

## Role of Ayurveda in the Management of *Ekkushtha* (Palmar Psoriasis)- A Case Report

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### ABSTRACT:

Psoriasis is a disease with reddish plaques and silvery scales. It is one of the most intriguing and perplexing disorders of the skin. It is a papulosquamous skin disease and is chronic, non-contagious, multi-systemic, and inflammatory in nature. The worldwide prevalence of psoriasis is 2-3 %. In India, its prevalence is 0.4%-2.8%. *Eka-Kushtha* resembles as Psoriasis because of its distribution pattern and characteristic features like *Aswedanam* (anhydrous), the lesions are dry and rough. A case 37 years old, the male patient visited OPD of hospital CBPACS with complaints of scaly plaque on bilateral palms with mild itching for 2 months. The patient had taken allopathy medicine for 1 month earlier. Patient was treated with Ayurvedic oral drugs for 2 months after the administration of *Virechana Karma* (therapeutic purgation) and got satisfactory results with no side effects. *Virechana Karma* (therapeutic purgation) was done with *Karvellaka Swarasa* (juice of *Momordica charantia* Linn. fruit), *Draksha Kwath* (decoction of dry *Vitis vinifera* Linn. Fruit) and *Triphala powder* along with oral medication as *Sanshamani Vati*, four tablets (250 mg each tablet) twice a day with lukewarm water and *Nimba Jala Prakshalana* (decoction of *Azadirachta indica* leaf) for the local wash. The effect of the therapy was assessed by the signs and symptoms before and after the treatment. The treatment modalities relieved the patient's signs and symptoms over 6 weeks of follow-up. This case report reveals that the Patient of *Ekkushtha* (Palmar Psoriasis) has been successfully treated by Ayurvedic treatment modalities.

**KEYWORDS-** Ayurveda, *Ekkushtha*, Palmar Psoriasis, *Virechan Karma*.

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### INTRODUCTION:

Psoriasis is a chronic, recurring autoimmune disease that triggers the rise of scaly, red lesions on the skin, affecting

approximately 2-3% of the global population. [1] One clinical subtype of Psoriasis localized on the palms and soles is classified as Palmoplantar Psoriasis (PPP).

PPP affects approximately 14% of patients diagnosed with Psoriasis. The presence of sharply demarcated and symmetrically distributed erythematous plaques, silvery nature of scales, the involvement of the thenar and hypothenar eminences and knuckles of hands and insteps of feet, with associated regular and coarse nail pits in the absence of nail-fold lesions, can be taken as features in favor of psoriasis. [2] Resulting lesions from PPP lead to functional impairments in daily activities that cause social and psychological distress. Compared to other forms of psoriasis, the disease's occurrence on the palms and soles causes a significantly greater decrease in the patient's quality of life.

No standard treatment for Psoriasis exists so far. Only 27.4% showed improvement with topical agents, the rest all required systemic treatment. There exists the first-line and second-line treatment. First-line treatment includes potent to supra potent corticosteroids and acitretin. Second-line treatment includes light therapy, PUVA, and NB-UVB or monochromatic excimer laser. Methotrexate and Cyclosporine are considered systemic agents. But these treatments have no promising effects in the management of Psoriasis and the recurrence rate is also higher.[3]

According to World Health Organization, 80% of the world's population is using some type of natural or herbal treatment for their healthcare need.[4] Natural or herbal treatment is inexpensive and claimed to be safe with no or minimal side effects compared to allopathic medicines. Because of such strength, the healthcare system and pharmaceutical companies now depend on medicines derived from plants.

In Ayurveda Psoriasis resembles *Ekkushta* where there is an absence of sweating. *Matsyashakalopamam* (fish-like scaly skin) that is well defined, erythematous macule,

papule and plaque covered with silvery scales are coinciding with a description of Psoriasis than any other type of *Kushtha* having *Vata Dosha* (regulatory functional factors of the body) responsible for movement and cognition) *Kaphaj* nature.[5] *Sanshodhana Chikitsa* (bio cleansing therapy) is the first and foremost treatment modality in every *Kushtha* (the group of skin diseases). [6] It may be in any form like *Vaman* (therapeutic emesis), *Virechana* (therapeutic purgation), *Nasya* (medication through nasal routes) and *Rakta Moksha* (bloodletting). After *Sanshodhan Chikitsa* (detoxification therapy), *Sanshaman Chikitsa* (alleviating therapy) is done with *Tikta* (bitter taste) and *Kashaya* (astringent taste) drugs. [7] *Nimba Twak Kashaya* (decoction of *Azadirachta indica* leaf) is advised for internal, application as well as local wash. [8]

#### Patient information:

A 37-year-old Hindu, male visited CBPACS *Kayachikitsa* Outdoor Patient Department in July 2019 having central I.D. no. 133892 with the complaint of scaly plaque on bilateral palms with mild itching for 2 months. The patient had an intake history of allopathy medicine Acetretin 25 mg per day twice with topical application of Daivonex) earlier, but patient condition is in state and not got relief. So, the patient visited our center for better care and support for his ailment.

#### Clinical findings:

Patient came to CBPACS, *Kayachikitsa* OPD for consultation. After one week the patient was admitted to the IPD ward for *Virechan Karma* (therapeutic purgation). On the day of the first visit General condition of the patient was anxious, appetite moderate, and tongue coated. There was no family history of *Ekkushta*. There was no history of

Diabetes mellitus and Hypertension. Personal history reveals that the patient was non-vegetarian, and had the habit to take *Virudhhasana* (incompatible diet) i.e., fish in the dinner and then a fruit shake after a meal.

*Ashtavidha Pariksha*: On examinations, Blood pressure was 140/70 mm Hg, pulse rate was 88 per minute, pupils were normal, the chest was clear, the abdomen was soft and non-tender, and the bowel was constipated.

*Dashvidha Pariksha* was done for patient assessment. The patient had *Pitta Kaphaj*, *Vikriti* – *Vata Kaphaj*, *Sama Pramana*, *Madhyama Sara*, with *Avara Vyayam Shakti*, and *Avara Bala*.

#### Diagnostic assessment:

The diagnosis of *Ekkushtha* was made on the basis of the appearance of the disease condition. The assessment was done on the basis of a skin examination includes thick hyper keratotic plaque, located on central portion of the palm. According to Ayurveda Differential Diagnosis was made between *Ekkushtha* and *Vipadika*.<sup>[9]</sup> *Vipadika* type of *Kushtha* is associated with cracks in the palm and sole as well as excruciating pain, but in this case, the patient had a complaint of scaly plaque on bilateral palms which is the cardinal symptom of *Ekkushtha*.

#### THERAPEUTIC INTERVENTION:

After *Deepana* (~appetizers) and *Pachana* (~digestives) followed by *Snehapana* (~internal administration of *Sneha*-) *Virechana Karma* was planned in this case. The patient was given *Shunthi Churna* (powder of dried rhizome of *Zingiber officinale* Roscoe) and *Haritaki Churna* (Powder of dried *Terminalia chebula* Retz fruit) for *Deepana* (enhancing metabolic

fire) and *Paachna* (enhancing digestion) drugs in the dose of 3 g each for 5 days and after that *Sneha Paana* (therapeutic oleation) was advised with *Panchatikta Ghrita* for five days starting with 30 ml and increased by 30 ml on each consecutive day. <sup>[10]</sup> After 5 days of *Abhyantar Ghrit Paan* (therapeutic oleation), the patient was advised for *Bahya Snehan* (external oleation) with *Jatyadi Taila* and *Bashpa Swedan* (sudation therapy) with *Manjisthadi Kwatha* for three days <sup>[11]</sup>. After this *Virechan Karma* (therapeutic purgation) was done with *Karvellaka Swarasa* (juice of *Momordica charantia* Linn. fruit) 20 ml, *Draksha Kwatha* (decoction of dry *Vitis vinifera* Linn. Fruit) 40 ml and *Triphala Churna* 10 gm. *Madhyam Shuddhi* (moderate cleansing) was attended and 14 vegas came. After five days of *Sansarjana Karma* <sup>[12]</sup> (post-therapy dietetic regimen for revival), *Shaman* drugs (drugs which subside diseases) were prescribed in the form of *Sanshamani Vati* <sup>[13]</sup> 4 tablets (500 mg each) twice a day *Nimba Jala Prakshalana* (decoction of *Azadirachta indica* Linn. leaf) twice a day and *Jatyadi Taila* for local application at night with proper dietary advice for two months. After two months oral medicines were stopped and only local wash with *Nimba Jala Prakshalana* (decoction of *Azadirachta indica* leaf) was continued with dietary restrictions for 2 months. (Table No-1, 2, 3)

#### Follow-up and outcomes:

Traditional history and examination are considered a parameter of assessment. There was a remarkable improvement in the condition. And there was no recurrence of the disease in the follow-up period of 1.5 months. [Figure 1-3]

Table -1: Timeline of events:

Duration	Particular events with Intervention/procedure
May 12- July 14, 2019	Plaques with scales are observed for the first time. Allopathic treatment (Acetratin 25 mg per day twice with topical application of Daivonex) was taken but the condition get worsened.
July 16, 2019	First visit to CBPACS, the Patient's Detail history was taken and advised to admit to the hospital for the <i>Virechana</i> procedure.
July 23, 2019	Patient Admitted in IPD, <i>Deepana (~appetizers)</i> and <i>Pachana (~digestives)</i> drugs started as <i>Purva Karma</i> for the <i>Virechana</i> procedure.
July 23- August 11, 2019	After <i>Deepana (~appetizers)</i> and <i>Pachana (~digestives)</i> followed by <i>Snehapana (~internal administration of Sneha like Panchtikta Ghrita)</i> procedure of <i>Virechana Karma</i> was done and advised <i>Samsarjana Krama</i> as per <i>Shuddhi</i>
August 12 –October 14, 2019	Shamana <i>Chikitsa</i> was given with proper dietary advice Sanshamani Vati 4 tablets (500 mg each) twice a day Nimba Jala <i>Prakshalana</i> (decoction of Azadirachta indica leaf) twice a day and <i>Jatyadi Taila</i> for local application at night
October 14 –December 2, 2019	six follow-ups were done and there was no remission of any plaques during these follow-ups.

Table-2: Details of *Virechana Karma*:

Procedure	Drug and dosage	Duration
<i>Deepana and Pachana</i>	<i>Shunthi Churna</i> (powder of dried rhizome of <i>Zingiber officinale Roscoe</i> ) and <i>Haritaki Churna</i> (powder of dried <i>Terminalia chebula Retz</i> fruit) 2gm /thrice a day with warm water after meal	5 days
<i>Snehapana</i> (Internal oleation)	starting with 30 ml. and increased by as per <i>Koshtha</i> and <i>Agni</i> for 5 consecutive days (in increasing dose)	5 days
<i>Sarvang Abhyanga</i> (therapeutic massage) with <i>Jatyadi Taila</i> and <i>Sarvang Vashpa Swedan</i> (sudation therapy)	Lukewarm oil is poured all over the body and a gentle message was given for 20 minutes per day. Sudation therapy was given with the steam of <i>Manjishthadi Kwatha</i> for 10 minutes or as long as the patient feel comfortable	3 days
<i>Virechana Karma</i> (Therapeutic Purgation)	<i>Karvellaka Swarasa</i> (juice of <i>Momordica charantia</i> Linn. fruit) 20 ml., <i>Draksha Kwatha</i> (decoction of dry <i>Vitis vinifera</i> Linn. Fruit) 40 ml and <i>Triphala Churna</i> 10 gm.	-
<i>Sansarjana Krama</i> (specific dietary regimen)	Regulatory diet regimen as per <i>Shuddhi</i>	5 days



Table-3: Medicaments used in treatment:

Name of drug	Dose	Anupana administers (co-with medicine)	Duration
<i>Sanshamani Vati</i>	4 tabs (each containing 500mg) 2 gm daily in two divided doses	Lukewarm water	60 days
<i>Nimba Jala</i> <i>Prakshalana</i> ( decoction of <i>Azadirachta indica</i> leaf )	quantity sufficient, the local wash has done twice a day.	-	120 days
<i>Jatyadi Taila</i>	As per need	Local application	180 days



Fig-1: Before treatment on left hand



Fig-2: Before Treatment on Right hand



Fig-3: After Treatment effect of therapy

**DISCUSSION:**

In Ayurveda classics, it has been mentioned that diseases treated with *Samshodhana Chikitsa*<sup>[14]</sup> (bio- purification therapy) have the least tendency to reoccur. *Virechana Karma* (therapeutic purgation) is indicated not only for *Pittaja* disease but also for *Rakta* and *Kaphaj* disease.<sup>[15]</sup> In this procedure, first *Deepana* (enhancing metabolic state) *Pachana* (enhancing digestion) *Karma* was done with *Shunthi Churna* (powder of dried rhizome of *Zingiber officinale* Roscoe) and *Haritaki Churna* (powder of dried *Terminalia chebula* Retz fruit). Both these drugs are excellent *Deepana* drugs and thus help in *Aam Pachana*. After this *Snehapana* (therapeutic oleation) was done *Panchatikta Ghrita*. *Ghrita* can penetrate the cell membrane.

So, drugs incorporated with *Ghrita* (ghee) will easily assimilate into the human body. This will help in the rejuvenation of cells and smoothening of vitiated *Dosha* (regulatory functional factors of the body). *Ghrita* is the best among *Vata-Pitta Prasaman* drugs.<sup>[16]</sup> So, it helps in the alleviation of dryness, burning sensation and scaling of disease. After internal *Snehapana* external *Snehan* (oleation) with *Jatyadi Tail* and *Swedan* (therapeutic fomentation) with *Vrihat Manjisthadi Kwath* will melt the *Dosha* (removal of toxin and nitrogenous wastes) from the periphery to guts. Which is thrown out of the body with the help of *Virechak Kashaya*.

*Sanshamani Vati* possesses *Guduchi* (stem of *Tinospora cordifolia* Wall. ex Seringe.). Immunomodulator protein (ImP) present in the stem of *Guduchi* (*Tinospora cordifolia* Wall. ex Seringe.) leads to lymphocyte proliferation and activation of macrophages. It possesses immunomodulatory effects due to the stimulation of the non-specific immune

mechanism.<sup>[17]</sup> The fraction with immunomodulatory action is due to a polysaccharide rich in glucose, fructose, and arabinose as monomer unit proliferation and macrophage activation<sup>[18]</sup>. G1-4A derived from this plant acts as a non-microbial TLR4 (toll-like receptor 4) agonist. This receptor is present in macrophages and B lymphocytes in stimulation with G1-4A, leading to macrophage activation and B cell proliferation. Cell survival is also increased due to a rise in the expression of the anti-apoptotic gene.<sup>[19]</sup>

The medicinal uses of Neem tree has been described since ancient to treat various ailments. Since earlier neem twigs has traditionally used as teeth cleaner, leaf juice of neem used in the skin disorders also in use as a tonic.<sup>[20]</sup> *Neem* leaves are known to possess 0.13% essential oil that provides a smell to the leaves because of It have anti septic, healing, anti-bacterial properties it is used here.<sup>[21]</sup> In a randomized controlled trial of 50 patients, *Neem* extract was examined for its efficacy against Psoriasis.<sup>[22]</sup>

**CONCLUSION:**

From this case study, it can be concluded that bio-purification of the body along with Ayurveda modalities provided better clinical management for such cases of Palmar Psoriasis. This is the uniqueness of Ayurveda management in the present case report. It helps to prevent the recurrence of disease as well as the secondary data for the Ayurveda research scholars for future work.

**Limitation of study:**

However this case illustrated the appreciable outcome, it may requires the number of sample more for accuracy of the result.

**Declaration of patient consent:**

The patient was given consent for the procedure/intervention in addition to reporting the case with the images and other clinical information in the journal.

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