



A CASE STUDY ON THE CLINICAL AYURVEDIC MANAGEMENT OF EKAKUSHTA (PSORIASIS):

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Abstract:

Psoriasis is a multifactorial immunologic disease; both genetic (e.g., human leukocyte antigen [HLA] types) and environmental factors contribute to risk.

The clinical subtypes are defined by pattern of involvement and severity. Treatment is aimed at preventing the release or actions of inflammatory mediators. Depending upon the disease severity, NSAIDS, immunosuppressive agents such as cyclosporin, and TNF antagonists are used¹. But all those treatment are associated with adverse effects. Hence, Ayurveda medicines play a major role in this regard. Rasayanas working like immunomodulatory drugs plays a major role in treating disease like Psoriasis. Few of such Rasayana drugs acting on skin disorders are Bhringaraja, tuvaraka, khadira, yashtimadhu etc. Bhringaraja having kushtahara¹, kanthi kara properties, vatakaphahara² nature helps in treating Ekakushta(psoriasis). Hence a psoriasis case is taken up and is managed with Bhringaraja and is proved to be effective in reducing the symptoms of Psoriasis.

Keywords: Ekakushta, Psoriasis, Bhringaraja, Rasayana

Introduction:

Skin is the boundary between external environment and human body. Any internal changes will be reflected through the skin. So any changes in skin texture can affect an individual physically, mentally and socially. Psoriasis is such a skin disorder which is categorized under autoimmune skin disorder which has no any permanent cure yet. Psoriasis is one of the most common dermatologic diseases , affecting up to 2% of the world's population. Psoriasis is an immune mediated disease clinically characterized by erythematous, sharply demarcated papules and rounded plaques covered by silvery micaceous scale. The skin lesions of Psoriasis are variably pruritic³. Psoriasis, In Ayurveda can be best correlated to Ekakushta which has symptoms like mathsyashakalopamam similar to scaling, mahavaasthu parigraha i.e. affecting larger surface area, aswedanam i.e. anhydrosis or loss of unctuousness. Its modern management includes Steroid therapy, UV-Light therapy and use of retinoids, but those are risky to use in immunocompromised individuals and also has adverse effects like causing teratogenicity.

Types³:
 Plaque
 Inverse
 Guttate
 Pustular

Presenting complaints:

The patient complains of skin lesions since 2 years associated with itching.

History of present illness:

A male patient aged about 69 years who is N/K/C/O HTN and DM was apparently normal 15 years ago. Then he gradually developed erythematous skin lesions over the trunk and then within a year it extended over the extensor surfaces of bilateral lower and upper limbs associated with itching and scaling. The itching is mild in nature and persists throughout the day. Lesions are irregularly shaped and vary in size, painless in nature. He had no history of surgery/ trauma nor insect bite or any drug reaction. The patient denied of positive history in his family. The lesions aggravates during winter and relieves during summer. He took allopathic medication for the same, but found no relief.

GENERAL EXAMINATION:

EXAMINATION AYURVEDA	GENERAL EXAMINATION
Nadi(pulse)- 80/min	Palour- absent
Mala- prakrutha	Icterus- absent
Mutra- prakrutha	Clubbing- absent
Jihwa- prakrutha	Lymphadenopathy- absent
Shabdha- prakrutha	
Sparsha- prakrutha	
Druk- prakrutha	
Akruthi- prakrutha	
Sara, Satwa, samhanana- prakrutha	
Aharashakthi- prakrutha	
Vyayamashakthi- prakrutha	

SYSTEMIC EXAMINATION:

CNS	Hmf- Intact, cranial nerves-normal, motor and sensory system- normal, reflexes-normal
Respi Sys	NVBS Heard, no added sounds
CVS	S1S2 HEARD, No murmurs
Musculoskeletal system	All movements of joints possible without pain
integumentary system	affected

Integumentary system examination:

Site of lesion	Trunk, bilateral upper and lower limbs
Size of the lesion	Varying; 2-8cm
Distribution	Generalized
Area of skin affected	Trunk, bilateral upper and lower limbs
Symmetry	Asymmetrical
Primary lesions	Macules, papules
Secondary lesions	Scales
Colour	Reddish white
Appearance	Erythematous patches
Nature	Dry, powdery
Discharge	Absent
Associated features	Itching
Surrounding area	Normal
Superficial sensation	Normal
Tenderness	Absent
Manner of spread	gradual
Candle grease sign	Positive
Auspitz sign	Negative
Koebner phenomenon	negative

Nidana Panchaka:

Nidana:

Food having mutually contradictory properties like fish with milk, food which is unwholesome to an individual , habits like daysleep etc⁴

Poorvaroopa: Nothing specific

Roopa: erythematous skin lesions with scaling and itching.

Upashaya: medication

Anupashaya: viruddha ahara sevana, cold weather

Diagnosis: Ekakushta/ Psoriasis

Intervention:

Aqueous extract of Bhringaraja rasayana⁵ is obtained in the 500 mg capsule form for the rasayana schedule and bhringaraja taila⁶ is used for topical application as detailed below

Schedule	Oral medication	Topical application
Day 1	20 ml eranda taila + 20 ml of shunti kashaya	Bhringaraja taila after morning bath
Day 2	Cap Bhringaraja – 04 caps; with 150 ml of warm water, early morning before food	Bhringaraja taila after morning bath
Day 3	Cap Bhringaraja – 08 caps; with 150 ml of warm water, early morning before food	Bhringaraja taila after morning bath
Day 4	Cap Bhringaraja – 12 caps; with 150 ml of warm water, early morning before food	Bhringaraja taila after morning bath
Day 5 to 30	Cap Bhringaraja – 16 caps; with 150 ml of warm water, early morning before food	Bhringaraja taila after morning bath

Results:

Changes in Psoriasis code Extent: 0-4

	Scoring	Before Treatment	After Treatment
Erythema:	0-4	3	2
Infiltration:	0-4	2	1
Desquamation:	0-4	3	2
Itching	0-4	2	1
PASI Score:	0-72	27	10.5

Observations after the treatment:

- REDUCTION IN SCALING
- REDUCTION IN ITCHING
- REDUCTION IN ERYTHEMA



Discussion:

Ekakushta being one among kshudra kushta matches its symptoms very nearly with Psoriasis like mathsyashakalopama i.e. scaling, kandu i.e.itching etc. Psoriasis being a chronic inflammatory disorder is challenging to cure. General treatment for it is Steroids, retionoids, UV Therapy etc, all of them are associated with adverse effects. Hence Ayurveda plays a major role in managing such chronic lingering disease. Usage of Rasayana therapy which is beneficial in enhancing immunity, improving quality of life a person plays a vital role. Bhringaraja being effective in skin disorders⁷ is used in treatment of Ekakushta (psoriasis). Administering Bhringaraja drug for a duration of one month as per the classical reference has benefited in treating Psoriasis (Ekakushta)

Conclusion:

Management of Ekakushta samanya chikitsa includes shodhana, shamana, rasayana. Many researches have been conducted in the field of shodhana, shamana areas and good results are obtained. But still there is no permanent cure to the disease. Hence clinical trial is conducted in the area of rasayana using the drug Bhringaraja and is found to be very effective.

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