



MANAGEMENT OF EKAKUSTA W. S. R. PLAQUE PSORIASIS: A CASE STUDY

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ABSTRACT

. In Ayurveda all skin diseases are grouped under *Kusta Vyadhi*. According to ancient Acharyas there are 18 *Kustas*. Among those 7 are *Mahakustas* and 11 are *Kshudra Kustas*. *Eka kusta* has been explained in the *Kshudra Kusta*. Charakacharya has given simily like *Mathsya Shakalopamam* (scaly lesions). Hence clinically *Eka kusta* can be compared with *Plaque Psoriasis*. *Psoriasis* affects people of all ages and in all countries ranges between 0.09% and 11.43%, with at least 100million individual affects world wide. If left untreated it may leads to *psoriatic arthritis*, *eye disorders* and *metabolic syndrome*. A 55 years old male patient having of multiple scaly lesions over the lower limb since 2 years approached OPD of JSS Ayurveda Medical College and Hospital Mysore. The patient was treated with classical *Virechana* and *Jaloukacharana* along with *Shamanoushadhis*. Hence patient noticed significant relief in signs and symptoms. Treatment adopted are *Deepana*, *Pachana*, *Shohana(Virechana)*, *Jaloukacharana* and *Shamana Chikithsa*.

KEY WORDS: *EKAKUSTA*, *PLAQUE PSORIASIS*, *VIRECHANA*, *SHAMANOUSHADHI*

INTRODUCTION

Skin is the largest organ in the body. It is the seat of complexion which maintenance the beauty, personality and create the individual identify in the society. *Twacha* is considered as *Upadhatu* of *Mamsa Dathu*. And it is one among the *Pancha Gnanendriya*. *Twacha* is a seat of *Sparshanendriya*¹. According to Acharya Charaka *Vata* and *Kapha* predominance can seen in *Ekakusta*². *Psoriasis* is a non-infectious, chronic inflammatory disease of the skin, characterized by well-defined erythematous plaques with silvery scale, with a predilection the extensor surface

and a chronic fluctuating course. There are 2 epidemiological pattern of psoriasis some time referred to as type 1 and type 2. The first has onset in the teenage and early adult years, often with family history of psoriasis and increased prevalence of the HLA group Cw6. The onset of the second is in the fifties or sixties, when a family history is less common and HLA Cw6 is not so prominent. There are several different forms of psoriasis. Those are Guttate Psoriasis, Erythrodermic Psoriasis, Pustular Psoriasis, Inverse Psoriasis, Erythrodermic Psoriasis and Plaque Psoriasis is one among them³.

Plaque Psoriasis

This is the most common. Individual lesions as well demarcated and ranges from few millimeter to several centimeters in diameter. They are with silvery-white scale, which may only obvious after scraping the surface. The elbows, knee and lower back are commonly involved. Other sites of predilection includes: Scalp, Nails, Flexures, Palms and Legs⁴.

Pathophysiology

Stress, genetic, infection and medication cause → hyperactive t-cells → large production of pro-inflammatory mediators (interleukin- 7, interleukin-12) → epidermis infiltration and keratinocyte proliferation → epidermal hyperplasia and improper cell maturation → erythema and silvery scaling of skin.

Ekakusta lakshana

Asweda : Absence of sweating Due to *Ruksha Guna*

Mahavasthu: Extensive localization

Yat Mathsya Kalopamam: Resembles the scales of fish (scaly lesions)⁵

It occurs due to increase in *Vata* and *Kapha Dosa*.

Krishna Arunam Yena Bhavet Shareeram: Entire body becomes blackish red⁶

Samprapti :

The vitiated three *Doshas*, Viz, *Vata*, *Pitta* and *Kapha* interns vitiates the *Tvak* (Skin or *Rasa Dhathu*), *Rakta* (Blood), *Mamsa* (Muscle Tissue), and *Ambu* (Lymph or Plasma part of blood tissue). There taken togetherly called as *Kusta Dravya Sangraha*. All 18 types of *Kusta* are caused by above 7 factors⁷.

Samprapthi Ghataka⁸:

Dushya: *Dhatu*: *Rasa*, *Rakta*, *Mamsa* and *Lasika* initially later all seven *Dhatu*.

Upadhatu: *Thwacha*,

Dhatu Mala: *Sweda*, *Loma*, *Tvacha Snehamsha*

Agni: *Dhatwagni*, *Jatharagni*

Agnidusti: *Mandagni*

Ama: Agnijanya

Srotas: Rasavaha, Raktavaha, Mamsavaha, Swedavaha

Srothodusti: Sanga

Sanchara Stana: Sira, Dhamani

Vyaktha Stana : Twacha

Udbhava Stana: Shaka

Swabhava: Chirakari

Prabhava: Nava: Sdhya

Rsagata, Raktagatha, Mamsagata : Sadhya

Medhogata: Yapy

Astigata, Majjagata, Shukragata: Asadhya

Kusta Chikithsa Suthra⁹

Sneha Pana, Vamana, Virechana, Rakta Mokshana, Anuvasana Basti, Nasya and Kshara Prayoga.

CASE REPORT

A 55 years old male visited OPD (OP-160850 & IP-42963) of JSS Ayurveda Medical College and Hospital Mysore with a complains of multiple scaly lesions over the lower leg since 2 years.

History of present illness

As per the patient he was apparently healthy 2 years back gradually noticed scaly lesions over bilateral leg associated with burning sensation and itching. For the same patient has approached JSS Ayurveda Hospital Mysore for further management.

History of Past Illness

K/C/O type 2 DM since 1 month on regular medication

N/K/C/O HTN, Thyroid dysfunction, IHD.

Family History: Nothing significant

Personal History

He was Non vegetarian

Vyasana : Alcohol and Smoking 5 to 7 cigars per day

Mutra: 5 to 6 times per day

Mala : Once in a day

General Examination

Built : Lean

Appearance : Normal

Temperature: Afebrile

PR: 19cycles/min

BP: 120/80mmhg

Nourishment : Poor

Pallor : Present

Clubbing: Present

Koilonychias : Present

Icterus : Present

No evidence of cyanosis/edema/clubbing

Systemic Examination

CNS

Higher mental function test: Conscious well oriented with time place person.

Memory: Recent and remote: intact

Intelligence: Intact

Hallucination/delusion/speech disturbance: Absent

Cranial nerve / sensory nerve / motor system: normal

Gait : Normal

CVS

Inspection: No scar/pigmentation found. Auscultation: S1 and S2 heard

Percussion: Normal cardiac dullness

RS

Inspection: B/L symmetrical

Palpation: Trachea is centrally placed, Non tender

Auscultation: B/L NVBS heard

Percussion: Normal resonant sound

GIT

Inspection: Umbilicus centrally placed, not distended,

No visible vein, No scar/pigmentation

Palpation: Soft, no tenderness

Auscultation: Normal peristaltic sound heard

Percussion: Normal resonant sound heard over abdomen

LOCAL EXAMINATION

Inspection:

Scaly lesion over dorsum of bilateral foot

Oozing spot at area of fallen scaly lesion

Patchy blackish color over multiple area of bilateral lower limb

Palpation:

Temperature: Afebrile

Tenderness : Present

Dry scaly lesions over bilateral lower limb prominent on dorsum of foot

Dorsalis Pedis artery : Present in Bilateral lower limb

Signs:

Auspits Sign: Present

Candle Greese Sign: Present

Koebner Phenamenon: Present

Nikolsky Sign : Present

INVESTIGATIONS

Hb% : 13.3gm/dl

ESR: 24mm/hour

TC : 11400cells/cumm

RBS: 178mg/dl

HBA1c : 7.2%

ALP: 189U/L

ALT: 35U/L

AST: 46U/L

Serum Albumin: 4.1 gm/dl

Total Bilirubin: 0.8mg/dl

Direct Bilirubin: 0.2mg/dl

Blood Urea: 25

HIV and HBsAg: Negative

Urine routine: Urine Albumin: Nill

Urine Suger : Nill

Pus cells: 3-4

Creatinine: 1.1mg/dl

1. Table showing images

<p>Image 1 : Before treatment</p> 	<p>Image 2 : Before treatment</p> 
<p>Image 3 : On the day of Virechana</p>	<p>Image 4 : On the day of Virechana</p>



Image 5 : After 1 week of treatment

Image 5 : After 1 week of treatment



DIAGNOSIS: Ekakusta (Plaque Psoriasis)

TREATMENT

Table showing details of treatment protocol adopted.

S. No.	Dates	Treatment	Duration	Remarks
1.	14/10/2022 - 16/10/2022	<i>Deepana, Pachana with Chitrakadi Vati</i>	2 days	<i>Agni Deepti And Ama Pachana</i>
2.	16/10/2022 to 22/10/2022	<i>Ekanga Kashaya Seka</i>	6 days	Shotahara
3.	17/10/2022 to 19/10/2022 to	<i>Shodhananga Snehapana</i>	3days	<i>Snigda Varchas, Agni Deepana, Vathanulomana, Adasta Sneha Darshana</i>
4.	20/10/2022 to 22/10/2022	<i>Sarvanga Abhyanga with Manjistadi Taila</i>	3 days	<i>Samyak Snehana Lakshana</i> Was observed
5.	22/10/2022	<i>Virechana with Thrivruth Lehya 50gms and Eranda Taila 30ml</i>	1 day	<i>Madhyama Shuddi 10 Vegas</i>
6.	16/10/2022 to 22/10/2022	Leech Terapy	6 days	Rakta Shodhana, and Shotahara
7	23/10/2022 to 25/10/2022	<i>Samsarjana Krama</i>	3 days	

ADVISE ON DISCHARGE

1. Tab. Thriphala Guggulu DS 1-0-1 after food for 15 days
2. Cap Thiktamrutha 2-0-2 after food for 15 days
3. Nishothamadi kashaya 20ml-0-20ml +Manjistadi kashaya 20ml-0-20mi with 20ml warm water after food for 15 days
4. Yastimadhu Taila for external application twice a day for 15 days
5. Panchavakala kashaya chura for external wash for 15 days

Patient was advised review after 15days

ON THE DAY OF FOLLOW UP 12/11/2022

Scaly lesions over bilateral lower limb completely reduced

No evidence of itching and burning sensation

Normal skin texture was found

DISCUSSION

Among *Shodana* therapies, *Virechana*¹⁰ and *Raktamokshana*¹¹ is most commonly used procedures for vitiated *Pitta*¹⁰ and *Rakta*¹¹ which have an inevitable role in the pathogenesis of *Ekakusta* (Plaque Psoriasis)

*Deepana –Pachana*¹² : It is very essential process before *Shodana* for digestion of *Ama*. It also helps for the digestion of higher doses of *Sneha* administered later¹².

*Ekanga Kashaya Seka*¹³: By *Pachavalkala* and *Trihala Kashaya* having properties like *Vrana Shodhana*, *Vrana Ropana* and *Shothahara Karma*.

*Shodananga Snehapana*¹⁴ by *Pancha Tikta Guggulu Grutha* which is prepared with drugs having the properties like *Deepana-Pachana*, *Srotoshodaka*, *Rakta Prasadana*, *Kandugna*, *Kustagna*, *Raktashodaka* and *Varnya* like actions. As per classical reference it has special indication in *Kusta vikaras*.

Manjistadi Taila is used for *Sarvanga Abyanga* which is processed with drugs like *Manjista* , *Sariva* , *Musta*, *Katuka* , *Jathiphala*, *Raktachandana* , *Haritaki*, *Vibhitaki* , *Jatamansi*, *Tagara*, *Kusta* etc. Having action as *Kustagna*, *Varnya*, *Vatanulomana* and *Rakta Shodhaka*.

Trivruth Lehya is used for *Virechana Karma* which is proceeded with drugs like *Trivruth Kashaya*, *Trijataka*. etc *Virechana Dravyas* have predominance of *Prithvi* and *Jala Mahabhuta* which has natural tendency to move downwards and hence assist in including *Virechana*.

*Jalouvkavacharana*¹⁵: *Acharya Sushruta* has included *Jalouka* under the *Anushastra*, *Raktamokshna* by *Jalouka* is preferably done when there is involvement of *Pitta* ()the saliva of leech contains histamine and acetylcholine like substances which causes local vasodilation resulting in circulation of fresh blood making the tissue healthy as result, there will be new cellular division due to counter irritant effect on the lesion.

After *Virechana*: *Samsarjana Karma* advised for 3 days to the patient, in which gradually *Ahara* was changed *Laghu* to *Guru Guna Pradana*, finally normal diet was given on 4 th day morning

Samanaoshadhis which are prepared by drugs having the properties of *Kustagna* ,a

Kandugna, *raktashodaka* and *Varnya* are given.

CONCLUSION

Ekakusta is a non infectious chronic relapsing inflammatory skin disease having unknown etiology which is difficult to manage with modern science medicines

But Ayurveda provides long lasting results and better result to patients with its treatment modalities like *Shodana* and *Shamana Chikitsa*.

In this case we found significant results in signs and symptoms with *Virechana*, *Raktamokshana* followed by *Shamanoushadis*.

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From this case report we may conclude that combined Ayurvedic treatment and diet regimen can be potent and effective in treatment of *Ekakusta* no adverse effect and aggravation of the symptoms was found in the patient during and after the treatment.

REFERENCE

1. Panda Shrikant Kumar Basic principles of Kriya Shareera 2nd edition, Choukhambha Publication, Chaukhambha Sanskrit Sansthan, Varanasi 221001-2019.p.183.
2. Sharma Ram Karan,Chakrapani Datta Ayurveda Deepika Charaka Smhitha, Kusta Chikithsa Adhyaya, Chikithsa Stana, Chowkamba Publication, Volume 3rd, Chaukhambha Sanskrit Sansthan, Varanasi 1996.p.317.
3. Devidson S. Davidson's Principle and practice of Medicine. 21st ed. Colledge N, editor. Edinburgh London New York Oxford Philadelphia St Louis Sydney Tronato: Elsevier; 2010. P.1260.
4. Devidson S. Davidson's Principle and practice of Medicine. 21st ed. Colledge N, editor. Edinburgh London New York Oxford Philadelphia St Louis Sydney Tronato: Elsevier; 2010. P. 1261.
5. Sharma Ram Karan,Chakrapani Datta Ayurveda Deepika Charaka Smhitha, Kusta Chikithsa Adhyaya, Chikithsa Stana, Chowkamba Publication, Volume 3rd, Chaukhambha Sanskrit Sansthan, Varanasi 1996.p.320.
6. Patil, Sushruts Samhita, Kusta Nidana Adhyaya, Nidana Stana, 5th Ed; Choukhambha Publication, Chaukhambha Sanskrit Sansthan, Varanasi2018.p.36-37.
7. Sharma Ram Karan,Chakrapani Datta Ayurveda Deepika Charaka Smhitha, Kusta Chikithsa Adhyaya, Chikithsa Stana, Chowkamba Publication, Volume 3rd, Chaukhambha Sanskrit Sansthan, Varanasi 1996.p.319.
8. Byadgi Parameshwarappa Text book of Vikruthi – Vignana and Roga vignana, volume 3rd, Chaukambara publication, New Delhi, 2020.p.171.
9. Sharma Ram Karan,Chakrapani Datta Ayurveda Deepika Charaka Smhitha, Kusta Chikithsa Adhyaya, Chikithsa Stana, Chowkamba Publication, Volume 3rd, Chaukhambha Sanskrit Sansthan, Varanasi 1996.p.320.

- 10.Rao Ram Astanga Hridaya of Vagbhata Volume 1, first edition, 2016, Choukamba Vishavabharathi, Varanasi- 221001.p.18.
- 11.Patil, Sushruts Samhita, Jaloukacharaneeya Adhyaya, Suthra stana Stana, 5th Ed; Choukhambha Publication, Chaukhambha Sanskrit Sansthan, Varanasi2018.p.159.
- 12.Lohith B.A. A Text Book of Panchakarma, First Edition, Chaukambha Orientalia, Varanasi – 221001.p.78.
- 13.Lohith B.A. A Text Book of Panchakarma, First Edition, Chaukambha Orientalia, Varanasi – 221001.p.131.
- 14.Lohith B.A. A Text Book of Panchakarma, First Edition, Chaukambha Orientalia, Varanasi – 221001.p.80.
- 15.C. Patil Vasanth: Principles and practice of *Panchakarma* reprint Varnasi, Chaukhamba publications,2016:581