



Case Study

MANAGEMENT OF *EKKUSTHA* THROUGH *SHAMAN* AND *SODHANA* THERAPY

Kirti kumar paras^{1*}, Vivek Raghuwanshi¹, Amber¹, Mohammad Aamir¹, Prabhas Chandra Pathak²

¹MD Scholar, ²Assistant Professor, Department of Kayachikitsa, Govt. Ayurved College, Patna, Bihar, India.

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ABSTRACT

A persistent inflammatory skin condition, psoriasis affects 2% to 4% of the population. About 10% of psoriasis patients develop inflammatory arthritis, which can significantly impair daily activities and life quality. It is also regarded as a psychosomatic illness for which there is no long-term treatment. According to Ayurveda, the patient was diagnosed as having *Kapha-pitta* dominance, or *Ekkustha*. The purpose of this case study is to assess the effectiveness of *Shaman Chikitsa* and *Virechan* in treating recurring psoriasis. PASI was used to measure symptoms both before and after therapy. There was improvement in the PASI score. The Ayurvedic psoriasis was effectively managed with *Shodhan* treatment, according to recognized measures.

INTRODUCTION

A chronic inflammatory condition that can lower quality of life is psoriasis. Increased epidermal proliferation leading to stratum corneum buildup is a characteristic of psoriasis. 10% of those with psoriasis are estimated to make up 2-3% of the population eventually get psoriatic arthritis. Individuals with psoriasis are more likely to have cardiovascular disease and other non-communicable diseases. The range of psoriasis prevalence among nations is 0.09% to 11.4%. According to the WHO (2016), a marked socioeconomic load is taken into account on an individual basis due to missed chances in the workplace and increased financial burden for medical costs.^[2]

There are a few recognized variations, including pustular, guttate, and chronic plaque psoriasis (Ps). Ps with chronic plaques: morphology clearly defined, erythematous, indurated papules or plaques with huge, loose, lamellar, silvery scales on top that are removed by grating lesions. Positive Auspitz sign Isomorphism, or Koebner's phenomenon, is observed in active illness. site-specific modifications to morphology (flexures, scalp, palms and soles, genitals).

Distribution: Palms and soles, extensors, pressure points, and scalp. Topical treatment with emollients (an essential component of any regimen in any severity of psoriasis), dithranol and calcipotriol/topical steroids (sometimes paired with salicylic acid for palmoplantar lesions), coal tar (often mixed with salicylic acid), is a suitable choice in limited, stable disease. Long-term lesions: cyclosporine, PUVA/PUVASol, narrow-band UVB (NBUBV), methotrexate. Biologics include TNF-a inhibitors (infliximab, etanercept, and adalimumab), IL-12/23 inhibitors (ustekinumab), and IL-17 antagonists (secukinumab) that are used in certain indications (NOT regularly). Guttate Ps: NB UVB sometimes, antibiotics often. Erythroderma and generalised pustular psoriasis: methotrexate, acitretin, and cyclosporine; and biologics.^[3] This disease can be linked to *Ekkustha* based on signs and symptoms such as decreased sweating (*Asweda*), extended skin lesions (*Mahavastu*), skin scaling resembling fish scales (*Matsya shakalopama*), pink discoloration (*Aruna varna*), blackening of the part (*Krishnavarna*), etc. The current case study demonstrates *Kapha-pitta* dominance with *Tridosha* participation.

MATERIAL AND METHOD

A 17-year-old male patient presented to the outpatient department (OPD) of Kayachikitsa, Government Ayurved College and Hospital, Patna, Bihar, citing a history of red and whitish lesions (scaly thickened skin) on the head, elbow, hand, axilla, sacral

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region, itching associated with the feet, and patches that had grown larger over the previous five years.

He undertook a number of treatment modules, but the patient was uncooperative because the medication only relieves symptoms temporarily. As a result, he sought Ayurvedic therapy at the Government Ayurvedic College and Hospital in Patna. Signs and symptoms, in particular, itching gets worsen in the winter, chilly air. During *Astavidha pariksha*, the following conditions were observed: *Sabda* (speech), *Sparsa* (touch), *Drika* (eyesight), and *Akriti* were determined to be normal; *Nadi* (pulse) was *Vata-Kaphaja*; *Jihva* (tongue) was clear and uncoated; *Mala* (stool) was *Niram*. The patient's *Kapha-pitta* constitution, *Vata-Kaphaj* pathophysiology, medium body composition, *Rakta saar*, *Vyayam Shakti* (exercise capacity), *Jarana Shakti* (digestion capacity), *Ahara Shakti*, *Satva*, *Satyama*, and *Bala* (strength) were all *Pravar*. *Agni* (metabolism) was *Vishamagni* (altered) in *Dashvidha pariksha*.

There was no prior history of streptococcal infection. The respiratory and cardiovascular systems' examination findings were normal.

Institution: Government Ayurvedic Hospital, Patna.

Criteria for Assessment

Patient was Assessed with Psoriasis Area Severity Index (PASI) score

(British Association of Dermatologist)^[6] for the presenting symptoms (table1).

Morphology: Clearly stated, raised areas of white and pink tone that are dry and harsh distribution, extensively dispersed.

Pattern: Dispersed

No correlation with any other skin conditions, such as alopecia areata, halo nevus, or atopic morphea, dermatitis, and malignant melanoma).

Koebner's phenomenon: Present

Auspitz & Candle grease sign: Positive

Sensation: Intact

Course: Gradually increasing

Table 1: PASI score Calculation and Gradings

Plaque characteristics	Lesion score	Percentage area affected	Area score
Erythema	0- None	Area Score (B)	0 = 0%
Induration/ Thickness	1- Slight	Degree of involvement as a	1 = 1% - 9%
Scaling	2- Moderate	percentage for each body	2 = 10% -29%
Lesion score sum (A)	3- Severe	region affected (score each	3 = 30% -49%
	4- Very severe	region in between 0 -6)	4 = 50% -69%
			5 = 70% -89%
			6 = 90% - 100%
Multiply Lesion Score Sum (A) by Area Score (B), for each body region, to give 4 individual subtotals (C)			
Subtotals (c)			
Multiply each of the subtotal (c) by amount of the body surface area by that region i.e., x 0.1 for head x 0.2 for upper body, x 0.3 for trunk and x 0.4 for lower limbs add together each of the score for each body region to give the final PASI score			

Management

Considered the psoriasis as *Ekkustha* following Ayurvedic management was administered.

Punah punah Shodhan chikitsa - Virechan karma schedule as follows:

Therapy	Drug	Dose	Days
<i>Deepan, Pachan,</i>	<i>Panchkola phant,</i> <i>Chitrakadi vati</i>	100ml 2tab	3days
<i>Snehapan</i>	<i>Panchtikta ghrut</i>	30ml - 150 ml	7 days
<i>Sarvang abhyanga+</i> <i>Swedana</i>	<i>Narikela taila,</i> <i>Dashmula kwath</i>		3 days
<i>Virechan</i>	<i>Trivrut avlehya,</i> <i>Draksha phant</i>	60gm 100ml	1 day
<i>Samsarjan krama</i>	<i>Peyadi krama</i>		

Shaman Chikitsa for 1 month as follows:

1. *Gndhak rasayan* - 500mg

Amrita satva - 250mg

Swarna makshika bhasma - 125mg

With Madhu

Mahavatvidhvamshak ras – 60mg

BD

2. Mahamanjisthadi kwath - 15ml BD
3. Aragyovardhini vati 250mg- BD
4. Narsimha rasayana - 10gm OD (empty stomach)
5. Psorolin B ointment for local application

Punah virechan after 1 month

Therapy	Drug	Dose	Days
Deepan, Pachan	Panchkola phant, Chitrakadi vati	100ml 2tab	3days
Snehapan	Panchtikta ghrut	30ml – 100ml	3 days
Sarvang abhyanga+ Swedana	Narikela taila, Dashmula kwath		3 days
Virechan	Trivrut avlehya, Draksha phant	60gm 100ml	1 day
Samsarjan krama	Peyadi krama		

Apathaya: patient was informed to evade Divaswapna, Aatap sevan, Amla lavan ras, Mams, Dadhi, Gud, Moolak, Vegvidharana, Virudha annapaan.

RESULT

Table 2 displays the grading of symptoms before and after therapy. Following the conclusion of the Virechan karma, Psorolin B ointment was used externally and Shaman Aushadhi was administered for one month. After a month, a follow-up was conducted. During the course of the treatment, nothing unfavorable or unexpected happened. However there was a brief recurrence of symptoms, afterwards one month of Shaman aushadhi was recommended followed by Virechan karma.

Table 2: Showing Grading of Symptoms Before Treatment and After Treatment

Plaque Characteristic	Head		Trunk		Upper limb		Lower limb	
	BT	AF	BT	AT	BT	AT	BT	AT
Erythema	2	1	3	0	3	1	3	1
Induration	2	0	2	0	3	0	2	0
Scaling	3	1	3	1	4	1	3	0
Area score	3	1	2	1	2	1	2	1
Total PASI score	2.1	0.2	4.8	0.3	4	0.4	6.4	0.4
Final score- BT-17.3, AT-1.3								

PASI score: Before treatment- 17.3 After Treatment- 1.3

Before Treatment



After Treatment



Before Treatment



After Treatment





DISCUSSION

During the hospital stay, the patient began to improve, and by the conclusion of the *Virechan karma*, the crimson plaque that covered his body almost completely disappeared. The patient in this case study experienced a reduction in *Ekkustha* symptoms (psoriasis). *Panchakarma chikitsa* is the specialty of

Ayurveda in *Kushtha*. In this instance research using *Virechan* and *Shaman aushadhi* produced positive outcomes. *Virechan karma* aids in the body's removal of vitiated *Dosha* and the combination of *Gndhak rasayan*^[7], *Amritasatva*, *Sarnamakshik Bhahasm*^[8], *Mahamanjisthadi Kwath*^[9], *Arogvavardhini vati*^[10], and

Narsimha rasayana^[11] works as *Shaman yog*. This study has shown that these Ayurvedic treatments are 90% effective in treating psoriasis.

CONCLUSION

All of the patients' symptoms and lesions significantly improve with Ayurvedic care, especially when *Panchkarma* treatments and internal drugs are used. The patient received internal medication as part of their *Shaman* treatment and *Shodhan* as *Virechan karma*. The disease has a very high recurrence rate, although the results are quite encouraging. We saw positive outcomes from *Panchakarma* and Ayurvedic treatment in this case study. For treating plaque psoriasis, therapies such as *Shamam Yoga* and *Shodhan* were used. It promoted *Samyavastha*, or a balanced state of *Doshas*, does *Aampachan*, and the expulsion of vitiated *Doshas* from the body. Thus, the aforementioned treatment aims to give the patient a safe and effective course of care while also assisting in the relief of disease symptoms.

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*Address for correspondence

Dr. Kirti kumar

MD Scholar,
Department of Kayachikitsa,
Govt. Ayurved College,
Patna, Bihar.

Email: kirtiparas97@gmail.com

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