

# Ayurvedic Management Of Psoriasis W.S.R Ekkustha: A Case Study

Dr. Sarita Kumari<sup>1</sup>, Dr. Shailesh Deshpande<sup>2</sup>

<sup>1</sup> PHD Scholar, Faculty of Ayurveda, Parul Institute of Ayurveda, Parul University, Vadodara, Gujarat.  
Email: drsarita.kumari81@gmail.com

<sup>2</sup> Guide, Professor and Head, Kayachikita Dept., Parul Institute of Ayurveda, Parul University, Varodara.  
Email: Dr.shaileshd@gmail.com

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## Abstract

*In most of ayurvedic texts, all types of kustha have been considered as rakta pradosaj vikara, further ekkustha is stated to be tridosaj with the dominance of vat kaph dosha and twacha as dosha adhisthan. It is a type of kchudra kustha occurring mainly due to imbalance of vat kaph dosha and resembling psoriasis in its clinical manifestation, primarily with cardinal symptoms as loss of perspiration in a large skin area with silvery scaly lesions, like scales of a fish (in majority of classics). Brihtrayi have mentioned its chikitsa as sodhan followed by shamshaman and rasayan chikitsa. This case study is all about treatment of ekkustha given to a psoriatic patient and its positive relief.*

**Keywords:** Ekkustha, Psoriasis, Snehan, Swedan, Vaman, Shansman Chikitsa, Positive Relief.

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## INTRODUCTION

A 35 year old male muslim patient who was suffering from psoriasis, having complaint such as dry, scaly & itchy lesion on the extensor surface of legs, extensor surface of hands, chest, abdomen and scalp since 4 years , After consulting to physician he was diagnosed as a case of psoriasis. He was advised to have allopathic medicine acitretin 50mg/day along with methotrexate 7.5mg/week but there was not much relief so he came to the opd of kaychikitsa department of Dayanand Ayurvedic Medical college & hospital Siwan. According to Ayurvedic samprapti and feature the disease was diagnosed as ekkustha and treatment of ekkustha was started. Medication such as panchtikt ghrit gugglu<sup>1</sup>(2tab t.d.s with luke warm water), combination of panchnimbadi churna<sup>2</sup>(3g), gandhak rasayan<sup>3</sup>(250 mg) and rasmanikya<sup>4</sup>(100mg) 2times in a day with honey. alongwith amrit bhallatak avleh<sup>5</sup>(10g two times with lukewarm milk) and khadirarist<sup>6</sup> (20ml with same quantity of water two times after meal) were used along with local application of mhamrichyadi tail. Along with medication, panchkarma such as snehan, swedan and vaman had been advised for 20 days in hospital. and by the end of ipd treatment of snehan swedan and vaman karma symptoms such as itching, dryness and scaly skin got relieved. Patient was asked to have follow up upon regular basis in opd timing. With regular follow up and medication for 6 month patient got its routine life back with significant reduction in all symptom, only few faded lesion on lower limb and no physical complain remaining. Scaling, dryness and itching were considerably reduced. As per ayurvedic principle sodhan at regular and in appropriate quantity along with shaman treatment is a necessity in treatment of psoriasis.

## CASE STUDY

A male patient of Age 35 year with c/o thick dry scaly itchy and burning lesion on both extremities chest abdomen and back since 4 year came in outpatient department of damch Hospital on 28.1.2019 PASI score was 30 on admission. Haemogram showed normal hb% of 14 other parameters were within normal limits.

Lesion seen in this patient were well defined raised papules Krishna Aruna varna, Rukshtha, plaques covered with scales and resembled like scales on body of fish (matsyashaklopama) along with itching (Kandu, Mahavastu, Awedanam) hence the patient was diagnosed as a case of ekkustha. Srava was found very less,

## MATERIAL AND METHOD OF TREATMENT

### Vaman Karma (Samshodhan Chikitsa)

#### Poorva Karma:

**Snehan:** Snehan was done with **goghrita** for the 5 days according to the Koshtha and Prakriti of the patient with the lukewarm water. It was given early in the morning when food taken in the preceding night has been digested. After getting the sign and symptoms of samyak snigdha, snehan was stopped. The dose of goghrita was started with 25ml (hrisayasimatra) and increased between 10ml/day according to Koshtha and Prakriti of the patient.

**Swedan:** After the completion of snehan, **sarvangswedan** by guru vastra (blanket) was done according to prakriti and ritu, in the evening of completion of snehan karma, next day in the morning and evening and in early morning on the day of vaman karma.

**Kaphotkleshkar Ahara:** In the previous night of Pradhan Karma patients was instructed to have the diet enriched with dugdha, dadhi, til, urad etc. for vitiation of Kapha dosha.

### PRADHAN KARMA

<p><b>PAST HISTORY</b> No history of HTN, DM<sub>2</sub>, Any traumatic injury, Dyslipidemia.</p> <p><b>FAMILY HISTORY</b> Patient is married and has three children. no one in family having similar complaint</p> <p><b>PERSONAL HISTORY</b> Diet-Mixed Appetite-moderate Sleep-Normal Micturition-5-6 times per day Bowel-irregular Addiction-No any</p>	<p><b>ON EXAMINATION GENERAL CONDITION</b></p> <p>Built-Moderate Nourishment-Well nourished Pallor-Absent Icterus-Absent Cyanosis-Absent Clubbing-Absent Lymphadenopathy-Absent Edema-Absent Tongue-not coated Pulse-80BPM B.P-120/88mm of Hg Temp.-Normal Respiration-18times/minute</p>
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**Preparation of Vaman Drava:** The kwath of madanphala pippali in the quantity of 15gm was prepared according to kwath preparation method (i.e. boiling it into sixteen times of water) 20ml of Madhu and 10gm of Saindhav lavana was added to lukewarm kwath.<sup>7</sup> (Ch. K. 1/15)

**Process of Vaman Karma:** In early morning of Pradhan Karma the patient was advised to have bath and his daily prayer. The general examination of the patient is done along with the record of PTRB (Pulse, Temperature, Respiratory rate and Blood pressure), Now the whole procedure was explained to the patient with mental counselling (Ishwar Pranidhan) and advised the patient to drink akanth (2litre) lukewarm milk. Then we waited for 10-15 minutes and asked the patient to drink vaman drava (300ml prepared with 2.5 g mdanphal, 5gm vacha, 7.5 g yasthimadhu), then we waited for 15-20 minutes and observed the classical symptoms of vaman to be appeared, i.e. appearance of sweat drops on patient's forehead, romharsh, adhyamam and hrillas<sup>8</sup>. A vessel was kept ready for collection of vomitus. During

the act of vaman when actual bouts were being thrown out, the forehead and chest of the patient was held, umbilical region of the patient was pressed and back of the patient was gently massaged from below upward (A. S. Su. 27/18). The patient was again asked to take lukewarm saindhav lavana mixed water (about 200-300 ml) and again the provocative vaman was done. Again the general examination (PTRB) of the patient was done. The patient was advised to relax in bed. After that, 5 days sansarjan karma was advised then normal diet was allowed to the patient.

After that Medication such as panchtik ghrut gugglu (2tab t.d.s with luke warm water), combination of panchnimbadi churna (3g), gandhak rasayan (250 mg) and rasmanikya (100mg) 2 times in a day with honey. alongwith amrit bhallatak avleh (10g two times with lukewarm milk) and khadirarist (20ml with same quantity of water two times after meal) were used.

### TREATMENT OUTCOME

In the initial 14 days of treatment itching and dryness was reduced no other significant improvement was seen. Patient started to show major improvement after vaman karma. Marked decrease in raised grayish black lesion and shedding of deceased skin was seen after vaman karma. 2 month after vaman only a few lesion was seen on lower limb but there was no itching, scaling and dryness. No new skin lesion was seen. Significant reduction in PASI score was seen. patient continued the treatment for another 3 month.

### DISCUSSION & CONCLUSION

According to fundamentals of KayaChikitsa, for cure of any disease samprapti vighatan is the basic line of treatment. As Ekakushtha have tridoshik clinical manifestations, with predominance of Vata and Kapha and main srotodushti in the disease is sang (Srotovarodha), we have selected a regimen with tridoshashamak properties with chiefly VataKapha shamak properties. If we consider the pathology or causative factor of the disease, any definite cause has not been found yet in modern science, but Ayurveda mentioned very clearly the **faulty diet habit** (viruddha annapana) & **lifestyle** as main step to develop the disease. In Sutra sthana, **Acharya Charaka** and **Vagbhatta** has mentioned Kushtha under Santarpana janya vyadhi. Further in

Nidana Sthana **Acharya Charaka** has quoted, "Havi Prashat pramamehakushthanam", which also indicates that Kushtha is a Santarpanajanya Vyadhi. Krishna Aruna varna, Rukshtha & Matsyashakalopam (scaling) are due to Vata dosha & Kandu, Mahavastu, Awedanam are the result of Kapha dosha. Srava was found very less, so itself suggest the less involvement of Pitta.

Guduchi has tridoshashamak daha prashman kandughna raktashodhaka Anti-inflammatory Immuno modulation property. Khadir has kushthaghna rakta shodhaka Anti itching Anti allergic property. Nimb has kushthaghna kandughna dahaprashmana anti inflammatory property. Bhallatak is immunomodulator as well as rasayana. That's why by using these drug there is relief in symptom of ekkushtha. In Ayurveda, the action of drugs is determined on Pharmacodynamic actors as Rasa, Guna, Veerya and Vipaka along with certain specific properties called Prabhava (Karma), which cannot be explained on these principles inherited by the drugs. These drugs in combination act as antagonist to the main morbid factors i.e. Dosha and Dushya to cause Samprapti Vighatana to all of the symptoms of the disease. Decrease in scaling may be because of application of oil which reduces dryness produced by Vata dosha and also due to regression of epidermal proliferation,

As the main problem for the patient is kandu in the lesions, and kandu is cardinal feature of Kapha dosha, kapha shaman is very important. The best treatment for elimination of vitiated Kapha dosha is Vaman karma **Vaman** complexes (Madanphal, vacha, saindhav, madhu, nimb) by ushna property e.g. increased liquidity will further help to flow through circulation. Afterwards these complexes are fragmented into smaller molecules due to teekshna property which will help to disintegrate (vichindanti) from the microchannels. Then, these liquified and fragmented molecules are lead articulately to Amashaya, flowing through 'AnuSrotas' where from stimulated by udana vayu and due to the agni, vayu mahabhautik constitution, and prabhava, they move in upward direction to expel the vitiated dosha, brought along with them. Amashaya is specific seat of Pitta and Kapha. Vamak drugs by

their property and vayu akash mahabhut dominancy helps in eliminating the morbid doshas from the shakha to koshtha and then out of the body by oral route.

Decrease in number of lesions may be due to synergistic effect of vaman karma along with oral and local medication. Vaman karma also increases the absorption and circulation of medicine, leading to decrease in number of lesions. . Further Vaman karma leads to removal of srotovarodh (cleaning of the channels). Due to the inflammatory process which takes place in skin, certain toxins (cytokines) are released from keratinocytes, which are expelled out by Vaman Karma. Most of the Ayurvedic drugs are administered by the oral route. First it goes to the Amashaya, which is the sthan of Kapha. Digestion of food also starts from Amashaya. With the help of Vaman karma, Amashaya shuddhi occurs, so there is better absorption of food as well as drug. so potential of ayurvedic treatment such as vaman karma, that help in eradication of this disease from its roots need to be evaluated further. It is a single case observstion and further study in this direction can help establishing ayurveda in treatment of psoriasis.

### EFFECT OF SHODHAN AND SHAMAN TREATMENT IN CASE OF PSORIASIS

Date	Treatment given	Treatment outcome	PASI score
28jan19to12feb 19	Shaman chikitsa	Slight reduction in itching	30
13feb19to1march19	Snehan,swedan,vaman,sansarjan karma	Dryness and scaling Were cosiderablyreduced	14.6
2march 19to2 may19	Shaman chikitsa	Decrease in the raised grayish lesion,no itching, scaling ,dryness or new lesion	7.6

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