



## Case Study

### HOLISTIC APPROACH OF AYURVEDA IN THE MANAGEMENT OF *EKA-KUSHTHA* W. S. R. TO PSORIASIS - A CASE STUDY

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#### ABSTRACT

Skin is the largest organ which reflects the both healthy and diseased condition of the body. According to ancient *Ayurved samhitas*, all the skin diseases are categorized under *Kushtha roga*. In modern world, skin has greater cosmetic importance leading to boost the confidence and personality of an individual as well as to attain the healthy mindset. The morbid condition of the skin should be treated earlier as it may attain *Krichrasadhya* or even *Asadhya avastha* also. Ancient *Acharyas* have been explained in detail the *Panchakarma* accompanying with variety of *Shamana aushadhis* and *Sthanika chikitsa* to treat the *Kushtha rogas*. In the present case study, a 37 years old female patient having symptoms resembling to *Eka kushtha* was treated with combine use of ancient *Ayurvedic* treatment protocols viz., *Nidana parivarjana, Shodhana chikitsa, Shamana aushadhis* and *Sthanika chikitsa* together with *Pathyapathya*. The assessment of *Lakshanas* was done by using WHO guidelines for *Kushtha*. This comprehensive approach of *Ayurveda* to treat the *Eka kushtha* helps to achieve the significant relief in symptoms of the patient.

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#### INTRODUCTION

*Twaka* is considered as *Adhishtana* of *Sparshanendriya*.<sup>[1]</sup> It is associated with the mind due to its *Sarvaindriya vyapakatva*.<sup>[2]</sup> Hence, any physiological or pathological condition of the body also affects the mind.<sup>[2]</sup> In the ancient *Ayurvedic samhitas*, all the *Twaka vikaras* are enlisted under the broad concept '*Kushtha*'.<sup>[3]</sup> The disease leading to deformity of the skin in the form of discoloration is known as '*Kushtha*'.<sup>[4]</sup> The disease is primarily occurring in the *Bahya rogamarga*.<sup>[5]</sup> It is described in the group of *Raktapradoshaja vikaras*<sup>[6]</sup> and also explained as one among the *Ashaumahagadas*.<sup>[7]</sup> It is also categorized under *Santarpanajanya vyadhis*.<sup>[8]</sup> *Acharya Sushruta* have been labelled *Kushtha* as one of the *Aupasargika vyadhis*<sup>[9]</sup> as well as mentioned this as *Aadibalapravritta vyadhi*.<sup>[10]</sup> According to *Acharya Charaka*, *eka kushtha* is one among the eleven types of *Kshudra kushthas* having the main features like *Aswedanam* (anhydrosis), *Mahavastu* (extent of lesion) and *Matsyashakalopamam* (scaling).<sup>[11]</sup>

*Eka kushtha* can be correlated with psoriasis as per the modern science.<sup>[12]</sup> It is multifactorial, autoimmune, inflammatory skin disease characterized by erythematous scaly papules and plaques occurring in equal frequency in males and females.<sup>[13]</sup> It has been considered as psychosomatic disorder where the effect of psyche has been stressed in both ancient science and modern science.<sup>[14]</sup> It usually has a chronic but unpredictable course with periods of remissions and exacerbations.<sup>[13]</sup> The management requires combine approach in terms of local management, systemic management, healthy diet and psychological support.<sup>[13]</sup> The modern medicine therapy may lead to serious side effects like skin cancer<sup>[13]</sup> and hence people are looking with hope towards *Ayurveda* for fruitful and long-lasting management of psoriasis.

The aim of psoriasis therapy is to control the disease and to improve the quality of life.<sup>[13]</sup> Hence different types of *Shodhana chikitsa* at regular interval and depending upon the *Dosha* predominance in conjugation with *Shamana aushadhi, Sthanika chikitsa, Pathyapathya* and *Nidana*

*parivarjana* is the mainstream of the treatment. A case of 37 years old female patient diagnosed as *Eka kushtha* was treated with holistic approach of *Ayurveda* towards its management. This helps to achieve the satisfactory results with significant relief in all the complaints of the patient.

### Material and Methods

A clinical case study at our OPD. *Shodhana chikitsa* along with *Shamana aushadhis* and *Sthanika chikitsa* was administered to the patient having signs and symptoms of *Eka kushtha*.

### Case Presentation

A 37 years old female patient who was apparently healthy before 2 months came to our OPD on 04/03/2019. She was having complaints of *Twakavaivarnya* (discoloration), *Aaraktata* (redness), *Kandu* (itching) along with *Rukshata* (dryness) over bilateral leg (particularly knee to ankle) and right hand (particularly elbow to wrist) region. For this she had taken allopathic treatment but didn't get satisfactory results. Hence patient had opted for *Ayurvedic* treatment and came to our care in search of better and sustained relief in the symptoms.

The above stated patient with average body built was affected by chicken pox in the childhood and typhoid at the age of 25 years. The patient was in her reproductive age and her menstrual history was regular without any significant complaints. She was a housewife and was doing farming simultaneously. She was having habit of *Mishri* intake for 4-5 times in a day but there was no any other major medical and surgical illness. She was having incomplete bowel evacuation with fullness of stomach while bladder evacuation was regular with occasional burning micturition. At the time of her first visit to our OPD, detailed history was taken and we find many *Hetus* (causative factors) contributing to the pathogenesis of the disease and severity of the symptoms.

On general examination, blood pressure was 120/80 mm of Hg and respiratory rate was 20/min. Her pulse was *Kaphapradhana* and was 90/min. Her tongue was coated while eyes were with mild pallor appearance. On systemic examination, respiratory and circulatory system was found normal. However, she was restless and anxious due to excessive itching over psoriatic lesions. She had undergone the routine laboratory investigations which were within normal range.

### Nidana Panchaka

**Hetu - Aahariya hetu** – *Aniyamita bhojana samaya*, *Atyambupana*, tea with roti, tea for 3-4 times in a day, curd – daily in summer season and 2-3 times per week in other seasons, excessive non-vegetarian diet

specifically chicken and salted fish, *Vishamashana*, *Viruddha aahara*.

**Vihariya hetu** - *Avyayama*, *Atyadhika aatapa sevana*, *Atyadhika maruta sevana*, *Atichankramana*, excessive physical exertion.

**Manasa hetu** - Excessive stress of work load and family issues.

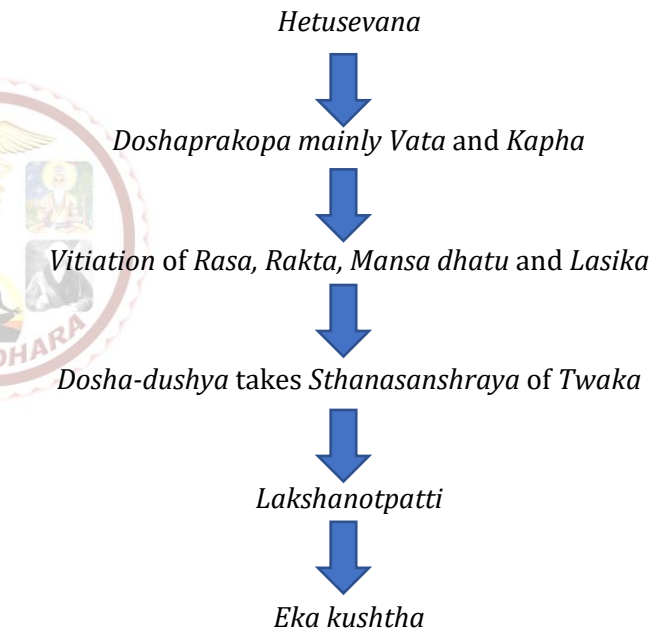
**Purvarupa** - *Sthanika daha* (local warmth), *Kandu* (itching).

**Rupa** - *Twakavaivarnya* (discoloration), *Aaraktata* (redness), *Kandu* (itching), *Rukshata* (dryness), *Mahavastu* (covering maximum area of affected limb), *Matsyashakalopamam* (resembles like scales of fish), *Aswedanam* (devoid of sweat).

**Upashaya**- *Sheeta sparsha* (cold sponging), *Abhyanga* (oil application).

**Anupashaya** - *Atyadhika aatapa sevana* (excessive exposure to sunlight), *Atyadhika maruta sevana* (excessive exposure to wind).

### Samprapti



### Samprapti ghataka

*Dosha* – *Vata, Kapha, Rakta*

*Dushya* – *Twaka, Rakta, Mansa, Lasika*

*Dhatu* – *Rasa, Rakta, mansa dhatu*

*Upadhatu* – *Twaka*

*Srotasa* – *Rasavaha, Raktavaha, Mansavaha*

*Srotodushti prakara* – *Sanga*

*Agni* – *Mandagni*

*Adhishthana* – *Twaka*

*Rogamarga* – *Bahya or Shakhagata*

*Vyadhi swabhava* – *Chirakari*

*Sadhyasadyatva* – *Kricchrasadhyatva*

**Diagnostic Criteria**

Patient was having complaints of *Twakavaivarnya* (discoloration), *Aaraktata* (redness), *Kandu* (itching) along with *Rukshata* (dryness) over the anterolateral surface of bilateral leg (particularly knee to ankle region) and right hand (particularly elbow to wrist region). In addition, the lesions were *Mahavastu* (covering maximum area of affected limb) and their appearance was *Matsyashakalopamam* (resembles like scales of fish). She was also complaining of *Aswedanam* (devoid of sweat) over the affected area. Considering these

clinical findings and subsequent skin damage, the diagnosis was confirmed as *Ekakushtha*.

This can also be correlate with psoriasis as the patient was presented with erythematous plaques on above stated affected body part. This surface was covered with large silvery scales. During examination, auspitz sign and koebner's phenomenon was found positive.

**Treatment Protocol****A. Nidana parivarjana**

Patient was strictly prohibited from all the dietary factors and habits that were responsible for vitiation of *Doshas* and to produce the symptoms.

**B. Shodhana chikitsa****Table 1: Showing various Pachakarmas executed**

Name of karma	Date	Kalpa	Specification
<i>Abhyantara snehapana</i>	11/03/19 to 15/03/19	<i>Mahatiktaka ghrita</i> 30ml, 50ml, 70ml, 90ml and 110ml from 1 <sup>st</sup> to 5 <sup>th</sup> day	<i>Snehapana</i> done in <i>Vardhamana matra</i> till <i>Samyaka snigdha lakshanas</i> were seen
<i>Sarvanga snehana</i>	16/03/19 and	<i>Nimba, Darvi, Khadira siddha taila</i>	<i>Abhyanga</i> with <i>Sukhoshna taila</i> was done
<i>Sarvanga swedana</i>	17/03/19	<i>Nimba, Darvi, Khadira kwatha</i>	<i>Swedana</i> with <i>Sukhoshna kwatha</i> was done until sweating was seen and upto patient's tolerance limit
<i>Vamana</i>	17/03/19	<i>Vamana yoga - Madanaphalapippali churna</i> along with <i>Madhu</i> <i>Vamanopaga dravya - Yashtimadhu phanta</i> and <i>Saindhava jala</i>	Patient was having 8 <i>vega Pradhana shuddhi lakshanas</i> were seen and this was followed by <i>Sansarjana krama</i> for 3 days
<i>Abhyantara snehapana</i>	25/03/19 to 30/03/19	<i>Mahatiktaka ghrita</i> 30ml, 50ml, 70ml, 90ml and 110ml from 1 <sup>st</sup> to 5 <sup>th</sup> day	<i>Snehapana</i> done in <i>vardhamana matra</i> till <i>samyaka snigdha lakshanas</i> were seen
<i>Sarvanga snehana</i>	31/03/19 to 02/04/19	<i>Nimba, Darvi, Khadira siddha taila</i>	<i>Abhyanga</i> with <i>Sukhoshna taila</i> was done
<i>Sarvanga swedana</i>		<i>Nimba, Darvi, Khadira kwatha</i>	<i>Swedana</i> with <i>Sukhoshna kwatha</i> was done until sweating was seen and upto patient's tolerance limit
<i>Virechana</i>	02/04/19	<i>Ichhabhedhi rasa</i> 250mg	Patient was having 14 <i>Vega Mahyama shuddhi lakshanas</i> were seen and this was followed by <i>Sansarjana krama</i> for 2 days
<i>Abhyantara snehapana</i>	16/04/19 to 18/04/19	<i>Mahatiktaka ghrita</i> 30ml, 50ml and 70ml	<i>Snehapana</i> done in <i>vardhamana matra</i> till <i>Samyaka snigdha lakshanas</i> are seen
<i>Raktamokshana</i>	19/04/19	<i>Dakshina prapada pradesha</i>	100ml of blood was let out from right tibial vein

**C. Shamana chikitsa**

Ayurvedic formulations were chosen according to their properties and utility which helps to correct the imbalance of *Doshas*, to relieve the symptoms as well as to avoid their relapse.

**Table 2: Showing different Shamana aushadhis administered**

Sr. No.	Yoga	Matra	Anupana	Sevana kala
1.	Raktapachaka, Manjishtha, Nimba churna with Sukshma rasamanikya, Sukshma makshika	twice a day	Koshna jala	Vyanodane
2.	Panchatiktaka ghrita guggulu	500mg twice a day		
3.	Gandhaka rasayana	250mg twice a day		
4.	Mahamanjishthadi kwatha	15ml thrice a day		

**D. Sthanika chikitsa**

By the side of above stated *Shodhana chikitsa* and *Shamana aushadhis*, psoralein oil was used for *Sthanika abhyanga* for 2-3 times in a day to reduce the dryness of psoriatic lesions and subsequently to reduce the itching.

**E. Pathyapathya and manasa chikitsa**

Patient was advised to take requisite amount of water and light diet along with enough rest and sleep at night. Patient was instructed to do *Pranayama* and meditation daily with optimum amount of *Yogasana*. At the same time, consistent counseling for psychological support was also done.

**Criteria of Assessment**

Assessment of *Lakshanas* of patient was done with the help of WHO guidelines suggested as follows.

**1. Twakavaivarnya (Discoloration)**

Normal color	0
Near to normal color which looks like normal color to distant observer	1
Reddish discoloration	2
Slight black reddish discoloration	3
Blackish red discoloration	4

**2. Mahavastu (Extent of lesion)**

No lesion on Mahasthanam	0
Lesion on partial part of hand, leg, neck, scalp, hand and back	1
Lesion on most part of hand, leg, neck, scalp, hand and back	2
Lesion on whole part of hand, leg, neck, scalp, hand and back	3
Lesions over whole body	4

**3. Matsyashakalopamam (Scaling)**

No scaling	0
Mild scaling by rubbing / by itching (scaling from some lesions)	1
Moderate scaling by rubbing / by itching (from all lesions)	2
Severe scaling by rubbing / by itching (from all lesions)	3
Scaling without rubbing / itching (from all lesions)	4

**4. Aswedanam (Anhydrosis)**

Normal	0
Improvement	1
Present in few lesions	2
Present in all lesions	3
Aswedanam in lesion and uninvolved skin	4

**5. Twaka rukshata (Dryness of skin)**

No line on scrubbing with nail	0
Faint line on scrubbing by nail	1
Lining and even words can be written by nail	2
Excessive rukshata leading to kandu	3
Rukshata leading to crack formation	4

**6. Kandu (Itching)**

No itching	0
Relieve spontaneously	1
Relieve by itching	2
Disturbs routine	3
Require medication	4

**RESULTS**

There was considerable reduction in the skin dryness and subsequent itching after *abhyantara snehapana*. The administration of *vamana*, *virechana* and *siravedha* as per the *dosha avastha* leads to softening of all the lesions, reduces scaling and improves the anhydrosis. This also helps to minimize the scaling together with size of lesions and the skin was also getting its normal color and texture. To pacify the *avashista doshas*, internally *shamana aushadhis* were given along with local oil application. At the same time, strict *nidana parivarjana* with suitable amount of meditation, pranayama and yogasana along with well-organized counselling gave appreciable relief in all the symptoms of the patient.



**Table 3: Shows the overall assessment by WHO guidelines**

Criteria	Day 1	After <i>Abhynatara snehapana</i>	After <i>Vamana</i>	After <i>Virechana</i>	After <i>Raktamokshan a</i>	After <i>Shamana aushadhi</i>
<i>Twakavaivarnya</i>	3	3	3	2	1	0
<i>Mahavastu</i>	3	3	3	2	1	0
<i>Matsyashakalopamam</i>	4	3	3	2	1	0
<i>Aswedanam</i>	3	3	3	2	1	0
<i>Twaka rukshata</i>	4	2	2	1	1	0
<i>Kandu</i>	4	3	2	1	0	0

**DISCUSSION**

1. The disease was labelled as *Eka kushtha* and correlated with psoriasis according to the clinical findings mentioned above.
2. The detailed history reveals the many causative factors responsible for pathogenesis of the disease itself. Hence patient was strictly guided with *Nidana parivarjana* and to adopt healthy dietary habits and lifestyle modification.
3. As patient was having *Bahudhosha avastha*, frequent *Sanshodhana karma* was decided to execute primarily. Prior to this, medicated ghee fortified with *Tikta rasatmaka dravyas* was selected for *Abhyantara snehapana* because of its *Sukshma srotogamitva* and administered in *Vardhamana matra* depending upon the *Dosha vaishamyas*.
4. Considering the *Utklishta vata-kapha dosha pradhanyatva*, *Vamana karma* was performed initially which helps to pacify the vitiated *Doshas*. *Snehapanapurvaka virechana* helps to overcome the *Raktagamitva* of *Kushtha*. After this, *Siravedha* under all aseptic precautions was carried out from the right tibial vein. All these *Shodhana karmas* help to soften the psoriatic lesions and reduce the excessive skin dryness and itching. By this time, the size of lesions was also considerably reduced and complexion was also getting normalized.
5. *Shamana aushadhis* were selected in order to minimize the symptoms and to achieve the normal, healthy status of the skin.

**Table 4: Shows the probable mode of action of selected *Shamana aushadhis***

Sr. no.	Yoga	Constituents	Probable mode of action
1.	<i>Raktapachakadi yoga</i>	<i>Raktapachaka, Manjishtha, Nimba churna with Sukshma rasamanikya, Sukshma makshika</i>	<i>Raktapachana, Raktaprasadana</i>
2.	<i>Panchatiktaka ghrita guggulu</i>	<i>Patola, Guduchi, Nimba, Vasa, Vyaghri, goghrita, Guggulu, etc.</i>	<i>Sukshma srotogamitva, Deepana, Pachana, Kushthgna, anti-inflammatory, anti-allergic, blood purifying agent</i>
3.	<i>Gandhaka rasayana</i>	<i>Shuddha gandhaka, Chaturjata, Guduchi, Bhringaraja, etc.</i>	Broad spectrum drug against multiple skin disorders, useful in <i>Dhatukshaya</i>
4.	<i>Mahamanjishthadi kwatha</i>	<i>Manjishtha, Kutaki, Devadaru, Nisha, Vacha, etc.</i>	<i>Deepana, Pachana, Kandughna, Kushthghna, blood purifier, cleansing agent, immune modulator</i>
5.	Psoralin oil	<i>Kutaja, Neelini, etc.</i>	<i>Kandughna, Rukshatahara</i>

6. Patient was monitored for adaptation of proper dietary and lifestyle habits. She was also guided for suitable amount of meditation, *Yogasana* and *pranayama* which helps to slow down the progression of the disease, to increase the recovery rate and to improve the quality of life.
7. As the disease is having unpredictable relapsing nature patient was directed to take *Shodhana chikitsa* at regular interval along with *Nidana parivarjana* for long lasting and sustained relief.

## CONCLUSION

Ancient *Acharyas* have been mentioned the frequent and multiple *Shodhana chikitsa* at regular interval for the successful management of the *Kushtha*. In the present case study, classical clinical findings suggest to diagnose the disease as *Eka kushtha* which was correlated with psoriasis. The multidimensional Ayurvedic management of *Kushtha* by combined approach of *Nidana parivarjana*, *Shodhana chikitsa*, *Shamana aushadhis*, *Sthanika chikitsa*, *Pathyapathya* and psychological support helps to achieve the excellent relief in all the associated complaints of the patient. Thus, the conventional Ayurvedic approach gave the satisfactory and encouraging results in the management of *Eka kushtha* and improves the quality of life of the patient. In order to get enduring results and to avoid exacerbation or relapse of the disease, patient was instructed to follow *Shodhana chikitsa* at regular interval accompanying with strict *Nidana parivarjana*.

## REFERENCES

1. Yadavaji T. edi. of Charaka Samhita with Ayurved Dipika Commentary of Chakrapani. 2017. Varanasi; Chaukhambha Surbharati Prakashana; Sutrasthana 8/10, page 56.
2. Yadavaji T. edi. of Charaka Samhita with Ayurved Dipika Commentary of Chakrapani. 2017. Varanasi; Chaukhambha Surbharati Prakashana; Sutrasthana 11/38, page 75.
3. Vasan Satish and others. Critical analysis on management of Kushtha through Panchkarma – a review. JAHM. Sept – Oct 2017, 5(5), 78-85.
4. Upadhyaya Y. Madhava Nidanam of Acharya Madhava, tika. Chaukhambha Prakashana, Varanasi; volume 2/1-6, page 184.
5. Yadavaji T. edi. of Charaka Samhita with Ayurved Dipika Commentary of Chakrapani. 2017. Varanasi; Chaukhambha Surbharati Prakashana; Sutrasthana 11/48, page 77.
6. Yadavaji T. edi. of Charaka Samhita with Ayurved Dipika Commentary of Chakrapani. 2017. Varanasi; Chaukhambha Surbharati Prakashana; Sutrasthana 28/11, page 179.
7. Yadavaji T. edi. of Charaka Samhita with Ayurved Dipika Commentary of Chakrapani. 2017. Varanasi; Chaukhambha Surbharati Prakashana; Indriyasthana 9/8, page 368.
8. Yadavaji T. edi. of Charaka Samhita with Ayurved Dipika Commentary of Chakrapani. 2017. Varanasi; Chaukhambha Surbharati Prakashana; Sutrasthana 23/6, page 122.
9. Shastri A. Sushruta Samhita. 2015. Varanasi; Chaukhambha Sanskrita Sansthana; Nidanasthana 5/32-33, page 325.
10. Shastri A. Sushruta Samhita. 2015. Varanasi; Chaukhambha Sanskrita Sansthana; Sutrasthana 24/6, page 130.
11. Yadavaji T. edi. of Charaka Samhita with Ayurved Dipika Commentary of Chakrapani. 2017. Varanasi; Chaukhambha Surbharati Prakashana; Chikitsasthana 7/21, page 451.
12. Deshpande S. and others. Effect of shodhana treatment in severe psoriasis (eka kushtha) – a case study. IJAAM. 2015; 3(1): 43-48.
13. K Pavithran. API textbook of Medicine. 9<sup>th</sup> edition. Jaypee brothers; page 494-497.
14. Gupta T. and others. Management of eka kushtha w. s. r. psoriasis through Ayurveda – a case study. WJPMR. 2020; 6(12): 197-200.

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