

CASE STUDY

Successful Ayurvedic Management of Psoriasis w.s.r. to *Ekkushtha* - A Case Study

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ABSTRACT

INTRODUCTION- The present case was diagnosed with *kapha pradhana ekkushtha*. The line of treatment followed was *Samshodhana* followed by *Shamana chikitsa*.

Patient's main concerns were the symptoms viz. severe itching, excessive scale formation, and skin lesions all over the body which had foul odour, stress that resulted in erectile dysfunction.

Kapha pradhana ekkushtha was the primary diagnosis made. *Virechana* therapy followed by oral medication for *roga shamana* was the line of treatment followed.

CONCLUSION: The use of *Aragwadhamahatika ghrita* during *snehapana* and *brihatdantphala tailam* for local application provided significant results

Key Words Psoriasis, *Kushtha Roga*, *Virechana*, *Aragwadhamahatika Ghrita*, *Brihatdantphala Taila*

Received 03rd May 23 Accepted 09th July 23 Published 10th July 2023

INTRODUCTION

Psoriasis is a chronic disease in which the immune system becomes overactive causing skin cells to multiply too quickly. Patches of skin become scaly and inflamed, most often on the scalp, elbows or knees but the other parts of the body can be affected as well. With a prevalence of 0.44-2.8 per cent in India, it commonly affects individuals in their third or fourth decade with males being affected two times more common than females¹. The theories explaining its cause are less understood while the most accepted one being that it involves a mix of genetics and environmental factors.

Psoriasis is understood under the *Kushtha rogas* enlisted in Ayurvedic texts. The presentations of Psoriasis closely relate to *Sidham*, *Kitibha* and *Ekkushtha*. The presentations of this case on careful examination represented *Ekkushtha*. *Ekkushtha* is *vata- kapha pradhan kushtha*. This case was unique in presenting more kapha predominant symptoms as compared to *vata* vitiation symptoms. *Kushtha* is otherwise a *tridosha* disease. *Ekkushtha* is defined with clinical manifestations of absence of sweating, wide spread lesions and scaly skin like that of fish scales².

PATIENT INFORMATION:

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The patient was a 34 years old male weighing 114 kg. He was found to be of *pitta kaphaj prakriti*. Patient's major concerns were intense itching, scaling and stretching like pain (*Aayaama*) felt around the skin lesions. His condition was in a continuous progression for last 3 years. The patches covered his scalp, face, trunk, and limbs. Patient was in deeply distressed because of his

condition and his stress precipitated into developing erectile dysfunction. No family history of any auto immune disorder was elicited. The patient had taken corticosteroids in the past but remission occurred on cessation of the medication.

CLINICAL FINDINGS:

Physical examination:

Table 1 *Dashvidha priksa* of the patient

S.No.	<i>Dashvidha Priksha</i>	Findings
1	<i>Prakriti</i>	<i>Pitta kaphaja</i>
2	<i>Vikriti</i>	<i>Kapha-vataja</i>
3	<i>Pramana</i> (body proportion):	<i>Sama Praman</i> (symmetrical)
4	<i>Sara</i> (purest form of tissues)	<i>Medasara</i>
5	<i>Samhanan</i> (body built)	<i>Sthoola</i>
6	<i>Satmaya</i> :	<i>Sarvasatmya</i> (homologation for all taste)
7	<i>Satva</i> (mental strength):	<i>Madhyama</i>
8	<i>Aahara sakti</i> (food habits and digestive power):	<i>Madhyam</i>
9	<i>Vyayamashakti</i> (capability of physical activities):	<i>Madhyam</i> (medium)
10	<i>Vaya</i> (age):	<i>Madhyavastha</i>

Other Specific Findings:

- Austpitz sign: Positive
- Candle grease sign: Positive

TIMELINE:

Table 2 Timeline of the treatment followed in the present case study.

DATE	RELEVANT PAST MEDICAL HISTORY AND INTERVENTIONS	
SINCE 2019	Patient progressively suffered from symptoms like itching, stretching like pain in skin, and scaling. Use of corticosteroids provided relief only for a short period of time.	
DATE	SUMMARIES FROM INITIAL AND FOLLOWUP VISITS	INTERVENTIONS
5/12/22	Patient presented with severe itching aggravating at night, scaling was excessive and the bumpy patches had spread all over the body. <i>Kapha vataj ekkushtha</i> was the diagnosis made.	<i>Virechan</i> was advised. <i>Deepan pachan</i> for 3days was started very next day with <i>panchkola churan</i> 3g twice a day with warm water.
09/12/22	Scaling had increased a bit, rest symptoms were same.	<i>Snehapana</i> was started in increasing order dose with <i>Aragwadhamahatikta ghrita</i> until the <i>samyaka Sneha lakshanas</i> were observed.
14/12/22	Scaling reduced to a great extent, there was a mild relief in itching also while the bumpiness of the patches was the same.	<i>Abhyanga</i> with <i>Nalparmadi thailam</i> was prescribed for 2 days
18/12/22	Scaling and itching further reduced.	<i>Virechan</i> given with <i>Triphala kwath</i> 100ml + <i>Kutaki churan</i> 12g + <i>Nimbamritadi erundam</i> 40ml <i>Madhyam shudhi</i> was observed and <i>Samsarjan</i> was followed for 5days

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24/12/22	There was a great relief in itching and scaling of the patches and bumpiness was also reduced mildly.	Oral medications were given for 1month as followed: 1. Liq. <i>Mahamanjishthadi kashyam</i> 15ml bd with water before meal 2. Tab. <i>Suvarna makardhwaja</i> 125mg bd after meal 3. Tab. <i>Arogyavardhini vati</i> 2bd after meal 4. Tab. <i>Kaishore guggul</i> 1bd after meal 5. Oil <i>Bruhath Danthapala</i> for local application.
25/01/23	There was a complete relief from scaling and itching and the patches had turned dark from red. Size of the patches was reduced.	Same treatment was given for another month
26/02/23	Patches were reduced in size and were darkened in colour, no scaling or itching was there, bumpiness was lost, normal skin had started to appear in between the patches.	Same treatment was given for another month
25/03/23	No recurrence of the symptoms, patches reduced in size to a great extent	No medication
27/04/23	No recurrence of the symptoms, patches further reduced in size.	No medication

DIAGNOSTIC ASSESSMENT:

The patient was not ready for tissue biopsy due to unaffordable cost. Therefore, based on the clinical presentation, distribution of skin damage, and positive Auspitz sign and candle grease sign, the diagnosis was confirmed as psoriasis and *Ekkustha*.

The PASI is a widely used tool in psoriasis trials that assesses and grades the severity of psoriatic lesions and the patient's reaction to remedy. A 75% reduction within the PASI rating is the current benchmark for the maximum medical trials in psoriasis and the criterion for efficacy of

latest psoriasis treatments authorized by way of the FDA³.

In current case, the patient was having a PASI score of 52.8 before treatment which reduced to 1.2 after treatment which means a 97.73% reduction in the PASI score.

THERAPEUTIC INTERVENTION:

In this case, the involvement of *kapha vata dosha* ascertained by observing the clinical presentation such as *kandu, utsedha, raukshya, Ayaama* and the nature of skin lesions. *Shodhana chikitsa* was adopted before *shaman chikitsa* after proper assessment of *roga-rogi bala*.

Table 3 The treatment followed is presented as follows.

Deepan pachan for 3days was started very next day with *panchkola churan* 3g twice a day with warm water.
Snehapana was started in increasing order dose with *Aragwadhamahatikta ghrita* until the *samyaka Sneha lakshanas* were observed.

Abhyanga with *Nalparamadi thailam* was prescribed for 2 days

Virechan given with *Triphala kwath* 100ml + *Kutaki churan* 12g + *Nimbamritadi erundam* 40ml

Madhyam shudhi was observed and *Samsarjan* was followed for 5days

Oral medications were given for 1month as followed:

1. Liq. *Mahamanjishthadi kashyam* 15ml bd with water before meal
2. Tab. *Suvarna makardhwaja* 125mg bd after meal
3. Tab. *Arogyavardhini vati* 2bd after meal
4. Tab. *Kaishore guggul* 1bd after meal

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5. Oil *Bruhath Danthapala* for local application.

Same treatment was given for another 2 months

FOLLOW UP AND OUTCOMES:

Table 4 The follow up details and timeline and periodic clinical outcome has been as following.

DATE	SUMMARIES FROM INITIAL AND FOLLOWUP VISITS
5/12/22	Patient presented with severe itching aggravating at night, scaling was excessive and the bumpy patches had spread all over the body. <i>Kapha vataj ekkushtha</i> was the diagnosis made.
09/12/22	Scaling had increased a bit, rest symptoms were same.
14/12/22	Scaling reduced to a great extent, there was a mild relief in itching also while the bumpiness of the patches was the same.
18/12/22	Scaling and itching further reduced.
24/12/22	There was a great relief in itching and scaling of the patches and bumpiness was also reduced mildly.
25/01/23	There was a complete relief from scaling and itching and the patches had turned dark from red. Size of the patches was reduced.
26/02/23	Patches were reduced in size and were darkened in colour, no scaling or itching was there, bumpiness was lost, normal skin had started to appear in between the patches.
25/03/23	Auspitz and candle grease sign found to be negative with no recurrence of the symptoms, patches reduced in size to a great extent.
27/04/23	No recurrence of the symptoms, patches further reduced in size.

The psoriatic lesions with all its sign and symptoms cured are shown in BEFORE TREATMENT (figure 1.1 & 1.2) and AFTER TREATMENT ((figure 2.1, 2.2 & 2.3). No

adverse events witnessed during the treatment. Photographs before and after the treatment are shown as follows:



Figure 1.1



Figure 1.2



Figure 2.1, .

2.2,

2.3

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DISCUSSION

Psoriasis is a chronic immune sickness where genetic and environment elements have a good sized role⁴. Moreover, cytokines, inflammatory cascade, and keratinocytes play a critical function in the pathogenesis of psoriasis⁵. Being an autoimmune disease, it is quite difficult to treat. Therefore, *shodhana chikitsa* was opted before *shamana chikitsa*. Within the present case, *kapha*, *vata* and *rakta* were the *Doshas*, and *Rasadhatu*, *Raktadhatu*, and *Mamsadhatu* were the *Dushyas*. *Dosha-dushya samurcchana* (pathological progress) was taken vicinity due to the circulation of vitiated *Doshas* and their *Sthanasamshraya* (web site of pathological modifications) at *Tvaka* (skin) with the clinical presentation of *Vyadhilakshnanas* (signs and signs of psoriasis). The remedy protocol became followed for *Samprapti bhedana* (to counteract the pathophysiology) wherein *shodhana chikitsa* followed by means of *kapha-vatahara* and *Rasayana* along with *Kushthaghna aushadhiyogas* (medicines) had been preferred. also, the *Agnidipana* (development of the organic fireplace), *Ampachana*, *Rasaprasadana* (development within the pleasant of blood), and *Raktaprasadana* (purification of the blood) had been accomplished with the help of all of the internal drugs.

The intake of *Viruddha ahara* (the unwholesome dietary practices) is one of the vital causative elements in the etiopathogenesis of pores and skin

illnesses. The patient should keep away from *Viruddha ahara* for better remedy reaction, rapid restoration, and to preclude the recurrence in chronic skin illnesses. In gift case, the patient turned into following the excess use of salty and bitter food gadgets, vintage butter and curd, spicy food, simultaneous use of milk merchandise and salty snacks, etc. The patient turned into taking current medicines with out sidestepping the causative factors as par Ayurveda. consequently, temporary relief had determined with a relapsing pattern at some point of the allopathic treatment. consequently, inside the gift case, the stern dietary routine (*Pathya*) has been cautioned because the mitigating intervention in conjunction with Ayurveda drug treatments.

In Ayurveda, *Virechana Karma* is described as maximum usually used procedure, specifically for *Pitta* and *Rakta* along with *Vata* and *Kapha* vitiation which can be commonly located in *Kushtha Samprapti*.

- **Deepana-Pachana:** *Mandagni* causes indigestion which results in *Ama* formation that's the foundation reason of disorder. Accumulation of *Ama* is extraordinarily unfavourable to health and may lead to all sort of imbalances and wide variety of diseases in frame. before acting *Virechana Karma*, it was important to do *Deepana Pachana*. right here *panchkola churna* became preferred for *Deepana pachana*, that's specifically *Ama dosha nashaka* and *Agni vardhaka* and the medicine of *panchkola churna* (*pipalimoola*,

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maricha, pippali, shunthi and chitrak) having *Katu rasa, Katu vipaka, Ushna veerya* together with *Deepana karma*. these tablets relieve *Vata-Kapha dosha*. *Kapha* is the main *dosha* in *Agnimandya* which is pacified by way of *panchkola*. *Katu rasa* of those drugs acts as *Deepana* and reasons *Pachana* by using *Ushna veerya*, growth digestive electricity, that's vital for *Sneha* digestion.

- **Snehapana:** *Snehapana* is a crucial pre-operative method that needs to be accomplished earlier than *Shodhana* and proper *Snehana* is essential for attainment of *Samyaka shuddhi*. It is important for loosening the bond between toxin and *Dhatu*. It liquefies the morbid *Dosha* and the *Sneha* selection is according to condition and should be given for a time period of 3-7days till the appearance of *samyaka snigdha lakshanas* after assessing the *Koshtha* and *Agni*. *Aragwadhamahatika ghrta* used in this clinical study, having more *kaphahara gunas*, help to relief the symptoms of *Kushtha* along with *Vata dosha*. Drugs of this *Ghrta* are *Tikta Kashaya rasa pradhana* pacifying the *kapha-pitta dosha*, acts as *Jantughana, Kushthaghana, Kandughana*, which restrain etiopathogenesis of *Kushtha* (psoriasis)

- **Vishrama kala:** After attaining *Samyaka snigdha lakshanas*, 2 days gap is given in which *Sarvanga abhyanga* with *Nalparmadi taila* and *sarvanga swedana* was done for 2 days.

- **Virechana Karma:** On 3rd day after *Sarvanga Snehana* and *Sarvanga Swedana*, *Virechana Karma* was conducted with *Triphala kwath* 100ml + *Kutaki churan* 12g + *Nimbamritadi erundam* 40ml at 9:00 am empty stomach. *Vega* started at 10:40 am. Total 18 *vegas* occur over whole day till 6 pm. *Madhyam* type of *Shuddhi* occurred. *Triphala kwath* is a *tridoshashamaka virechaka aushadha* with *rasayna guna*, *kutaki churna* is a drastic purgative, *teekshana guna* and *pitta rechaka* while being *kapha pitta shamaka*. *Nimbamritadi erundam taila* is a *tridosha shamaka* especially *vatahara, teekshana guna virechaka aushadha*. *Virechana dravyas* first get digested in *Amashya*, then reach to *Hridaya* due to its *virya*, then in *Dhamini* and thereafter reaches to macro and micro channels of the body. There is quick immersion of drug due to its *vyavyai* and *Vikasi guna* causes softening and loosening of the bond by *dhatu saithaliya karma*. *Teekshna guna* break the *mala* and *dosha* in microform and it reaches in micro channels due to its *Sukshama guna* and excreted from there. *Virechana* pacifies *Pitta dosha* and cure *Kushtha*. The stomach and intestinal mucosa are both highly irritated by the *Virechana* medicines, which leads to inflammation. As a result, the membrane's permeability changes, allowing things that normally cannot pass through to pass through due to the altered permeability state.

- **Samsarjana Krama:** After completion of *Virechana karma*, *Samsarjana karma* was carried

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for 5 days, considering *Madhyama* type of *shuddhi*. *Samsarjana karma* was adopted for *agni vardhana*. After *Samsarjana karma* completion, scaling and dryness reduced, psoriatic patches and itching still remained but colour of patches slightly diminished.

- **Shamana Chikitsa:** The medicines used for *Shamana Chikitsa* were *Mahamanjishthadi kashyam*, *Suvarna makardhwaja*, *Arogyavardhini vati*, *Kaishore guggul* and *Bruhath Danthapala* for local application.

Mahamanjishthadi kashyam is very potent and indicated in all 18 types of *Kushtha* by *Bhaishajyaratnavali*. Most of the drugs of this *Kwatha* are, *Tikta*, *Kashya* in *rasa*, *Laghu*, *Ruksha guna*, *Anushana virya* and *Madhura* or *katu vipaka*. The above *Kwatha* balances *tridosha* especially *pitta* and *kapha*. This formulation also has *Rakta prasaadana*, *ama pachaka*, *saaraka* and *srotoshodhaka* properties. *Suvarna makardhwaja* is a *Suvarna yukta rasayana Kalpana* which enhance immunity of the patient as psoriasis is an auto-immune disorder thus preventing the recurrence.

Major ingredients of *Arogyavardhini Vati* are *Gandhaka* (Sulfur), *Katuki* (*Picrorhiza Kurroa*), *Nimba* (*Aristolochia indica*), which are the versatile drugs for all type of skin diseases. It also contains *Tamra* (Copper), which has scrapping (*Lekhana* and *Vranashodhana* action) and acts on *Lasika*. Further, *Arogyavardhini Vati* is a panacea by its name and a good medicine for liver. It is

helpful in *Pachana* (metabolism) of *Ama Visha* and corrects the production of vitiated *Rasa Dhatu* in the body.

Various scientific reports reveal the promising effects of *Guggulu* (*Commiphora mukul* Hook ex Stocks.) against different chronic diseases such as psoriasis, dermatitis, skin diseases, infectious diseases, arthritis, etc. It is due to its anti-inflammatory and anti-oxidant effects by targeting multiple signaling pathways.^[6] *Guggulu* is well known for its *yogavahi* (synergism) property in Ayurveda. *K. guggulu* is a polyherbal preparation indicated in *Vatarakta* and well known for its *Kantikara* (restores skin's natural radiance and suppleness) property in Ayurveda. It reduces inflammation and pain associated with *Vatarakta* by purifying blood. Furthermore, *K. guggulu* acts as an antiallergic, antibacterial, and blood purifying agent⁷. Therefore, it helps to reduce redness, inflammation and acts as a natural blood cleanser by its pacifying effects on deep sited vitiated doshas of psoriasis.

In the present case, *Bruhath Danthapala* oil had been prescribed for external use. In *Bruhath Danthapala*oil, coconut oil (*Cocos nucifera*) is processed with *Swetha kutaja* (*Wrightia tinctoria*), *Bakuchi* (*Psoralea corylifolia*), and *Jyotishmati* (*Celastrus paniculatus*). Coconut oil carries the active phytoconstituents from these herbs and allows to remedy psoriasis by means of improving their permeation across the pores and skin which retards hyperkeratinization, silvery

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scales, anti-inflammatory responses, reduce exfoliation, and discoloration of the pores and skin. It also prevents itching and formation of scales and sores. Swetha kutaja is beneficial in psoriasis⁸. It has anti-inflammatory and anti-dandruff properties and it is commonly used in hair oil preparations.

The modalities adopted in the case may be applied to the similar case too. However, a trial with one or two formulations may be proposed to assess further role of Ayurveda. The biopsy could not be done to compare with the baseline data is the limitation of the study. Furthermore, the trial may be performed in an adequate number of patients along with a comparison of biopsy at the baseline level before and after completion of therapy.

PATIENT PERSPECTIVE:

The affected person shared his perspective about the Ayurveda treatment in his neighborhood (Hindi) language. He had excessive itching, scaling, stretching like pain and pressure on the time of presentation, whilst he turned into free from all the symptoms and signs at the cease of remedy.

CONCLUSION:

In the present case study, the treatment regimen was adopted as per the *roga samprapti* and the effect of treatment was observed much earlier in comparison to previous allopathic treatment taken by the patient. No recurrence was suggested even after the end of active phase of treatment. The external and internal treatment modulations of

Ayurveda help to cure the complex pathophysiology of psoriasis like chronic illness. Altogether, multimodal Ayurveda treatment led to speedy and substantial recovery from a chronic case of psoriasis.

INFORMED CONSENT:

Consent of the patient was obtained for the photographs and before reporting the case report for presentation.

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