Management of Psoriasis (Ekakustha) by Ayurvedic Shodhan, Shaman & Nidanparivarjana: Case Report

Dr. Sushil Kumar Mishra
M. D. Panchakarma, Medical officer, Govt Ayurveda College, Rewa (MP), India
Email: sushilmishra95667[at]gmail.com

Abstract: Skin is the mirror which reflects the harmony of internal functions of body. Any change in skin colour disturbs the patient both mentally and physically. In Ayurvedic texts the skin diseases Ekakushtha is described as one of the Kshudra - Kushta. In Charak Samhita Chikitsasthana chapter 7, Ekakushtha is described as - Vata - Kapaj disease. Ekakushtha has signs and symptoms i.e. Aswedanaam (absence of sweating), Mahavastu (big size lesions) and Matsyashakalopamaan (scaling) which can be compared with Psoriasis. We have reported a 45 years male patient having symptomsof Ekakushtha since last 17 years. He was suffering from large round erythematous scaly patches over his trunk, both hands, both legs and head and also severe itching and dryness over affected lesions. Simultaneously he was suffering from constipation, loss of appetite, physical and mental stress and disturbed sleep. The patient was treated with Vamana and Virechana therapies in Panchakarma followed by Sanshamana therapy (Oral medications). Patient reported symptomatic improvement after the course of Vamana and Virechana. The improvement was significantly increased during course of oral medications (Shanshamana Chikita) with Nidan parivarjana. The exact etiology 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. The unique treatment modality of Ayurveda provides long lasting results and abetter life to patients through its three basic principles i.e. Shodhana, Shamana and Nidan - parivarjana.

Keywords: Eka kushtha, Psoriasis, Vamana, Virechana, Nidan parivarjana

1. Introduction

In Ayurveda, all skin diseases are grouped under a broad heading of Kushtha Roga. Eka - kushtha is one of such diseases explained under the heading of Kshudra - Kushtha (minor skin ailments). Even though, in terms of severity, incidence and prognosis, it is not a minor kind. The classical symptoms of Eka kushtha described in Ayurveda resembles with Psoriasis. The clinical feature of Eka kushtha described by Acharya Kashyap represents remission, relapse and seasonal variation which are present in Psoriasis. Dietary factors as Viruddha aahara, excessive consumption of Drava, Snigdha, Guru aahar, Navanna, Vega dharana specially of vomiting are major aetiologies. Indulgence in sinful act and ill Manovritti (negative mentality) are associated mental factor for causing the disease.

Prodromal features of Psoriasis [Purvarupa of Eka kushtha] -
- Reduced perspiration (Aswedan)
- Increased perspiration (Atiswedan)
- Skin Discolouration (Tvak Vairvarya)
- Itching (Kandu)
- Prickling sensation (Nistoda)
- Numbness (Suptata)
- Horripilation (Lomaharsha)
- Fatigue (Klama) etc.

Clinical features of Psoriasis [Rupa of Eka - kushtha] -
- Reduced sweating (Asweda)
- Extended skin lesions (Mahavastu)
- Scaling of skin similar to the scales of the fish (Matsya shakalopama)
- Pink discolouration (Aruna varna)
- Blackening of the part (Krishnavarna) etc.

2. Case Report

A 45 years old male was presented in OPD of presenting with chief complaints as itching and discolorations of skin, erythematous patches of rounded to irregular shape, appearance of silvery scales guarding the patches over his trunk, both hands, both legs and scalp. Around about 17 years back, he was in healthy state, later he started with itching all over his back, abdomen, chest, head, both hands and both legs. The area affected with itching slowly got discolored and dry. Also, there was appearance of red erythematous patches guarded with scales. The patches were more pronounced over back and abdomen. Simultaneously he was suffering from constipation, loss of appetite, physical and mental stress and disturbed sleep. He had taken treatment of allopathic medicine for years but didn’t get any relief. When he visited OPD, first of all we carried out his all routine blood investigations as Complete Blood Count, Blood Sugar Level, Liver Function Tests, Renal Function Tests and Routine and Microscopic Urine Examination to rule out any possible associated disorder. But finding of these investigations were found within normal limits. There was no significant past history of any type of addiction was found.

3. Treatment Protocol

Treatment protocol - Total duration - 6 months
1) Deepana panchana - with Chitrakadi vati 500 mg BD for 5 days.
2) Vamana karma - Abhyantara snehana with Mahatikta ghrila for 5 days in increasing order from 30 ml to 150 ml with lukewarm water followed by Mrudu snehana and Swedana for 1 days. Then Vamana karma was performed by Madanphala kwath, Cow milkand
madhuyashthi phant followed by Samsarjana krama for 5 days.
3) Virechana karma – After completion of Samsarjana krama patient was given normal diet for 15 days and again Aabhyantra snehana was done for 5 days. After Mridu swedana, Virechana karma was performed and again Samsarjana krama for 5 days was done before starting Samshamana drugs.
4) Samshamana therapy - For Samshamana therapy - following medicines were used -
   - Guggulutikta Ghrita
   - Aragwadhi kashayam
   - Winsoria Oil for local application
   - Kaishor guggulu
   - Gandhak rasayan

PASI Score
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 -
1) Divide body into four areas: head, arms, trunk to groin and legs to top of buttocks.
2) Generate a percentage for skin covered with psoriatic plaques for each area and convert that to 0 - 6 scale as bellow.
3) Generate an average score for the erythema, thickness and scale for each of the areas.
4) Sum the score of erythema, thickness and scale for each of the areas.
5) 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.
6) 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>
<thead>
<tr>
<th>Before trial -</th>
<th>Head &amp; Neck</th>
<th>Arms</th>
<th>Trunk</th>
<th>Legs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin area involved score</td>
<td>0.3</td>
<td>0.5</td>
<td>0.5</td>
<td>0.3</td>
<td>1.8</td>
</tr>
<tr>
<td>Redness</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Thickening</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>13.8</td>
</tr>
<tr>
<td>Scaling</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>10.5</td>
</tr>
<tr>
<td>Total</td>
<td>1.8</td>
<td>9</td>
<td>13.8</td>
<td>10.5</td>
<td>35.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After 2 months -</th>
<th>Head &amp; Neck</th>
<th>Arms</th>
<th>Trunk</th>
<th>Legs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin area involved score</td>
<td>0.3</td>
<td>0.5</td>
<td>0.5</td>
<td>0.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Redness</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Thickening</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>10.5</td>
</tr>
<tr>
<td>Scaling</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>8.4</td>
</tr>
<tr>
<td>Total</td>
<td>1.2</td>
<td>7</td>
<td>10.5</td>
<td>8.4</td>
<td>27.1</td>
</tr>
</tbody>
</table>

After 4 months-

<table>
<thead>
<tr>
<th>Skin area involved score</th>
<th>Head &amp; Neck</th>
<th>Arms</th>
<th>Trunk</th>
<th>Legs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redness</td>
<td>0</td>
<td>0.4</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Thickening</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Scaling</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>3.2</td>
<td>2.4</td>
<td>4.8</td>
<td>10.4</td>
</tr>
</tbody>
</table>

After 6 months -

<table>
<thead>
<tr>
<th>Skin area involved score</th>
<th>Head &amp; Neck</th>
<th>Arms</th>
<th>Trunk</th>
<th>Legs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redness</td>
<td>0</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Thickening</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Scaling</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>1.2</td>
<td>1.8</td>
<td>2.4</td>
<td>5.4</td>
</tr>
</tbody>
</table>

4. Result and Discussion
Psoriasis is a chronic inflammatory disorder, characterised by the formation of well - defined raised erythematous plaques, with silvery white scales; that preferentially localize on the extensor surfaces. It is correlated with certain diseases in Ayurveda. Here a case of PlaquePsoriasis has been discussed, which is best correlated to Ekakushtha. Ekakushtha is a Kshudra Kushta and have Vata - Kapha dominance and even involvement of Tridosha can be evident from its signs and symptoms. The vitiated Doshas reaches to Shithila dushya like Twaka etc. and results into Sthana samshraya avastha and then produces symptoms of Ekakushtha. Acharya Charaka says that in Kushtha, Shithilta is in whole Twak, while the lesions are produced at the site of enlodgement of Doshas. In this disease onset of Matsyashakalopamam (silvery scales) in Mahavastu (large surface area) along with Aswedana (loss of perspiration) is seen.

The line of treatment mentioned in Ayurvedic classics for Kushtha roga are Nidana Parivarjana, Shodhana, Snehana, Swedana, Raktamokshana, Prakriti Vighatana, Shamana, Lepana etc. As Ekakushtha is mostly chronic and Bahudosahajanya, both Shodhana and Shamana therapies has to be followed to provide long lasting results and a better life to patients. As it is a disease of Bahyarogamarga, so both Antahparimarjana and Bahi - parimarjana treatments should be used. Considering the above facts, composite treatment plan was adopted. Initially Aabhyantra shodhana was done with Vamana and Virechana karma and after completion of Samsarjana krama, Samshamana treatment was performed.

For the basis of improvement of lesions, PASI scale was considered. Before starting the treatment his PASI score was 35.1. After 2 months it was 27.1. after 4 months it was 10.4. After 6 months treatment his PASI score was 5.4. The patient remained in follow up once every month and his PASI score varied from 3 to 5.4 and have no aggravation of complaints till October 2021.
5. Conclusion

This case report showed that potent and effective in treatment of Psoriasis, No adverse effect0 and aggravation of the symptoms was found in the patient during and after the treatment. Since the therapy for psoriasis has limitation in Allopathy, Ayurvedic management of chronic psoriasis can be effective therapy.

References

[7] Dr. Neena khanna; Illustrated synopsis of Dermatology and Sexually transmitted diseases; Ed 2005; Peepee publishers and distributors; Pg no.38. remove
[9] Fitzpatrick’s. Dermatology in General Medicine; vol - 1; seventh edition; Mc Graw hill Companies; Pg 185. Remove
[10] Dr. Ram Shankar Bhattacharya; Garuda Purana: Maharshi Vedvays; Varanasi; Edition 1964, remove
[12] Agnivesha, Chikitsasthana 7: 144 - 150, Hindi commentary by Kashinatha
[16] Tatwadipika, Madhyamkhandha 3: 1 - 2, Hindi commentary by Bhishakvachaspati Pandit
Durgadutta Shastri, Sharangadhar Samhita, Varanasi, Chaukamba Vidyabhavan; 2002. p 334