

**AYURVEDIC MANAGEMENT OF PSORIASIS (EKAKUSHTA) WITH PANCHAKARMA CHIKITSA**Singh Vijeyta^{1*} Srivastava Alok Kumar²¹P.G. Scholar, ²Assistant Professor, Dept. of Panchakarma, Rishikul State Govt. PG Ayurvedic College & Hospital, Haridwar, Uttarakhand, India.

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ABSTRACT

Psoriasis is a non-infectious chronic relapsing inflammatory skin disease having unknown etiology, characterized by well-defined dry scaly erythematous patches and covered with adherent silvery white scales. The eruption is usually symmetrical and most commonly affects extensor surfaces of elbows, knees, scalp, nails and the sacral regions. Its incidence is 1-2% of world population. Psychological stress is emphasized as one of the major triggering factor in the exacerbation of the disease. Modern medical science treats psoriasis with PUVA and corticosteroids. But these therapies give serious side effects like hepato & nephrotoxicity, bone marrow depletion etc. Hence it is the need of time to find out safe and effective treatment for Psoriasis and here *Ayurveda* plays an important role. In *Ayurveda*, Psoriasis can be correlated with *Ekakushta* due to very much similarity in their symptoms. The unique treatment modality of *Ayurveda* provides long lasting results and a better life to patients through its three basic principles of treatment i.e. *Shodhana*, *Shamana* and *Nidana Parivarjana*.

Panchakarma (Shodhana) therapy is a unique type of treatment for various chronic, auto-immune, hormonal, degenerative disorders etc, where other sorts of treatments have no satisfactory answer as well equally beneficial for the promotion and preservation of health. In addition of the *Shamana Yoga* & External Application (*Lepan Chikitsa*) of drugs is administered after taking the proper course of *Shodhana* then it provides additional relief and thus helps in eradication of the diseases (psoriasis) completely. The present article reviews the concept of psoriasis in *Ayurveda* and role of *Panchakarma* & *Shaman Chikitsa* in the management of psoriasis.

KEYWORDS: *Ekakushta*, Psoriasis, *Ayurveda*, *Panchakarma*.

INTRODUCTION

The skin is one of the five '*Gyanendriya-adhithana*' as described in *Ayurvedic* texts, which is responsible for '*Sparshagyanam*' or touch sensation; therefore it plays a great role in physical and mental wellbeing of any individual. The unbroken skin is the nature's dressing over the body. It acts as an effective barrier against the entry of diseases and its damage results in whole host problems. Psoriasis is one of the most common dermatologic diseases, affecting about 2% of the US population. The rate of psoriasis varies according to age, gender, region and ethnicity. A combination of environmental and genetic factors is thought to be responsible for these differences. It usually occurs before the age of 40, most commonly between the ages of 15 and 25 years; affects equally in men and women. The etiology of psoriasis is still poorly understood, but there is clearly a genetic

predisposition. It has been found in large surveys that one third of patients have a positive family history. Evidence has accumulated and clearly indicating a role of T- cells in the pathophysiology of psoriasis. Psoriasis can be a very persistent complaint. It does not kill but it is responsible for great deal of unhappiness feeling of depression. Hence, psychological aspect of psoriasis is most important in the etio-pathogenesis and management of psoriasis.

Literature Study

The word '*Kushta*' is a broad term which includes almost all skin disorders. Commentator *Arundatta* mentioned that *Kushta* is the one which causes vitiation as well as discoloration of the skin. *Ekakushta* among one of the *Kshudra Kushta* has a close resemblance with psoriasis due to its maximum

similarity in symptoms. *Bhavaprakasha* also mentions that because it is the prime among the *Kshudra Kushtha*, thus it is called *Ekakushtha*. "*Kshudrakushtha Mukhyatvata Ekakushtamiti*".

Table 1: Comparison between Psoriasis and Kshudrakushtha

<i>Ekakushtha lakshana</i>	Psoriasis sign and symptoms
<i>Asvedanam</i>	The lesion of this disease are dry & rough
<i>Mahavastu</i>	Bigger lesions are found all over the body & deeply rooted
<i>Matsya Shakalopamam</i>	Well-defined raised macules, papules, & erythematous plaques found which covered with silvery scales
<i>Krishna Aruna Varna</i>	<i>Varna</i> raised & erythematous thick lesion becomes black in color
<i>Twaka Parushya</i>	Dryness in skin

1) Nidana of Ekakushtha: There is no specific description about etiological factors of the disease *Ekakushtha* but it being a variety of *Kshudrakushtha*, some of the etiological factors of *Kushtha* are to be accepted as the etiological factors of the *Ekakushtha* too.

2) Rupa (Clinical symptoms):^[1] *Acharya Vagbhata* has followed *Charaka* but has used word 'Maha Ashryam' in place of 'Mahavastum' of *Charaka*. *Maha Ashrayam* means widely spreaded. *Bhava Prakasha* describes that the lesions of *Ekakushtha* are *Chakrakara* (circular) & *Abhrakapatrasama* i.e. silvery scales like mica (*Bhav Prakasha, Madyama Khanda, Chi. 54/24*). These two important features indicate *Ekakushtha* towards Psoriasis, main symptom of which is silvery white scaling.

On the basis of above description, *Rupa* of *Ekakushtha* concluded here are *Asvedanam*, *Mahavastum*, *Matshyashakalopama*, *Krishna Aruna Varna*, *Vaisarpodbhavam*, *Srava*, *Mandala*, *Abhrakapatrashama* lesion.

Thus it is clear that *Ekakushtha* occurs mainly due to *Rasa*, *Rakta* and *Mamsa Dhatus Dusti*. It indicates that remaining other *Dhatus* are generally not involved. However, after long course of the disease nail and joint involvement also found which indicates involvement of deeper *Dhatus*.

MATERIAL AND METHOD

Psoriasis is one of the most common dermatologic diseases and still stands as a challenge to different medical systems. Many research works have been done on psoriasis in *Ayurveda* and modern medical science but no drug has yet been claimed to cure psoriasis completely. Psoriasis can be better managed by the *Ayurvedic* principles of management namely:

1. *Nidana Parivarjana*
2. *Shodhana (Panchakarma therapy)*
3. *Shamana Chikitsa*

1. Nidana Parivarjana

This means avoidance of etiological factors like *Mithya Ahara- Vihara & Viruddha Ahara*. *Nidana Parivarjana* stops the further progression of the disease, by restricting vitiation of *Doshas*. Hence main objective of treatment is to improve metabolic activities in *Dhatu* level, to rectify *Srotoavrodha* and to provide nourishment to depleted *Dhatus*.

2. Panchakarma Chikitsa

As *Ekakushtha* is chronic & relapsing in nature and also there is an involvement of *Tridosha & Twaka, Rakta, Mamsa, Lasika & Kleda*, hence repeated *Shodhana* is required for treatment. *Samshodhana* is one of the important treatment of *Ayurveda* which deals mainly with elimination of the aggravated *Doshas* from the body. These *Doshas* (toxins and waste material) should be eliminated naturally as well as nearest root of the body.

Role of Vamana Karma in Psoriasis^[2]

Acharya Charaka has indicated *Samshodhana Karma* in treatment of *Bahudosha*. Among them signs and symptoms like *Pidka, Kotha, Kandu, Shleshmapitta Samutklesha, Balvarna Pranaasha* are clearly indicative of skin manifestations.^[3] *Charaka* has also indicated *Vamana* in *Kaphottarkushthawastha*.^[4] *Acharya Susruta* has suggested *Samshodhan* in *Purvarupavastha* of *Kushtha*. He also described *Samshodhana* as a line of treatment of *Twagagata, Raktagata, Mamasagata Kushtha*. *Vaman Karma* is the best therapy for elimination of vitiated *Kaphadosha* from all over the body through *Amashaya* by means of vomiting. As *Amashaya* is *Mulasthan* of *Kapha* and its diseases hence *Vaman Karma* can treat all *Kapha* predominant disorders.

Management of Psoriasis by *Shirodhara esp. Takradhara*

Psoriasis is related with Stress-induced autonomic response & diminished pituitary adrenal activity. Stress-induced endocrine and immunological changes in psoriasis patients and healthy controls^[5]. In *Ayurveda*, *Dhara* therapy is indicated in *Vata- Pitta* disorders; previous research works suggest that it gives good results in stress related lifestyle disorders like hypertension, ulcerative colitis, psoriasis & other psychosomatic diseases etc. Continuous pouring of *Takradhara* on fore-head for a specific period of time has tranquilizing effect & regulates rhythm. *Takradhara* effects *Mana* & *Prana Vayu* and induces good sleep.

3. Shamana:

Role of *Manasbhas* and *Medhyarasayana*^[6]

It is interesting to note that *Ashtanga Hridaya* explains to follow certain strict code of conduct such as *Vrata, Tapa, Dhyana, Tyaga, Shila* etc. This highlights the necessity of psychological supporting in patients suffering from *Kushtha*. It becomes more important in case of wide spreaded, chronic and mentally irritating disorders like psoriasis (*Ekakushtha*). Addition of *Medhya Rasayanas* to the conservative management of *Ekakushtha* (psoriasis) helps in well controlling of different *Manas Bhas*, thus by reducing the chances of exacerbation of the disease and relapses after stopping the treatment.

External application

Kushtha, being exhibited through the skin, external applications are also advocated. For the external application, drug should be applied after elimination of the *Doshas* from the body by *Shodhana Karma* and *Raktamokshana*. Various forms of local application are prescribed like *Udvartana, Pralepa, Parisheka, Abhyanga*, etc. *Kshara Karma* and *Agada Karma* are also prescribed in special condition of *Kushtha*. External application should ideally be applied to the patient of *Kushtha* has satisfactorily undergone the purificatory procedure and whose vitiated blood is removed from the lesions. *Susrutah* suggested external application of *Kushthagna* drugs as *Shodhanlepa* for the management of *Twaggata Samprapti*.

The mechanism of action of each drug is probably different but they all help to normalise skin cell proliferation and reduce inflammation. *Katu, Tikta, Kashaya Rasa - Kapha Shamak*,

reduces *Kandu*. *Laghu Snigdha Guna* reduces scaling. *Ushna Virya* which increase *Svedana* by *Vata Kapha Nashak Dravya, Rakta Shodhak*, immunomodulator, *Kushtha Kandu Nashak* property.

DISCUSSION

Probable mode of action of *Vaman Karma*

As per *Ayurvedic* point of view, process of *Vaman Karma* precedes *Deepan Pachana* which reduces the *Aamdosha* and increases *Agni*. There after medicated or pure *Ghrta* or Oil is given for the *Snehana*. Though texts clearly contraindicated the use of *Ghrta, Ksheer, Taila* etc. As *Snehana* in *Kushtha* but they also suggested *Siddha Ghrta* or *Taila* by *Pippali, Haritaki, Triphala* like drugs for *Snehpana* purpose. These drugs having *Ruksha, Ushna* properties which may be helpful in conditions like *Kushtha* where *Kleda* is aggravated. All these drugs having *Rasayana* property may be more beneficial in management of *Kushtha*.

Snehpana reduces the burning sensation (*Daha*), lubricates the body and thus reduces dryness over the scales. It also reduces the scaling (*Matsyashakalopamam*). Also the external application of *Sneha* reduces dryness and scaling, hence all these procedures reduces *Vatadosha* in the body.

Sarvanga Sveda removes obstruction in *Srotas* through *Srotoshodhaka* process. By the procedure of *Vamana*, the *Kapha dosha* gets eliminated from the body and reduces itching.

Deepana- Pachana which precedes the *Vaman Karma* increase metabolic activity by improving digestive system and helps to digest and excrete the metabolic waste products accumulated in tissue and system.

Perform *Vaman* in morning time i.e. at *Purvahana* when the levels of *Kapha* are high. The secretary rates of CRH, ACTH, and excessive cortisol are also high in early morning but low in evening. *Vaman* process stimulates the defence mechanism of body to protect further damage, these type of changes may compel body to increase cortisol secretion in large amounts to achieve immediate effects of blocking most of the factors that are promoting inflammation. In addition to this, the rate of healing is also enhanced. In modern medicine, cortisol has been used mostly for topical application for longer period of systemic use. This indicates that it is useful but needs a longer duration.^[7] This reality might have compelled *Vagbhata* to recommend a

line of treatment in *Kushtha* to perform *Vaman* every 15 days. Thus extra cortisol through one course will be sufficient till 15 days, after the body will again be charged with another course of *Vaman* to fulfil needs of remedy.

Probable Mode of Action of *Sirodhara Esp Takra Dhara*

Marmas are the *Pranas* may be correlated with vital energy of body. On stimulation they activate immune system. *Shirodhara* stimulates the *Marmas* like *Sthapni*, *Shankh*, *Utkshepa* and *Adhipati Marmas* and improves circulation. Liquid used for *Shirodhara* is always luke warm which causes vasodilatation of all the channels and there by improving their circulation which in turn improves the blood circulation of brain. This improves the higher intellectual functions also. So by this process improvement in psychic symptoms is achieved. Improvement in circulation to hypothalamus also improves the function of Autonomic Nervous System as its stimulation during stress causes many physiological disturbances.

Takra has *Pancha Rasa* except *Lavana Rasa*, *Amla Vipaka*, *Ushna Virya* & *Vata Kaphaghna* property. *Takra* (buttermilk) has *Vata- Kaphaghna* properties & can be used locally and also internally to treat the *Ekakushtha* (Psoriasis) which are *Vata Kapha* dominant. Buttermilk contains large amount of lactic acid.^[8] It is scientifically proved that lactic acid is used to moisten & lessen the appearance of thickened psoriatic scales.

There are so many medicaments in the market which contain lactic acid & salicylic acid. These help moisten and lessen the appearance of thickened psoriasis scales. Some available preparations include *Salex* (salicylic acid), *AmLactin* (lactic acid), or *Lac-Hydrin* (lactic acid) lotions. They generally do not have a risk of problematic skin thinning (atrophy)^[9].

Researches with *Takradhara* containing *Amalaki* & *Musta* which has anti-inflammatory & antioxidant property, lactic acid in *Takra* may help in the transdermal absorption of these drugs & have systemic anti-inflammatory, antioxidant effects in psoriasis.

In psoriasis, cells divide faster than normal which produces scales. The ascorbic acid content of *Amalaki* fruit has antioxidant activity and immunomodulatory effects. Scientific researches on *Amalaki* extract shows inhibited cell proliferation, induced apoptosis, and increased reactive oxygen species production^[10].

Other drugs having *Rasayana*, *Raktaprasadana*, *Kushthagana*, *Srotoshodhak* and *Aampachaka* properties should be used.

In *Kushta*, *Dhatus* are involved and *Dhatu shaithilyata* takes place due to vitiated *Doshas*. It is clear from *Ayurvedic* classics, that the *Dhatukshaya* will lead to *Ojo Kshaya* and also the *Ojas* is getting *Kshaya* due to *Kopa*, *Shoka*, etc which are the triggering factors of psoriasis. Reduction in *Chittvega*, *Kopa*, *Shoka* are taking place due to *Takradhara*, which in turn overcomes the *Oja Kshaya*. It is stated in the benefits of *Takradhara* that it is best therapy for *Ojokshaya*. Hence, it is having definite role in *Samprapti Vighatana* of *Ekakushta* (Psoriasis).

RESEARCH INFORMATION

To confirm scientific validity of the *Ayurvedic* management especially *Panchakarma*, number of clinical studies have been carried out by P.G Scholars, scientists of different faculty of sciences. Some of the studies are illustrated here.

Chetan M Gulhana (2011)^[11]: The clinical trial has been carried out in 16 patients in Group A *Takradhara*, 17 patients in Group B *Virechana*. In group A, *Bahalatava* (epidermal thickening), *Srava* (discharge) showed significant result $P < 0.01$, while other showed highly significant $P < 0.001$ result. In Group B *Bahalatava* (epidermal thickening), *Kandu* (itching) showed significant result $P < 0.01$, while other symptoms showed highly significant $P < 0.001$

Jaimin R Patel (2010)^[12]: The clinical trial has been carried out in 15 patients in both Group A and Group B. In group A *Vaman* has been given with *Madanphala*, relief was 34.61% in *Kandu*, 27.77% in *Matsyashakalopam*, 26.83% in *Krisnavarna*, 7.69% in *Rukshata* and $P < 0.001$ In Group B, *Vaman* has been carried out with *Krutavedhana*, relief was 50 % in *Kandu*, 40.74% in *Matsyashakalopam*, 30% *Rukshata*, 20.69% in *Krisna Aruna Varna*, 3.57% in *Aswedanam* and $P < 0.001$

Akhil Nath Parida (2008)^[13]: The clinical study has been carried out on 17 patients in Group A *Vaman*, 18 patients in Group B *Virechana*.

PERCENTAGE OF RELIEF

Symptoms	Group A	Group B
<i>Kandu</i>	89.47%	84.09%
<i>Matsyashakalopam</i>	88.81%	65%
<i>Daha</i>	80%	87.5%
<i>Rukshyata</i>	76.66%	83.33%
<i>Aswedanam</i>	76.66%	65.11%

<i>Srava</i>	100%	75%
<i>Bahalatava</i>	71.42%	86.48%
<i>Unnata</i>	60%	86.48%

CONCLUSION

Psoriasis (*Ekakushtha*) though it is difficult to manage, but if proper diagnosis is made at proper time, many complications can be avoided. Various *Panchakarma* procedures doing with internal medicines can be best option of its management.

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