

Management of Ekakushta (Psoriasis) in Children Through Ayurveda – A Case Study

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ABSTRACT

Skin is the mirror which reflects the harmony of internal functions of body. Any changes in skin colour disturbs the patient both mentally and physically¹. According to Ayurveda skin is one of the essential sense organ. As skin covers the whole body, Bhrajaka pitta should be maintained in a proper state, an imbalance in vata, bhrajaka pitta and kapha may cause skin diseases². Psoriasis is an autoimmune disease in which scaling and itching in the papulosquamous lesion of skin, where genetic and environment factors have a significant role. It is estimated that psoriasis affects around 2% to 3% of world's population³. Treatment available in contemporary medicine has its own limitations and side effects. Our classical texts, including the Charaka Samhita discussed skin diseases in the Kushta chapter. Main line of treatment for ekakushta in Ayurveda is Shodhana(purification) and Shamana(pacification). A case study of a 13-year-old female patient with psoriasis, characterized by erythematous plaques on the head, abdomen, hands, and legs, managed with Ayurvedic intervention and significant changes were observed and recorded.

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INTRODUCTION

In Ayurveda, there is an extensive explanation of Kushta disorders, with nearly all skin diseases categorized under Kushta Rogadhikara. The primary cause of Kushta is the vitiation of the Tridoshas, as well as dushya and dhatus like twak (skin), rakta (blood), mamsa (muscle), and lasika (lymph)⁴. Factors such as incompatible foods (viruddha ahara), excessive consumption of liquid, oily, and heavy foods (drava, snigdha, guru ahara), new grains (navanna), fish (matsya), curd (dadhi), salty and sour substances (lavana, amla), and suppressing natural urges (vegghadarana) can lead to Eka Kushta. The main symptoms of Eka Kushta include aswedana (absence of sweating), mahavasthu (extensive skin lesions), and matsya shakalopam (scales resembling fish scales)⁵. Eka Kushta is treated using repeated shodhana (cleansing) and shamana (palliative) therapies. These clinical features resemble those of psoriasis, a common chronic inflammatory skin condition characterized by raised, well-defined erythematous skin lesions of varying sizes,

surrounded by silvery white scales. In India, the prevalence of psoriasis varies from 0.44% to 2.88%, with the most common areas affected being the elbows, knees, and scalp⁶. The etiology of psoriasis is still poorly understood, but there is clearly a genetic component to the disease, with approximately 30% of patients having a family history. Mental stress, obesity, and infections all increase the likelihood of developing plaque psoriasis. Auspitz's sign (pinpoint bleeding when scale is removed) and koebner phenomenon (skin lesions appears at the site of trauma) are valuable clinical feature. In conventional medicine, the use of corticosteroids and phototherapy is common, but these treatments can have adverse effects with long-term use⁷. Therefore, Ayurveda offers a better approach to conventional management.

Case report

A 13 year old female patient visited kaumarabhritya opd of SDM college of Ayurveda and hospital Hassan, with the complaints of reddish scaly patches on scalp, abdomen, hands, legs and back side with

itching since 7 months, also complaints of Peeling of skin and dandruff since 4 months, associated with Disturbed sleep and loss of appetite since 2 months.

History of present illness-

The patient was apparently normal until seven months ago when she gradually noticed a reddish, scaly appearance on her head, accompanied by dandruff-like symptoms but no discharge or smell. She consulted an allopathic physician and took medication for one month, but there was no improvement. After consulting another allopathic physician, she was diagnosed with psoriasis and received treatment for another month. While her symptoms reduced temporarily, symptoms returned after one month, with new reddish, scaly patches appearing on her abdomen, legs, and hands, accompanied by itching. After 15 days, the condition spread to her neck. After one month, she began experiencing a burning sensation when exposed to sunlight. Due to these complaints, she was consulted to our hospital for further management.

Kula vrittanta –

No family members have similar or contributing history.

Vaiyaktika vrittanta

Appetite- good

Bowel – regular

Sleep – disturbed due to itching

Dashavidha pariksha

prakruti – vata kapha
vikrithi – dosha – vata kapha
dushya – twak, rasa, rakta
sara – rasa sara
samhanana – Madhyama
satva- Madhyama
saatmya- madhyama
aharashakti- madhyama
vyayama shakti- avara
pramana – madhyama
vaya - bala

Astasthan Pariksha –

Nadi – vata kapha -100/Min
Mala – Prakrita, Regular Once A Day
Mutra – Prakrita 4-5 Times /Day
Jihva – Alipta
Shabda-Anushna sheeta
Drik – Prakrita
Aakriti – madhyama

Nidana panchaka

Nidana – viruddha annapana (Rice with curd)
Purvarupa- kharasparshata, twaksphutana
Rupa-kandu, toda, bheda, aswedana, mahavasthu, matsyasakalopama.
Samprapti- nidana sevana – vatakapadusti – rasaraktadushana -sthanasamshraya in pada,hasta,shiras,muka – kandu, toda,aswedana,mahavastu,matsyasakolopama – ekakushta

Local examination

A thorough examination of skin lesions showed clinical features like Aswedanam (no sweating), Mahavastum (vast area), Matsysakalopam (scaling over patches), Tvak vaivanyam (skin discoloration), Rukshata (dryness), Kandru (itching), and Nistoda (pricking pain) were present with absence of Daha (burning sensation) and Pidika (pustules). The lesions also showed cardinal signs viz—Koebner's phenomenon, Auspitz sign, and candle grease sign suggestive of psoriasis.

Diagnostic assessment –

When the patient first visited the outpatient department, following routine blood investigations were advised to rule out any possible associated disease. However, these investigations were found within normal physiological limits.

As per local signs and symptoms, the Psoriasis Area and Severity Index (PASI) score.

Treatment protocol –

After diagnosing the disease, so advised for admission and the patient was treated based on the management of Kushta Roga, that is, Nidana Parivarjana (avoid disease aggravating factors), Deepana-Pachana (improve digestive fire), Shodhana chikitsa (bio-purification) followed by Shamana chikitsa (bio-pacification) as shown in treatment timeline and therapeutic intervention

Shodhana karma

Purva karma -

Deepana pachana	1.Chitrakadi vati 1-1-1 before food for 3 days 2.panchakola phanta 50– 50-50ml before food for 3 days
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followed by arohana snehapana with mahatiktaka ghrita was given for 5 days along with advised ushna jalapana, light diet(peya, yusha) during snehapana and dose of ghrita was based on agni bala.

Day	Quantity
4 th day	30ml
5 th day	60ml
6 th day	100ml
7 th day	160ml
8 th day	200ml

after 5 days of snehapana samyak snigdha lakshanas was observed.

Vishrama kala	Abhyanga with prasarini taila and shastika shali pinda sweda for 4 days
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Pradhana karma-

Virechana-

On 12th day trivrit lehya was given internally, After 15 minutes of intake vegas were started, after each vegas Draksha Rasa was advised sip by sip. A total of 18 episodes of vegas were observed.

Paschat karma -

Samsarjana krama was advised based on shuddhi for 5 days during this period peya, yusha, krita yusha, akrita yusha was given to the child.

Samshamana chikitsa –

After 5 days of samsarjana krama shamana oushadhis as been adviced for for 1 month.

PASI Score calculation and gradings

Plaque characteristic	Lesion severity score	Area score	Amount of body surface involved
1.erythema	0-none	0- 0%	0.1 – head and neck
2.induration/thickness	1-mild	1- 1-9%	0.2 - upperlimb
3.scaling	2-moderate	2- 10-29%	0.3 – trunk
	3-severe	3- 30-49%	0.4 – lowerlimb
	4-very severe	4- 50-69%	
		5- 70-89%	
		6- 90-100%	

Results

PASI Score Calculation before treatment

	Head and neck	upperlimb	Trunk	Lowerlimb	
Erythema	3	3	3	2	
Induration	2	2	2	1	
Scaling	3	2	3	3	
Area score	3	3	3	2	
Total	2.4	4.2	7.2	4.8	18.6

PASI Score Calculation after treatment

	Head and neck	Upperlimb	Trunk	Lowerlimb	
Erythema	1	0	1	0	
Induration	0	0	1	0	
Scaling	1	0	0	0	
Area score	1	0	0	0	
Total	0.2	0.2	0.6	0.4	1.4

Jeevantyadi yamaka	2 gm for external application
777 oil	Once a day for external application
D-sora lotion	daily twice for external application
Amlapitta mishrana	10ml BD After food
Bhoonimbhadi khada	10 ml with 10 ml of water BD Before food
Arogyavardhini rasa	2 BD A/F
Psorolin ointment	For external application

Follow up and outcomes

patient came for follow up after 1 month of shamana chikitsa symptoms are reduced.

Assessment by PASI Score

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 (average redness, thickness, scaling of the lesions each grade on 0-4) and percentage of affected area. minimum score is 0 and maximum is 72.⁸

Before Treatment**After Treatment****Discussion**

Eka Kushta is a type of Kshudra Kushta with dominance of Vata and Kapha, and even involvement of Pitta, indicating the presence of Tridosha imbalance in its signs and symptoms. Treatment is planned based on the strength of the doshas⁹. According to Ayurvedic classics, the line of treatment for Kushta Roga includes Nidana Parivarjana (avoidance of causative factors), Shodhana (cleansing), Snehana (oleation), Swedana (sudation), Raktamokshana (bloodletting), Shamana (palliative care), and Lepana (application of topical treatments)¹⁰.

The treatment adopted were purely based on the ayurveda principles. In Bahudoshaja avastha (disease with multiple dosha involvement) Shodhana is main line of treatment because kushta is a bahudoshaja avastha vyadhi so repeated shodhana is the treatment principle told in classics, we have adopted the same here also. sarpi pana(ghee intake) given to pacify vata, pitta-kapha was eliminated through purgation.

Shodhana therapy –**Deepana pachana –**

It was done with chitrakadi vati and panchakola phanta. In kusta doshas are situated in twak and agni also hampered. deepana-pachana prior to snehapana helps in doing ama pachana, which is one of the causative factor of kushta and also normalizing the agni.

Snehapana-

Snehapana is performed to facilitate the mobilization of Doshas from their site of manifestation to the site of elimination, i.e., the koshttha. It promotes Utklesha of the Doshas and helps to loosen the Dosha-Dushya bonding, thereby breaking the pathogenesis of Eka

Kushta. Snehapana is administered early in the morning. In the present study, Mahatikta Ghrita was used for Snehapana. The ingredients of Mahatikta Ghrita include Tikta Rasa, Madhura Vipaka, and Ushna Virya. It primarily acts on Kleda, Meda, Lasika, Rakta, Pitta, and Kapha, helping to balance the vitiated Doshas and Dhatus. It possesses properties like Raktashodhaka, Kushtaghna, Kandughna, and Varnya¹¹. Additionally, due to the main ingredient Amalaki, it has Rasayana properties. Ghrita, with its lipophilic nature, helps in carrying the medicinal properties to target organs, penetrating cellular levels and delivering them to mitochondria and nuclear membranes. It also helps maintain the normal texture of the skin¹². After Snehapana, mild improvement was observed in symptoms such as Daha and Matsyashakalopam (scaling).

Abhyanga and swedana –

Sthanika abhyanga was done at the site of lesion with prasari taila and mridu nadisweda are done, the doshas are gets further liquefied and starts moving to koshta. which are then easily eliminated through shodhana karma¹³.

Virechana –

The process of Virechana (therapeutic purgation) effectively removes excess Pitta from the body, and "Kaphanta" (the expulsion of Kapha), it ensures the complete elimination of Doshas. Trivrit being Sukhavirechaka (gentle purgative), is particularly suitable for children, as it facilitates smooth purgation without causing discomfort. By removing the Doshas from their Moola Sthana (root site of origin), Virechana significantly reduces the recurrence of disease. In the treatment of Eka Kushta (psoriasis), this thorough elimination is critical because the

vitiated Doshas, especially Pitta and Kapha, play a central role in the pathogenesis.

Draksha Rasa is given as a Virechanopaga Dravya (an adjunctive substance that supports purgation) to enhance the effectiveness of the Virechana process¹⁴. This helps in softening the stools and improving the overall efficacy of the therapy, further ensuring that the Doshas are completely expelled. By targeting the root cause and ensuring comprehensive purification, Virechana helps break the pathogenesis of Eka Kushta, reducing symptoms such as itching, scaling, and skin lesions, while also preventing relapses.

Samsarjana krama –

Samsarjana krama was carried out in the patient for 5 days considering the madhyama shuddhi. Due to shodhana agni got hampered so samsarjana krama enhances agni and provide strength to the body after virechana.

Conclusion –

Eka Kushta, can be correlated to plaque Psoriasis. The case study suggests that Ayurvedic treatment modalities, including repeated Shodhana (purification) and Shamana (palliative) therapies, were useful in the management of Eka Kushta and helped to prevent disease relapse.

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