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AYURVEDIC MANAGEMENT IN AUPSARGIK ROGA (EK-KUSTHA) – A SINGLE CASE STUDY

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Abstract

Psoriasis is a common chronic autoimmune disease that affects about 2% of population. It primarily affects the skin and other several parts of body like joints and causes progressive disability, decrease quality of life and socioeconomic burdens of patient. As disease progresses to chronic stage there is no management in modern science as it provides symptomatic relief but also has side effects in long course. A 55 years old male who presented with complaints of blackish skin lesions all over body (on head, chest, back, both hand and both foot) with intense scaling, itching and oozing from the lesion since 15 years and was diagnosed with Ek-kushta which is Vata-Kapha predominant Kshudrakustha. After detailed examination Deepana, Pachana and Langhana was advised along with local application for itching, followed by Snehpana and then Virechana Karma was performed. Samsarjana Karma was advised for 7 days. After that Shamana Chikitsa was given for 1 month. Subjective and objective parameters was assessed before and after treatment. PASI (Psoriasis Area Severity Index) score before treatment was 41.2 which decreased to 7.8 after Virechana. This case report relives role of Virechana Karma and the Shamana Chikitsa in the management of psoriasis i.e. Ek- kushta.

Keywords: Psoriasis; Ek-kushta.

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I. INTRODUCTION

Ek-kushta is one of the skin disorders explained by *Acharya Charaka* in *Kushta-Chikitsa adhyaya*. There are two types of *Kushta*, namely *Mahakushta* and *Kshudrakushta*. *Ek-kushta* is one of *Kshudra-Kushta* which is closely resembles to the Psoriasis in modern science.

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Aswedanam (not perspire), *Mahavastu* (extensive) and *Matsyoshakalopamam* (looks like fish scale), *Arun Varna* (discoloration) are the main symptoms of *Ek-kushta*. Psoriasis is an autoimmune, non-infectious, chronic inflammatory disease that produces plaques of thickened, scaling skin. These skin patches are typically reddish, dry, itchy and scaly. Psoriasis varies in severity from small, localized patches to complete body coverage.

In modern era different types of pollution, lack of proper diet, uses of various cosmetic products, chemicals all this leads prevalence of skin diseases day by day. It can occur at any age and is common in the age group 50-69. According to WHO, The reported prevalence of psoriasis in countries ranges between 0.09% and 11.4%, making psoriasis a serious global problem. According to Ayurveda, Line of treatment for psoriasis is *Shodhana* and *Shamana Chikitsa*. *Shodhana Chikitsa* can be given by *Vamana* (emesis) and *Virechana* (purgation). Whenever *Vata* is dominant *Raktamokshana* should be done. Similarly, where the *Kapha* is dominant, *Vamana Karma* & in the dominancy of *Pitta*, *Virechana Karma* should be done.

While *Shamana Chikitsa* given by internal and external medication. All the medicine which are used having properties *Tikta* and *Katu Rasatamak* which is used to purification of *Vata*, *Kapha* and *Rakta Dosh*. *Ek-kushta* can be treated

remarkably with procedures of *Panchakarma* like *Vamana* or *Virechana* and internal medications. By this treatment it gives excellent result to patient.

II. AIMS AND OBJECTIVES

The ancient Indian knowledge of *Kustha* with special reference to *Ek-kushta* is focused here and effort is made to treatment of *Ek-kushta* (psoriasis) according to Ayurveda using *Panchakarma* like *Virechana* and *Shamana Chikitsa*.

Case Report

A 55 years old male patient came to us with following chief compliant Symptoms and Duration of patient as per shown on table no.(1)

Table 1: Showing symptoms & duration of patient:

No.	CHIEF COMPLAINTS	DURATION
1.	Blackish and reddish lesions all over the Body	15 years
2.	itching all over the body	2 months
3.	Oozing from the lesions	2 months
4.	Scaling from the lesions	2 months
5.	Burning at the site of lesions	1 month

History of Present Illness

According to history given by patient, he was asymptomatic before 5 years. Then he complains of furuncle on scalp region with itching and oozing from the lesions. Then it gradually spread over the skin of back and chest region. Patient has taken allopathic treatment for the same but symptoms were aggravated. Before 4 years whole body was affected then again patient was taken homeopathy treatment but there was not relief so patient come for the proper diagnosis and management in IPGT & RA *Kayachikitsa* Department.

Past History

No any H/o

- DM / Hypertension / Thyroid disorder
- Trauma
- Addiction
- Family illness (*Kulavrutta*) – *Matrukula* – Ringworm -Mother Psoriasis (Maternal uncle)
- Pitrukula* – *Prakruta*

- *Swakula* – *Prakruta*

Rogi pariksha-

- **Darshana-**
- Size-more than 10 cm and Diffuse.
- Shape-Irregular.
- Location-All over body.
- Colour-Blackish.
- Scaling-Present.
- Discharge-watery discharge.
- **Sparshana- Ushna**
- **Prashna-**
- Aggravating factor-Increase in winter season,Itching increases at night
- Reliving factor-cold intake burning decreased

- Itching-Grade 10 present

Astavidha Pariksha

- *Nadi* (pulse) = *Vata Pitta* 74/min. Regular
- *Mala* (stool) = *Prakruta* (1 time in a day)
- *Mutra* (urine) = *Prakruta* Varna (4-5 times in a day)
- *Jeeva* (tongue) = *Saam*
- *Agni* = *prakruta*
- *Shabda* (speech) = Normal.
- *Akruti* = *Madhyama*.
- *Bala* = *Madhyama*

Systemic examination-

CVS- S1 S2 normal BP=120/70mm of Hg
RS-16/min

- Per abdomen-NAD
- Auspitz Sign –Present
- Candle grease sign-present

Investigation

Investigation showing on table no. [2]

Table 2: Showing Investigations done for study

Name of Investigation	LaboratoryValue	Name of Investigation	LaboratoryValue
Hb	14.2gm%	PCV	42.2%
TLC	6200/cumm	RBC Total	4.97mil/cumm
Neutrophil	60%	Platelet count	252000
Lymphocytes	30%	S.creatinin	1.3mg/dl
Eosinophil	03%	S.uric acid	5.3mg/dl
Monocytes	07%	S.alkalinephosphate	56IU/L
Basophil	01%	FBS	92mg/dl
Urine Physical	-	PPBS	110mg/dl
Urine Chemical	-	ESR	20mm/hr
Urine micro	-		

III. MATERIALS AND METHODS

- Method of sampling- Simple

randomized

Materials Poorvakarma-

- Study design: Experimental clinical single case study.

Poorvakarma of Virechana showing on table no. [3]

Table 3: Showing *Virechana Poorvakarma* done in study

PROCEDURE	MEDICATION	DOSE	DURATION
<i>Deepana Pachana Asushadhi</i>	<i>Avipattikar churna</i>	5gm twice/day	3 days
<i>Snehapana</i>	<i>Go-Ghrita</i> daily morning at 7am	30ml to 210 ml	7 days
<i>Sarvang Abhyanga</i>	<i>Bala Tail</i>	50ml	3 days
<i>Sarvang BashpaSwedana</i>			3 days

Pradhan karma

Pradhana Karma of Virechana as showing on table no. [4]

Table 4: Showing *Pradhana Karma* done in study

PROCEDURE	MEDICATION	DOSE	DURATION
<i>Virechana Yoga</i>	<i>Triphala Yavkuta Kwatha Trivritta Avleha Draksha Aaragwadha Phala Majja</i>	200ml 100gm 100gm 40gm	Administrate for single dose Only.

Virechana Shuddhi- Madhyama (15 vega) Kaphanta Virechana

Paschhatkarma-

- Sansarjana Karma for 5 days.

Sansarjana Karma after *Virechana* as showing on table no. [5]

Table 5: Showing *Sansarjana karma* done in study

Day	Morning	Evening
1.	---	Whenever hungry Peya
2.	Peya	Peya
3.	Vilepi	Vilepi
4.	Vilepi	Akrityusha
5.	Krita yusha	Laghu Ahara

Materials used in *Shamana Chikitsa* after *Sansarjana Karma* as shown on table no. [6]

Table 6: Showing material used in Shamana Chikitsa after Sansarjana Krama

Drug	Dose	Duration	Anupana
1.Majishtadi Kwath	10ml	Half cup of water before food (Empty stomach)	
2.Kishor Guggulu	250 mg	2 tab.BD After meal	
3.Arogyavardhini VatiNimbchurna + Guduchi Churna	250mg +5gm+5gm	1 tsp BD	With luke warm water
4.Gandhak Malhara	10mg	For Local Application TID	

Mode of action of drug showing on table no. [7]

Table 7: Showing mode of action of drug.

Drug	Action
1.Majishtadi Kwath	Varnya, Kushtaghana, Shothhara Raktaprasadan, Rasayana, Sonithsthapan
2.Kishor Guggulu	Vatraktanashak, Kushtagna, Vrananashak
3.Arogyavardhini Vati	Grahanishodhak, Diapana, Pachana, Pakwashyadusht nashka, Rasayana
4. Nimbchurna	Ushna, Kaphahara, Vranaodhanakara, kushtagna
5.Gandhak Malhara	Kandughna, Vranaropaka

IV. DISCUSSION

Hetusevana- Aharaja Hetu-

Aahara is one of Trayopstmbha, so it is one of the chief responsible factors in the production of the Kushta. In given case Patient has taken the Viruddha Ahara like milk mix with Khichadi regularly, Amla Sevan (Lemon and Mango Pickle in daily Diet) and Dairy product like Dadhi in daily diet is the main Hetu in this case. Acharya Charaka explain the eighteen types of Viruddha Ahara in Sutrastana.

Viharaja Hetu-

- Supresion of natural urge (chhardi vega dharan).
- Diwaswapa
- Ratri jagrana

Manasika Nidan-

Chinta, Bhaya, and Vegavrodha causes Vata Vrudhi.

Samprapti (Pathogenesis)

Most of the Acharyas have described the common *Samprapati* of the disease *Kustha* but they haven't emphasized on the *Samprapti* of the *kushta*.



Hetu Sevan

Tridosha Prakopa (Kapha Dosha Pradhanya) Sharira Sarvatra Sanchara



Twaka, Rakta, Mansa, Jaliya Dhatu (Lasika) Dushti Kledopatti



Awednama, Mahavastu, Mastyashakolpamam



Ek-kushta

Samprapti- Ghataka

Dosha	Vata-Pitta		
Dushya	Rasa, Rakta, Mansa, Lasika	Sama / Niram	- Sama
Shrotasa	Rasavaha, Raktavaha, Mansavaha	Agni	- Vishama
Udhbhavstana	Twaka, Mansa Vyaktisthana	-	Sarva sharira Shrotodusti
-	Sanga, Vimargaman	Updrava	-
Shtrava, Daha			
VyadhiBala	Pravara		
Rugnabala	Madhyam		
Rogmarga	Bahyamarga	Sadhyaasadyata	- Kashthasadya

- Psoriasis is a chronic autoimmune disease and if left untreated, various complication occurs and are responsible for decreased quality of life. In this stage aim of treatment is to stop further complication, reduce skin lesions, scaling and improve quality of life.
- In *Ayurveda* Psoriasis is correlated to

Ek-kushta which is VK Pradhan but in this case VP prominence occurred, so Virechana karma was done.

- Deepan Pachana* with medicine *Avipatikara Churna* 1 tsp BD with warm water for 3 days which increase *Jatharagni* which further leads to digestion of *Ama*.
- Snehana Karma* was done with *Go-*

Ghrita in increasing dosage is important for loosening the bond between toxin and *Dhatu*, it acts in reverse order of pathogenesis of psoriasis.

- The properties of *Go-Ghrita* like *Shita Virya*, *Pitta-anilaharam*, *Nirvapan*, and *Karmasahstakruta* it was responsible to bring the *Shakhagata Dosha* into *Koshta*.
- In *Virechana Aaragwadha majja* was used which has *twachya* property and *Mrudu Virechaka*. Also, the *Triphala Yavkutha Kwatha*, *Trivritta Avleha* and *Black Draksha* was used which acts as *Mrudu Virechaka* and eliminates the *doshas* from *Koshta*.
- *Majistadhi Kwath* has shown the effect on *Kandu* with its properties of *Katu Rasa*, *Ushna Virya*, *Kaphapittahara* and *Kustaghna* property. Due to *Rukhsaguna* it helps to correct the vitiation of *Mamsa Dhatu*. Also acts on *Raktadhatu* as

Raktapasadaka.

- *Arogyavardhini Vati* has a role of *Deepana*, *Pachana*, *Rasayana* and *Kushtahar* So to increase *Jatharagni* after *Shodhana* and avoid the recurrence of that type of symptoms this drug was given as a *Rasayana*.
- *Gandhaka Malhara* act as a *Vranaropaka* and has a *Kandughna* property so to avoid itching this was used as a local application thrice a day.

Observation and Result

The results observed after the treatment. Improvement in signs and symptoms of the patient. Relief was found in *kandu* (itching), *twak vaivarnya* (discolouration over skin),

- The improvement of condition of the patient was assessed on the basis of PASI scale.
- PASI (Psoriasis Area Severity Index) showing on table no.[8]

Table 8: showing PASI (Psoriasis Area Severity Index) SCORE.

BEFORE TRIAL	HEAD AND NECK		ARM		TRUNK		LEG	
	BT	AT	BT	AT	BT	AT	BT	AT
1.Skin Area involved Score	0.2	0.1	4	1	5	1	5	1
2.Redness	2	0.5	2	0.6	3	0.5	3	1
3.Thickening	1	0.5	1	0.6	1	0.3	3	0.2
4.Scaling	3	-	3	0.5	2	-	3	-
Total	6.2	1.1	10	2.7	11	1.8	14	2.2
BT Total=41.2					AT Total=7.8			

Symptoms before and after treatment showing on table no. [9]

Table 9: showing symptoms before and after treatment

No.	CHIEF COMPLAINTS	BEFORE TREATMENT	AFTER TREATMENT
1.	Blackish and reddish lesions all over the body	+++	+
2.	Itching all over the body	+++	+
3.	Oozing from the lesions	++	-
4.	Scaling from the lesions	+++	-
5.	Burning at the site of lesions	++	-

Itching criteria-

Gradation of itching as shown on table no. [10]

Table 10: showing grade of itching before and after treatment

	BT	AT
Grade of itching	10	3

V. CONCLUSION-

- From this case study, it is concluded that *Virechana Karma* is better in chronic stage of *Ekkushta*.
- *Virechana Karma* plays important role in *Rakta* diseases, Skin diseases and vitiated *Pitta* diseases.
- As psoriasis is an autoimmune disease occurs mainly due to vitiated *Pitta* and *Kapha*, *Virechana Karma* helps to eliminate toxins from the body as it works at cellular level.
- If proper line of treatment followed as mentioned in Classical text, further progression of disease can be controlled and quality of life of the patient can be improved.





Before Treatment



After Treatment

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