



## Case Study

### THE ROLE OF SHAMAN CHIKITSA IN EKAKUSHTHA WITH SPECIFIC REFERENCE TO PSORIASIS: A CASE STUDY

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#### ABSTRACT

Skin diseases are increases day by day due to unhealthy food habits and life style changes. People are also very cautious about the skin problem because of skin is the mirror which reflects the harmony of internal functions of body. Any change in skin color disturbs the patient both mentally and physically. Psoriasis is chronic inflammatory, hyperproliferative skin disease. It is an autoimmune disease in which scaling and itching of skin present. Because of its recurrent nature the disease has remained a great problem. There is no definite cure for this disease till now. Modern medicine provides symptomatic relief but also has side effects in long course.

Here an effort was made to treat a sixty-four years old male diagnosed case of Plaque Psoriasis, by combined Ayurvedic regimen. The Ayurvedic diagnosis is considered as *Ekakushtha* which is a *Vata Kapha* predominant *Kshudrakushtha*. As the principle of treatment, all types of *Kushtha* will be treated with *Samshodhana* and *Samshamana*. In Covid pandemic, *Shamana Chikitsa* was preferably given for 45 days. PASI (Psoriasis area severity index) score was taken for assessment criteria. PASI score before starting the treatment was found to be 9.6 which decreased to 0.4 at the end of treatment. Also, significant improvements in subjective parameters were observed.

This case report showed that combined Ayurvedic modalities resulted in great improvement in overall condition of the patient with no recurrence in five months follow-up. Such a combine Ayurvedic modalities can be very useful in the management of Psoriasis and betterment of mankind.

**KEYWORDS:** Psoriasis, *Ekakushtha*, PASI score, *Shaman Chikitsa*, Ayurvedic management.

#### INTRODUCTION

Due to faulty dietary habits and not following the *Dinacharya* and *Ritucharya*, People have to face many life style diseases and autoimmune diseases. Psoriasis is one of them. Psoriasis is a common dermatologic disease, affecting approximately 1.5 to 3% of Caucasians but less common in Asian.<sup>[1]</sup> Both males and females suffering equally.<sup>[2]</sup> Psoriasis is a non- infectious, chronic inflammatory disease of skin, characterized by well-defined erythematous plaques with silvery white scale with a predilection for the extensor surface and scalp, and a chronic fluctuating course.<sup>[3]</sup> In psoriasis, main abnormality is abnormal differentiation and keratinocyte hyperproliferation due to excessive multiplication of cells in the basal layers. The transit time of keratinocyte is shortened from approximately 28 to 5 days so that immature cells reach the stratum corneum prematurely.<sup>[4]</sup> Even though the etiology is unknown, the factors involved are genetic, biochemical and immunopathological and environmental.<sup>[5]</sup>

Precipitating factors like trauma, infections, sunlight, some drugs and emotions may flare up the disease.<sup>[1]</sup> As there is no available cure for the disease it has remained a great problem for the patients.<sup>[6]</sup> Patients not only have physical problems, but also suffer mental and social distress.

Diagnosis of the disease is made mainly on the basis of clinical symptoms that is,<sup>[7]</sup>

1. Erythematous sharply defined plaques, covered with silvery white scales.
2. Extensor surface primarily involved such as the knees and elbows.
3. Koebner's phenomenon present in the active phase of the disease.
4. Worn off's ring often present in the healing phase of the disease.

Auspitz and candle grease signs are another classic feature of the disease. The aim of the treatment for the disease is to alleviate symptoms

and prevent relapse. In modern system of medicine coaltar preparations, calcipotriol, retinoid, corticosteroids and ultraviolet radiations are the local measure to manage Psoriasis. The systemic treatment commonly used is photo chemotherapy with PUVA, retinoids, methotrexate and cyclosporine-A and corticosteroids.<sup>[8]</sup> These medicines usually provide good symptomatic control, but in long term cause a number of unpleasant side effects.

There are several types of Psoriasis which can be related to certain types of *Kushtha* described in *Samhitas*. The description of *Kushtha* is present since *Vedic* period, *Ekakushtha* is described in Garuda Purana<sup>[9]</sup> and almost all Ayurvedic classics after that period i.e. *Brihatrayi*, *Laghutrayi* and all texts afterwards. *Ekakushtha* is mentioned in all Ayurvedic classics under *Kshudra Kushtha* and has predominance of *Vata* and *Kapha Dosha*.<sup>[10]</sup> Dietary factors as *Viruddha Ahara*, excessive consumption of *Drava*, *Snigdha*, *Guru Aahar*, *Navannapana*, *Vega Dharana* specially of vomiting urge are major aetiologies. Indulgence in sinful act and ill *Manovritti* (negative mentality) are associated mental factor for causing the *Kushtha*.<sup>[11]</sup> Acharya Charaka has mentioned the symptoms of *Ekakushtha* as *Aswedanam*, *Mahavastu*, and *Matsyashakalopamam*<sup>[12]</sup> and Acharya Sushruta described its symptoms as *Krishna- Aruna Varnata*.<sup>[13]</sup> The etiological factor leads to vitiation of *Tridosha* especially *Vata* and *Kapha*. These *Dosha* through *Tiryakvahini siras* proceed to *Bahya Rogamarga* i.e. *Twacha*, *Rakta*, *Mamsa*, and *Lasika* and cause the symptoms of disease.<sup>[14]</sup> Repeated *Samshodhana* along with *Samshamana* is main line of treatment.<sup>[15]</sup> Both *Antah Parimarjan* and *Bahiparimarjan* therapies has been indicated in *Kushtha Roga*.

But the present modern treatment part is not sufficient to deal with the psoriasis. So, the Ayurveda has potential to deal with such kind of diseases.

**Aim and Objective:** To evaluate the role of *Samshamana Chikitsa* in the management of Psoriasis.

**Place of study:** The present case study was done in the Department of Kayachikitsa, Govt Ayurveda college, Nagpur (Maharashtra).

## CASE REPORT

### Basic information of the patient

Age -64 years male

Religion -Hindu

Socioeconomic status- Middle class

He is a retired banker and has mixed diet pattern.

Patient has habit of chewing

*Gutkha* (1 packet in 2-3 days)

### Pradhan Vedana (Chief complaints)

Erythematous rashes on both hands, scalp and lower back in the last 2 years.

Itching in rashes, with scaling on scratching.

Sometimes burning sensation

### Vartaman Vyadhivritta (History of present illness)

The patient was asymptomatic before 2 years. After that he has developed complaint of scaly rashes on his elbow and lower back which gradually progressed and involved his scalp and both hands. There is severe itching in the rashes along with burning sensation, and scaling after scratching. On enquiry he told that lesions and symptoms was get aggravated on stress. have no relation to seasonal variation and remained constant for whole year. He took allopathic medication for about 6 months which provided symptomatic relief till treatment continues, on discontinuity of the treatment again the symptoms were aggravated.

### Purva Vyadhivritta (History of past illness)

Known case of hypertension since last 1 years on regular medication- Telmasartan 40 mg once a day. Patient has no past history of any other chronic illness, burn, trauma or Koebner's phenomenon.

### Kulaja Vritta (Family history)

Not specific.

### Vaiyaktikavritta (Personal history)

Appetite was reduced. Predominant *rasa* in *Ahara* was *Madhura*. Sleep was disturbed due to itching. Habit of incomplete evacuation of bowel.

### On Examination

General condition was fair and afebrile.

Vitals were normal.

Cardiovascular system, respiratory system and per abdomen examinations had shown no deformity.

*Prakriti* (constitution) was *Vatapittaja*.

### Ashtavidha Pariksha

*Nadi* (pulse) was *Vatadhikatriidoshaja*.

Frequency and colour of *Mutra* (urine) were normal with no *Daha*.

*Mala* (stool) was constipated and feeling of incomplete evacuation was there.

*Jihva* was *Sama* (coated), suggesting improper digestion.

*Shabda* (Speech) was clear and fluent.

*Sparsha* (touch) was *Ruksha*.

*Drik* (eyes) were normal.

*Aakriti* (appearance) was average built

**Local Examination:** Lesions were scaly erythematous plaque, present on scalp, lower back and both hands. Lesions were symmetrical and well demarcated.

**Auspitz sign:** Present Candle grease sign – Present

**Diagnosis:** On the basis of clinical history and examination the condition was diagnosed as Plaque Psoriasis.

**Treatment protocol**

**Total duration-45 days**

1. *Deepana pachana* with *Amapachak Vati* 500 mg BD for 5 days.
2. *Anuloman* with *Haritaki Churna* 10 gm HS for 15 days.
3. *Samshamana* therapy- For *Samshamana* therapy following medicines were used-
  - a) *Arogyavardhini vati* 500 mg BD with lukewarm water for 15 days.
  - b) *Sudarshan Ghanvati* 500 mg BD with lukewarm water for 15 days.
  - c) *Kaishor guggul* 500 mg BD with lukewarm water for 30 days
  - d) *Avipattikar Churna* 10 gm HS with lukewarm water for 30 days

- e) *Mahamanjstthadi Kwath* 20 ml BD with lukewarm water for 30 days
- f) *Triphala, Manjistha, Rasna, Lodhra, Vidanga, Pippali*- each *Churna* 2 gm for *Kwath* 40 ml BD for 30 days.
- g) *Yasthimadhu Churna* 2 gm mix with *Shunthi Churna* 1gm BD with lukewarm water for 30 days
- h) 777 oil for local application

**PASI Score:**<sup>[17]</sup> The current gold standard for assessment of extensive Psoriasis has been the Psoriasis area severity index (PASI). PASI combines the assessment of the severity of lesions and the area affected into a single score in the range 0 (no disease) to 72 (maximal disease). The PASI is a measure of the average redness, thickness and scaling of the lesions (each graded on a 0-4 scale), weighted by the area of involvement.

**Steps in generating PASI score**

**Divide body into four areas:** head, arms, trunk to groin and legs to top of buttocks.

Generate a percentage for skin covered with psoriatic plaques for each area and convert that to 0-6 scale as below.

**Table 1: Showing Rating Scale for Percentage of Area Involved**

Percentage	Rating scale
00	00
00 - < 10 %	01
10 - < 30 %	02
30 - < 50%	03
50 - <70%	04
70 - <90%	05
- 100%	06

1. Generate an average score for the erythema, thickness and scale for each of the areas.
2. Sum the score of erythema, thickness and scale for each of the areas.
3. Multiply item (c) and (d) for each area and multiply that by 0.1, 0.2, 0.3 and 0.4 for head, arms, trunk and legs respectively.
4. Add these scores to get the PASI score.

**Assessment criteria:** The improvement of condition of the patient was assessed on the basis of PASI scale

**Table 2: PASI Score (Before treatment)**

	Head and neck	Arms	Trunk	Legs	Total
Skin area involved score	0.1	0.2	0.3	0.4	9.6
Redness	2	2	3	0	
Thickening	2	1	2	0	
Scaling	3	2	2	0	
Total	1.4	4	4.2	0	

**Table 3: PASI Score (After Treatment)**

	Head and neck	Arms	Trunk	Legs	Total
Skin area involved score	0.1	0.2	0.3	0.4	0.4
Redness	0	0	0	0	
Thickening	1	0	0	0	
Scaling	1	0	0	0	
Total	0.4	0	0	0	

## RESULTS

Here, significant improvements in the subjective parameters of the patient were seen. Also, the considerable reduction in the PASI score from 9.6 to 0.4 was observed.

## DISCUSSION

Here a case of Plaque Psoriasis has been discussed, which is correlated to *Ekakushtha*. *Ekakushtha* is a *Kshudra Kustha* and have *Vata-Kapha* dominance can be evident from its signs and symptoms. The vitiated *Doshas* reaches to *Shithila Dushya* like *Twaka* etc. and results into *Sthana Samshraya Avastha* and then produces symptoms of *Ekakushtha*.

Acharya Vagbhata said that in *Kushtha*, *Shithilta* is in whole *Twak*, while the lesions are produced at the site of *Sthanasanshray* of *Doshas* [16]. The line of treatment mentioned in Ayurvedic classics for *Kushtha Roga* are *Nidana Parivarjana*, *Snehana*, *Swedana*, *Shodhana*, *Raktamokshana*, *Prakriti Vighatana*, *Shamana*, *Lepana* etc. As *Ekakushtha* is mostly chronic and *Bahudoshajanya*, both *Shodhana* and *Shamana* therapies has to be followed to provide long lasting results and a better life to patients. As it is a disease of *Bahya Rogamarga*, so both *Antahparimarjana* and *Bahi- parimarjana* treatments should be used. Considering the above facts, composite treatment plan was adopted. Initially *Dipan Pachan*, *Anuloman* was done to increase the *Agnibala* and to bring *Dosha* in *Nirama Avastha*. *Samshamana* treatment was given for *Doshshamana*, *Raktashodhana* and *Raktaprasadana*. Local application of 777 oil was given to reduce itching and scaling.

For the basis of improvement of lesions, PASI scale was considered. Before starting the treatment his PASI score was 9.6 and after 45 days it was 0.4. The patient remained in follow up once every month and his PASI score varied from 0.4 to 1.5 and have no aggravation of complaints till February 2021.

## CONCLUSION

This case report showed that combined Ayurvedic *Shaman Chikitsa* is potent and effective in treatment of Psoriasis. No adverse effect and

aggravation of the symptoms was found in the patient during and after the treatment.

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