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Research Article

AYURVEDIC MANAGEMENT OF PSORIASIS (EKAKUSHTHA) - A CASE STUDY

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ABSTRACT

Psoriasis is rightfully termed as the *Healthy Man's Disease*. Though characterised with intense scaling and itching, it does not directly have any further complications on the general health of the patient. Psoriasis generally has a chronic history with indolent lesions which persist for months and seldom has acute onset except Gutate Psoriasis and Generalised Pustular Psoriasis. A diagnosis of Psoriasis was made on the basis of signs and symptoms & correlated with *Ekakushtha* described in Ayurved texts. Ayurvedic management specially comprising of Panchkarma procedures and internal medications show significant improvement in all the cardinal symptoms as well as lesions of the patients. Treatment was carried out as Shodhan in the form of Virechan and Shaman in the form of internal medicines. The results found are very encouraging in this disease whose recurrence is also very high.

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INTRODUCTION

Ayurved has always emphasized on safeguarding the health of Healthy and then trying to treat the ill. Hence we see detailed elaboration of daily regimen (Dinacharya) and seasonal regimen (Ritucharya) first and then descriptions regarding diseases and their effective management. With the invention of anti-biotics, we have a good chance of controlling the infectious diseases through modern medicines but as far as non-infectious, degenerative and chronic diseases are concerned, Ayurved can be a real hope. Due to considerable changes in life style in today's world, Dinacharya and Ritucharya which were an inseparable part of our life style have taken a setback. This has given rise to many faulty habits related to both diet as well as general behaviour. Charakacharya has given 18 types of Virrudha Aahar¹. If observed carefully, one can easily find all of them in one or the other form in our daily routine. Kushtha i.e. skin disease is one of the consequence of such Virrudha Aahar enjoyed by a person for a long time². Psoriasis, according to modern medicine is classified under the group of Papulosquamous Disorder³. The exact etiology is unknown but many factors can be incriminated⁴. However, there are many triggering factors such as physical trauma in the form of scratches, surgical

incisions or injuries, infections and some drugs also⁴. It is characterised by well defined, erythematous plaques with characterised silvery, large, loose scales, accentuated by grating the lesions⁵. Scaling is the predominant sign. Winter aggravation is very common. This peculiarity can therefore be correlated with the skin lesion Ekakushtha which is said to have Vata-Kapha predominance⁶ and hence aggravates in winter season. Also the symptoms of resemblance to Matsya Shakal i.e. scales of fish also fits in here. Also it is extensively spreading and invades the whole body often which is rightfully depicted in its sign of Mahavastu⁷. Modern medicine tries to treat it with topical therapy such as coal tar, dithranol or PUVA sol and topical steroids. Generalised lesions are treated with methotrexate, cyclosporine, acitretin etc⁸. Shodhan forms a very important part of therapy used for Viruddha Aahar and Kushtha in particular⁹.

MATERIAL AND METHODS

A 45 year old male registered by the O.P.D. number 16018459 on the date of 07/07/2016 came to the O.P.D. no. 113 of Parul Ayurved Hospital. He presented himself with the following symptoms,

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- Lesions on feet, elbows, abdomen and scalp area with red demarcation.
- Extensive scaling of skin and falling of skin on rubbing.
- Severe itching as well as burning which would rarely result into bleeding.
- Suffering from the last 12 years.
- Had taken modern treatment with limited improvement and recurrence.

On proper examination, all the extensor surfaces were affected and Auspitz's sign was found positive⁹. His overall physical status was good with some findings of over-thinking and shy nature which was developed gradually after the lesions of disease spread on his body. Based on the above case findings an Ayurvedic treatment protocol was designed comprising of Shodhan and Shaman treatment in the form of Apunarbhava Chikitsa.

Treatment Protocol

The patient was first explained the need of Shodhan therapy i.e. Virechan and was administered Virechan first followed by Shaman treatment. The details are as follows,

Virechan Therapy

This was administered in three stages as,

- Purvakarma (Pre-treatment)
- Pradhankarma (Primary treatment)
- Pashchatkarma (Post-treatment)

Purvakarma - (13/07/2016 to 22/07/2016)

All the modern as well as Ayurvedic medicines were stopped before the commencement of this karma. This forms the initial part which is followed by the prime therapy of Virechan. It comprises of Deepan-pachan, Snehapan and Abhyang-Swedana. Deepan-pachan was done with Trikatu Churna 3gms thrice a day for 5 days. During this period, he was also given Triphala vati 4 tablets at night for proper bowel evacuation in the morning. This purvakarma improves the digestive power of the patient in turn which helps in proper digestion of the Snehapan which will be done later. Snehapan was done with Go-ghrit which was gradually increased from 25ml on the 1st day to 180ml on the 7th day respectively. After obtaining the Samyak Sneha Lakshana, Snehapan was stopped and the patient was admitted in the I.P.D. ward of Parul Ayurved Hospital with the registration number 163753. Consent was obtained from the patient as a standard protocol followed in our hospital. He was advised Abhyang with Nimba taila and Atap Sweda was given for 3 days. Some aggravation in burning as well as itching was seen during this period especially on the 2nd rest day. A strict diet regimen was also followed by the patient during this time of Purvakarma. The patient being admitted in the hospital, all vitals were checked twice in daily rounds.

Pradhankarma – (23/07/2016)

Abhyang was done on the Virechan day with Nimba taila in the morning. Virechan yoga in the form of Trivrita Leha 70gms was administered empty stomach at 10:55 a.m. Patient was advised to have sips of water in between to continue the motions and prevent any possible adverse effects arising from

continuous Virechan vegas. Observations were noted in the form of a table as below,

| Time | Vega | Consistency | Blood Pressure | Pulse Rate |
|------------|------|-------------|-----------------|------------|
| 12.50 p.m. | 2 | Semisolid | 116/80 mm of Hg | 78/min |
| 02.15 p.m. | 3 | Semiliquid | 110/70 mm of Hg | 89/min |
| 02.45 p.m. | 2 | Liquid | 110/60 mm of Hg | 80/min |
| 03.05 p.m. | 4 | Liquid | 110/70 mm of Hg | 83/min |
| 03.20 p.m. | 2 | Liquid | 120/90 mm of Hg | 80/min |
| 03.35 p.m. | 2 | Liquid | 110/80 mm of Hg | 84/min |
| 03.55 p.m. | 1 | Liquid | 120/90 mm of Hg | 78/min |
| 05.50 p.m. | 1 | Liquid | 118/90 mm of Hg | 78/min |

Emergency medicines like Kutaj ghanavati and Shankha vati were kept at hand if needed in any conditions.

Pashchatkarma – (24/07/2016 to 28/07/2016)

This patient was kept admitted till the Samsarjan Krama of 5 days considering the shodhan as Madhyam Shuddhi i.e. moderate cleansing was finished. He was advised strict rest and diet only in the form Rice gruel in the form of Manda, Peya, Yavagu and Vilepi in gradual successions. He was advised thin Krishara on the day of discharge and advised to follow light diet and rest for few more days.

RESULTS

After the Virechan therapy which took 16 days in total, the patient experience considerable improvement in his erythematous patches. Though the improvement was not so prominent in the first 3 days post Virechan, it gradually improved on the 4th and 5th day of Samsarjan Krama. The patient was advised to have Panchtikta Ghrit Guggula 250 mg thrice a day, Aarogyavardhini rasa 250 mg thrice a day and Sanshamani vati 250 mg thrice a day for a period of 8 weeks. Some dietary modifications like avoiding excess salt, sour taste, fast food, Chinese food, pickles etc. and behavioural corrections like avoiding day sleep were advised to the patient. He showed marked improvement in the lesions and has no signs of recurrence since then.

DISCUSSION

Kushtha i.e. skin disease is said to have Dushya samgraha comprising of 7 contents¹⁰. Hence Shodhan is considered as the prime treatment protocol to remove these deep rooted Doshas from the body. Shodhan procedures not only help in quick relief to the patients but also prevent recurrence which is very common in such skin conditions.

Mode of Action

Purvakarma – Purvakarma was given in the form of Deepan-pachan and Snehapan¹¹. Purvakarma has the intelligent action of separating the Doshas from the Dushyas i.e. Dhatus in the body. It also helps in bringing them to the Koshta area in the gastrointestinal tract from where it can be removed from the nearest outlet possible¹².

Pradhankarma – Pradhankarma was given in the form of Virechan after proper Snehan. This therapy removed the already accumulated Doshas in the Koshta area and regularises the Vata dosha considered as the main culprit in Ekakushtha. Aswedana and Mastsyashalakvat twacha can also be attributed to Vata dosha. Virechana is a shodhan process primarily aimed at removing doshas through the Pakwashaya

region. In the above patient, 17 vegas were obtained and patient did not show any signs of Virechan vyapat.

Samsarjanakrama – Samsarjanakrama was carried out in the patient for 5 days considering the shuddhi of moderate or medium type. Abhyantar Snehan and Virechana karma in particular causes Agni to diminish leading to Agnimandya¹³. In such condition, having regular diet can cause rapid recurrence of diseases due to dosha prakopa resulting from Agnimandya. Hence the patient was kept on laghu, pathyahaar and discharged on 28/07/2016.

Internal Medications

Panchatiktaghrit Guggula

This is a very potent drug indicated exclusively by Chakradutta in Kushtha Adhikar¹⁴. He advises to use it in Visham and Atiprabala Vata along with Kushtha disease which is deeply seated in Sandhi, Asthi and Majja. Psoriatic arthritis is a very common complication associated with long term Psoriasis. Thus this medicine acts both on Psoriatic lesions as well as prevents this complication thus saving the patient from lifelong deformity arising from joint lesions seen in Psoriatic patients.

Aarogyavardhini Rasa–Aarogyavardhini rasa is herbomineral formulation primarily advised in Kushtha vikaar i.e. all type of skin diseases. Its primary site of action is Grahani and Pakwashaya¹⁵. It is very potent drug to increase Agni which is a very important ingredient to correct the multiple dushya levels in Kushtha. Not only it helps in all types of dosha predominant conditions, it also helps in their elimination from the body by its bhedan and mala shuddhi kar activity.

Samshamani Vati

Though explained in Jwaradhikar by Yadavji Trikamji Acharya¹⁶, this medicine acts marvellously in all types of diseases specially related to skin. Guduchi specifically acts on micro circulation and helps in homoeostasis of all the three doshas which are the prime culprits in any skin disease. Being a potent drug of Jwara adhikar in which Swedavrodha is a prime symptom which is common with Aswedana seen in Psoriasis, Samshamani vati showed a very promising action in this patient.

Along with these 3 medicines, the patient was also advised to follow wholesome diet and follow proper sleeping patterns as the disease shows an aggravation pattern on reduced sleep and over-thinking patients due to its psychosomatic nature.

CONCLUSION

Psoriasis is a type of skin disease which can be correlated with Ekakushtha explained by Charakacharya. In the above patient, with shodhan procedure like Virechana and shaman medicines internally for a period of 2 months showed very promising results and no recurrence in the winter season which is very common as far as Psoriasis is considered. In today's world of ever changing diet and work pattern, life style disorders are on a sharp rising pattern. Ayurved is a ray of hope in such chronic health conditions; however life style disorders cannot be corrected unless some primary corrections in the life style of the patients are done. This is only and only possible through sciences like Ayurved where minute attention is given to diet and behavioural patterns of diseased as well as healthy people.

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