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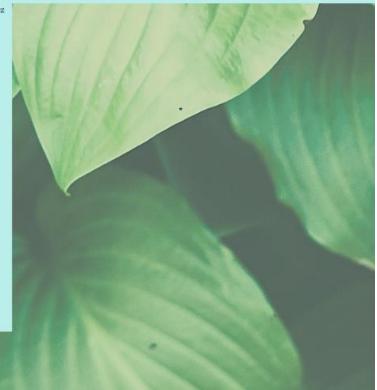
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CASE STUDY

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## Management of *Ekakushta* (Psoriasis) through *Panchakarma*: A Successful Case Report

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#### **ABSTRACT**

Twak rogas (Skin diseases) are becoming more common due to mithya ahara and vihara(improper food and lifestyle). In Ayurveda, the word "kushta" includes all the diseases related to twak(skin). Among them, few common diseases are ekakushta, dadru, vicharchika, etc. Here is a case report of a case of ekakushta (psoriasis) treated with selected panchakarma chikitsa(eliminative procedures) and later to avoid recurrence, was administered with shamanoushadhis(palliative medications) and rasayana chikitsa (rejuvinatives).

#### **KEYWORDS**

Ekakushta, Psoriasis, Panchakarma



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### INTRODUCTION

Skin being the largest organ, is frequently exposed to the minute changes in the surrounding environment. Psoriasis is one such skin disease which has effect on physical, psychological and social aspects of life. It is a maculo-papular disease predominantly seen in second to fourth decade of life. The features of ekakushta and psoriasis mimic each other. Ekakushta is a kshudra kushta, vata-kaphaja kushta having features like aswedanam (absence of sweat in the area of lesions), mahavastu (lesion covering large surface area), matsyashakalopamam (scaly, flaky lesions).

AIMS AND OBJECTIVES

- 1. To assess the effectiveness of virechana in the management of ekakushta.
- 2. To assess the effectiveness of vamana in the management of ekakushta.

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### MATERIALS AND METHODS

It is a single-arm, open-labelled case report of a subject of ekakushta (psoriasis) who was treated with virechana (therapeutic purgation) initially, vamana (therapeutic emesis) was conducted three months later after attaining samyak bala, shamanoushadhis (palliative medications) was administered for every 15 days after proper assessment and rasayana (rejuvinatives) was planned for dhatu poshana and bala vardhana...

#### A CASE REPORT

#### HISTORY:

A 32-year-old male subject agriculturist by profession came with the chief complaints of flaky reddish white lesions all over the body including scalp since 3 years. Clinical features like pruritus and peeling off of the skin was also observed. Patient was apparently normal 3 years back. One day he observed a small lesion over the scalp which he neglected and the lesion got subsided by itself. After 4 days, there were multiple lesions all over the scalp. He also noticed itching in those lesions. After itching there was peeling off of the greyish skin in those areas of lesions. For these complaints he consulted physician (details of medications unknown) where he got relieved from symptoms. After 3 months, again there were lesions over the scalp along with lesions over the face. He consulted the same physician but got no relief in symptoms. He then consulted other physician (details of medications unknown) where he got relieved from symptoms. Since past 1 year, there was proliferation of



lesions over both the hands. Later, the lesions spread over the abdomen and legs. Then he consulted other physician (details of medications unknown) where the symptoms got aggravated. He had severe itching over these lesions followed by peeling-off of the greyish skin. On severe itching, he noticed colourless (discharge) oozing out from these lesions followed by oozing of little blood along with slight elevation and burning sensation in the area surrounding the lesions. Past 1 week itching and peeling off of the skin has aggravated. As a result of excessive rookshata (dryness) there was restricted range of movements.

AGGRAVATING AND RELIEVING FACTORS:

Aggravating factors include winter season, intake of non-vegetarian diet, other food items like potato, brinjal, etc.

Relieving factors include application of oil over the lesions, following vegetarian diet as a result of which he would get mild relief from itching sensation.

#### PERSONAL HISTORY:

- 1)Bowel: Passing of hard stools on alternate days
- 2) Appetite: Decreased
- 3)Micturition: Normal, no relevant

complaints

4)Sleep: Disturbed due to itching

5) Weight: 46 kg. There was 4 kg reduction in the span of 30 days.

6)Diet: Mixed

7)Habits: Nil

**EXAMINATION:** 

Ashta vidha pareeksha:

1)Nadi(pulse): kapha-vata;

2) Mutra(urine): prakruta;

3) *Mala*(stool): *vibandha*;

4) Jihva(Tongue): lipta;

5) Shabda(auditory sensation): prakruta;

6) Sparsha(tactile sensation): khara;

7) Druk(visual acuity): prakruta;

8) Aarkruti(built): krusha.

Examination of skin:

There was multiple, dry, rough, uneven lesions all over the body. Koebner's phenomenon, Candle Grease sign, Auspitz sign, Scratch test are positive in the patient.

## **RESULTS**

There was considerable reduction in symptoms like itching and peeling off of greyish skin over the scalp, abdomen and upper limbs. On the first follow-up, *jalaukavacharana* was planned near both ankle joints. On the second follow-up, reduction in itching and peeling off of greyish skin was observed. Observation was carried out for 11 months and significant improvement was seen. Follow-up was done for 11 months. The patient was



advised *pathyahara*(specific diet) and to avoid non-vegetarian diet, junk food, fried food items and milk products.

Deepana pachana (Table 1 and Table 8)

## (FIGURE 1)

Table 1 Deepana (appetizer) and pachana (digestive) for 2 days from 22-12-2017 to 23-12-2017

Sl.no	Medicine	Dose
1	Agnitundi vati (1 vati=125g)	2-2-2 (30 minutes before food)
2	Chitrakadi vati (1 vati=125g)	2-2-2 (20 minutes before food)
3	Panchakola Phanta	50ml-50ml-50ml (10 minutes before food)

**Table 2** *Bahirparimarjana chikitsa* (external therapeutic procedures) for 2 days from 22-12-2017 to 23-12-2017

Sl.no	Treatment
1	Sarvanga parisheka with
	Panchavalkala kwatha
2	Manjishtadi lepa over ubhaya janu
	sandhi
3	777 oil application for all over the body







**DISCUSSION** 



**Fig 1** Day of Admission (22-12-2017) rasa<sup>1</sup> Agnitundi contains Shodhita Parada(purified mercury), Visha (Aconitum ferox), Shodhita Gandhaka (purified sulphur), Ajamoda (Apium graveolance), Phalatraya i.e, Harithaki chebula), Vibhithaki (Terminalia (Terminalia bellerica), Amalaki(Emblica officianalis), Swarjikshara, Yavakshara (kshara of Hordeum vulgare), Vahni (Plumbago zeylanica), Saindhava (rock salt), Jeeraka (Cuminum cyminum), Sauvarchala(black salt), Vidanga (Embelia ribes), Samudra lavana(sea salt) Tankana (Borax), Vishamushti (Strychnus nuxvomica). This vati being mardana(trituration) with jambheera rasa cures agnimandya more effectively.



 $vati^2$ Chitrakadi contains Chitraka(Plumbago zeylanica) Pippalimoola (Piper longum), Yava kshara, Sarjikshara, Lavana Shunti varga, (Piper (Zingiber officianale),Maricha nigrum), Pippali (Piper longum), Ajamoda (Apium graveolance),Hingu (Ferula asafoetida), Chavya (Piper chaba), Nimbu swarasa (lemon juice).

Panchakola phanta<sup>3</sup> is one of the panchavidha kashaya kalpana which is prepared by adding 4 parts of water to 1 part of panchakola churna which is macerated well, filtered and used.

Being a kleda Pradhana vyadhi, there was srava(exudation), kandu(itching), agnimandya(decreased digestive fire) and sama lakshanas. Few drugs like haritaki, haridra, saindhava,kshara etc helps in removal of kleda by causing drava shoshana. Kanduhara action is carried out by drugs like vidanga. Shunti, hingu, pippali, visha, etc. bring about agni deepana. Ama pachana action is brought by drugs like chitraka, vishamushti, ajamoda, etc.

The overall effect of *deepana pachana* is that it makes the *agni* ready to accept the *Sneha* for proper *jeerna*.

Bahirparimarjana chikitsa (**Table 2**) (**FIGURE 1**)

**Table 2** *Bahirparimarjana chikitsa* (external therapeutic procedures) for 2 days from 22-12-2017 to 23-12-2017

Sl.no	Treatment
1	Sarvanga parisheka with
	Panchavalkala kwatha
2	Manjishtadi lepa over ubhaya
	janu sandhi
3	777 oil application for all over
	the body

Sarvanga parisheka or parisheka sweda is a sagni sweda where hot kwatha, taila, ghrita, dugdha, kanji, gomutra, etc. liquids are poured over the body from a specific height for a specific duration of time. Here, in this case panchavalkala kwatha was used.

Panchavalkala kwatha<sup>4</sup> is one of the panchavidha kashaya kalpana which is prepared by adding parts of water and heated till it gets reduced to 1/4<sup>th</sup> of the original quantity.

Parisheka with panchavalkala kashaya helps in reducing kandu(itching), kleda, srava(secretions)

Manjishtadi lepa<sup>5</sup> consists of madhuka(Glycyrrhiza glabra), manjishta(Rubia cordifolia), rakta chandana(Pterocarpus santalinus), shatadhauta ghrita, shali pishta(rice flour). The lepa was applied due to severe pain and swelling in the janu sandhis.

#### Snehapana (Table 3 and Table 9)

**Table 3** Shodhananga Snehapana(medicated ghee) in arohana karma(increasing dose) with Panchatikta Ghrita for 4 days.

Procedure	Dose	Treatment date
Snehapana	30ml	24-12-2017
	70ml	25-12-2017
	120ml	26-12-2017
	140ml	27-12-2017



**Table 9** *Shodhananga Snehapana* (medicated ghee) in *arohana karma* (increasing dose) with *Panchatikta Ghrita* for 5 days.

Procedure	Dose	Treatment date
Snehapana	30ml	09-03-2018
	70ml	10-03-2018
	110ml	11-03-2018
	150ml	12-03-2018
	200ml	13-03-2018

Snehana normalises vata, brings about smoothness of the body, and relieves constipation<sup>6</sup>. It brings about *snigdhata* (unctuousness), *vishyandata* (liquefaction), *mardavata*(softness) to the body<sup>7</sup>. Sushruta has given specific kala for *snehapana*<sup>8</sup>, which can be taken 15-30 minutes before sunrise because *dosha utklesha* takes place during this time.

Panchatikta ghrita<sup>9</sup> contains Nimba (Azadiracta indica), Patola (Tricosantus diocia), vyaghri (Solanum xanthocarpum), Guduchi (Tinospora cordifolia), Vasa (Adatoda vasica), triphala (Terminalia chebula, Terminalia bellirica, Emblica officinalis), ghrita. This ghrita has tikta rasa, ushna veerya, katu vipaka, tridosha shamaka mainly pitta and kapha hara. There was reduction in *kandu*(itching) and kleda the end of shodhananga snehapana.

Swedana (Table 4)

Table 4 Panchakarma (five eliminative procedures).

Procedure	Medicine	Treatment date	
Sarvanga abhyanga, sarvanga nadi sweda	Nalpamaradi taila for abhyanga	28-12-17 to 30-12-17	
Virechana	Trivrut lehya	30-12-2017	
Discharged on 31-12-2017			
Samsarjana krama	Peyadi krama	31-12-2017 to 6-1-18	
Follow-up after 10 days			
Jalaukavacharana near ubhaya gulpha sandhi	-	11-1-2018	

Swedana is a procedure which relieves stiffness, heaviness and coldness and produces sweating in the body<sup>10</sup>. After samyak snehana, swedana causes dravatva of leena doshas present in suksma srotasas which is then expelled out through shodhana<sup>11</sup>. Mrudu sweda was advised as it is kleda pradhana vyadhi.

#### Virechana (Table 4) (FIGURE 2)

It is the second therapy in the sequence of *panchakarma* and is most widely used *shodhana karma* because of its simplicity and eliminates *doshas* with lesser stress

when compared to *vamana*. *Virechana dravyas* have predominance of *prithvi* and *jala mahabhuta* which has natural tendency to move downwards and hence assist in inducing *virechana*<sup>12</sup>. The probable mode















Fig 2 1st Follow-up (11-01-2018) of action of laxatives is to induce mild, limited low grade inflammation in the small and large intestines to promote accumulation of water and electrolytes and stimulate intestinal motility<sup>13</sup>. The *dravyas* increases the bulk of the faeces which is said to be occurring due to pruthvi mahabhuta and few other dravyas maintain an increased fluid volume by osmosis which may be compared to action of jala mahabhuta. Based on the satva, bala of the subject, virechana was planned with trivrut lehya.

## *Trivrut lehya*<sup>14</sup> (**Table 4**)

It contains trivrut kashaya(decoction), trivrut choorna(powder), sita(sugar), madhu(honey), trijataka(twak,ela,patra). Trivrut is having kashaya, madhura rasa, katu vipaka, kapha pitta shamaka. It is sukha virechaka and hrudya in nature.

Table 5 Discharge medications

Hence, it produces *vegas* without much discomfort to the subject.

Jalaukavacharana (Table 4) (FIGURE 2) Acharya Sushruta has included jalauka under the anushastra. Raktamokshana by jalauka is preferably done when there is involvement of *pitta*<sup>15</sup>. The saliva of leech contains histamine, acetylcholine like substances which causes local vasodilatation resulting in circulation of fresh blood making the tissue healthy. As a result, there will be new cellular division due to counter irritant effect on the lesion<sup>16</sup>. *Nimbadi* guggulu<sup>22</sup> (**Table 5**) (**FIGURE 3**) It contains Nimba twak (Azadirachta indica), Triphala (Terminalia chebula, Terminalia bellerica, Embelica officianalis), Vasa (Adatoda vasica), Katu Patola (Tricosanthes dioca), Guggulu (Commiphora mukul). All ingredients in this formulation have *kushtaghna* property. Nimba, Patola, Vasa have tikta rasa. It is described as pathya rasa for kushta. Charaka included Nimba, Patola in kandughna gana(anti-pruritic drugs). Guggulu Harithaki, has shothahara property. Triphala(Harithaki, vibhitaki and amalaki) possess anti-oxidant property. These properties help to reduce signs and symptoms in *ekakushta*.

777(triple seven) Oil<sup>23</sup> (**Table 5 and Table**7) (**FIGURE 3**)



Medicine	Dose	Anupana	Duration
Nimbadi guggulu(1 guggulu=250g)	1-0-1 (5minutes after food)	Koshna jala	10 days
Gandhaka rasayana (1tab=250g)	1-1-1 (10 minutes after food)	Koshna jala	10 days
Arogyavardhini vati (1 vati=125g)	1-0-1 (15 minutes after food)	Koshna jala	10 days
Manibhadra guda	0-0-10gm (30 minutes after food)	Koshna jala	10 days
Patola katurohinyadi Kashaya	30ml-30ml-30ml (15 minutes before food)	With equal quantity of koshna jala	10 days
777 oil	For external application		10 days













Fig 3 Next follow-up (25-01-2018)

It contains *Shweta kutaja(Wrightia tinctoria)* which has *kushtaghna* (alleviates skin disease) and *kandughna* (alleviates itching) property. After using this there will be increase in the bio-availability of the active ingredients which further balances the micro and macro level of activities. Ideal hydro-lipo quotient reduces the dryness of the skin, associated itching, and delays cell death.

Manibadra guda<sup>24</sup> (**Table 5**) (**FIGURE 4**) It contains Vidanga sara (Embelia ribes), Amalaki (Emblica officianalis), Haritaki (Terminalia chebula), Trivrut (Operculina turpetum) and Guda (Jaggery). It is indicated in kandu and kushta. Vidanga is one of the best krimihara dravya. Haritaki, Vibhitaki and Amalaki possess anti oxidant, mild laxative properties. Trivrut being sukha virechaka dravya help in elimination of vitiated doshas.

Patola katurohinyadi kashaya<sup>25</sup> (**Table 5**) (**FIGURE 4**)













Fig 4 Next follow-up (08-02-2018)
It contains patola (Trichosanthes dioca), katurohini (Picrorhiza kurroa), chandana (Santalum album), madhu srava (Marsdenia tenacissima), guduchi (Tinospora cordifolia), patha (Cissampelos pariera). Most of the drugs are having tikta rasa which acts against kushta by removing the kleda in the body.

Table 6 Follow-up medications.

Medicine	Dose	Anupana	Duration	
Follow-up after 10 days				
Gandhaka rasayana	1-1-1	Koshna jala	14 days	
(1tab=250g)	(10 minutes after food)			
Guggulu tiktaka ghrita	5g-0-5g	Koshna jala	14 days	
	(10 minutes before food)			
Chitrakasava	30ml-30ml-30ml	Koshna jala	14 days	
	(15 minutes before food)			
Ashwagandha churna	6g at 6a.m-6g at 6p.m	Ksheera	14 days	
Vara churna	0-0-15g	Koshna jala	14 days	
	(30 minutes after food)			
Eladi taila	For external application		14 days	
Follow-up after 14 days				
Guggulu tiktaka ghrita	5g-0-5g	Koshna jala	15 days	
	(10 minutes before food)			
Maha manjishtadi	30ml-30ml-30ml	Koshna jala	15 days	
Kashaya	(15 minutes before food)			
Ashwagandha churna	6g at 6a.m-6g at 6p.m	Ksheera	15 days	
Eladi taila	For external application		15 days	
Eladi soap	For bathing		15 days	
Cap. Puritin	1-0-1	Koshna jala	15 days	
	(10 minutes after food)			

**Table 7** Rasayana chikitsa(Rejuvenative medications).

Sl.no.	Medicine	Dose and anupana
1	Amalaka rasayana	5 g at 7 a.m. with milk
2	Gandhaka rasayana	2-0-2 (15 minutes after food)
3	777 oil	External application

Gandhaka rasayana<sup>26</sup> (Table 6 and Table

## **7) (FIGURE 5)**







**Fig 5** Next follow-up (19-04-2018)

It contains purified Gandhaka(sulphur), Twak(Cinnamomum zeylanicum), Ela(Elatteria cardamomum), Patra(Cinnamomum tamala), Nagakesara(Mesua ferrea), Guduchi(Tinospora cordifolia), Harithaki(Terminalia chebula), Amalaki(Emblica officianalis), Vibhithaki(Terminalia bellerica), Shunti(Zingiber officianale), Bhringaraja(Eclipta alba). It is having antibacterial, anti-viral and anti-microbial properties. It is useful in the treatment of kandu(pruritus), kushta(group of skin manifestations), visha(toxic conditions),

rakta vaishamya(vitiation of blood/disorders of blood). It is veeryakara(improves immunity, fertility and potency), pushtikara(improves nourishment), vahnikara(improves digestion strength).

# Amalaka rasayana<sup>27</sup> (**Table 7 and Table** 11) (**FIGURE 5**)

It contains amalaki, vibhitaki and haritaki. These ingredients are covered with wet bark of palasha over which a layer of mud of 1 anguli thickness is applied and aatapa shushka(dried under sunlight) is done. The seeds are separated from the phala majja(fruit pulp). Thousand pala (48 kg) of these ingredients is mixed with thousand dadhi(curds), ghrita(ghee), pala of madhu(honey), palala(tila kalka), tila taila and *sharkara*(sugar) thus making total quantity of 2000 pala (96 kg). Time for intake of rasayana is morning empty stomach following which samsarjana krama (specific diet) should be followed. It helps in attaining yuvatva(youthfulness/ vitality), bala for sharira(physical body), *buddhi*(intellect) indriyas(sense and organs).

#### Vamana (Table 10) (FIGURE 6)

It is the procedure in which apakva pitta

Table 10 Panchakarma (five eliminative procedures).

Procedure	Medicine/Diet	Treatment date
Sarvanga abhyanga, sarvanga	Nalpamaradi taila for abhyanga	14-03-2018 and 15-03-2018
nadi sweda		



Kaphotkleshakara aahara	Vada with curds, milk made sweet products, curd rice, sugarcane juice	14-03-2018
Vamana	Madanaphala patra churna(20g) + saidhava lavana(5g) + Madhu (Q.S)	15-03-2018
Discharged on 16-03-2018		
Samsarjana karma	Peyadi krama	16-03-2018 to 22-03-2018
Follow-up after 15 days		

**Table 11** Rasayana chikitsa(Rejuvenative medications).

Sl.no.	Medicine	Dose and anupana
1	Amalaka rasayana	5 g at 7 a.m. with milk
2	Gandhaka rasayana	2-0-2 (15 minutes after food)
3	777 oil	External application

and kapha are expelled out forcibly through mouth<sup>17</sup>. In kushta chardana is indicated in every paksha (once in 15 days)<sup>18</sup>. Due to presence of bahudoshavastha(excessively large quantity of doshas) in kushta along with krushata(emaciation), stoka stoka dosha nirharana(frequent removal of doshas in small quantity) taking care about the subject's bala(strength). The act of vomiting is controlled by the Chemoreceptor Trigger Zone (CTZ) which is an area of the medulla oblongata. Since there is no blood-brain barrier to CTZ, emetic drug reaches CTZ and acts on chemoreceptors thus initiating vomiting reflex<sup>19</sup>.

#### Vamanoushadhi (Table 10)

Madanaphala patra churna<sup>20</sup> (20g) along with saindhava lavana(5g) and madhu<sup>21</sup> (sufficient quantity) was used as a vamaka aushadhi (emetic medicine).

The dose of madanaphala patra churna was decided based on the pilot study

conducted in 20 subjects irrespective of the disease.

### CONCLUSION

Ekakushta is a vata-kaphaja dushti as per Acharya Charaka and kaphaja according to Acharya Sushruta. Being kleda pradhana vyadhi, in this case after properly assessing the satva and bala of the subject, virechana was planned after shodhananga snehapana. Three months later, vamana was planned because of madhyama bala and pravara satva of the subject. Hence panchakarma need to be planned based on the avastha of the subject and after proper examination ensuring that the subject is fit for the particular procedure. Thus, panchakarma especially vamana and virechana plays a vital role in removing the vitiated doshas from its root level in turn preventing its recurrence.





Fig 6 Next follow-up (24-05-2018)

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