

## Management of *Ekakushtha* with *ShamanaChikitsa* with Specific Reference to Psoriasis: A Case Report

Omprakash J. Patil<sup>1</sup> Archana S. Dachewar<sup>2</sup>

PG Scholar, Department of Kayachikitsa, Shree Ayurved Mahavidyalay, Nagpur  
Professor and HOD, Department of Kayachikitsa, Shree Ayurved Mahavidyalay, Nagpur.

### ABSTRACT:

Diseases of skin are increases in recent years due to life style changes and unhealthy foods. Peoples of today's era are cautious about the skin problems because of skin is the mirror image which reflects the functions of internal body organs. Psoriasis is non-infectious chronic inflammatory disease of skin. It is characterized by well-defined erythematous plaques with silvery scale which have a predilection for extensor surface and scalp and by chronic fluctuating course. According to W.H.O. the world-wide prevalence of Psoriasis is 2-3%. In India prevalence of Psoriasis varies about 0.44% to 2.88%. In Ayurveda all skin diseases are described under *KushthaVyadhi*. *Ekakushtha* is type of *KshudraKushtha* which is mentioned in ancient samhitas. *Ekakushtha* is described as Vat - *Kaphaj* disease in *Charak Samhita Chikitsasthan*. *Ekakushtha* has clinical features like *Asvedanam* (absence of sweating), *Mahavastu* (big size lesions) and *Matsyashakalopamam* (scaling) which can be compared with Psoriasis. Due to highly recurrent nature the disease has remained a great problem. Here efforts were made to treat a sixty-six years old male diagnosed case of Plaque Psoriasis by combined Ayurvedic regimen. The diagnosis is considered as *Ekakushtha* in perspective of Ayurveda which is a *Vata-Kaphaj* predominant *Kshudra-Kushtha*. All types of *Kushtha* will be treated with *Shodhana* and *ShamanaChikitsa*. *ShamanaChikitsa* was preferably given for 30 days. PASI (Psoriasis area severity index) score was taken for assessment criteria. PASI score before starting the treatment was found to be 5.6 which decreased to 0.6 at the end of treatment. Also, significant improvements in subjective parameters were observed. This case report showed that combined Ayurvedic modalities resulted in great improvement in overall condition of the patient with no recurrence in five months follow-up. Ayurvedic treatment regimen can be very useful in the management of Psoriasis and betterment of mankind.

**KEYWORDS:**Psoriasis, *Ekakushtha*, PASI score, *ShamanChikitsa*, Ayurvedic management.

### Corresponding Details:

Dr.Omprakash J. Patil  
PG Scholar, Department of Kayachikitsa,  
Shree Ayurved Mahavidyalay, Nagpur  
Mobile No. 7387746431  
E-Mail: omprakashpatil145@gmail.com



### How to cite article:

Omprakash J. Patil, Archana S. Dachewar. Management of *Ekakushtha* with *ShamanaChikitsa* with Specific Reference to Psoriasis: A Case Report. Sanjeevani Darshan- National Journal of Ayurveda & Yoga 2023;1(1):5-13 <http://doi.org/10.55552/SDNJAY.2023.1102>

## INTRODUCTION:

Due to unhealthy dietary habits and devoid of *Dinacharya* and *Ritucharya*, People have to face many skin diseases, life style diseases and autoimmune diseases. Psoriasis is one of them which is common dermatologic disease, affecting approximately 1.5 to 3% of Caucasians but less common in Asian.<sup>[1]</sup> Both males and females suffering equally.<sup>[2]</sup> Psoriasis is a non-infectious, chronic inflammatory disease of skin. It is characterized by well-defined erythematous plaques with silvery white scale appearance.<sup>[3]</sup>

All types of skin diseases are included under the heading of *Kushtha*. Charakacharya included in one of the *Ashtamahagad*.<sup>[4]</sup> AcharyaCharak described *KushthaRogadhikar* in which he classified *Kushtha* in to two major types; *Maha-Kushtha* and *KshudraKushtha*.<sup>[5]</sup> Amongst various types of *Kushtha*, *Eka-Kushtha* is one of them which having a symptoms like *Asvedanam* (Absence of perspiration), *Mahavadstu*, *Matsyashakalopam* (Look like fish scale).<sup>[6]</sup> According to the *Dosha-Dushya* and *VyadhiAvastha* (Disease condition) and *Bala* (Strength), *Shodhan* and *ShamanChikitsa* is described for the *Kushtha* in Ayurvedic literature. Repeated *Shodhan* is required in *Kushtha* due to *BahuDoshavastha*, to eliminate the aggravated Doshas which helps to treat the root cause of disease. But due to covid pandemic, *ShamanaChikitsa* was preferably given for 30 days.

Psoriasis abnormal differentiation and keratinocyte hyperproliferation due to excessive multiplication of cells in the basal layers. The transit time of keratinocyte is shortened from approximately 28 to 5 days so that immature cells reach the stratum corneum prematurely.<sup>[7]</sup> Even though the etiology is unknown, the factors involved are genetic, biochemical, immunopathological and environmental.<sup>[8]</sup> Precipitating factors like trauma, infections, sunlight, some drugs and emotions may flare up the disease.<sup>[1]</sup> As there is no available cure for the disease it has remained a great problem for the patients.<sup>[9]</sup> Patients not only suffer from physical problems, but also mental distress and social stigma.

Diagnosis of the Psoriasis is made mainly on the basis of clinical features that is<sup>[10]</sup>

1. Erythematous plaques, covered with silvery white scales appearance.
2. Extensor surface primarily involved.
3. Koebner's phenomenon present in the active phase of the disease.
4. Worn off's ring often present in the healing phase of the disease.
5. Auspitz and candle grease signs are another classical feature of the disease.

The main goal of management is to alleviate symptoms and prevent relapse. In modern medicine, systemic treatment commonly used is photo chemotherapy with PUVA, retinoids, methotrexate and cyclosporine-A and corticosteroids. Locally coal tar preparations, calcipotriol, retinoid, corticosteroids and ultraviolet radiations are used to manage Psoriasis. [11] These medicines usually provide good symptomatic benefits, but in long term use causes number of side effects.

There are different types of Psoriasis which can be correlated to certain types of *Kushtha* described in *Samhitas*. The description of *Kushtha* is present since *Vedic* period, *Ekakushtha* is described in *GarudaPurana* [12] and almost all Ayurvedic classics after that period i.e., *Brihatrayi*, *Laghutrayi* and all texts afterwards. *Ekakushtha* is mentioned in all Ayurvedic classics under *KshudraKushtha* and has predominance of *Kapha* and *VataDosh*. [13] *AharajHetu* like *ViruddhaAahara*, excessive consumption of *Drava*, *Snigdha*, *Guru Aahar*, *Navannapan* and *Viharaj Hetu* like *VegaDharana* specially of urge of vomiting are major aetiologies. Sinful act and ill *Manovritti* (negative mentality) are associated mental factor for causing the *Kushtha*. [14]

*Charaka* has depicted classical features of *Ekakushtha* as *Aswedanam*, *Mahavastu*, and *Matsyashakalopamam* [15] and *Sushruta* described its symptoms as *Krishna-ArunaVarnata*. [16] *Hetusevan* leads to vitiation of *Tridosha* especially *Vata* and *Kapha*. These *Dosha* through *TiryakvahiniSiras* proceed to *BahyaRogamarga* i.e., *Twacha*, *Rakta*, *Mamsa*, and *Lasika* and leads to variety of *Kushtha*. [17] Repeated *Shodhana* along with *Shamana* is main line of treatment. [18] Both *AntahParimarjan* and *Bahiparimarjan* therapies has been indicated in *KushthaRoga*. The present Allopathic treatment part is not sufficient to deal with the psoriasis. So, the Ayurveda has potential to deal with such kind of diseases.

**Aim and Objective** - To evaluate the role of *Shamana Chikitsa* in the management of Psoriasis.

**Place of study** - The present case study was done in the Department of Kayachikitsa, Shree Ayurved College and Pakwasa Hopsital, Nagpur

## CASE REPORT:

### Basic information of the patient

Age -66 years male Religion–Hindu

Socioeconomic status- Lower Middleclass

He was Security Guard and has mixed diet pattern. Patient has habit of chewing

*Gutkha*(1 packet daily) since last 40 years

***PradhanVedana*(Chief complaints)**

Erythematous rashes on both hands, and both legs in the last 1 years.

Itching in rashes, with scaling on scratching.

Sometimes burning sensation

***Vartaman Vyadhivritta*(History of present illness)**

The patient was asymptomatic before 1 year. After that he has developed complaint of scaly rashes on his both palm and on both legs which gradually progressed. There is severe itching in the rashes along with burning sensation, and scaling after scratching. On enquiry he said that lesions and symptoms was get aggravated on stress and having no relation to seasonal variation and remained constant for whole year. He took modern medication for about 6 months which provided symptomatic relief till treatment continues; on discontinuity of the treatment again the symptoms were exaggerated.

***Purva Vyadhivritta*(History of past illness)**

Known case of hypertension since last 1 years on regular medication- Amlodipine 5mg once a day. Patient has no past history of any other chronic illness, burn, trauma.

***KulajaVritta*(Family history)**

Not specific.

***Vaiyaktikavritta*(Personal history)**

Appetite was reduced. Predominant *Rasa* in *Aharawas Madhura and Lavna Rasa*. Sleep not regular due night shift, Habit of *Divaswap*, habit of constipation.

**OnExamination**

General condition was fair andafebrile.

Vitals werenormal.

Cardiovascular system, respiratory system and per abdomen examinations had shown no deformity.

*Prakriti*(constitution) was *Kapha-Pittaja*.

***Ashtavidha Pariksha***

*Nadi*(pulse) was *Kaphadhika-Tridoshaja*.

Frequency and colour of *Mutra* (urine) were normal with no *Daha*.

*Mala* (stool) was constipated and feeling of incomplete evacuation of bowel.

*Jihva* was *Sama* (coated), suggesting improper digestion.

*Shabda* (Speech) was clear and fluent.

*Sparsha* (touch) was *Ruksha*.

*Drik* (eyes) were normal.

*Aakriti* (appearance) was average built

**Local Examination-** Lesions were scaly erythematous plaque, present on both upper and lower limb. Lesions were symmetrical and well defined.

Auspitz sign – present koebner phenomenon– Present

**Diagnosis-** On the basis of clinical history and examination the condition was diagnosed as Plaque Psoriasis.

**Treatment protocol-**

Total duration-30 days

**Table no 1- Showing Treatment Protocol**

Medicine	Dose	Anupana	Route of Administration
<i>Raktashodhak Kwatha</i>	40ml BD	Luke warm water	Oral
<i>Haritaki Churna</i>	10 gm BD	Luke warm water	Oral
<i>Arogyavardhini Vati</i>	500 mg BD	Luke warm water	Oral
<i>Gandhak Rasayana</i>	500 mg BD	Luke warm water	Oral
<i>Sariva</i> , + <i>Manjistha</i> , + <i>Lodhra</i> , + <i>Vidanga</i> , + <i>Pippali</i>	each 2gm (prepare Kwath)	Luke warm water	Oral
777 oil	----	----	Local Application

**PASI Score** <sup>[19]</sup> - The current gold standard for assessment of extensive Psoriasis has been the Psoriasis area severity index (PASI). PASI combines the assessment of the severity of lesions and the area affected into a single score in the range 0 (no disease) to 72 (maximal disease). The PASI is a measure of the average redness, thickness and scaling of the lesions (each graded on a 0-4 scale), weighted by the area of involvement.

#### Steps in generating PASI score

- Divide body into four areas: head, arms, trunk to groin and legs to top of buttocks.

Generate a percentage for skin covered with psoriatic plaques for each area and convert that to 0-6 scale as below.

**Table no 2 showing Rating Scale for Percentage of Area Involved.**

Percentage	Rating scale
00	00
00 - < 10 %	01
10 - < 30 %	02
30 - < 50%	03
50 - <70%	04
70 - <90%	05
- 100%	06

1. Generate an average score for the erythema, thickness and scale for each of the areas.
2. Sum the score of erythema, thickness and scale for each of the areas.
3. Multiply item (c) and (d) for each area and multiply that by 0.1, 0.2, 0.3 and 0.4 for head, arms, trunk and legs respectively.
4. Add these scores to get the PASI score.

**Assessment criteria:**

The improvement of condition of the patient was assessed on the basis of PASI scale

**Table no 3- PASI Score (Before treatment)**

	Head and neck	Arms	Trunk	Legs	Total
<b>Skin area involved score</b>	0.1	0.2	0.3	0.4	
<b>Redness</b>	0	2	0	2	
<b>Thickening</b>	0	3	0	4	
<b>Scaling</b>	0	3	0	4	
<b>Total</b>	0	1.6	0	4	5.6

**Table no 4-PASI Score (After Treatment)**

	Head and neck	Arms	Trunk	Legs	Total
<b>Skin area involved</b>	0.1	0.2	0.3	0.4	

<b>score</b>					
<b>Redness</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Thickening</b>	<b>0</b>	0	<b>0</b>	<b>1</b>	
<b>Scaling</b>	0	1	<b>0</b>	<b>0</b>	
<b>Total</b>	<b>0</b>	<b>0.2</b>	<b>0</b>	<b>0.4</b>	<b>0.6</b>

**Observation:****Picture no. 1: Showing before treatment and after treatment.****RESULT: -**

Here, significant improvements in the subjective parameters of the patient were seen. Also, the considerable reduction in the PASI score from 5.6 to 0.6 was observed.

**DISCUSSION: -**

Here a case of Plaque Psoriasis which is correlated to *Ekakushtha* having *Vata- Kapha dominance* can be evident from its signs and symptoms. The vitiated *Doshas* reaches to *Shithila Dushyalike Twaka, Rakta, Lasika* and *Mamsa* which results into *Sthana Samshraya Avastha* and then produces symptoms of *Ekakushtha*.

*Astang Hrudaya Samhita* denot that, *Shithilta in Kustha* were in whole *Twaka*, while the lesions are produced at the site of *Sthanasanshray* of *Doshas*.<sup>[20]</sup> As a part of treatment mentioned in Ayurvedic classics for *Kushtha Roga* are *Nidana Parivarjana, Snehana, Swedana, Shodhana, Raktamokshana, Prakriti Vighatana, Shamana, Lepana* etc. As *Ekakushtha* is mostly chronic and *Bahu-Doshajanya*, both repeated *Shodhana* and *Shamana* therapies has to be

followed to provide long lasting results and for good control of disease. Psoriasis is *BahyaRogamarga disease*, so both *Antah-Parimarjana* and *Bahi- Parimarjana* treatments should be used. Considering the above facts, composite treatment plan was adopted. Initially *DipanPachan, Anuloman* was done to increase the *Agnibala* and to bring *Dosha* in *NiramaAvastha*. *Shamana* treatment was given for *Doshshamana, Raktashodhana* and *Raktaprasadana*. While local application of 777 oil was given to reduce itching and scaling. For the basis of improvement of lesions, PASI scale was considered. Before starting the treatment his PASI score was 5.6 and after 30 days it was 0.6.

### CONCLUSION: -

This case report showed that Ayurvedic regimen is effective in treatment of Psoriasis. No adverse effect and aggravation of the symptoms were found in the patient during and after the treatment.

### REFERENCES: -

- [1] SH Ibbotson: "Davidson's principles and practice of Medicine": 23<sup>rd</sup> edition: Elsevier publication: Chapter 29 – Dermatology P g-1248
- [2] SH Ibbotson: "Davidson's principles and practice of Medicine": 23<sup>rd</sup> edition: Elsevier publication: Chapter 29 – Dermatology P g-1248
- [3] Z. Zaidi and S.W. Lanigan: "Dermatology in Clinical practice": 2010 Springer- Verlag London Limited, Immune system of the skin, p g185.
- [4] Shukla and RaviDuttTripathi, Agnivesh, Charaksamhita, Chakrapani Commentary, IndriyasthanChapter 9, shloka 8, Varanasi:Chowkhamba Sanskrit Pratishtan 2009.
- [5] Shukla and Ravi DuttTripathi, Agnivesh, Charaksamhita, Chakrapani Commentary, NidanasthanChapter 5, shloka 4, Varanasi:Chowkhamba Sanskrit Pratishtan 2009. \
- [6] TripathiBramhananda, CharakSamhita, Chapter 7/21, ChaukhambaSurbharati Publication, Varanasi, 2009
- [7] SH Ibbotson: "Davidson's principles and practice of Medicine": 23<sup>rd</sup> edition: Elsevier publication: Chapter 29 – Dermatology P g-1248
- [8] Michael Hertl: "Autoimmune diseases of skin": third edition: Springer Wein New York: p g no.328-331.
- [9] Khanna N: "Illustrated synopsis of Dermatology and Sexually transmitted diseases": Edition 2005: Jaypee publishers and distributors; P g no. 38.



- [10] De Korte J, Sprangers MAG, Mommers FMC et al: “Quality of life in patients of Psoriasis: A systemic literature review”: J invest DermatolsympProc 2004: 9: 140-7.
- [11] Fitzpatrick’s: Dermatology in General Medicine: vol- 1; 7<sup>th</sup> edition; Mc Graw hill Companies: P g 185.
- [12] Bhattacharya R S: Garuda Purana: MaharshiVedvays: Varanasi: Edition1964, Chaukhamba Sanskrit Series; P g no.38.
- [13] Tripathi R, Shukla V. CharakSamhita. Volume 2; Chikitsasthana, 7<sup>th</sup> chapter-, verse no. 29-30; Varanasi; Chaukhamba Sanskrit Pratisthan;2017;p g no. 185
- [14] Tripathi R, Shukla V. CharakSamhita. Volume 2; Chikitsasthana, 7<sup>th</sup> chapter-, verse no.4-8; Varanasi; Chaukhamba Sanskrit Pratisthana; 2017;page no 181
- [15] Tripathi R, Shukla V. CharakSamhita. Volume 2; Chikitsasthana, 7<sup>th</sup> chapter-, verse no. 21-41; Varanasi; Chaukhamba Sanskrit Pratisthana; 2017;p g no. 184, 186
- [16] Atahvale P. G. SushrutaSamhita. Nidansthana. 5<sup>th</sup> chapter-Verse no 10; Nagpur; Godavari Book Publishers and book promoters; 2008 pg no. 472
- [17] Tripathi B. AstangaHrudaySamhita; Nidansthana,14<sup>th</sup> chapter-, verse no. 3a; Delhi; Chaukhamba Sanskrit Pratisthana; 2015 p g no. 527
- [18] Tripathi R, Shukla V. CharakSamhita. Volume 2; Chikitsasthana, 7<sup>th</sup> chapter-, verse no. 29-30; Varanasi; Chaukhamba Sanskrit Pratisthana; 2017; p g no 185
- [19] W Sterry, R Paus, W Burgdorf: “Sterry Dermatology”: Edition 2006; Thieme; New York; P g267.
- [20] Tripathi B. AstangaHrudaySamhita; Nidansthana,14<sup>th</sup> chapter-, verse no. 3; Delhi; Chaukhamba Sanskrit Pratisthana; 2015; p g no. 527

**Source of Support: None declared**

**Conflict of interest: Nil**

© 2023 Sanjeevani Darshan -NATIONAL JOURNAL OF AYURVEDA & YOGA