

Chronic psoriasis (*Ek Kushtha*) treated with *Shodhana* and *Shamana* Treatment: A Single Case Study

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Abstract:

Psoriasis is fundamentally an inflammatory skin condition with reactive abnormal epidermal differentiation and hyper proliferation affecting 2-3 % of world's population. Psoriasis is a common, chronic, non-communicable skin disease, with no clear cause or cure. The negative impact of this condition on people's lives can be immense. Treatment of psoriasis is still based on controlling the symptoms. Topical and systemic therapies as well as phototherapy are available. In practice, a combination of these methods is often used. The need for treatment is usually lifelong and is aimed at remission. So far, there is no therapy that would give hope for a complete cure of psoriasis. So that is need of time to find out proper treatment for psoriasis. Traditional medicines may be alternative of these unsatisfactory and harmful approaches and may provide some safe, easier, less complicating, cost effective and fruitful natural remedies for the disease.

Key words: Ayurveda, *Eka kushtha*, Psoriasis, *Virechana*, *Trivruta Avaleha*.

Received: 02.02.2019

Revised: 20.02.2019

Accepted: 18.03.2019



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Introduction

In Ayurveda classics, all skin diseases described under heading of *Kushtha*. Among them *Ekakushtha* is type of *Kshudrakushtha*.^[1] According to Charaka, *Ekakushtha* characterized by *Aswedana* (anhydrotic / hypohydratic lesions), *Mahavastu* (covering of large surface area), *Matsyashakalavat* (scaly lesions) *twacha*.^[2] *Ekakushtha* can be correlate with psoriasis due to resemblance of signs and symptoms. The most characteristic lesions consist of red, scaly, sharply demarcated, and present particularly over extensor surfaces and scalp. Psoriasis is a chronic, proliferative, and inflammatory skin disease with reactive abnormal epidermal differentiation and hyperproliferation that affects 2–3% of the global population.^[3] It is often appears between the ages of 15 and 25, but can develop at any age.^[4] Chronic plaque type psoriasis was the most common (90%) clinical phenotype.^[5] Western literature reports psoriasis prevalence to be around 0.71% in children.^[6] *Acharyas* have described that all *Kushthas* have *Tridosha* involvement. *Ekakushtha* is disease of predominantly occurs with *Kapha Vata* dusti. *Virechana Karma* (purgation therapy, *Shodhana* therapy) is followed by internal medications (*Shamana* therapy) are considered as the best line of management for skin disorders.^[7]

Case Report:

A 15 years old, non-diabetic, male, by profession student visited at RS & BK department IPGT & RA, hospital, Jamnagar with complaints of reddish erythematous plaques on scalp, hands, trunk & back since 2 years. Before 2 years, this condition started with itching and scaling over scalp. Then, these lesions was spread to other part of body i.e. chest, trunk, hands were involved with itchy, red erythematous and scaly lesions. Simultaneously, he was also suffering from constipation since 1 month. Patient had taken treatment from allopathic skin specialist along with corticosteroids, topical application & Multivitamin since 1 year but, patient didn't get much relief. So, he was come to Ayurvedic hospital for proper treatment. Family history in first degree relation was negative. His general health was good and physical examination was normal. All routine blood investigations [table-1], biochemical investigations [table-2] and Routine and microscopic urine [table-3] examination were noted within normal range. Criteria for assessment of *Ekakushtha* (Psoriasis) was done as mentioned in Table – 4.

Table-1 blood investigations

Total W.B.C.	6700/Cumm	E.S.R.	04 mm/hr
Neutrophils	52 %	Total R.B.C. count	5.25 mil/cumm
Lymphocytes	41 %	Platelet count	311 103/ul
Eosinophils	03 %	MCV	80.6
Monocytes	04 %	MCH	28.2
Basophils	00 %	MCHC	350
Haemoglobin	14.8 gms%	AEC	200
P.C.V.	42.3 %		

Table-2 Biochemical investigation

Diabetic profile		Renal profile	
F.B.S.	89 mg/dL	S.Urea	11 mg/dL
PPBS	92 mg/dL	S.Creatinine	0.7 mg/dL
		S. Uric Acid	4.5 mg/dL
Lipid profile		Hepatic profile	
S.Cholesterol	109 mg/dL	Total bilirubin	1.0 mg/dL
S. Triglycerides	56 mg/dL	Direct bilirubin	0.5 mg/dL
S.LDL	48 mg/dL	S.G.P.T.	08 IU/L
S. VLDL	50 mg/dL	S.G.O.T.	18 IU/L
S. VLDL	11 mg/dL	S. Alkaline phosphatase	127 IU/L
Other investigation		Total proteins	6.7 gm/dL
S. Calcium	10.6 mg/dL	S. Albumin	3.9 gm/dL
		S. Globulin	2.8 gm/dL
		A: G Ratio	1.4

Table -3 Urine examination

Physical Examination		Chemical Examination	
Colour	NAD	Albumin	NAD
Appearance	NAD	Sugar	NAD
Reaction	NAD	Acetone	NAD
Sp.Gr.	NAD	Bile pigments	NAD
Microscopic Examination			
Pus cell	Nil	Casts	Nil
RBC	Nil	Crystals	Nil
Epi. Cell	1-2		

Table 4 Criteria for assessment of *Ekakushtha* (Psoriasis)

<i>Matsyashakalopamam</i> (Scaling)		<i>Rukshata</i> (Dryness)	
No scaling	0	No line on scrubbing with nail	0
Mild scaling by rubbing/by itching (scaling from <30% lesions)	1	Faint line on scrubbing by nails	1
Moderate scaling by rubbing/by itching (from >70% lesions)	2	Lining & even words can be written On scrubbing by nail	2
Severe scaling by rubbing/ by itching (from >70% lesions)	3	Excessive <i>Rukshata</i> leading to <i>Kandu</i>	3
Scaling without rubbing/by itching (from >70% lesions)	4	<i>Rukshata</i> leading to crack formation	4
<i>Aswedanam</i> (Anhydrosis)		<i>Daha</i> (Burning sensation)	
Normal	0	No burning	0
Improvement	1	Mild / Occasional burning	1
Present in few lesions	2	Moderate (tolerable) infrequent	2
Present in all lesions	3	Severe burning frequently	3
<i>Aswedanam</i> in lesion and uninvolved skin	4	Very severe burning disturbing sleep and other activities	4
<i>Srava</i> (Discharge)		<i>Unnati</i>:	
No <i>Srava</i>	0	No elevation	0
Mild <i>Srava</i> in <70% lesions	1	Slight elevation that cannot be felt	1
Mild <i>Srava</i> in >70% lesions,	2	Elevation can be felt but depressed in middle	2
Moderate <i>Srava</i> in <70% lesions	3	Elevation in all lesions but soft	3
Moderate <i>Srava</i> in >70% lesions	4	Elevation in all lesions and hard	4
<i>Kandu</i> (Itching):		<i>Mahavastu</i> (Extent of lesion):	
No itching	0	No lesions on <i>Mahasthanam</i>	0
Mild / Occasional itching	1	Lesion on partial part of hand, leg, neck, scalp, hand, back	1
Moderate (tolerable) infrequent	2	Lesions on most part of hand, leg, neck, scalp, trunk, back	2
Severe itching frequently	3	Lesions on whole part of <i>Maha sthanam</i> (Vast area)	3
Very severe itching disturbing sleep and other activities	4	Lesions on whole body	4
Discoloration:		Candle grease sign & Auspitz sign:	
Normal coloration	0	Absent	0
Near to normal which looks like normal color to distant observer	1	Improvement	1

Reddish coloration	2	Present	2
Slight black reddish discoloration	3		
Krishna Aruna varna (deep black reddish discoloration)	4		

In first consultation Patient was having erythematous lesions with intense itching, scaling, dryness over scalp, chest, on both hands and back associated with burning

sensation (figure 1) After *Deepana Pachana* treatment, patient was admitted in RS & BK department male ward for *Virechana Karma*. Prescribed treatment was as followed.

Table 5 Virechana Procedure

Procedure	Drug	Dose		Duration
<i>Deepana & Pachana</i>	<i>Amapachana Vati Hingvashstaka Churna</i>	2 tab TDS 3 g	After meal Before meal	5 days
<i>Snehapana</i>	<i>Goghrita</i>	1 st day – 30 ml 6 th day – 170 ml (Daily 30 ml increasing dose)	Empty stomach in morning	6 Days
<i>Abhyanga & Swedana</i>	<i>Bala Taila & Dashamoola Kwatha decoction</i>	Q.S. -	-	3 days
<i>Virechana Karma</i>	<i>Trivruta Avleha Draksha Kwatha</i>	80 gm 100 ml	-	1 day
<i>Samsarjana Krama</i>	Diet (as per <i>Kostha Suddhi</i>) <i>Madhyam Kostha Suddhi</i> Done- 5 days done <i>Samsarjana karma</i>	-	-	5 days

Results and discussion:

Ama is considered one among the etiological factors for major skin diseases. So, first step is necessary to do *Deepana & Pachana* prior

to *Virechana*. After *Deepana & Pachana* with *Amapachana Vati*^[8] & *Hingwastaka Churna*^[9] constipation was relived. *Snehana* helps in *vridhdhi* of *Dosha* and *Swedana*

helps to remove obstruction at the site of *Strotas*. During the *Bahya Snehana* with *Bala Taila* ^[10] and *Swedana* procedure patient didn't have any complaint of dryness, itching and scaling. After oral administration of *Ghrita* by internal *Snehana*, itching was decreased and it was completely subsided till fourth day of *Snehapana*. Burning was subsided on 5th day of *Snehapana*. Scaling was decreased up to 70 % till the completion of *Snehapana*. Complete *Sneha Sidhhi Lakshana* was found on 6th day of *Ghritapana*. *Virechana* helps to prepare the

body by bringing the *Doshas* from *Sakhas* to the *Koshtha* from where they can be easily expelled out. ^[11] *Virechana* was given with *Trivrutha Avaleha* ^[12] and *Drakasha Kwatha* ^[13], it was completed with *Madhyam Suddhi* (16 Vega). *Trivium* ^[14] is mentioned as *Sukha Virechaka dravya* and *Draksa* ^[15] is as *Virechanopag Dravya* by Ayurveda classics. During the *Samsarjana Karma* patient was not having any new complaints (figure 2). After *Virechana* below medicine were prescribed for 1 month (Table 6).

Table - 6 Internal & External treatment after *Virechana*

Medicines	Dose	Route	<i>Aushadha kala</i>	<i>Anupana</i>
<i>Arogyavardhini rasa</i> ^[16]	125 mg	Oral	After meal	Honey & <i>Ghrita</i>
<i>Gandhaka Rasayana</i> ^[17]	125 mg	Oral	After meal	Honey & <i>Ghrita</i>
<i>Guduchi Churna</i> ^[18]	3 g	Oral	After meal	Honey & <i>Ghrita</i>
<i>Vishwamitra Kapal Sneha</i> ^[19]	Q.S.(2 times/day)	External application	-	-

Table - 7 Therapeutic effect on clinical signs and symptoms for treatment protocol

Signs & Symptoms	Before treatment	After <i>Virechana</i>	After treatment
<i>Matsyashakalopamam</i>	4	2	0
<i>Rukshata</i>	3	1	0
<i>Aswedanam</i>	2	1	0
<i>Daha</i>	1	0	0
<i>Srava</i>	0	0	0
<i>Unnati</i>	3	2	0
<i>Mahavastu</i>	1	1	1
<i>Kandu</i>	3	1	0
Discoloration	2	2	1
Candle grease sign	2	1	0
Auspitz sign	2	1	0

Arogyavardhini Rasa and *Gandhaka Rasayana* prescribed in any type of skin disorder which may help to purifying blood and also forms proper *Dhatus*. *Rasaratnasamucchaya* mentioned that *Arogyavardhini Vati* is “*Sarvaroga-prashamani*”^[20] *Rasa tarangini* mentioned *gandhaka rasayana* with indication of *kustha roga*.^[21] *Guduchi* is well known drug for *Tridosha Shamaka*, *Rasayana* and *Agnidipaka* properties. *Guduchi* is known as *Medhya Rasayana* in *Ayurveda*.

Psychological disturbance that is the most important cause for the occurrence of psoriasis. So, *Guduchi* can help to relieve psychological disturbance. It contains berberine that helps to remove any *Twaka roga*.^[22] *Vishwamitra Kapala Sneha* was prepared from coconut shell by *Adhopatana vidhi* and it's having *Kapha Vata Shamaka* properties.^[23] With follow up for a period of 5 month, the patient had no signs of recurrence.



Figure 1 On 1st visit



Figure 2: During *virechana Karma*



Figure 3: After 1 month of *Virechana*

Conclusion:

The present case study proves actions of *Shodhana* and *Shamana* treatment in case of *Eka Kushtha* (Psoriasis). Further studies should be done in more numbers of cases to validate multiple actions of ayurveda treatment in chronic diseases without any recurrence.

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Guarantor: Corresponding author is guarantor of this article and its contents.

Conflict of interest: Author declares that there is no conflict of interest.

How to cite this article:

Parekh D, Sarika M, Patgiri B. J., Chronic psoriasis (Ek Kushtha) treated with Shodhana and Shamana Treatment: A Single Case Study. Int. J AYUSH CaRe. 2019; 3(1): 50 - 59.