

# Therapeutic Effect of Ayurvedic Treatment in Ekakustha: A Case Study Report

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**Abstract:** Skin is the vital part of the human body which enhance the personality of an individual. Any alteration of skin condition may effect on human Mental and Physical health. Psoriasis one of them. Psoriasis is a chronic, recurrent inflammatory skin disorder, characterize by scaling and itching in the papiloquamous lesion of skin. In modern medicine has no such treatment of psoriasis rather than some symptomatic relief also appear side effect for long time treatment. In ayurveda psoriasis is considered as Ekakustha. Which is vata-kapha predominant tridosaja Vikara. In ancient text mention sodhana (Panchakarma) and smana(medicinal) chikitsa (Treatment) for Psoriasis. This single case study aimed to evaluated the efficacy of Panchakarma (Vamana & Virechana) in the management of recurrent Psoriasis. A male presinting with Plaque Psoriasis was diagnosis as Ekakustha as per Ayurveda. In thin study as Panchakarma 1<sup>st</sup> Vamana karma then Virechana karma was performed and some Samana Chikitsa (Medicinal Treatment) given to the patient and follow up for 4 month. Improvement was measured by PASI (Psoriasis area Severity Index) parameter. During follow no recurrent observed. In these studies aim to established effect of Ayurvedic treatment in Ekakustha.

**Keyword:** Ayurveda, Ekakustha, PASI score, Psoriasis, Vamana, Virechana.

## I.INTRODUCTION

In Ayurvedic skin is consider as five Ganendriya Adhithan; which help us to perceive sparhaghyanam or touch sensational. In modern science skin describe as a large organ of the integumental system. It is provide protection and receive sensory stimuli from the external environment; therefore it's plays a great role in Physical and Psychological wellbeing of any Person. So, any deformity or disease condition of skin lead to disturbance of Patient's Psychological Physical state.

Psoriasis now a most common dermatological disease. Psoriasis is estimated to effect 2-4% of the population of the western world. It's affected about 6.7 million Americans and occur much frequent in Adult. Psoriasis is about five time more common in people of European descent then in people of Asian descent. Now a day consumption of unhealthy food like junk food, fast food, smoking, drinking alcohol etc. occurring disease more prone.<sup>1</sup>

In the classical text, Kustha mention as a skin disease. Eighteen clinical variation of Kustha has describe in Ayurveda text, Ekakustha one of them. Etiologies and Pathogenesis of Ekakustha have describe elaborately in classical text. Ekakustha is a ksudra kusrtha which is vata- Kapha predominant tridosaja vikar, clinically identified by Asvedana, Mahavastu, Matsasakalapama, means, Asvedana- Absence of perspiration; Mahavastu- Extensive localization; Matsasakalapama- It resemble like scales of fish.<sup>2</sup> Clinically and Morphological features of Ekakustha are co-related with Psoriasis by many Scholars. In modern text Psoriasis Define as, Psoriasis is a chronic inflammatory, hyperproliferative skin disease. It is characterized by well- defined, erythematous scaly plaques, particularly affecting extensor surfaces, scalp and nails, Usually follows a relapsing and remitting occurs.<sup>3</sup>

## II.MATERIAL AND METHODS

Present study was carried out in Institute of Post Graduate Ayurvedic Education and Research at S.V.S.P. Kolkata.

**Case Report:** A 34-year male hotel chef, presenting with a history of red and white scaling patches lesions on both legs, both hands, back, Trunk, Head and Neck

with associated itching, burning and increasing size of patches for 5 years.

**History of present illness:** Patient was apparently healthy before 5 years, gradually some patches formed in upper back region and elbow region & increase effective area day by day.

**Past History:** Patient had no history of Diabetic mellitus (DM) Hypertension (HTN) Pulmonary Tuberculosis (PTB) and Thyroid disorder.

**Treatment History:** Patient had taken steroids and allopathic medicine for 5 years but could not get relief.

**Psychological history:** Patient feel more depressed from 2 months ago when he left his job due to increase severity.

**Personal History:** Dietary habit (Ahara) irregular diet habit due to his restaurant job.

**Behavioral Habits (Vihara):** Sedentary lifestyle: Bowl habit were irregular; bladder normal; sleep irregular;

**Family History:** No such

**General Examination:** Build- Moderate, Tongue-Clear; Pulse rate-78beat/min; BP-110/70mm of hg; Respiratory rate-18/min; Temp-Normal.

#### Physical examination:

Dasavidha Pariksha: Prakriti: Vata-kaphaja; Vikriti: Kaphavataja; Satma- Madhyam; Satva- Madhyam; Sara- Madhyam; Samhanana- Madhyam; Aharasakti- Madhyam; Vayamsakti- Madhyam; Praman- 5ft 6 inch; Vaya-34yrs, Agni (metabolism) was Vishamagni (altered) during Dashvidha Pariksha. There was no history of streptococcal infection. During cardiovascular and respiratory system examination, findings were normal. There were mild difficulties in movement of joints.

Local examination showed erythematous, dry thickened scaly lesion all over body. Kobner Phenomenon – positive, Auspitz sign – positive. He was diagnosed with Psoriasis which was made clinically.

#### Criteria for assessment:

Patient was assessed with Psoriasis Area and Severity Index (PASI) Score (British Association of Dermatologist n.d.)

#### PASI SCORE (The Psoriasis Area and Severity Index):<sup>4</sup>

Psoriasis is a chronic condition that can cause thick, scaly patches, or plaques, to form on the skin. The Psoriasis Area and Severity Index (PASI) score is a measurement of the ...

1. Discoloration,
2. Thickness,
3. Scaling, and
4. Coverage of these plaques.

A doctor can use it to measure the severity and extent of psoriasis and observe the effectiveness of psoriasis treatments. Table 1, Table 2, Table 3.

Table 1: CALCULATION OF PASI SCORE

- A. Head and neck (0.1) X (Severity scoring) x (Area % score)
- B. Upper limbs (0.2) X (Severity scoring) x (Area % score)
- C. Trunk (0.3) X (Severity scoring) x (Area % score)
- D. Lower limbs (0.4) X (Severity scoring) x (Area % score)

$$\text{TOTAL} = A + B + C + D$$



Table 2: PERCENTAGE AREA AFFECTED

Degree of involvement as a percentage for each body region affected	Percentage score
0 = 0%	
1 = 1% - 9%	
2 = 10% - 29%	
3 = 30% - 49%	
4 = 50% - 69%	
5 = 70% - 89%	
6 = 90% - 100%	

Table 3: SEVERITY SCORING

Plaque characteristic	Lesion score
Erythema	0- None
Induration	1- Slight
Thickness	2- Moderate
Scaling	3- Severe
	4- Very severe

#### Nidana Parivarjana

This means avoidance of etiological factors like Mithya Ahara-Vihara & Viruddha Ahara. Nidana Parivarjana stops the further progression of the disease, by restricting vitiation of Doshas. Hence main objective of treatment is to improve metabolic activities in Dhatu level, to rectify Srotoavrodha and to provide nourishment to depleted Dhatus

#### Purification Treatment:

1. Powder Pancha kola 5 gm TDAC with Luke warm water for 5 days
2. Snehanpan with Mahatikta Ghrita for 5 Days doses are

Day 1- 40 ml  
Day 2 – 70 ml  
Day 3- 110 ml  
Day 4- 140 ml  
Day 5- 170 ml

After observation of Sammak Snehapana Lakshan stop Snehapana

3. After 2 ratri at morning vama Karma with Madanphaladi yoga.

4. Samsarjan Karma for next 7 days

5. Then after 3 day Snehapana Virechan Karma Done with 80gm Trivilleham.

Then 5 day more Samsarjan krame (Special Dietary Measures) given.

#### Follow-up Medication:

After complete of last 5 days Special Dietary Measures Patient has given some Internal and External Medicine and ask to continue for next 3 month.

Panchatikta Ghrita Guggul 2-tab BDAC 3 month

Khadirarista 15ml BD After Food 3 month

Aarogyavardhani vati 2 tablet BDAC 3 month

Nimbadi oil for local apply

#### Result

Before and after treatment grading of PASI Score is shown in table 4. Before treatment PASI score 30.2 and After Treatment PASI score 2.3

Table 4: Before Treatment and After treatment PASI Score		
	Before Treatment	After treatment
Head and neck	$0.1 \times (1+1+0) \times 1 = 0.2$	$0.1 \times (1+0+0) \times 1 = 0.1$
Upper limbs	$0.2 \times (2+2+3) \times 5 = 7$	$0.2 \times (0+0+1) \times 4 = 0.8$
Trunk	$0.3 \times (1+2+3) \times 5 = 9$	$0.3 \times (0+1+1) \times 1 = 0.6$
Lower limbs	$0.4 \times (1+3+3) \times 5 = 14$	$0.4 \times (0+0+0) \times 2 = 0.8$
Total PASI Score	$=(0.2+7+9+14) = 30.2$	$=(0.1+0.8+0.6+0.8) = 2.3$



#### III.DISCUSSION

Treatment for Ekakushtha requires recurrent Shodhana because it is chronic and relapsing in nature, and Tridosha & Twaka, Rakta, Mamsa, Lasika & Kleda are all involved. One of the key Ayurvedic treatments, samshodhana, focuses on eliminating the body's aggravated doshas.

Charak Samhita states that the unique identity is guidance such as Matsyashalakaalopamam and Kinakara sparsha, which we saw and connected. According to the Samhitas, Kushtha is Shodhan Saadhya Roga<sup>5</sup> We can recommend various Shodhana and shamana treatments based on the chronicity of the ailment and the doshas involved.<sup>6</sup> Nidana Parivarjana is the first line of treatment, with Pathy being the most crucial component.

Deepana, Pachan is important before stating Sehana. Its helps to correct or increase Agni (Digestive fire) and Agni again helps to remove obstruction of Shrotas

(Body channel) causes by Ama (Undigested material). Powder Panchokola 5gm Thrice Daily before Meal with Lukewarm water for 5 days uses hear as a Deepan Pachana Medicine.

Snehpana lubricates the body, which reduces dryness over the scales and decreases the burning sensation (Daha). Additionally, it reduces scaling (Matsyashakalopamam). All of these processes lower the body's Vatadosha since external Sneha treatment decreases dryness and scaling. Tikta rasa is Pitta shamak, Vikrut Meda Upashoshan, Vranashodhak (wound-purifier) and antiitching effect.<sup>7</sup>

Ekakusta is a Vata-Kapha dominant disorder so Vaman Karma is the therapy of choice for elimination of vitiated Kaphadosha from all over the body through Amashaya by the process of vomiting. As Amashaya is Mulasthana of Kapha and its diseases hence Vaman Karma can treat all Kapha predominant disorders.

Pitta is site of agni and thus responsible for maintainance of all kriya. Other hand Pitta regulate the normar function of Rakta. Considering pitta vitiation in this disease, virechana was planned as it is best in imbalanced pitta.

Samsarjan krama (Special Dietary Measures) are use to increase Agni (Digestive enzyme) gradually. After sodhana therapy digestive power become lower than normal so Samsarjan krama is the dietary process to reestablished the Agni in normal state.

#### ***Panchatikta Ghrita Guggul***

Its pitta balancing and snigdha guna help to control dryness in the case. Also Shothahara (anti-inflammatory) property which helps provide relief from itching and irritation.

#### ***Khadirarista***

It is mentioned in Bhaishajya Ratnavali as Kustarogadhikar. It contain madhura, tikta dravyas. It acts as antibacterial, microorganisms, reduce blood toxins, also reduce Aam and detoxify the body by excreting toxins from the body.

#### ***Aarogyavardhani vati***

Aarogyavardhana vati helps to remove ama toxins from the body. Its helps to maintain normal liver function. It has antioxidants, antipruritic nature alleviates itching sensation.

#### ***Nimbadi oil***

Nimba have anti-inflammatory, Antibacterial property It's Tikata Rasa property is Pitta shamak, vranashodhak (wound-purifier) and anti-itching effect.

After four month of treatment, severe psoriasis was prevented for a longer period of time without experiencing any adverse effects that modern medications could not alleviate. Severe psoriasis patient of Vata- kapha prakriti having symptoms of kapha-pitta predominance in psoriasis can be treated with Vaman-Virechana and saman medicine.

#### **IV. CONCLUSION**

Ekakushtha (Psoriasis) though it is difficult to manage, but if proper diagnosis is made at proper time, many complications can be avoided. Various Panchakarma procedures doing with internal medicines can be best option of its management. As in this case report, patient got significant relief, it may be concluded that Vaman-Virechana and Samana drug prove to be effective in the management of Psoriasis. PASI score Significantly Decrease from 30.2 to 2.5. Randomized Clinical Trial needs to be conducted to validate result in larger sample which will generate evidence for support.

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