

## Case Study On Ekakushtha ( Psoriasis ) With Ayurvedic Management.

Vd. Ujwala Rodge<sup>1</sup>, Vd. D.N. Kahalekar<sup>2</sup>, Vd. V.E. Gogate<sup>3</sup>,  
Vd. M.W. Nalkande<sup>4</sup>

<sup>1</sup>(P.G. Scholar, Department of Kayachikitsa, Government Ayurved College, Nanded/MUHS Nashik, Maharashtra, India.)

<sup>2</sup>(Professor, Department of Kayachikitsa, Government Ayurved College, Nanded/MUHS Nashik, Maharashtra, India.)

<sup>3</sup>(Associate Professor, Department of Kayachikitsa, Government Ayurved College, Nanded/MUHS Nashik, Maharashtra, India.)

<sup>4</sup>(Assistant Professor, Department of Kayachikitsa, Government Ayurved College, Nanded/MUHS Nashik, Maharashtra, India.)

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**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 Vat - 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 exact aetiology of Psoriasis is not known but many precipitating factors like genetic, dietary, immunological and psychological has been found. It is spreading fast because of unsuitable life-style changes such as dietary pattern, busy schedule and stress. There is no satisfactory treatment available for Psoriasis. Ayurveda has good results in Psoriasis. In ayurveda repeated Shodhan Chikitsa and Shaman Yogas are mentioned in treatment of Kushtha. In this case study first Rukshana- Pachan then Virechana Karma as Shodhan Chikitsa and Shaman Yoga with Takradhara therapy were given , which showed good results in Psoriasis. Pachan leads to Aampachan, Shodhan removes Vriddha (vitiated) Doshas from the body. Shaman stabilises Doshas in our body.

**Keywords:** Ekakushtha, Shodhan ,Shaman, Pachan, Psoriasis

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### I. Introduction

In Ayurveda all skin diseases have been described under the umbrella of Kushtha. <sup>[1]</sup> Ekakushtha is one of the Kshudra-Kushtha described in Ayurvedic text.<sup>[2]</sup> In Charak Samhita Chikitsasthan Chapter 7, Ekakushtha is described as Vat - Kaphaj disease.<sup>[3]</sup> Ekakushtha has signs and symptoms i.e. Aswedanam, Mahavastu and Matsyashakalopamam ,<sup>[4]</sup> which can be compared with symptoms of Psoriasis. Hence it has been taken as analogue to Psoriasis in the present case study. 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% .<sup>[5]</sup> Psoriasis consist of itchy ,deep pink to reddish ,well demarcated, indurated plaques with silvery -miscaceous scaling present particularly over extensor surface and scalp.<sup>[6]</sup> Psoriasis is common chronic, immune mediated, inflammatory, proliferative, non contagious disease of the skin affecting people who are genetically predisposed with environment playing critical role in pathogenesis.<sup>[7]</sup> Psoriasis is multi-factorial disease. Triggering factors are infection, drug, trauma.<sup>[8]</sup> There is no satisfactory treatment available for Psoriasis. Acharya Charaka had mentioned that all Kushthas are Tridoshaj in nature.<sup>[9]</sup> 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.

### II. Case report

A 21 yr old male patient came to the Kayachikitsa OPD of Government Ayurved College, Nanded, Maharashtra ,India. presented with C/O Reddish silvery plaque over upper and lower limb, abdomen , chest and back (since 5 months)

- Thick scaly, itchy lesions on both extremities , chest, abdomen, and back ( since 5 month)
- Burning all over body (since 1month)
- Loss of appetite (since 5 days)

Patient had taken allopathic treatment before coming to our hospital. Patient was thoroughly examined and detailed history was taken . Patient was farmer by occupation, Patient did not have history of any other major illness.

On examination : General condition -moderate, afebrile, Pulse Rate - 80/min , regular, patient had H/O Psoriasis since 5 years no pallor, icterus was present. Routine investigation such as Complete Blood Count, Random Blood sugar and Urine Routine and Microscopic were in normal range.

As per Ayurvedic text the symptoms of *Ekakushtha* are : *Aswedanam*

*Mahavastu*

*Matsyashakalopamam*

Diagnosis : *Ekakushtha* (Psoriasis)

Sign and Symptoms	
<i>Aswedanam</i> (Absence of sweating)	Present at the plaque region
<i>Mahavastu</i> (Big size lesions)	Present
<i>Matsyashakalopamam</i> (Scaling)	Present
Candle grease sign	Present
Auspitz sign	Present

#### Assessment criteria

##### Subjective Criteria

##### a) *Aswedanam* (Absence of sweating)

- Normal Sweating 0
- Mild Sweating 1
- Mild Sweating on exercise 2
- No Sweating after exercise 3

##### b) *Mahavastu* (Big size lesion)

- No lesion on *Mahavastu* 0
- Lesion on partial part of hand, leg, neck, scalp, trunk, back 1
- Lesion on most part of hand, leg, neck, scalp, trunk, back 2
- Lesion on whole part of hand, leg, neck, scalp, trunk, back 3

##### c) *Matsyashakalopamam* (Scaling)

- No scaling 0
- Mild scaling from all lesions 1
- Moderate scaling from all lesions 2
- Severe scaling from all lesions 3

#### Objective Criteria

##### a. Candle grease sign

When a Psoriatic lesion is scratched with the point of a dissecting forceps, a candle grease-like scale can be repeatedly produced.<sup>[10]</sup>

- Absent 0
- Improved 1
- Present 2

##### b. Auspitz Sign

On complete removal of the scales, a red, moist surface is seen. On further scarping, punctate bleeding points are seen.<sup>[11]</sup>

- Absent 0
- Improved 1
- Present 2

**Treatment given :** So *Shodhan Chikitsa* with *Shaman yoga* showed good result in this case study.

1. *Rukshan/ Pachan* :with *Triphala* (combination of *Terminalia chebula*, *Emblica officinalis* and *terminalia bellirica*), *Musta* (*Cyperus rotundus*) and *Shunthi* (*Zingiber officinale*) *Kwatha* (Deccoction) given 40 ml BID before meal for 3days. *Kwath* was prepared as per procedure mentioned in *Sharangdhar Samhita*.
2. *Snehapan* with *Panchatikta Ghrita* given in morning at 7:00 am for 5days with increasing quantity of *Panchatikta Ghrita* every day, *Anupan - Koshna Jal* (Luke warm water)

Day first	30 ml <i>Ghrita</i>
Day second	60 ml <i>Ghrita</i>
Day third	90 ml <i>Ghrita</i>
Day fourth	120ml <i>Ghrita</i>
Day fifth	150 ml <i>Ghrita</i>

After 5days *Samyak Snehapan* laxnas were seen. Then 2 days *Sarvang Snehana*, *Swedana* was given on day 3<sup>rd</sup> *Virechana* was given.

3. *Virechan* : *Haritaki Churna* (*Terminalia chebula*) (10 gm)+*Kutaki Churna* (*Picrorhiza kurrora*) (5gm)+*Aragwadha kapila vati* (combination of *Cassia fistula*, *Mucuna Pruriens*) [Nashik Seva Sangha pharma] (2gm) +castor (*Ricinus communis*) oil (20ml).

First 60 ml *Kwatha* (deccoction) of *Haritaki Churna* and *Kutaki Churna* was Prepared as per procedure of *Kwatha* mentioned in *Sharandhar Samhita*. Then fine powder of *Aragwadha Kapila Vati* (Nashik Seva Sangh pharma) was made and it was added to *Kwatha*, 20 ml of Castor Oil was added to it. This preparation was given orally to patient at 9:30 am in the morning after *Snehana* and *Swedana*. After one and half hour *Virechana Vega* (Loose Motion) was started.

Eight *Virechana Vega* (Loose Motion passed) in 12 hours . Pulse Rate and Blood Pressure after *Virechana* were within normal limit . *Sansarjan Kram* (rules about diet after *Shodhan Chikitsa*) advised for 3 days.

*Sarvang Takradhara* therapy and *Shaman Yoga* was started 5 days after *Virechana*.

4. *Sarvang Takradhara* (*Musta* and *Amalaki Siddha Takra*) time duration- 30 minutes in morning at 10 am for 10 days.
5. *Shaman yoga* :Well prepared combination of *Rasmanikya* (*Dhootpapeshwar pharma*) 125mg + *Shatputi Aabhrak Bhasma* (*Dhootpapeshwar pharma*) 125mg + *Guduchi Satwa* (*Dhootpapeshwar pharma*) 500mg +*Chopachini Churna* (*Smilax china*) 3 gm was given twice in day after meal for 10 days.

With above mentioned line of treatment patient got complete relief from the symptoms of psoriasis.

Sign and Symptoms	Before Treatment	After Treatment
Aswedanam (absence of sweating)	1	0
Mahavastu	2	0
Matsyashakalopamam (scaling)	3	0
Candle grease sign	2	0
Auspitz sign	2	0

#### Photographs before Treatment



Photographs after treatment



### III. Result and Discussion

In above case study patient got complete relief from symptoms of *Ekakushtha* (Psoriasis) .

Ayurveda has *Panchakarma Chikitsa* as its unique specialty. In this case study *Virechana Chikitsa* showed good results along with *Shaman Yoga* and *Takradhara* therapy. *Virechana Chikitsa* helps to remove vitiated *Dosha* from body . *Shaman Yoga* that is the combination of *Rasmanikya* , *Abhrak Bhasma* , *Guduchi Satwa* and *Chopachini Churna* has *Kushthaghna* as well as *Rasayana* effect on skin. As Psoriasis is psychosomatic disease, *Takradhara* may helps to relieve the stress.

### IV. Conclusion

In this case study we got good results of *Panchakarma* and *Ayurvedic* medicine. The treatment given for *Ekakushtha* (Psoriasis) was *Rukshana/Pachana* , *Shodhan* , *Shamam Yoga* and *Sarvang Takradhara* therapy; which helped in *Aampachan*, removal of vitiated *Dosha* from body and to bring *Samyavastha* (balanced condition) of *Doshas*. So above treatment help to relieve symptoms of disease and also an attempt to provide safe and effective treatment to the patient.

### Reference

- [1]. Dr. Bramhananda Tripathi, *Charaksamhita*, 2009-edition,Chaukhamba Surbharati Publication, Varanasi [Ch.Chi.7]
- [2]. Dr. Bramhananda Tripathi, *Charaksamhita*, 2009-edition,Chaukhamba Surbharati Publication, Varanasi [Ch.Chi.7/21,27 page no. 305]
- [3]. Dr. Bramhananda Tripathi, *Charaksamhita*, 2009-edition,Chaukhamba Surbharati Publication, Varanasi [Ch.Chi.7/29 page no. 306]
- [4]. Dr. Bramhananda Tripathi, *Charaksamhita*, 2009-edition,Chaukhamba Surbharati Publication, Varanasi [Ch.Chi.7/21 page no. 305]
- [5]. [www.ijdv1.com / article.asp? issn – 0378-6323](http://www.ijdv1.com/article.asp?issn=0378-6323), year 2010. 6,7,8] Y.P. Munjal (editor in chief), API Textbook of Medicine,2015 edition ,volume 1,page no. 678
- [6]. Dr. Bramhananda Tripathi, *Charaksamhita*, 2009-edition,Chaukhamba Surbharati Publication, Varanasi [Ch.Chi.7/10 page no. 305]
- [7]. [www.jaad.org](http://www.jaad.org) > article >abstract
- [8]. <https://www.researchgate.net> > post > wh...