



Ayurveda

AN AYURVEDIC MANAGEMENT OF *EKA-KUSHTHA* (PLAQUE PSORIASIS): A CASE STUDY

Dr. Sakshi

PG Scholar, PG Department of Kriya Sharir, Institute for Ayurveda studies & research, SKAU, Kurukshetra, Haryana.

Dr. Shubha
Kaushal

Assistant Professor, PG Department of Kriya Sharir, Institute for Ayurveda studies & research, SKAU, Kurukshetra, Haryana.

Dr. PC Mangal

Professor and chairperson, PG Department of Kriya Sharir, Institute for Ayurveda studies & research, SKAU, Kurukshetra, Haryana.

ABSTRACT

Eka kushtha is a form of Kshudra kushtha that resembles psoriasis in its clinical presentations. It mostly arises from an imbalance between the Vata and Kapha Doshas. One of the most prevalent skin conditions, psoriasis affects up to 2% of people worldwide. The clinical features of psoriasis, an Auto-immune disorder, includes erythematous, papulosquamous disorder with spherical plaques coated in silvery scales. The elbows, limbs, knees are mostly affected. Ayurveda describes a number of therapeutical interventions, including Shamana and Shodana, for managing Eka kushtha. A 61-year-old Female who visited OPD of Kriya Sharir is the subject of the current case report. When an outpatient department patient presented with symptoms of Eka kushtha on elbow, knee, hand, and legs, she was treated with Shodhana chikitsa including Virechana and Rakta mokshan followed by Samsarjana karma and Shamana chikitsa.

KEYWORDS : Eka Kushtha, Kshudra Kushtha, Psoriasis, Shamana, Shodhana, Virechana, Rakta mokshan, Samsarjana karma

INTRODUCTION

In *Ayurveda*, almost all the skin diseases are described under *kushtha-Rogadhikara*¹. *Charaka Samhita* mentions it as one of the *Ashtamahagada*². *Acharya Sushruta* has mentioned *kushtha* under *Aupsargika Roga* or *Sankramaka Roga*³. The description of *kushtha* under *Sapta Mahavyadhi* by *Acharya Vagbhata*.

There exist seven major varieties of skin illnesses, known as *Maha-kushtha*, and eleven minor varieties, known as *Kshudra kushtha*⁴. *Eka-kushtha* is the most common of all the eleven kinds of *Kshudra kushtha*. According to *Acharya Charak*, the pathophysiology of *kushtha* is mostly determined by the *Tridosha* condition, including *twak* (skin), *mamsa* (muscular tissue), *rakta* (blood), and *lasika* (fluid and lymph)⁵. It is distinguished by its *Aswedanam* (dryness), *Mahavastu* (which covers the entire body), and *Matsyashakalawat Twacha* (skin that mimics fish scales), *Krishna-Aruna Varnata* (blackish in colour) all of which are *kushtha* qualities⁶. It is painless, sweat-free, widely dispersed, and resembles fish scales. The skin turns pink and black during this process. According to *Acharya Bhavaprakasha*, *Chakrakara* (circular) and *Abhrakapatrasama* (silvery scales, like mica) are the lesions of *Eka-kushtha*⁷. These characteristics of *Eka-kushtha* resemble those of psoriasis as it is currently understood by modern medicine. It affects men and women almost equally and across all age categories. It is an inflammatory skin illness that is persistent and recurrent. Numerous triggering factors, including genetic, environmental, immunological, and psychological ones, have been identified to have an impact on the disease's expression, but the precise aetiology is still unknown.

Psoriasis, which affects up to 2% of the global population, is one of the most prevalent dermatological conditions⁸. It affects men and women somewhat equally and in all age groups. It is a persistent, recurrent inflammatory skin condition. Although the precise cause of the disease is still unknown, a number of risk factors, including genetic, environmental, immunological, and psychological ones, have been shown to have an impact on how the illness manifests.

Psoriasis skin lesions can itch in different ways. Furthermore, psoriasis can be made worse by stress, infections, and drugs (such as beta blockers, lithium, and antimalarial)⁹.

AIM AND OBJECTIVE

To evaluate the role of *Samshodhana* and *Samshamana karma* in management of *Eka kushtha*.

Place Of Study

The present case study was done in department of *Kriya sharir*, Institute for Ayurveda studies & research and Hospital, Shri Krishna Ayush university, Kurukshetra, Haryana.

CASE REPORT

A 61-year-old female patient with *Eka-kushtha* presented to the outpatient department (OPD) of Institute for Ayurveda studies & research and Hospital, Kurukshetra, Haryana with OPD Registration number: 370010158172, residence of Akash nagar, Kurukshetra with a chief complaint of chronic plaque over the lower back region, over both the hands and legs, and over the trunk region with *Kandu*, *Daha* (burning sensation), and *Vaivaranya* (discoloration all over body) since the last 12 years.

History Of Present Illness

The patient, who was well for 12 years, began experiencing symptoms like patches and itching on her hands and back. Despite conservative treatments and local application, she experienced intermittent constipation, sleep disturbances, and appetite loss. Due to her severe itching, she sought more care at the hospital.

Past history: No history of DM/HTN
No allergic history

Profession: housewife

Personal History:

Diet: Vegetarian
Sleep: Disturbed due to itching
Bowel: Constipation
Appetite: Poor

Ashtavidha Pariksha

Nadi - *Vata Kaphaja*

Mutra - frequency – 5-6 times a day, normal colour (pale yellow)

Mala - Once a day

Jihwa - *lipta* (White Coated tongue which represents *ama* (indigestion))

Shabda - Speech and hearing was normal

Sparsha - *Ruksha* (Dry skin at the site of lesion)

Drik - Normal

Aakriti - *Madhyama* (Height – cm and Weight – kg was normal according to age)

Chief Complaints-

Large, dry areas that have been itching for the past 12 years on the hands, back, lumbar area. After six months, there has been skin peeling and itching. Skin discoloration that appears blackish and red. Additional complaints of Constipation that comes and goes every fifteen days. Sleep disturbances for the past two months. Appetite loss onset two months ago.

Nidana Panchaka

Ayurvedic texts have described various *nidana*, *purvarupa* in the

context of *kushtha*, but in the present case scenario the following were observed :

Nidana - Viruddhahara

Purvarupa - Aswedana (Absence of sweating), *Kandu* (itching), *Rukshatvam* (dryness).

Rupa - Aswedana (Absence of sweating), *tvakaa* similar to *Matsyashakalopam* (resembles the scales of fish) on *hasta* (hand), *pada* (legs), *J a n u Sandhi* (knee joint) and *Kurpara sandhi* (elbow joint)

Samprapti - Nidana causing *Tridosha dushti* (*vata- kapha* predominant), resulting in *shaitilyata* of *vakaa*, *mamsa*, *ambu*, *rakta* resulting in *sthana samshraya* in *tvaka*, resulting in *Eka kushtha*.

Diagnosis

Plaque psoriasis (*Eka kushtha*) was diagnosed due to similar symptoms like *Aswedanam* and *Matsyashakalopam*. Ayurvedic texts list various therapeutic methods for *kushtha roga*, including *Nidana parivarjana*, *Prakriti vighatana*, repeated *shodana*, *Snehana*, *Swedana*, *Raktamokshana*, *Shamana*, and *lepana*. *Rakta mokshana* and *Shamana Chikitsa* were chosen for the study.

Treatment Protocol :

1st day of treatment

1. Syp. *Kushthaghan Mahakashaya* - 3 tsf-TDS with equal amount of lukewarm water (After meal)- 15 days
2. Syp. *Abhyaarishta* - 3 tsf-TDS with equal amount of lukewarm water (After meal)- 15 days
3. *Tankan bhasma+ Jatyadi taila* - For local application-15 days
4. Tab. *Panch Tikta Ghrita Gugglu* - 1BD (After meal)- 15 days
5. Tab. *Kaishor Gugglu* - 2BD (After meal)-15 days
6. Tab. *Laghusutsekhar rasa* - 2BD (Before meal)-15 days
7. Tab. *Arogyavardhini Vati* - 1BD (After meal)- 15 days
8. *Panchmimba Churna & Rasa manikya* (mix both) - 3gm+125mg respectively- 1/2 tsfBD (After meal)

Advice Diet:

Should avoid oily, spicy, sour food, Less sugar intake, avoid beverages should eat green vegetables and follow easily digestible diet.

*All medicines were advised to be taken with lukewarm water

Follow up after 1 month

SHODHANA THERAPY

Purvakarma-

Deepan pachan : with *Agnitundi vati*- 1BD for 5 days

Snehapana: (After *Deepan pachan*), *Panchtikta ghritam* given for 5 days empty stomach

Light diet which is easily digestible was advised .

Dose of *Ghritam* was given on the basis of time taken for the digestion of previously consumed *Ghrita*. After 5 days of *snehapana samyaksnigdha lakshanas* were observed.(soft stools,unctuousness of the body).*Virechana* was done after *snehana*.

Pradhana Karma

Virechana was done with 20gm of *Trivrit lehyam* for 3 days.

Doshas were eliminated completely through 3-4 *vegas* per day for 3 days.

Paschat Karma

Samsarjana krama was followed for 3days. During this period *Peya*, *Yusa* was given

SHAMANA CHIKITSA

1st Follow up

1. Syp. *Kushthaghan Mahakashaya* - 3 tsf-TDS with equal amount of lukewarm water(After meal)- 15 days
2. *Tankan bhasma+ Jatyadi taila* - For local application- 15 days
3. Tab. *Panch Tikta Ghrita Gugglu* - 1BD (After meal)- 15 days
4. Tab. *Kaishor Gugglu* - 2BD (After meal)-15 days
5. Tab. *Laghusutsekhar rasa* - 2BD (Before meal)-15 days
6. Tab. *Shilajit* - 1BD (After meal)- 15 days
7. *Panchmimba Churna* - 3gm+125mg respectively-

8. *Rasa manikya* (mix both) - 1/2 tsfBD (After meal)

Advice Diet:

Should avoid oily, spicy ,sour food, Less sugar intake, avoid beverages should eat green vegetables and follow easily digestible diet.

2nd Follow up

SHAMANA CHIKITSA- Same as 1st follow up.

Raktamokshana- through venepuncture- 10ml blood withdrawn through syringe from median cubital vein.

OBSERVATION & RESULT:

Table No.1: Descriptive Data Of Patient Symptoms Before And After Treatment Plan

Sr. No	Symptoms	Before treatment	After treatment	1 st follow up	2 nd follow up
1.	Dryness, Roughness (<i>Rukshta</i>)	Present	Mild reduced	Moderate reduced	Complete reduced
2.	Itching (<i>Kandu</i>)	Present	Mild reduced	Reduced	Complete reduced
3.	Redness (<i>Raga</i>), blackishness	Present	Mild reduced	Reduced	Complete reduced
4.	Disturbed sleep (<i>Anidra</i>)	Present	Mild improvement	Sufficient sleep	Sound sleep
5.	Constipation (<i>Vibhanda</i>)	Present	Relieve	Relieve	Relieve
6.	Hyperacidity (<i>Amlapitta</i>)	Present	Relieve	Relieve	Relieve



Figure No.1: Before And After Treatment Plan

DISCUSSION

This case study examines *Eka kushtha*, a *Kshudra kushtha* related to Plaque psoriasis, and its treatment based on *doshas* intensity. Ayurvedic classics suggest various treatments, including *Shodhana* and *Shamana* therapies, for effective long-lasting outcomes.

Shodhana Therapy

Shodhana therapy uses *Pachana* and *Deepana*, with *Agnitundi vati* for psoriasis. *Deepan-Pachana* medications normalize *Agni*, while *Snehapana* mobilizes *doshas*. *Panchtikta ghrita* improves complexion and treats skin conditions. *Virechana* removes *doshas*, reduces disease relapse, and improves post-operation joint scaling.

Samsarjana Krama

Following *Virechana*, excessive *dosha* elimination weakens the patient's strength and digestive fire. *Samsarjana Krama* restores strength and *Agni*.

Shamana Therapy

Shamana therapy provides palliative care with various internal medications, including *Panch tikta Ghrita*, *Syp. Kushthaghan*

mahakshaya, Kaishor Gugglu, Panchnimba churna, Rasa manikya, Tankan bhasma, Jatyadi taila, Tab. Shilajit, Laghusutsekhar rasa.

CONCLUSION

Eka kushtha, a kind of *Kshudra kushtha* can be coelated with Psoriasis . Based on the aforementioned case study, it can be inferred that Ayurvedic therapy techniques such as frequent *Shamana* and *Shodhana* are beneficial in managing *Eka kushtha* and averting disease recurrence. Since this is a single case study, greater patient participation in a research study is advised to demonstrate the treatment's efficacy.

REFERENCES

1. Agnivesha, Charak. Chapter 7, shloka 3. In: Shukla A, Tripathi RD, editors. Charakasamhita Nidan Sthana. Varanasi, India: Chaukhamba Sanskrit Pratishthan; p. 181.
2. Agnivesha (2009) Charaka Samhita. In: Chaturvedi G, et al. (Eds.), Vidyotni Hindi commentary. Indriya sthana, 9/8-9, Chaukhamba Bharati Academy, Varanasi, India, p: 1004.
3. Maharsi Susruta (2011) Sushruta Samhita. In: Shastri KA (Eds.), Ayurveda Tattva Sandipika, Part-I, Nidana Sthana, Chapter-5/33, Verse No. 10, Chaukhamba Sanskrit Sansthan, Varanasi, India, p: 325.
4. Agnivesha, Charak, Chapter 7, shloka 4. In: Shukla A, Tripathi RD, editors. Charakasamhita Chikitsa Sthana. Varanasi, India: Chaukhamba Sanskrit Pratishthan; p. 182.
5. Agnivesha, Charak, Chapter 7, shloka 9. In: Shukla A, Tripathi RD, editors. Charakasamhita Chikitsa Sthana. Varanasi, India: Chaukhamba Sanskrit Pratishthan; p. 182.
6. Sharma R.K and Bhagwan dash Charaka samhitha of Agnivesha, Chaukhamba Sanskrit series office, Varanasi, 2014, volume -3, chikitsa sthana, p. 325
7. Bhavamishra. Chapter 54, shloka 24. In: Mishra BS, editor. Bhavaprakasha (Vidyotini commentary). 3rd ed. Varanasi: Chaukhamba Sanskrit Series Office; Madhyama Khanda; p. 529.
8. Joseph Loscalzo, Dennis L. Kasper, et al, Harrison's principles of internal medicine, 21st edition, New York, 2022 p.1533
9. Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, et al. (2008) Harrison's principles of internal medicine. 17th (Edn.), In: Fauci AS, et al. (Eds.), The Mc Graw-Hill, Newyork, p.315-316.