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MANAGEMENT OF PSORIASIS (*EKAKUSHTHA*) ACCORDING TO AYURVEDIC PATHO-PHYSIOLOGY:-A CASE STUDY

ABSTRACT-

Immune response of a human body to the uncertain factors leads to the accelerated inflammatory proliferation of the ailing cells of the skin known as psoriasis. Although the condition found described many decades ago, the etiology and treatment look under-researched. In Ayurveda many herbs have proven efficacy in psoriasis, but multifaceted etiology of the disease needs a multimodal treatment approach. We report about ayurveda treatment in 62 yrs old male patient with plaque psoriasis presented with erythematous patches. On the anterior surface of legs, hands, back of foot sole. The treatment protocol was adopted as per ayurvedic *samprapti* (pathophysiology) and patient was cured completely without reporting any adverse event or recurrence after the 6 month of therapy.

INTRODUCTION-

Psoriasis is a chronic immune-mediated inflammatory condition mainly affecting the skin and joints. Its prevalence in India is about 0.44-2.8 percent. Males are being affected by psoriasis two times more common than female¹. Various sites of the body such as scalp, face, trunk, limbs, palms and soles involve in psoriasis. The diagnosis of psoriasis depends on tissue biopsy and distribution of skin damage. Plaque psoriasis (psoriasis vulgaris), Inverse psoriasis, Gutlate psoriasis, Pustular psoriasis And erythrodermic psoriasis are a few of the clinical patterns, reported in psoriasis cases². The chronic nature, recurring pattern, and visibility of psoriasis produce a great adverse impact on the psychological and social aspects of patient's life. Psychological disability affects their daily work, as well as social interactions. In recent studies, stress is found to be the important leading cause of psoriasis. In Ayurveda, all skin disease are described under the umbrella of *kushta*. *Ekakushta* is one of the *kshudrakushta* describe in Ayurvedic text. In *Charak Samhita Chikitsasthan*(chap.7)³, *Ekakushta* is described as *vat-kaphaj* disease. *Ekakushta*⁴ has signs and symptoms i.e. *aswedanam*(absence of sweating), *mahavastu* (big size lesions) and *matsyashaklopaman*(scaling) which can be compared with psoriasis. As in Ayurveda, *Ekakushta* is mention as *krucchasadhya* (difficult to treat). As in Modern medicine, the treatment approach is symptomatic and not focus to the root cause. So it leads to *reaggravation* of symptoms in favorable environment. As in Ayurveda our main aim is to focus on root cause of disease. And by destructive the root cause we can achieve the fruitful results. Ayurveda has good results in psoriasis. In ayurveda many herbs have proven effective in psoriasis; but the multifaceted etiology of disease need a multimodal treatment approach, in which *Aampachak*, *Agnidipana*, *Dhatugatjwarchikitsa*, *Kushtachikitsa*, is adopted. In the present case, the multimodal Ayurveda treatment approach resulted in early recovery from psoriatic lesion with no recurrence so far.

AIMS AND OBJECTIVES-

To evaluate the role of Ayurvedic medicine in management of psoriasis.

MATERIALS AND METHODS-

Ayurvedicsamhita

Ayurvedic research articles

Ayurvedic journals

Official records

Photographs

NEED OF STUDY-

Psoriasis is recurring chronic disease for which it is difficult to treat.

PLACE OF STUDY-

The present case study done in department of *Kaychikitsa* RJVS Sawantwadi, Maharashtra.

CASE REPORT-

Information of patient-

Patients OPD case Number:- 426383

Age-62 yrs, sex- Male

Religion- Hindu

Socioeconomic status- lower class

Occupation- cobbler

Diet-mix diet pattern

***PRADHANVEDANA* (Present Complaints)-**

Erythematous patches on both hands, legs, back and foot soles -: 3 yrs

Itching and rashes with scaling on scratching *nodaha*

***VARTAMAN VYADHIVRITTA* (H/O PRESENT ILLNESS)-**

The patient was symptomatic before 3 yrs after that he developed complain of scaly rashes on his back and which gradually progressed and involved his both upper and lower extremities at anterior aspect of leg along with itching and scaling after scratching. He took allopathic medicine for 2 yrs, which provided symptomatic relief till treatment continues. On discontinuation of the treatment, again the symptoms aggravated.

***PURVAVYADHIVRITTA* (HISTORY OF PAST ILLNESS)-**

Patient has no significant past history of any chronic illness.

***KULAJVRITTA* (FAMILY HISTORY)-**

No any history.

VYAKTIKA VRITTA (PERSONAL HISTORY)-

Appetite was low.

Predominant rasa in *aahara* was *madhur*, milk products, fish, excess drinking of water.

sleep was disturbed due to itching.

ON EXAMINATION-

General condition was fair and afebrile

vitals were normal

S/E-

CVS- S1S2 normal

RS- AEBE clear

CNS- NAD

INVESTIGATIONS-

General investigations like CBC, BSL, URINE ROUTINE AND MICROSCOPIC were completely under normal values.

ASTHAVIDHA PARIKSHA-

NADI-kaphaditridoshaj

MUTRA-frequency and colour within normal range with no “*daha*”

MALA-normal

JIVHA-sama

SHABDA-clear and fluent

SPARSHA-Ruksha

DRIK- H/O using spectacles since 20 yrs.

AAKRITI- sthool

LOCAL EXAMINATION-

INSPECTION-

-Scaly lesions present on back, both hands and legs

-They were symmetrical and well demarcated.

COLOUR-

Initially it was reddish in appearance which by time changes to blackish.

PROGRESSION- Slow

DURATION-

It increases in winter and hot climate.

-AUSPITZ SIGN²⁸- Present

(appearance of small bleeding points after successive layers of scale have been removed from the surface of psoriatic papules or plaques)

-CANDLE GREASE SIGN²⁸- Present

(when scratched, psoriatic scales fall off, revealing a shiny candle like surface)

DIAGNOSIS-EKAKUSHTA (PSORIASIS)

As per *ayurvedic* text, the symptoms of *Ekakushta* are

Aswedanam

Mahavastu

Matsyashakalopaman

SIGNS AND SYMPTOMS-

1. *Aswedanam*(absence of sweat) - present at scaly region
2. *Mahavastu* (big size lesion) - Present
3. *Matsyashakalopaman*(scaling)-Present
4. Candle grease sign- Present
5. Auspitz's sign- Present

NIDANPANCHAK-

NIDAN-

*Viruddhaaharsevaan*²⁷ - (simultaneous use of milk and milk product and fish)

Raktadushtikaraahar and *vihar*

Excessive use of salty food, curd, butter milk, sleeping after lunch

SAMPRAPTI-

Dosha- pitta, kapha, rakta

Dushya- rasadhatu, raktadhatu, mansadhatu

Agni- mand

Aama- jatharagni and dhatwagnijanya

Strotas- rasavaha, raktavaha, mansavaha

Adhisthan- twaka

Rogmarg- bahya

Vyadhiswabhava- chirkari (Chronic)

Sadhyasadhyatva- krucchasadhya(difficult to treat)

TREATMENT AND OBSERVATION-

1ST VISIT-

Table 1.1 (Treatment given on first visit)

	FORMULATION	DOSE	TIME	ANUPANA	DURATION
	<i>1. Kumariaasav+paripathadi kadha</i>	15ml (1:1)	M/E 6am/6pm	Koshnajala(luke warm water)	2 weeks
	<i>2. Rasapachak (kalinga, patol, katukarohini)equal proportion</i>	250 mg	BL/BD	Koshnajala(luke warm water)	2 weeks
	<i>3. Gokshuradi guggulu</i>	250 mg	8am/8pm	<i>Dhanyakphanta</i>	2 weeks
	<i>4. Shwetkutajsiddhataila</i>	L/A	Morning after bath	-	2 weeks
	<i>5. Udwartana (Yashtimadhu+ Sariva+Vacha+Haridra+Manjishta)</i>	L/A	Before bath	-	2 weeks

2nd visit-

Observation seen:-

Reduction in Dryness of skin,

Agni- Agnivridhi(Appetite increases);

Jivha- Niram

Table 1.2 (Treatment given on second visit)

	FORMULATION	DOSE	TIME	ANUPANA	DURATION
1.	<i>Raktapachak</i>	250mg	Before	<i>Koshnjai(luke</i>	2 weeks

	FORMULATION	DOSE	TIME	ANUPANA	DURATION
	<i>1.Kumariaasav+paripathadi kadha</i>	10 ML	M/E 6am/6pm	<i>Koshnajal</i>	2 weeks
	<i>2. Raktapachak</i>	250 mg	BL/BD	<i>Koshnajal</i>	2 weeks
	<i>3.Gokshuradi guggulu</i>	250 mg	8am/8pm	<i>Dhanyakphanta</i>	2 weeks
	<i>4. Haridrakhandapak</i>	2 tsp	AL/AD		2 weeks
	<i>5. Udwartana (Yashtimadhu+ Sariva+Vacha+Haridra+Manjishta)</i>	L/A	Morning before bath		2 weeks
	<i>6.Shwetkutajsiddaitaila</i>	L/A	Morning after bath		2 weeks

3rd visit:-

Observation seen:-

***kandureduced*,dryness of skin reduced,
scaly patches on elbow region decreased.**

Table 1.3 (Treatment given on third visit)

	FORMULATION	DOSE	TIME	ANUPANA	DURATION
1	<i>Paripathadikadha</i>	<i>10 ML</i>	<i>6am/6pm</i>	<i>Water</i>	2 weeks
2	<i>Raktapachaka</i>	<i>250 mg</i>	<i>BL/BD</i>	<i>Koshnajala(luke warm water)</i>	2 weeks
3	<i>Udwartana (Yashtimadhu+ Sariva+Vacha+Haridra+Manjishta)</i>	<i>L/A</i>	<i>At the time of bath</i>	-	2 weeks
4	<i>Shwetkutajsiddaitaila</i>	<i>L/A</i>	<i>After bath</i>		2 weeks
5	<i>Haridrakhandapaka</i>	<i>2 tsp</i>	<i>BL/BD</i>		2 weeks

4th visit-

Observation seen:-

**blakish discoloration on patches start changing to reddish,
patch on Right leg reduced in size**

Table 1.4 (Treatment given on fourth visit)

			lunch / before dinner	<i>warm water)</i>	
2.	<i>Haridrakhand</i>	2tsp	After lunch / after dinner	<i>Koshnjai(luke warm water)</i>	2 weeks
3.	<i>Shwetkutajsiddaitaila</i>	L/A	After bath	-	2 weeks
4.	<i>Udwartana (Yashtimadhu+ Sariva+Vacha+Haridra+Manjishta)</i>	L/A	At the time of bath	-	2 weeks

5th visit-

Observation seen:-

patches present on both hand and back reduced significantly,

scale formation on both soles reduces

Table 1.5 (Treatment given on fifth visit)

	FORMULATION	DOSE	TIME	ANUPANA	DURATION
1.	<i>Manshapachak</i>	250 mg	<i>Before lunch/ Before dinner</i>	<i>Koshnjai(luke warm water)</i>	2 weeks
2.	<i>Dwipantarvacha</i>	30 mg	<i>Morning/evening</i>	<i>2 tsp milk</i>	2 weeks
3.	<i>Udwartana (Yashtimadhu+ Sariva+Vacha+Harid ra+Manjishta)</i>	L/A	<i>At the time of bath</i>	-	2 weeks
4.	<i>shwetktajsidda Taila</i>	L/A	<i>After bath</i>	-	2 weeks

6th visit-

Observation seen:-

scale formation on both soles start reducing with formation of healthy skin

Table 1.6 (Treatment given on sixth visit)

	FORMULATION	DOSE	TIME	ANUPANA	DURATION
1.	<i>1.Manshapachak</i>	250 mg	<i>Before lunch/ Before dinner</i>	<i>Koshnjai(luke warm water)</i>	2 weeks
2.	<i>2.Dwipantar vacha</i>	30 mg	<i>Morning/evening</i>	<i>2 tsp milk</i>	2 weeks
3.	<i>3.Udvaratana</i>	L/A	<i>At the time of bath</i>	-	2 weeks

4.	<i>4.shwetktaj sidda</i> <i>Taila</i>	L/A	<i>After bath</i>	-	2 weeks
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7th visit-

Observation seen:-

After healing of all patches,

discolouration of skin were there and preventing the recurrence of disease following medication given.

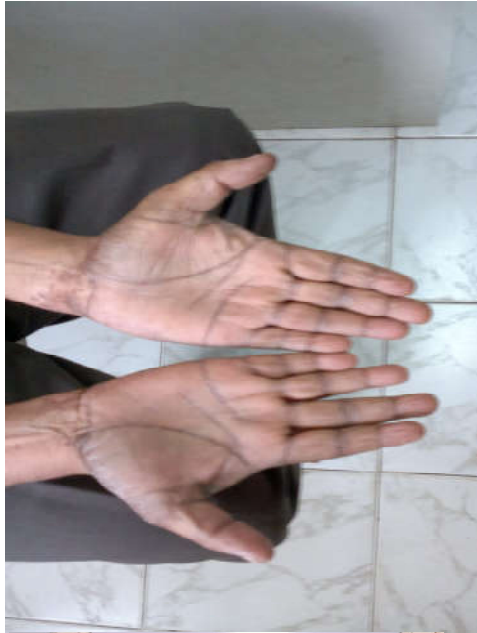
Table 1.5 (Treatment given on fifth visit)

	FORMULATION	DOSE	TIME	ANUPANA	DURATION
	<i>1.Laghumanjishtadi kadha</i>	10 ml	Morning/evening	water	1 month
	<i>2.Haridra siddha taila</i>	L/A	At night	-	1month

Before treatment -



After treatment-



DISCUSSION-

In the present case, *pitta*, *kapha* and *rakta* were the *doshas* and *rasadhatu*, *raktadhatu*, *mansadhatu* were the *dushya*. *Doshadushyasamurchana* was taken place due to the circulation of vitiated *doshas* and their *sthanashanshraya at twaka* with clinical presentation of *vyadhilakshana*. The treatment protocol was adopted for *sampraptibhedana* (to counter act the the pathophysiology). Where, *pitta-kaphara*, *kushtaghana*, *kledanashak*, *aushadiyogas* were performed. Also *agnidipana*, *raktaprasadaka*, *rasaprasadaka* were achieved with the help of all internal and external medicine. The treatment protocol was adopted for *sampraptibhedana* (to counter act the pathophysiology and *dhatwagnivardhan*).

The intake of *viruddhaaahara* is one of the important causative factors in the etiopathogenesis of skin disease. The patient was told to avoid *viruddhaaahara* for better treatment response, speedy recovery and to avert the recurrence in chronic skin ailments. The ongoing pathological changes were attenuated and corrected following internal medications such as *Kumriaasava*, *Paripathadikwath*, *Rasapachaka*, *Gokshuradiguggulu*, *Upatana*, *Shwetkuttaj siddha narikeltaila*, *Haridrakhanda*, *Dwipantervacha*, *Raktapachaka*, *Mansapachaka*, *Laghumanjishtadikwath* and *Hridra siddha taila*.

1st visit- (Table 1.1)

1. *Kumariaasava + Paripathadikwath-*

As in *kumariaasava*⁹, the main content is *kumari* (Aloe vera tourn) having *tikta rasa*, *katuvipaka* and *sitavirya*. It mainly work on liver which is an important organ for normal functioning of *pitta dosha* and *raktadhatu*. It improves appetite and aids in digestion due to *aamapachaka* and *jatharagnivardhaka* properties. Also work as *rechak*.

2. *Paripathadikadha-*

In *paripathadikadha* the main content is *paripatha* (*fumaria officinalis*)²⁰ having *tikta rasa*, *ushnavirya*, *katuvipaka*. It mainly reduces the excess heat present in the body especially in *Rakta dhatu* and also having the properties of *vishaghna* help in exfoliation of chronic *dosha* from body and maintain the *anushanaguna of rakta dhatu*. In combination with *kumariaasava* it work as *dosha nashak* and *pittarechaka* and by giving it empty stomach at *kapha kala* the effect of medicine occur faster.

3. GOKSHURADI GUGGULU-

As *gokshur* (*tribulus terrestris*)¹⁶ comes under *Mutravirechak Gana* and work as *kledakanashaka*, *Saraka*, *Bastishodhak* with help of this properties. It help in exfoliation of *kleda* from *Mutra marg* which is the faster and easiest passage to remove *kleda* from body. *Gokshuradiguggulu* with *anupana of Dhanyakphant* (*Coridandrum Sativum*) help in reducing the *ushnaganadharm* (heat) from body.

4. RASAPACHAKA¹⁰-

As according to pathophysiology patient having symptoms of *agnimandya* which leads *vikrutito uttarakthordhatu utpatti* and cause *dhatwagnimandya*.

Rasapachaka contain *kalinga* (*Holarrhena Antidysentrica*) (9) *Patola* (*Tricossanthes diociaroxb*) *Katurohini*, *Nimbapatra* (*Azardiracehta Indica*)⁽²⁶⁾

As, we know this kalpa is use in *Dhatugatjwar* where, dosha mainly affecting *Rasadhatu* and cause *Rasadhatwagnimandya* (slow) leads to vikrut (Inappropriate) *dhatu utpatti*. As said by *Aacharya*.

By correcting *dhatuagni* we can exfoliate the dosha out of the body. Top layer of skin is *upadhatu* (superior by product) of *Rasadhatu*. Considering that *rasapachak* was given. *Kalinga* reduces *dravata*, *Patola* as *Ushnatanashak* (heat decreasing). *Kutkire* moves *dosha* through *mala* (Defecation). *Nimbaworks* as *Krumighna* and *Vishagna*.

5. SHWETKUTAJSIDDA TAILA-

Aacharyacharak has mentioned *kutaj* (*Holarrhena Antidysentrica*)⁹ in *kandughnaGana*. It is *tikta in Rasa*, *katuVipaka* and *sitavirya* work as *vranshodhak* and *vranropan*, *kushtagna* and *pittasarak* in nature. It is prescribe for external use in which coconut oil has processed with *shwetkutaj*. As *shwetkutajsiddhataila* retards Hyperkeratinisation, silvery scales, inflammatory response, reduce exfoliation. It prevents itching and formation of scales and sores;

Coconut oil improves symptoms of skin disorders by its moisturizing, soothing and emollient effects.

6. UDVARTAN-

In psoriasis, already the skin is dry with scale formation, on application of soap and chemical products ; it increase the dryness by replacing soap with *udvartandravya* which are *Sariva* (*Hemidesmus Indicus*)¹³, *Manjishth* (*Rubia cordifolia*)¹², *Yashtimadhu* (*Glycyrriza glabra*)²², *Lodhra* (*Symlocos Racemola roxb*)²¹, *Vacha* (*acours calmus*)¹⁴ comes under *KushtagnaGana* Maintain *kanti* (texture) of *varnya* (appearance) of skin.

2nd visit- (Table 1.2)

As patient has complain of *kandu* (itching) on patches. *Haridrakhand* were added.

HARIDRAKHANDAPAK-

The main content is *Haridra* (*Curcuma Longa*)¹⁷. *AacharyaCharak* has mentioned *Haridra* in *kushtaghna*, *kandughnaGana* and *AacharyaSushrut* has mention it in *shleshmashanshamana*. *Haridra* is *tikta ,katu in Rasa* with *ushnavirya*. On internal use of *Haridrakhand*. It work as *kaphaghna* and *kandughna* with *pittarechaka* and *krumighna*.

3rd visit- (Table 1.3)

As discoloration of patches which are blackish color reduces. *Raktapachak* is added.

*RAKTAPACHAK*¹⁰- contains *Pato* (*Trichsanthes dioica*), *Sariva* (*Hemidesmus indicus*)¹³, *Musta* (*Cyperus rotundus*), *Kutaki* (*Picrorhiza kurrooa*), *Patha* (*Cissamplelos pareira*)²⁰

This drug mainly work on *Raktadhatu* by exfoliating *dosha* and increasing *Dhatu agni*, which helps in formation of *prakrutRaktadhatu*.

4th visit- (Table 1.4)

As patient having good effects with no any other complain. The same medication is continues for 2 weeks.

5th visit- (Table 1.5)

MANSHAPACHAK¹⁰-

As dosha were reach till *mansadhatu*. *Mansdhatudushti* was there to correct the *dhatuagnimanshpachak* were given which are- *Patol*(*Trichosanthes dioica*), *Nimba*(*azadiracehta indica*), *Manuka*(*Vitis vinifera*), *Musta*(*Cyperus rotundus*), *Kutaj*(*Holarrhena antidysentrica*) , *Triphala-Haritaki*(*Terminalia chebula*), *Aamlki*(*Embilica officinalis*), *Bibhitaki*(*Terminalia bellirica*).

DWIPANTERVACHA¹¹-

Dwipanervacha (*Smilex china*) works on *Rasa-Rakta-Mansa dhatu*. If any *kstrav*(secretion) is present on patches. It helps in reducing and helps in fast healing of patches.

6th visit – as patient having good recovery, continue the pervious treatment for next 2 weeks

7th Visit- (Table 1.7)

As psoriasis is relapsing disease to reduce the recurrence, *Laghumanjishthadikadha⁵* is continue for next 1 month, which work as *Raktaprasadaka*. As after healing of psoriasis patch, discolouration of skin were there to make even tone of skin *Haridra¹⁷siddaitala* was given for local application which act as *varnya*.

CONCLUSION-

In present case, the treatment protocol were adopted as per Ayurvedic *samprapti* and the treatment response was observed much earlier as compared to previous allopathic treatment. No recurrence reported after the end of active treatment. The importance of a wholesome diet as a health promoter is also revalidated. The external and internal medications of Ayurveda help to correct the complex pathophysiology of psoriasis like chronic disease. Altogether, multimodal Ayurveda treatment lead to speedy substantial recovery from a chronic case of psoriasis.

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