ISSN: 2457-0443



INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS (IJA-CARE)

Effect of *Nityavirechana* and selected regimen in treatment of *Ekakushtha* (Psoriasis)-A Case Study

S.K Maragalawatta¹ E.R.H.S.S. Ediriweera*² B.P. Chandimarathne³

¹ Medical Officer, Chamal Rajapaksha Ayurvedic Research Hospital, Hambantota, Sri Lanka

² Senior Professor, Department of Nidana Chikithsa, Institute of Indigenous Medicine,
University of Colombo, Sri Lanka

³Director (Acting), Chamal Rajapaksha Ayurvedic Research Hospital, Hambantota, Sri Lanka

Abstract

Ekakushtha is a type of Kushta Roga where vitiation of Vata and Kapha Dosha are predominant. It can be corelated with psoriasis in modern parlance. It affects on quality of life mainly by disfiguring of skin. The patients with psoriasis are also reported to be at increased risk of developing other serious clinical conditions such as cardiovascular disorders and arthritis. There is no known effective treatment for curing psoriasis completely. In this case report a 46 year old male patient suffering from Ekakushtha (psoriasis) was treated for a period of 38 days. He was administered Nityavirechana using Vasaguduchi Chaturangula Kashaya with Eranda Taila along with Manjishthadi Kashayam tablet, Kaishora Guggulu, Panchatikta Ghrita Guggulu, Gandhaka Rasayana, Arogyavardhini Vati and Triphala Kwatha internally. After conducting Avagaha Sweda (Tub Bath sudation) using medicated water (prepared with Ficus benghalensis, Ficus religiosa, Ficus racemosa and Thespesia populenea), Pinda Taila was applied externally. Gradually symptoms were reduced. After completion of the treatment, patient showed complete reduction of symptoms and Psoriasis Area and Scoring Index (PASI) was 100 which indicate that the patient has achieved a complete remission from the disease. It is concluded that selected treatment regimen is effective in controlling Ekakushtha (Psoriasis).

Keywords: Ekakushtha, Psoriasis, Nithyavirechana

Received: 07.09.2020 Revised: 19.09.2020 Accepted: 22.09.2020

Quick Response code



*CORRESPONDING AUTHOR:

Prof. (Mrs) E.R.H.S.S. Ediriweera

Senior Professor, Department of Nidana Chikithsa, Institute of Indigenous Medicine, University of Colombo, Sri Lanka.

Email: ayurvedadocsujatha@yahoo.com



Introduction:

Kushta Roga is a disease described in Ayurveda, which consist of two main types, namely; Maha Kushta and Kshudra Kushta. Ekakushtha is a disease mentioned as a type of Kshudra Kushtha. [1] According to Madhava, the vitiation of Tri Dosha along with Twak (skin), Mamsa (muscular tissue), Rakta (blood) and Ambu (fluid and lymph) leads to occurrence of the disease Kushtha. [2] Charaka describes that in Ekakushtha, vitiation of m Vata and Kapha Dosha are predominant. [3]

According to Madhava, clinical features of Ekakushtha are Aswedanam (not sweating / dryness), Mahavastu (which covers entire and Matsyashakalamam resembles scales of fish). [4] According to Sushruta, colour of the skin is Krushnaruna (black/ pinkish red). [5] Ekakushtha can be correlated with Psoriasis. [6,7] Psoriasis is a chronic inflammatory, hyperproliferative skin disease. It is characterized by welldefined, erythematous scaly plaques, particularly affecting extensor surfaces, scalp and nails and, usually follows a relapsing and remitting course. The typical is raised. lesion a well-demarcated erythematous plaque of variable size. In untreated disease, silver/white scale is evident and is more obvious on scraping the surface, which reveals bleeding points (Auspitz sign). The most common sites are the extensor surfaces, notably elbows and knees, and the lower back. [8]

Most of the available treatments are not effective, therefore, it was decided to carry out a research using Ayurveda drugs in treatment of *Kushta Roga*, Ayurveda

administering recommends Shodhana Karma (Vamana Karma, Virechana Karma and Raktamokshana) and Shamana Aushadha in treatment of Kushta Roga. [9] In Kusha Roga, there is a vitiation of Rakta Dhatu. [2] Therefore, it was decided to administer the drugs with the properties of Raktashodhaka and *Vatakaphahara* internally and externally in this research.

ISSN: 2457-0443

Case Report:

A 46-year-old male navy officer presented to Outdoor Patients Department of Chamal Rajapaksha Ayurveda Research Hospital, Hambantota, Sri Lanka with complaints of blackish pinkish discolored skin patches on extensor surface of bilateral upper limb and lower limb including hair margin of scalp. Initially right side was affected than left side. At first, the patient developed small whitish patches on hair margin of scalp, which gradually spread to extensor surface of upper and lower limbs, especially in right side. Patient further complained about itching and mild burning sensation of patches. Patches were dry, scaling, and had thickened. Patient history consumption of unsuitable food, irregular, spicy food, fast food, habitually intake of beer, alcohol and soft drinks since many years.

Selected patient was examined and disfigured appearance in the skin was observed. Anthropometric measures of the patient such as weight (66 kg), height (162 cm) and Body Mass Index (25.15kg/m2) were recorded. The vital signs of the patient were stable (Pulse rate: 80/min, regular; Blood pressure: 120/80 mmHg; Respiration



rate: 18/min and regular). His *Prakriti* was *Pitta Kapha* predominant.

In the examination of the patient, it was observed that Koebner phenomenon (raised, whitish reddish discoloration, scaly, itchy, cracks, bleeding painful patches) and Auspitz sign (appearance of punctate bleeding spots when psoriasis scales are scraped off) were present in the upper and lower limbs of the right side (Fig- 1). Psoriasis Area and Scoring Index (PASI) tool was used as diagnose the case. PASI is widely used in clinical trials on psoriasis to

measure response to treatment, which is important to measure efficacy and outcomes of the treatment. [10] Severity of the symptoms were recorded using a grading scale given in previously published research paper. [11] Selected patient was treated for 38 days and treatment schedule is given in Table 1. The patient was advised to keep away from *Ushna Ahara*, *Katu Ahara*, exposure heat and sunlight and strictly follow advices regarding food habits and behavior.

ISSN: 2457-0443

Table 1: Treatment schedule:

Treatment Intervention	Day 1 to	Day 4 to	Day1 8 to	Day 32 to
	3	17	31	38
120ml of Vasaguduchi Chaturangula	+	-	-	-
Kashaya before meals twice a day (5ml of				
Eranda Taila was added to the decoction in				
the morning)				
2 tablets of Mahamanjishthadi Kashayam	-	+	+	-
after meals twice a day with lukewarm water				
2 tablets of Kaishora Guggulu after meals	-	+	+	-
twice a day with medicated water prepared				
by boiling Khadira				
2 tablets of <u>Arogyawardhani</u> Vati after meals	-	+	+	-
twice a day lukewarm water				
2 tablets of Gandhaka Rasaana after meals	-	+	+	+
twice a day with lukewarm water				
15ml of Triphala Kwatha before meals twice	-	-	-	+
a day				
2 tablets of Panchatikta Ghrita Guggulu	-	-	-	+
after meals twice a day ukewarm water				
Avagaha Sveda with medicated water	-	+	+	+
prepared by boiling 60 gm of relevant herbs				
in 1920 ml and boiled down to 480 ml of				
water twice a day.				
External application of Pinda Taila twice a	-	+	+	+
day				





Preparation of medicine:

Vasaguduchi Chaturangula Kashaya was prepared according to Bhavaprakasha and administered to the patient.[12] Manjishthadi Kashayam tablets prepared according to Bhaishajyaranavali by Nagarjuna Ayurveda products, Kerala was used in this study. [13] Kaishora Guggulu and Panchatikta Ghrita Guggulu tablet used in the research was purchased from Dhootapapeshwar Ltd., Maharashtra, India which were prepared according Bhaishajyaratnavali and Ashtanga Hrdaya respectively. [14,15] Gandhaka Rasayana and Arogyavardhini Vati which were prepared by Shree Dhootapapeshwar Ltd.. according Maharashtra. India to Yogarathnaka and Rasaratna Samuchchya respectively were used in this study. Triphala Kwatha was prepared by boiling mentioned *Thriphala* Choorna

Sharangadhara. ^[18] *Pinda Taila* was prepared according to Ashtanga Hrdaya were purchased from Ayurveda Drug Cooperation Sri Lanka. ^[19]

Procedure of Avagaha Sveda:

Medicated water was prepared by boiling 15 gm of each of Ficus benghalensis L. (Family: Moraceae; Sanskrit name: Vata), Ficus religiosa L. (Family: Moraceae; Sanskrit name: Ashwatha), Ficus racemosa (Family: Moraceae; Sanskrit name: *Udumbara*) and Thespesia populenea (Family: Malvaceae; Sanskrit name: Parisha) in 1920 ml and boiled down to 480 ml. 10 Liters of medicated water was filled in a tub. Then Pinda oil was applied all over the body. Then the patient was made to immerse in the tub filled with the prepared medicated water. This was carried out twice a day.





Fig- 1: Before treatment

www.ijacare.in ISSN: 2457-0443

INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS (IJA-CARE)



Fig-2: During the treatment

Table2 Percentage of relief in symptoms:

Clinical features	Before Treatment	After 10days of Treatment	After Completion of Treatment	
	Grade	Grade	Grade	Percentage of relief
Daha (burning sensation)	1	0	0	100%
Kandu (itching sensation)	4	3	0	100%
Shyavam (blackish brown colour)	3	2	0	100%
Aruna Varna (pinkish red colour)	4	2	0	100%
Matsyashakalamam (dry scaling)	4	3	0	100%
Khara Sparsha (roughness in plaques)	3	3	0	100%
Ruksha (dryness)	4	3	0	100%
Aswedanam (lack of sweating)	4	2	0	100%
Vruttham (round well demarcated patches)	4	3	0	100%
Srava (pin point bleeding)	3	2	0	100%
Ghana (thickness of plaques)	2	1	0	100%
Vruddhi (elevated plaques)	2	1	0	100%



ISSN: 2457-0443

INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS (IJA-CARE)

Result:

Study showed that the patient was relieved from symptoms to some extent, mainly that of discoloration, itching, scaling, thick and mild burning sensation after 10 days of Gradually treatment. symptoms reduced and PASI was 100 which indicate that the patients have achieved a complete remission from the disease. Symptomatic relief is illustrated in table 2. Image 1 shows the condition before the treatment. Image 2 A, B, C, and D show the condition during the treatment and Image 2 E shows the condition after completion of the entire treatment. There were no recurrences observed during twenty-four month of the follow up period.

Discussion:

Ekakushtha is a type of Kushta Roga. According to Madhava Nidana, Kushtha Roga occurs by vitiation of Tri Dosha along with Twak (skin), Mamsa (muscular tissue), Rakta (blood), and Ambu (fluid and lymph).^[2] Charaka states that in *Ekakushta*, vitiation of Vata and Kapha Dosha are predominant. [3] In this study, patient was Nityavirechana treated with using Vasaguduchi Chaturangula Kashaya with Eranda Taila. Charaka Samhita describes that when the amount of morbid Dosha is high in a weak person, then these Dosha should be eliminated by repeated administration of mild drugs. If not eliminated, these morbid Dosha may even end the life of the patient. [20]

According authentic texts orally administered drugs such as Vasaguduchi Chaturangula Kashaya, Manjishthadi Kashayam, Kaishora Guggulu, Panchatikta

Guggulu, Ghrita Gandhaka Rasayana Arogyavardhini Vati and Triphala Kwatha properties.[12-18] possess Kushtaghna applied Pinda Taila has Externally Kushtaghna and Pittashamaka properties. [19] Medicated water used for Avagaha contains three ingredients Sweda Panchavalkala. Therefore, this medicated water may also have the properties of Panchawalkla to some extent, such as Kushtaghna, Vrana Shodhana and Vrana Ropana and antibacterial effect. [21-22]

According to Charaka Samhita, Rasayana means of attaining excellent qualities of Rasa and Dhatus i.e. body cells and tissues. [23] Drugs used in this research such as Kaishora Guggulu, Panchatikta Ghrita Guggulu, Gandhaka Rasayana and Triphala Kwatha possess Rasayana property.

Therefore, these drugs may enhance the quality of Rasa Dhatu (tissues) and promote healing. Charaka had stated that wholesome (compatible) food is one of the causes for the growth and wellbeing of humans while unwholesome (incompatible) food is the root of all diseases.^[24] Patient was advised to avoid incompatible food. Avoidance of incompatible food may have enhanced the therapeutic effect of these treatments and to reduce recurrence of the disease.

Conclusion:

The selected drugs are beneficial management of Ekakushta (psoriasis) and more studies should be carried out to further observe the effects.

Patient Consent: The authors obtained patients written consent to published this case for research purpose without discloser of the identity of patient.





References:

- Misra SBS, Bhavaprakasha of Bhavamishra Part 11, Chikithsaprakarana, Kushtaroga Adhikarah 54 /8, Chaukambha Sanskrit Sansthan, Varanasi, India,1993, pp 52
- 2. Murthy KRS, Madhava-Nidana (Rogavinishchaya) of Madhavakara 49/5-2,6, Chaukhamba Orientalia, Delhi, 1986, pp159.
- 3. Sharma, PV, Charaka Samhitha Chikithsasthana 7 /29, Chaukhambha Orientalia, Varanasi, India, 1986, pp 127.
- 4. Murthy KRS, Madhava-Nidana (Rogavinishchaya) of Madhavakara 49/17-2, Chaukhamba Orientalia, Delhi, 1986, pp161.
- 5. Singhal GD, Singhal LM, Singh KP, Diagnosis consideration in Ancient Indian Surgery (Based on Nidanasthana of Sushruta Samhita) Nidanasthana 5/10-1, Singhal publication, Allahabad, India, 1972, pp83.
- Shah B, Sah RK, Prasad SM, Ayurvedic Management of Ekakustha (Psoriasis) -A Case, International journal of AYUSH Case Report 2020; 4(1): 50-54
- 7. Girbide SG, Raut P, Damle R., Management of Kapala Ekakushtha (Scalp Psoriasis) by Vamana Karma and Shamana Chikitsa - A case report International journal of AYUSH Case Report 2019; 3(1): 22-27
- 8. Ralston SH, Penman ID, Strachan MWK, Hobson RP, Davidson's principles and Practice of Medicine, Elsevier publishers, England, 1998, pp 1247-1249.

- 9. Sharma PV, Charaka Samhitha Vol 11 Chikithsasthana 7 /39-43, Chaukhambha Orientalia, Varanasi, India, 1986, pp 128-129
- 10. Matteo and Michela Corti, Psoriasis Area Severity Index (PASI) Calculator (1.7.3), 200-2019 available from: http://pasi.corti.li/ [Last Accessed on 2019 Apr 25]
- 11. Jayasekara WASN, Ediriweera, ERHSS, Effect of Vamana Karma, Triphala Kashaya and Dehigetadi Lepa in treatment of Kitibha (psoriasis) A case study, International journal of AYUSH Case Report 2019;3(2):166-176.
- 12. Misra SBS, Bhavaprakasha of Bhavamishra Part 11, Vasaguduchi Chaturangula Kashaya Chikithsa prakarana, Vatarakta Adhikarah 29/36, Chaukambha Sanskrit Sansthan, Varanasi, India,1993, pp 303.
- 13. Rajeshwaradatta shastri, Bhaisajya Ratnavali, Manjishthadi Kashaya, Kushtaroga Chikithsa Prakarana, 54/66-67, Chaukhambha Sanskruta Sanathana, Varanasi, India, 1991, pp 623.
- 14. Rajeshwaradattashastri, Bhaisajya Ratnavali, Kaishora Guggulu, Vataroga Chikithsa Prakarana, 27/98-108, Chaukhambha Sanskruta Sanathana, Varanasi, India, 1991, pp 424.
- 15. Murthi KRS, Vagbhata's Ashtanga Hrdayam Vol 11, Panchatikta Ghrita Guggulu, Vata Vyadhi Chikithsa 21/58-61, Krinshnadas Academy, Varanasi, 1992, pp 508.
- 16. Shastri B, Yogarathnakara Uttaradha, Gandhaka Rasayana Rasayana



- Chikithsa /1-4, Chaukambha Sanskruta Sansthana, Varanasi, India, 1988, pp501.
- 17. Shastri A, Rasaratna Samuchchya, Arogyavardhini Vati Kushta 20. /87-93, Chaukhamba Amarabharati Prakashan; Varanasi, India, 1988, pp 400.
- 18. Murthi KRS, Sarngadhara Sanhita of Sri Sarngadhara, Madhyama Kanda, Churna Kalpana 6/9-2, 10, 11, Chaukambha Orientalia, Varanasi, India, 1995 pp85.
- 19. Murthi KRS, Vagbhata's Ashtanga Hrdayam Vol 11, Pinda Taila, Vatarakta Chikithsa 22/22, Krinshnadas Academy, Varanasi, 1992, pp 517.
- 20. Sharma PV, Charaka Samhitha, Kalpasthana 12 /69, Chaukhambha Orientalia, Varanasi, India, 1986, pp 579.
- 21. Sharma, PV, Dravyaguna Vijnana Vol 11, Chaukambha Bharati Academy, Varanasi, India, 1991, pp 665, 667, 669, 821.
- 22. Khadkutkar DK, Kanthi VG, Dudhamal TS. Antimicrobial activity of *Panchavalkal* powder and ointment. International Journal of Medicinal Plants

and Natural Products (IJMPNP). 2016; 2(1): 9-15

ISSN: 2457-0443

- 23. Sharma PV, Charaka Samhitha, Chikithsasthana 1 /8-2, Chaukhambha Orientalia, Varanasi, India, 1986, pp 4
- Sharma, PV, Charaka Samhitha Vol. 1, Sutrasthana 27 /3, Chaukhambha Orientalia, Varanasi, India, 1986, pp 193.

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

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

Source of support: None

How to cite this article:

Maragalawatta SK, Ediriweera E.R.H.S.S., Chandimarathne BP. Effect of *Nityavirechana* and selected regimen in treatment of *Ekakushtha* (Psoriasis)-A Case Study. Int. J. AYUSH CaRe. 2020; 4(3): 97-104.