



Research Article

CLINICAL EVALUATION OF TWO AYURVEDA TREATMENT REGIMES IN *EKAKUSTHA*

Ravindra Kumar^{1*}, Arun Gupta²

*1PG Scholar, ²Professor and Head, Department of Panchkarma, Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi.

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ABSTRACT

Psoriasis is one of the most dreadful dermatological conditions affecting 3.5% of population of the world and in India prevalence of Psoriasis varies from 0.44% to 2.88%. Males and females are equally predisposed and all age groups are affected. Psoriasis is common genetically determined inflammatory skin disorder of unknown cause which in its most usual form is characterized by well demarcated raised red swelling patch that preferentially localize to extensor surfaces, which is compared to *Ekakustha*. *Acharya* particularly emphasized *Shodhan Chikitsa* in the *Kushtha* treatment because of its repeated relapse. *Shodhan* therapy has obvious advantages over *Shaman* therapy because it overcomes repeated relapses. Twenty patients were selected and randomly divide into two groups with 10 patients in each group. In group A *Vaman* with *Krutvedhan* followed by *Virechana* and *Basti* was given. In group B *Vaman* with *Madanphala* followed by *Virechana* and *Basti* was given. Comparing the symptomatic improvement in all two groups it was found that average percentage of relief was slightly higher in Group B (*Vaman* with *Madanphala*) in comparison to Group A (*Vaman* with *Krutvedhan*). The average reduction of PASI score is more in group B. but statistically the difference between the effects of two therapies is insignificant, so it is concluded that *Shodhana Karma* gives significant results in subjective and objective parameters of *Ekakushtha* irrespective of the medicine used in *Vamana Karma*.

INTRODUCTION

The skin is our body largest organ. It is described in the Ayurvedic text as five "*Gyanindriyas*" responsible for "*Sparsha Gyan*" or touch, and thus plays an important role in a person's physical and mental health. It plays a vital role in the general work of the body. Intact skin is the fur of nature, it is an effective barrier against the entry of diseases and its damage will cause the whole host problem. As an interface with the surrounding environment, it plays the most important role in resistance to pathogens. Psoriasis is a serious skin disease that affects 3.5% of the global population [1].

Psoriasis prevalence in India ranges from 44% to 2.88%[2]. Men and women are equally susceptible, and all age groups are affected. Psoriasis is an

inflammatory skin disease that is caused by a genetic mutation. The reason is unknown. It's most common form is characterized by well-defined, raised red inflamed areas, preferentially located on the surface of the extensor Surface. This is the oldest recorded skin disease. Along with acne vulgaris, viral warts, and eczema, the disease is one of the most common skin diseases in northern Europe and North America. The cause is unknown. It tends to run in the home and is caused by weather, streptococcal infections etc.

Psychological stress has been emphasized as one of the main causes of disease deterioration. Among these conditions, Psoriasis is the most common because it affects the physical and mental state of a person. Modern medicine uses PUVA and corticosteroids to treat psoriasis. But these medications can cause serious side effects, such as liver and bone marrow depletion [3].

In Ayurveda, all skin diseases are described under the title *Kushtha*. In addition, they are classified as *Mahakushtha* and *Kshudra Kushtha*[4]. *Acharyas* told that all *Kushthas* are *Tridoshaj*, but the type of *Kushtha* depends on the strengths of a particular *Doshas*[5]. *Acharya Charak* described *Vata Kapha's* involvement in

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Ekakushtha^[6]. According to *Charaka*, the non-sweating *Kushtha*, which is widely distributed and looks like fish scales, is called *Ekakushtha*^[7]. In this study, *Ekakushtha* was compared to psoriasis because it is more similar to its signs and symptoms. In the case of the *Kushtha* treatment, *Acharya* particularly emphasized *Shodhan Chikitsa* in the *Kushtha* treatment because of its repeated relapse. *Shodhan* therapy has obvious advantages over *Shaman* therapy because it overcomes repeated relapses.

AIM

❖ To compare the role of *Vaman Karma* with *Krutavedhan* and *Madanphala* followed by *Virechan* and *Basti* in *Ekakushtha* (Psoriasis).

OBJECTIVES

❖ To evaluate the effects of *Vaman* with *Krutvedhan* followed by *Virechan* and *Basti* in the management of *Ekakushtha* (Psoriasis).

❖ To evaluate the effects of *Vaman* with *Madanphala* followed by *Virechan* and *Basti* in the management of *Ekakushtha* (Psoriasis).

❖ To compare the effects of *Vaman* with *Krutvedhan* followed by *Virechan* and *Basti* and *Madanphala* followed by *Virechan* and *Basti* in the management of *Ekakushtha* (Psoriasis).

MATERIAL AND METHOD

Study Design:

Single Centre, open label, Randomized, Interventional and Comparative study.

Ethical clearance: This study was approved by Institutional Ethical Committee (IEC) of Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi vide letter no.F1 (553) /13/CBPACS/ Adm./ IEC/3422 ; dated 19/09/2019, before starting the clinical trial on patients of *Ekakushtha* (Psoriasis) and **CTRI Reg. No.** is CTRI/2020/02/023196 dated 07/02/2020. The present study was carried out during COVID-19 pandemic which compelled us to complete the trial with lesser sample size as estimated earlier (40 to 20) with prior permission from IEC **F1(553)13/CBPACS/Adm /IEC1626-29.**

❖ Selection of patient:

The study was conducted on 20 clinically diagnosed and confirmed cases of Psoriasis from OPD of Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi.

❖ Criteria of diagnosis:

The main criteria of diagnosis of patients were based on the cardinal associated sign and symptoms of disease based on the Ayurvedic and modern texts.

❖ Criteria of inclusion:

1. Patient showing sign and symptoms of *Ekakushtha* in *Charak Samhita* and Psoriasis Diagnosis on the basis of Modern classics.

2. Patient within the age group of 20-50 years.

3. Disease duration >1 year.

4. Patients not taking corticosteroids since last 3 months.

❖ Exclusion criteria:

1. Age below the age is 20 year and above the age 50yr.

2. Patients of hypertension, tuberculosis, carcinoma, other life-threatening and complicated disease and major systemic illnesses.

3. Severe condition of Psoriasis like Psoriatic arthritis.

4. Disease duration < 1 year.

5. Patients on treatment with any conventional oral medicines for last one month.

6. Pregnant and lactating mother.

❖ Criteria of withdrawal

• During the course of trial if any serious condition or any serious adverse effects occur which required urgent treatment.

• Patient himself wants to withdraw from the clinical trial.

❖ Grouping

Patients were randomly divided and studied under two Groups viz. Group A and Group B irrespective of religion, sex, occupation, cast etc.

Group A: In this group *Shodhan Chikitsa* was given (*Vaman* with *Krutvedhan* followed by *Virechana* and *Basti*.)

Group B: In this group *Shodhan Chikitsa* was given (*Vaman* with *Madanphala* followed by *Virechana* and *Basti*.)

Table 1: Subjective parameters as per Ayurvedic classics (*Charak Chikitsa Sthana*7/22)

Criteria	Scale Score	
1. Matsyashaklopanam (scaling)	No Scaling	0
	Scaling off between 16-28 days	1
	Scaling off between 8-15 days	2
	Scaling of between 5-7 days	3
	Scaling off between 1-4 days	4
2. Mandala (erythema)	Normal skin	0
	Faint or Near to Normal	1

	Blanching + Red colour	2
	No Blanching + Red Colour	3
	Red colour + Subcutaneous	4
3.Kandu (itching)	No Itching	0
	Mild/Occasional Itching	1
	Moderate (Tolerable)Infrequent	2
	Severe Itching Frequently	3
	Very severe Itching Disturbing Sleep and other activity	4
4.Bahalatva (epidermal thickening)	No Bahalatva	0
	Mild Thickening	1
	Moderate Thickening	2
	Very Thick	3
	Very Thick with Induration	4
5.Aswedana (anhidrosis)	Normal	0
	Improvement	1
	Present in few lesions	2
	Present in all Lesions	3
	Aswedanam in lesion and uninvolved skin	4
6.Rukshta (dryness)	No line on scrubbing with nail	0
	Faint line on scrubbing by nail	1
	Lining and even words can be written on scrubbing by nail	2
	Excessive <i>Rukshta</i> leading to <i>Kandu</i>	3
	<i>Rukshta</i> leading to crack formation	4

Table 2: Treatment Schedule

Procedure	Drug ,Dose	Duration																
<i>Deepan and Paachana</i>	2 <i>Chitrakadivati</i> ^[9] twice a day after taking meal	3days																
<i>Snehapana</i>	<i>Panchtikta Ghrita</i> ^[9] as per <i>Koshtha</i> and <i>Agni</i> (in morning with empty stomach 07.00AM)	3-7 days																
<i>Abhyanga and Swedan</i>	<i>Abhyanga</i> with <i>Til Taila</i> (35 min) and <i>Sarvanga Sweda</i> (10-15 min)	1 day																
<i>Vaman Karma</i> (In morning <i>Kapha Kala</i>)	<i>Vamanyoga-</i> (Group A) <i>Krutvedhan</i> (acc to <i>Kostha Agni</i>) + <i>Madhu</i> (Q.S) + <i>Saindhav Lavana</i> <i>Vamanyoga</i> ^[10] -(Group B) <i>Madanphala</i> (<i>Antarnakmushthi</i>) + <i>Madhu</i> (Q.S) + <i>Saindhav Lavana</i> <i>Vamanopaga Dravya-</i> Cow milk, <i>Yashtimadhu Phanta</i> and <i>Lavanodaka</i> as per requirement	1 Day																
<i>Sansarjana krama</i>	Diet as per <i>Shuddhi</i> (from the evening of <i>Vamana</i> day) ^[11]	3-7 days																
<i>Snehapana</i>	<i>Panchtikta Ghrita</i> as per <i>Koshtha</i> and <i>Agni</i> . (In morning with empty stomach 07.00AM)	3 days																
<i>Abhyanga and Swedan</i>	<i>Abhyanga</i> with <i>Tiltaila</i> (35 min) and <i>Sarvanga Sweda</i> (10-15 min)	2 days																
<i>Virechan Karma</i>	<i>Abhyadimodak</i> ^[12] as per <i>Koshtha</i> and <i>Agni</i> (In <i>Pittakala</i>)	1 days																
<i>Sansarjan Krama</i>	Diet as per <i>Shuddhi</i> (from the evening of <i>Virechana</i> day)	3-7 days																
<i>Basti (Yoga Basti)</i>	<i>Panchtikta Panchprasritika Basti</i> ^[13] (empty stomach in morning). and <i>Anuvasana Basti</i> ^[14] (Immediately after taking lunch). A= <i>Anuvasana Basti</i> N= <i>Niruha Basti</i> <i>Basti Schedule</i>	8 days																
	<table border="1"> <thead> <tr> <th>Day1</th> <th>Day2</th> <th>Day3</th> <th>Day4</th> <th>Day5</th> <th>Day6</th> <th>Day7</th> <th>D8</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>N</td> <td>A</td> <td>N</td> <td>A</td> <td>N</td> <td>A</td> <td>A</td> </tr> </tbody> </table>	Day1	Day2	Day3	Day4	Day5	Day6	Day7	D8	A	N	A	N	A	N	A	A	
Day1	Day2	Day3	Day4	Day5	Day6	Day7	D8											
A	N	A	N	A	N	A	A											

Duration of clinical trial and follow up study**Total Duration of trial:** 2 months for each Patient**Follow up screening:** Initial assessment – 0-day, assessment after *Vaman*, after *Virechana*, after *Basti*, and on 60 day done to evaluate their clinical status and to observe the effect or adverse effect of treatment.**a) Criteria of Assessment:**

All the patients were assessed for relief in sign and symptoms after the completion of trial. For subjective parameters grading/scoring pattern were adopted which is as follows-

Subjective Parameters:**1. PASI Score (Psoriasis Area and Severity index):^[15]**

PASI Score considered as both subjective and objective criteria as it covers both subjective scaling, induration and objective parameters as coverage area.

Table 3: Elements of the Psoriasis Area and Severity Index (PASI)

S.No.	Factor	Head	Upper limbs	Trunk	Lower limbs
1	Redness	0-4	0-4	0-4	0-4
2	Thickness	0-4	0-4	0-4	0-4
3	Scaling	0-4	0-4	0-4	0-4
4	Sum of rows 1, 2, and 3				
5	Area score				
6	Score of row 4 * row 5 * Area Multiplier	A	B	C	D
7	PASI score (A+B+C+D)				

Ratings for Redness, Thickness and Scaling
0 = clear; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very severe.

Area Score:
0 = 0%; 1 = 1 to 10%; 2 = 10-30%; 3 = 30-50%; 4 = 50- 70%; 5 = 70-90%; 6 = 90-100%.

Area Multiplier:
Head = 0.1; Upper limbs = 0.2; Trunk = 0.3; Lower limbs = 0.4

Interpretation: Minimum Score – 0 Maximum score- 72**Observation**

In this study maximum 45% of patients in the age group 20-30 years, followed by (30%) in 31-40 years age group and 05 (25%) in 41-50 years age group. 75% patients were male 95% were Hindu. 60% were working. 60% were urban habitat. 75% were belongs to middle class, 70% patients were married, 65% patients were having more than 3 years chronicity, 55% were taking mixed diet. 70% of patients were having regular bowels habit. 80% were having medium appetite. 40% were having *Mandagni*. 50% were having *Madhyama Koshtha*. 50% belongs to *Pitta- Kaphaja Prakriti*. 60% were belong to *Rajasika Prakriti*. 55% of pt. were *Madhur Ras Satmya*.

Data related to disease

Each Patient were having chronicity history of 0 to 10 years, 10 % were having the positive family history.

RESULT**Table 4: % Relief in Symptoms of both groups**

Sr.No.	Symptoms	% Relief	
		Group A	Group B
1	<i>Matsya Shakal</i>	79.57	76.32
2	<i>Mandal</i>	73.91	91.67
3	<i>Kandu</i>	90.91	83.26
4	<i>Bahalatva</i>	83.46	92.5
5	<i>Aswedan</i>	76.92	83.33
6	<i>Rukshata</i>	82.35	79.21
7	Avg. % Relief	81.18	84.38

According to Avg. Change in PASI Score

Table 5: Avg. Change in PASI Score of both groups

Sr.No.	Parameters	Avg. Change	
		Group A	Group B
1	PASI score	8.08	9.04

Before Treatment



After Treatment



DISCUSSION

In modern science and *Ayurveda*, a lot of research work has been done on etiopathogenesis, pathophysiology and treatment of psoriasis. In both sciences lot of work is still going on. Each sciences have its own fundamentals of the management and success rate with its own limitations. But till now an effective and promising cure for psoriasis is not found. Allopathic drugs have hazardous side effects. So, there is need of era to develop some *Ayurveda* treatment modalities for psoriasis. *Acharyas* have specifically emphasized *Shodhan Chikitsa* in the case of treating *Kushtha* due to its repeated relapse. So *Acharyas* had specially mentioned that to overcome the relapse *Shodhan* therapy has a distinct advantage over *Shaman* therapy. *Vamana*, *Virechana* and *Basti* acts on microcellular level, eliminates the toxins (Vitiated *Dosha*) from body and helps in maintaining normal functioning of body. So we can say *Shodhan chikitsa* is very effective in relieving sign symptoms of *Ekakushtha*.

CONCLUSION

After careful review of the result and discussion some conclusions are drawn which are as follows.

❖ There is not a single disease in *Ayurveda* which can be exactly co-related with Psoriasis but because of

close resemblance with *Ekakushtha*. it can be considered as Psoriasis.

- ❖ The statistical data shows significant and highly significant result in subjective parameters of *Matasyashakalopamam*, *Aswedanam*, *Rukshata*, *Kandu*, *Bahalatva*, *Mandala* and PASI Score in both groups.
- ❖ In group A there was more improvement in *Matasyasklopamam*, *Kandu* and *Rukshta* symptoms but average reduction of PASI score is more in group B.
- ❖ Comparing the symptomatic improvement in all two groups it was found that average percentage of relief was slightly higher in Group B (*Vaman* with *Madanphala*) in comparison to Group A (*Vaman* with *Krutvedhan*). but statistically the difference between the effects of two therapy is insignificant, so it is concluded that *Shodhana Karma* gives significant results in subjective and objective parameters of *Ekakushtha* irrespective of the medicine used in *Vamana Karma*.
- ❖ Both the group showed Mild to Marked improvement in the management of *Ekakushtha*.

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*Address for correspondence

Dr. Ravindra Kumar

PG Scholar,
Department of Panchkarma,
Ch. Brahm Prakash Ayurved
Charak Sansthan, Khera Dabar,
Najafgarh, New Delhi.
Email: ravindra528@yahoo.com

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