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Case Study

A Clinical Success Story of Ekakushta (Plaque psoriasis) with Ayurvedic Management

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ABSTRACT:

Psoriasis is a chronic auto immune inflammatory skin disorder characterized by papulosquamous lesions with different morphological variants viz plaque, guttate, pustular and inverse etc. According to the World Psoriasis Day consortium 125 million people worldwide means 2 to 3 percent of the total population suffers from psoriasis. In India prevalence of psoriasis varies from 0.44 – 2.88 %. It commonly affects individuals in their third or fourth decade. Psoriasis significantly impairs the quality of life of patients and their families resulting in great physical, emotional and social burden.

More over modern medicine failing to give satisfactory results, many patients seeking treatment from ayurveda. Ekakushta has clinical resemblance with psoriasis and it has vata kapha predominance. Herewith we are sharing a case study of psoriasis. We can treat psoriasis with classical approach like shodhana, shamana and with proper ahara vihara.

KEY WORDS: Psoriasis, Ekakushta, shodhana

INTRODUCTION:

As per WHO 2-3 % of total population has psoriasis and in India more than 10 million cases are reported annually^{1,2}.

Psoriasis^{3,4} is genetically determined auto immune inflammatory non infectious chronic skin disease presenting with thickened plaques of skin with scaling and itching. It is the result of sped up skin cells production process. Commonly it manifests from scalp, elbow, knee, nails and may cover whole body.

It has many variants viz, Plaque, guttate, inverse etc. Among these very common is plaque psoriasis.

Eka kushta^{5,6} is a kshudra kushta which shows aswedana (absence of sweating), maha vastu (large patches) and matsya shakalopamam (fishy scales). For this disease many treatment modalities like vamana, virechana, takradhara⁷ etc. plenty of shamana oushadhis, pathya apathya are mentioned in classics.

Case report:

A 36 yr male patient presented with -

Chief complaints:

- Reddish raised skin lesions with thick silvery plaques or scales over scalp, chest, and abdomen, upper and lower limbs since 10 yrs.
- Severe itching
- No h/o DM2,HTN and other systemic disorders etc
- Before coming to our hospital patient had visited many modern hospitals got diagnosed as plaque psoriasis and treated with steroids and immune suppressants. Patient used to get temporary relief. But year by year disease got worsened, so he came to us for ayurveda treatment.
- Occupation; building worker

0

On examination;

General Condition - fair, afebrile, no pallor, no icterus

PR- 74/min, BP – 130/80 mm of hg

Routine investigations like CBC, RBS and Urine routine were normal.

- Candle greese sign +ve
- Auspitz sign +ve
- No sweating over lesions Aswedana
- Large thick lesions covered almost whole body maha vastu
- Shedding of scales matsya shakalopamam

Diagnosis:

As this is a case of plaque psoriasis resembling with all the symptoms of Ekakushata. So diagnosed as Ekakushta

Assessment criteria:

Subjective parameters:

i. Aswedana (absence of sweating)

- Normal sweating 0
- Mild sweating 1
- Mild sweating after exercise 2
- No sweating even after exercise 3

ii. Maha vastu (large thick lesions)

- No lesions 0
- Thick lesions only on scalp 1
- Thick lesions on scalp and upper body 2
- Thick lesions almost all over body 3

iii. Matsya shakalopamam (scaly lesions)

- No shedding 0
- Mild shedding from lesions- 1
- Moderate shedding 2
- Severe shedding 3

iv. Kandu (Itching)

- Absent -0
- Mild 1
- Moderate 2
- Severe 3

Objective parameters:

i) Candle grease sign; when a psoriatic plaque is

scratched with the point of a dissecting forceps, candle grease like scale produce.

- Absent 0
- Present 1

ii) Auspitz sign: tiny bleeding points with red moist surface seen after complete scraping the lesion.

- Absent 0
- Present 1

Treatment planned:

Virechana followed by Shaman oushadhi was planned, which has shown good results in this case.

- Initially Patoladi kashaya 20ml BD given one hour before food for deepana, paachana for 3 days
- Later arohana snehapana started with Guggulu tikthaka ghritha. After 4 days of snehapana alpa snigdha lakshanas are seen. So it is stopped.
- Sarva daihika abhyanga with yashtimadhu taila and bhashpa sweda done for 3 days.
- Last day around 7 am trivrit lehya 50gm given on empty stomach. All regimens of virechana advised to follow. Patient had 12 vegas with samyak Virechana lakshna.
- Samsarjana karma advised to the patient for 4 days.

Shaman oushadhi:

- Cap. Puritin 1 TID
- Maha tikthaka ghritha 5 ml BD BF
- Tab Arogya vardhini vati 1 TID BF
- Syr. Aragwadhadi Kashaya 20 ml bd BF
- Dhattura patra taila as hair oil
- Yashtimadhu taila + Denthapala cococnut oil for e/a
- Scurfol lotion for hair wash
- Siddhartha soap for bath

Pathya apathya;

• Avoid – viruddha ahara, meat, egg, milk, curd, sweets, black gram, tila, all sour, salty things etc.

RESULTS:

Criterias	Before treatment	After treatment
Aswedana	3	1
Maha vastu	3	1
Matsya shakalopam	3	1
Candle greese sign	1	0
Auspitz sign	1	0
Itching	2	0

Images before treatment



Images after treatment



DISCUSSION:

In this case patient has got maximum relief from the symptoms of psoriasis. Eka kushta is dominantly vata kaphaja along with rakta. So Guggul Tikthaka ghritha selected for snehapana which has many tikta dravysa and has bhallataka which has kaphahara action. At the same time ghritha controls vata dosha.

Virechana as shodhana karma has expelled morbid kapha and pitta dosha. In shaman oushadhis puritin contains many rakta shodhaka drugs and rasa manikya acts as vata kapahahara. Maha tikthak ghritha keeps vata dosha controlled and has rasayana effect. Other drugs have vata kaphahara and kushtaghna properties.

CONCLUSION:

- In present case virechana followed by shaman oushadhis along with pathya apathya has given good results.
- Plaque psoriasis can be better managed by ayurveda.
- Psoriasis may have flare ups because of triggering factors like cold climate, stress etc, but with less severity.
- Ayurveda can improve the quality of life the psoriasis affected patients.

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