
• Redness	0	1	0	0		
• Thickening	0	1	0	0		
• Scaling	0	1	0	0		
	0	1.2	0	0		

DISCUSSION

As per Ayurvedic concept, Skin is the outermost structure of the body, which prevents our body from external injury like heat, light, toxin, poison, irritant etc. When skin disease becomes chronic they are hard to cure [8]. In initial phase, *Kandu* (Itching sensation) is generally caused by *Kapha dosha* and *Pradaha* (Inflammation) is caused by *Pitta dosha*. When the disease converts to chronic stage (*jir nabasta*), *Vata* becomes aggravated and causes deterioration of the skin through roughness, lightness and spreading nature of the disease. So, according to above theory, finally tridosha becomes involved in a chronic skin disease. The present case study has been done through the ayurvedic management protocol deploying the ayurvedic *dosa-dusya* conception [9]. Here, the patient was treated in four phases, duration of each phase was 1.5 month. In 1st phase, patient was treated with *Deepan-pachan* (appetizer-digestives), *virechan* (Purgation) and *samsarjankrama* (regeneration procedures) for 15 days followed by *Takradhara* for 1 month and local application of *Mahamarichyadi taila* during the whole phase of treatment. In this phase, *Virechana* (Purgation) with *Trivritavaleva* has been done after conventional *Deepan-Pachan* therapy (appetizer-digestives) by *Panchakola churna*, because correction of *Agni* is a vital protocol of ayurvedic theory. After correction of *Agni*, *Virechana* was done to pacify *Pitta* and for *Srotasodhana* (cleaning of micro-channels). So, by this therapy there were reduction of *Pradaha* and *Sotha* (inflammation). *Trivrit* also causes *Vatanuloman* and correction of *Raktavaha Srota* (Blood channels). Here, *Takra* was given externally as *dhara* which is an effective remedy for pacification of *vata-slesma* by enhancing the *Agni* and also causing soothing effects all over affected area, while simultaneous enhancement of circulation in *Srotas* (micro-

channels) was also obtained. *Takra* having, *Rasa-Kashaya* (bitter), *Amla* (sour), *Madhur* (sweet), *Guna- Laghu* (light), *usna* (hot), *ruksha* (dry), *virya* (active principle)- *usna*, *vipaka* (bio transformation) - *Madhur* and it has *grahi* (absorbent), *vikasi*, (opening channels), *dahanasak* (treat burning sensation, *stambhanasak* (remove stiffness) etc karma^[10]. So, after correction of *Agni* through *Deepan-Pachan*, purification of *srotas* (micro channels), *takradhara* works more effectively on the lesions of *Ekakustha* (Psoriatic lesions). After completion of this phase PASI Score reduced to 24.6 from 48. In 2nd phase, patient was treated with oral medicine like *Panchatiktaghrita guggulu* (500mg) and *Gandhak rasayan* (500mg), twice daily for 1.5 month and locally *Mahamarichyadi taila* applied over affected area. PASI Score reduced to 17.3 from 24.6 at the end of this phase. Here, *Panchatiktaghrita guggulu* having ingredients like *Nimba* (*Azadirachta Indica*), *Guduchi* (*Tinospora cordifolia*), *Patola* (*Trichosanthes Dioica*), *Kantakari* (*Solanum Xanthocarpum*), *Vasa* (*Adhatoda Vasica*) and *Guggulu* is the drug of choice for *kustha*. It contains various medicinal properties like *Srotasodhak* (opening channels), *pradahanasak* (treat burning sensation, *vranasodhak* (wound healer) and *tridoshanasak* [11]. This drug showed good effect along with *Gandhak rasayan* which also acts as a good skin rejuvenator. It is a Herbo-mineral formulation. It contains ingredients like *Suddha Gandhak*, *Trikatu*, *Triphala*, *Vidanga* (*Embelia Ribes*) etc. It act as *kledanasak* (Demulcent), *agnidipak* (digestive), *pachak* (appetizer) and *vata-slesma nasak* [12]. In 3rd phase, *Panchatiktaghrita guggulu*-500mg twice daily and *Khadirarista*-15 ml with equal quantity of water was given orally, twice daily after meal for 1.5 month along with local application of

Mahamarichyadi taila. As, *Khadirarista* is a good skin rejuvenator, consisting of *khadira* (*Acacia Catechu*), *bakuchi* (*Psoralea Corylifolia*), *daruharidra* (*Berberis Aristata*), *triphala* etc, it act as *Kapha-pittahara*, *medoghna* (lipolytic) *dipaniya* (digestive), *kanduhara* (Antipruritic) [13]. At the end of 3rd phase, conditions of the patient gradually improved. The PASI Score was reduced to 7.8 from 17.3 after this phase. So, this gradual reduction in PASI Score indicates fruitfulness of the treatment ideology. In 4th phase patient was only administered *Khadirarista* orally and *Mahamarichyadi taila* locally, where PASI Score

successfully reduced to 1.2 from 7.8. For the assessment of improvement of lesions, 'PASI' scale was considered. Before starting the treatment his PASI score was 48. After 6 weeks or 1.5 month it was reduced to 24.6. After 3 months score was 17.3, after 4.5 months it was 7.8 and finally after 6 months of treatment PASI score was 1.2, which mathematically showed 97.5 % relief. So, it is evident that the various ayurvedic modalities like *Deepan-Pachan* (appetizer-digestives), *Virechana* (Purgation), *Takradhara* and *Shamanousadhi* (Pacifying drugs) is a satisfactory curative measures for *Ekakustha* (Psoriasis).

CONCLUSION

This case report showed that the combined Ayurvedic modalities are both potent and effective in treatment of *Ekakustha* (Psoriasis). *Takradhara* in particular seems to be quite effective in balancing *Manasikadosha* (mental condition) as well as *Sharirikdosha* (physical condition) of the patient. *Sodhana* (Purification) by *Virechana* and *Shaman* (Pacification) by internal medication considerably improved the conditions of patient. A further study

of this combination is required in treating Psoriasis which will help the patients to lead a healthy life physically as well as mentally

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