

# Ayurvedic Management of Ek-Kushtha (Psoriasis): Review Article

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### **Review Article**

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### **Abstract**

Ek- Kustha is a kind of Kshudra Kushtha that resembles psoriasis in its clinical presentations and is primarily caused by an imbalance of the Vata and Kapha doshas. It bears a greater resemblance with Psoriasis, which is a long-lasting autoimmune and chronic inflammatory skin disorder clinically characterized by erythematous, sharply demarcated papules and rounded plaques, covered by silvery micaceous scale predominantly affecting the skin of elbows, knees, gluteal cleft, and scalp. Some people may have severe Psoriasis is involving their entire body. The quality of life of patient with Psoriasis is often diminished because of the appearance of skin. The mainstays of psoriasis treatment include immune system suppressing drugs like methotrexate, PUVA, vitamin D3 lotion, and steroid creams. Some contemporary therapeutic methods do have serious drawbacks, particularly when used for an extended period of time. These modern treatment modalities are not devoid from grave complications mainly in long term use. Owing to these reasons, there is a need for treatment having good efficacy and no toxicity profile. So this case study was conducted considering Psoriasis as Ek-kuhstha and Ayurvedic management was planned accordingly. Drastic results were witnessed by Shodhana (Vasantik Vaman & Shardik Virechana) and Shamana (Some internal herbo-mineral preparations, External oil application).

**Keywords:** Psoriasis; Ek-Kustha; Panchkarma; Shodhana Therapy

### Introduction

All the dermatological disorders in *Ayurvedic* system of medicine are described under *Kushtha*. *Ek-Kushtha* is a disease of *Shakhagata Rog Marga* and it manifest in *Amashaya* and occurs due to dominancy of *Kapha* and *Vata*.

"Kushtha" is a broad term and it covers almost all skin diseases. It is one among **Ashtamahagada** mentioned in Charaka Samhita [1].

- Acharya Suhsruta has described Kushtha under Aupsargika Roga or Sankramaka Roga [2].
- Acharya Vagbhata has described Kushtha under Sapta

Mahavvadhi.

• Ek-Kushtha is a type of Kshudra Kushtha.

Ek-Kushtha is considered as psoriasis as symptoms are coinciding with clinical features of psoriasis rather than any other Kushtha. Psoriasis is one of the most common dermatologic diseases, affecting up to 1% of the world's population. It occurs in all age groups and about equally in men and women. It is a chronic, recurrent inflammatory disease of the skin. The exact aetiology is still unknown, but many precipitating factors like genetic, environmental, immunological and psychological have been found to be influential in the expression of the disease. The skin lesions of psoriasis are variably pruritic. Traumatized areas often develop lesions of psoriasis (Koebner or isomorphic phenomenon). Additionally, other external factors may exacerbate psoriasis including infections, stress, and medications (lithium, beta blockers, and antimalarials) [3].

### Nidana

In *Ayurvedic* classics specific etiology of *Ek-Kushtha* has been not described. So, as being a type of *Kushtha* its etiology can be understood on the basis of general etiology of *Kushtha*. *Ayurvedic* texts have described *Samanya Nidana* for all types of *Kushtha* instead of specific *Nidana* for any particular type of *Kushtha*. Thus, *Nidana* can be categorized as follows: All the *Samanya Nidana* are classified into groups as:

- Aharaja Nidana
- Viharaja Nidana

**Aharaja Nidana** [4]: Aharaja Nidana- improper food habits are one of the leading causes of *Kushtha*. It includes:

- *Viruddha Ahara:* The substances which are opposite in nature to normal *Dhatu* of the body is known as *Viruddha*. E.g., combination of fish with milk, it is *Samyoga* and *Virya Viruddha*. *Gramya*, *Anupa* or *Audaka Mamsa* with milk, it is *Samyoga Viruddha*.
- Mithya Ahara: It means faulty food patterns i.e., to take meal before the previous one is digested; and leads to Dushti of Jatharagni.
- Atyaashana: Intake of excessive amount of heavy food is called Atyaashana. Acharya Charaka has also stated that "Gurubhojanam Durvipakakaranam". Guru Ahara also causes Dushti of Mamsavaha Srotasa[5].
- *Adhyashana* and *Ajirna*: Taking food before the digestion of previous food is called *Adhyashana*. Intake of food in state of indigestion is called *Ajirne Anna*.

Viharaja Nidana: According to Acharya Gayadas Viharaja

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Nidanas has been divided into 3 categories viz. Kayika, Vachika and Manasika [6].

### • Kayika: it includes

- Acharya Charaka has mentioned that suppression of natural urges like vomiting causes *Kushtha* [7].
- ➤ Divaswapna: It causes vitiation of Kapha and Pitta due to its Snigdha Guna and causes Kandu, Kotha, Pidika. It is also Kledakara, Srotorodhakara and Agnimandvakara.
- Sudden change from cold to hot and vice versa without following the rules of that change, this causes *Dushti* in *Swedavaha Srotasa*.
- ➤ Improper administration of *Panchakarma*.
- ➤ Performing *Santarpana* and *Apatarpana* during improper time. This result either in *Ama* formation or *Tridosha* vitiation, which leads to *Kushtha*.

#### • Vachika

It includes the activities like behavioural problem or verbal sinful activities like abusing teachers, deity etc. and verbal offensive activities. These *Vachika Nidanas* causes psychogenic stress which plays a prominent role in the pathogenesis of psoriasis. They are responsible for aggravation of *Raja* and *Tama*, which in turn causes imbalance of *Shareerika Dosha* i.e., *Vata, Pitta* and *Kapha* and further responsible for the pathogenesis of *Kushtha. Nidana* like *Chinta, Bhaya, Krodha* are *Vata Prakopaka. Bhaya, Krodha* and *Shoka* also causes *Dushti* of *Swedavaha Srotasaa* [8] and *Chinta* causes *Dushti* of *Raktavaha Srotasaa*.

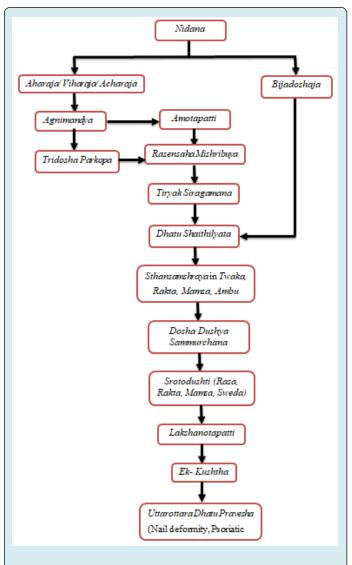
#### • Mansika

The diseases, in which no clinical result obtained even after the best treatment were considered as *Papakarmaja Vyadhi*. Both *Acharya Charaka* and *Sushrut* have described *Kushtha* as chronic disorder and all *Acharyas* including B.P and *Madhavakara* have included it to be due to *Papa-Karma*.

### Samprapti

In *Ayurvedic* literature Samprapti of Ek Kushtha is not mentioned but being one of the Kshudra Kushtha, it can be explained through Samprapti of Kushtha (Figure 1).

According to Acharya Charaka seven Dravyas are involved in the Samprapti. It includes all the three Doshas (Vata, Pitta, Kapha) along with four Dushyas i.e., Twaka, Rakta, Mamsa and Lasika. Acharya Charaka has stressed upon the dual part played by Nidana i.e., simultaneous vitiation of Tridosha and disturbance in normal configuration i.e., 'Shaithilya" in Dhatus. This leads to the final manifestation of Kushtha [9].



**Figure 1:** Schematic representation of Kushtha Samprapti.

### Samprapti Ghataka

Dosha	Tridosha (Vata- Kapha Pradhana)
Dushya	Twakaa, Rakta, Mamsa, Lasika
Srotasa	Rasa, Rakta, Mamsa, Meda
Srotodushti	Sanga and Vimargagamana
Agni	Jatharagni and Dhatwagnimandya
Udbhavasthana	Amashaya, Pakwashaya
Adhishthana	Twacha
Vyadhimarga	Bahya
Swabhava	Chirkari

**Table 1:** Represents Samprapti Ghataka of Ayurvedic treatment.

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### **Purvarupa**

- In classical texts there is no specific mention of *Purvarupa* of *Ek-Kushtha* [10]. However, being a type of *Kshudra Kushtha*, *Purvarupa* of *Kushtha* may be considered as its *Purvarupa*
- Sparshagyatvam (Anaesthesia)
- Ati- Sweda (Hyperhidrosis)
- Vaivaranya (Discoloration)
- Kotha (Eruption of rashes)
- Lomharsha (Horripilation)
- Kandu (Pruritis)
- *Toda* (Pricking pain)
- Shrama (Fatigue).
- Klama (Exhaustion)
- Shoola (Excessive pain)
- Shighra Uttapati and Chirsthiti (Rapid formation and chronicity of ulcers)
- Daha (Burning sensation)
- Suptangta (Numbness in limbs)
- Twakaa Paurushya[11] (Dryness of skin)

### Rupa

According to *Acharya Charaka Ek- Kushtha* is *Vata-Kapha Pradhan* and *Acharya Sushrut* considered it as *Kapha Pradhan Vikara. Ashtanga Hridaya* has followed *Charaka* but has used the word *Mahashrayam* instead of *Mahayastu* [12].

*Ek-Kushtha* is a type of *Ashtadash Kushtha* and is defined as: The condition which causes discoloration of skin is called *Kushtha*. As the time passes it affects the whole body. *Acharya Charaka* characterized *Ek-Kushtha* as: [13]

- Aswedanam & Absence of perspirations
- Mahavastu-Extensive localization or bigger lesions
- Matsyashaklopamam & Fish like scales.

According to *Acharya Sushrut, Ek-Kushtha* is defined as the disorder which makes the body blackish or reddish [14]. *Dalhana* has commented that blackish colour is due to *Vata Dosha*.

In *Ek-Kushtha* lesions are very wide (covers a large area) non sweating and resembles the skin of fish.

### Chikitsa

*Ek-Kushtha* is a long-time consuming disease and require treatment for a longer duration.

- 1. Nidana Parivarjana
- 2. Shodhana Therapy
- 3. Shamana Therapy

### Nidana Parivarjana

Disease manifestation starts from *Nidana*, first step in the management is to avoid *Nidana Sevana* as it will stop the further progression of the disease, by restricting vitiation of *Dosha*.

#### Shodhana

According to *Sharangdhar, Kushtha Roga* occurs due to *Dosha Bahulyata, Doshas* are *Tiryagagami* and are very difficult to treat by *Shamana Chikitsa. Acharyas* have emphasized on *Shodhana* therapy in the management of *Kushtha*.

For this purpose, *Acharya Sushruta* has advised to follow *Vamana* every 15 days, *Virechana* every month, *Raktamokshana* every 6 months while *Nasya* every 3<sup>rd</sup> day.

*Acharya Vagbhata* says that, *Snehapana* should be given in *Purvarupa Avastha* in *Kushtha*.

- Snehapana: Acharya Sushrut mentioned that treatment of Kushtha has to be started with Snehapana and also mentioned different Ghrita Yogas according to Doshas [15]. Acharya Charaka has mentioned that the Madhyam Matra should be administered in Kushtha for Shodhanartha [16].
- **Swedana:** Nadi or Vashpa Swedana is done in Kushtha. This procedure liquifies the Dosha.
- Raktamokshana: Acharya Sushrut have described to perform Siravedha from five main superficial veins. Charaka have advised Siravedha by classical instrument Alabu, Shringa etc.[17]

#### Shamana Chikitsa

The purpose of *Shamana Chikitsa* is:

- To subside Kushtha in the patients who are unfit for Shodhana Karma.
- To subside the remaining *Doshas* after *Shodhana Karma*. For the treatment of *Kushtha Roga*, selection of drug is based upon below mentioned principles. Drugs having the properties of
- Rasa, Rakta Prasadana
- Rasa, Rakta Shuddhikara
- Rasavaha, Raktavaha & Swedavaha Sroto Shodhana.

Acharya Charaka has advised Shamana therapy with Tikta and Kashaya Dravyas.

There are some medicine *yogas* for *ek-kushtha* mentioned in texts are [18]

Patoladi kwath

Triphaladi churna

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Mahatiktaka ghrita Mahakhadir ghrita

**Lepana**: External application is also important as *Sthanasamshraya* and *Vyaktasthana* is *Twacha*. *Acharya Sushrut* has suggested *Shodhana Lepa* for the management of *Twakagata Kushtha*. i.e. *Sidhma lepa*, *Vipadikahara ghrita taila*, *Edgajadi lepa* 

- Treatment on psoriasis depends on the type, locations and extent of disease most patient with localized plaquetype psoriasis can be managed with midpotency topical glucocorticoids. Crude coal tar (1-5% is an ointment base) is an old but useful method of treatment in conjunction with ultraviolet light therapy. A topical vitamin D analogue (calcipitriol) is also efficacious in the treatment of psoriasis.
- The ultraviolet B (UA-B) spectrum is effective alone, the combination of ultraviolet A (UA-A) spectrum with either oral or topical psoralens (PUVA) is also extremely effective for the treatment of psoriasis [19].

### **Conclusion**

The complete eradication of this disease is not possible but *Ayurvedic* medications and *Panchkarma* therapy gives highly significant results in *Ek-Kushtha* (psoriasis). And prevents the relapse of disease and improve the quality of life.

### References

- 1. Agnivesha (2009) Charaka Samhita. In: Chaturvedi G, et al. (Eds.), Vidyotni Hindi commentary. Indriya sthana, 9/8-9, Chaukhamba Bharati Academy, Varanasi, India, pp: 1004.
- 2. Maharsi Susruta (2011) Sushruta Samhita. In: Shastri KA (Eds.), Ayurveda Tattva Sandipika, Part-I, Nidana Sthana, Chapter-5/33, Verse No. 10, Chaukhambha Sanskrit Sansthan, Varanasi, India, pp: 325.
- 3. Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, et al. (2008) Harrison's principles of internal medicine. 17th (Edn.), In: Fauci AS, et al. (Eds.), The Mc Graw-Hill, Newyork, pp: 315-316.
- 4. Agnivesha (2009) Charaka Samhita. In: Pamdey K, et al. (Eds.), Vidyotni Hindi commentary. Chikitsa Sthana, Kushtha Chikitsa Adhyaya 7/4-8, Chaukhamba Bharati Academy, Varanasi, India, pp: 248.
- Agnivesha (2009) Charaka Samhita. In: Pamdey K, et al. (Eds.), Vidyotni Hindi commentary. Sutra Sthana, Yajyapurushiya Adhyaya, 25/40, Chaukhamba Bharati Academy, Varanasi, India, pp: 469.

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- Gayadaas (2009) Sushruta Samhita. chaukhambha orientalia, Varanasi, India, pp. 283.
- 7. Agnivesha (2009) Charaka Samhita. In: Pamdey K, et al. (Eds.), Vidyotni Hindi commentary. Nidana Sthana, Kushtha Nidanam, Adhyaya, 5/6, Chaukhamba Bharati Academy, Varanasi, India, pp: 644.
- 8. Agnivesha (2009) Charaka Samhita. In: Pamdey K, et al. (Eds.), Vidyotni Hindi commentary. Vimana Sthana, Sroto Vimana Adhyaya 5/22, Chaukhamba Bharati Academy, Varanasi, India, pp: 714.
- Agnivesha (2009) Charaka Samhita. In: Pamdey K, et al. (Eds.), Vidyotni Hindi commentary. Chikitsa Sthana, Kushtha Chikitsa Adhyaya 7/9-10, Chaukhamba Bharati Academy, Varanasi, India, pp: 248.
- 10. Agnivesha (2009) Charaka Samhita. In: Pamdey K, et al. (Eds.), Vidyotni Hindi commentary. Chikitsa Sthana, Kushtha Chikitsa Adhyaya 7/12, Chaukhamba Bharati Academy, Varanasi, India, pp: 249.
- Maharsi Susruta (2011) Sushruta Samhita. In: Shastri KA (Eds.), Ayurveda Tattva Sandipika, Part -I, Nidana Sthana, Chapter-5/4, Verse No.8, Chaukhambha Sanskrit Sansthan, Varanasi, India, pp: 320.
- 12. Vagbhata S (2009) Ashtanga Hridaya. In: Tripathi B (Ed.), Nirmala Hindi Commentary. Nidana Sthana, Chapter-14/20, Verse No.65, Chaukhamba Sanskrit Pratishthan, Varanasi, India, pp: 370.

- 13. Charaka (1<sup>st</sup> century) Charaka Samhita. Chikitsa Sthana, Kushtha Chikitsa Adhyaya 7/21, pp: 252.
- 14. Maharsi Susruta (2011) Sushruta Samhita. In: Shastri AD (Ed.), Ayurveda Tattva Sandipika, Kaviraja Ambikadutta, Part-I, Nidana Sthana, Chapter-5, Verse No.10, Chaukhambha Sanskrit Sansthan, Varanasi, India, pp: 321.
- 15. Maharsi Susruta (2011) Sushruta Samhita. In: Shastri AD (Ed.), Ayurveda Tattva Sandipika, Kaviraja Ambikadutta Shastri, Part-2, Chikitsa Sthana, Chapter-9/7, Chaukhambha Sanskrit Sansthan, Varanasi, India, pp: 63.
- Agnivesha (2009) Charaka Samhita. In: Pamdey K, et al. (Eds.), Vidyotni hindi commentary. Sutra Sthana 13/34, Chaukhamba Bharati Academy, Varanasi, India, pp. 266.
- 17. Agnivesha (2009) Charaka Samhita. In: Pamdey K, et al. (Eds.), Vidyotni Hindi commentary. Chikitsa Sthana, Kushtha Chikitsa Adhyaya 7/50, Chaukhamba Bharati Academy, Varanasi, India, pp: 257.
- Agnivesha (2009) Charaka Samhita. In: Pamdey K, et al. (Eds.), Vidyotni Hindi commentary. Chikitsa Sthana, Kushtha Chikitsa Adhyaya 7/62, Chaukhamba Bharati Academy, Varanasi, India, pp: 259.
- Fauci, Braunwald, Kasper, Hauser, Longo, et al. (2001) Harrison Principle of Internal Medicine 15<sup>th</sup> (Edn.), McGraw Hill, New York, USA, pp: 311.

