

REVIEW ON THE MANAGEMENT OF EKKUSTHA WSR TO PSORIASIS

Dr. Bandana Dhall* and Dr. Bipin Bihari Khuntia

Principal, Kats Ayurveda Medical College and Hospital Odisha, India.



*Corresponding Author: Dr. Bandana Dhall

Principal, Kats Ayurveda Medical College and Hospital Odisha, India.

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ABSTRACT

In *Ayurveda* all type of skin diseases are included in *KUSTHA ROGA* which further divided into *Mahakustha* and *Kshudra Kustha*. *Ekkustha* comes under *Kshudra Kustha* as described by different *Acharyas* in *Ayurveda*. *Ekkustha* occurs due to imbalance of *Vata & Kapha* & resembles with Psoriasis in its clinical features. Psoriasis is a lifelong autoimmune & inflammatory skin disease presents erythema with layers of silvery scales, dry & well differentiated plaque like skin. The aetiology of Psoriasis is still poorly understood but there is clearly a genetic component to the disease. In this review article our aim is to understand the management of *Ekkustha* in *Ayurveda* and its comparison with Psoriasis.

KEYWORDS: *Ekkustha*, Psoriasis, autoimmune skin disease, *Ayurvedic* Management.

INTRODUCTION

Acharyas have described in *Ayurvedic* classics that all types of *Kushtas* are caused by vitiation of all *Tridosha* but the individual type is having its own predominance of *Dosha*. *Acharya Charak* has described the involvement of *Vata-Kapha* in *Ekkushtha*. In the present article *Ekkushtha* is compared with Psoriasis due to its maximum resemblance. Psoriasis is one of the most common dermatological disease affecting 1-2% of World population. Patients of this disease often experiences a mental pressure due to humiliation and social stigma which hampers their daily life.

Psoriasis is characterised by erythematous silvery scale and plaque like skin which is similar to “*yat matsyoshakalopam tat Ekkustha*”. In present era management of psoriasis is not much effective and is having adverse effect. *Ayurvedic* management like *Samshodhan* and *Samshaman Chikitsa* are relatively more effective and has very few side effects.

NIDAN

In *Ayurvedic* classics specific etiology for *Ekakustha* has not been described.

So the etiology of *Ekakustha* can be understood on the basis of general etiology of *Kustha*. *Ayurvedic* texts have described *Samanya Nidana* for all types of *Kustha*.

These can be categorized as follows

1. *Aharaja* – diet and dietetic pattern
2. *Viharaja* – faulty lifestyle
3. Miscellaneous

Aharaja Nidan like intake of mutually contradictory food and drinks, food that are unctuous and heavy, excessive intake of *masa, mulaka tila*, milk, jiggery, curd, fish, sour and salty food.

Viharaja Nidan like Suppression of the urge for vomiting and other natural urges, performance of physical exercise in excessive heat and after taking very heavy meals, use of cold water immediately after exposure to the scorching sun, exertion or exposure to frightening, sleep during day time.

Miscellaneous *Nidan* like insult to *Brahman* and sinful act.

SAMPRAPTI

The three vitiated dosas viz *vata pitta* and *kapha* in turn vitiate the *twak rakta mamsa* and *ambu*. These taken together constitute seven fold pathogenic substance of *Kustha*. *Kustha* are never caused by the vitiation of only one of the above mentioned pathogenic substances.

Intake of above mentioned *nidan* leads to *Agnimandya* which then causes *Amautpati* which in later stage leads to *Tridosha prakopa*. *Tiryakgamana* of vitiated *tridosha* may causes *Dhatusaithilya* and *Lakshan utpati (EKAKUSTHA)* i.e the manifestation of *Ekkustha*. In later state *Uttoratara dhatu pravesha* causes various complications.

Samprapti Ghatak

Dosa – Tridosha (vata pitta pradhan)

Dusya - Twak, Rakta, Mamsa, Lasika.

Srotas - Rasavaha, Raktavaha, Mamsavaha, Medavaha.
Srota Dusti - Sanga, Vimargagamana.
Adhithana - Twak.
Rogamarga - Bahya.
Swabhaba - Chirakari.

PURVAROOPA

There is no such specific *purvaroopa* of *Ekkustha*. *Purvaroopa* of *Kustha* may be considered as its *purvaroopa* as it is type of *kustha*. These are *Sparshngatva* or loss of sensation.

Excessive perspiration or absence of perspiration.

Discoloration and elevation of the patches in the skin
 Horripulation, itching, pricking pain, exhaustion, mental fatigue.

Instant appearance and Continuous persistent of ulcer
 Burning sensation and numbness of limbs.

ROOPA

Acharya Charak characterised *Ekkustha* is as follows

Absence of perspiration

Extensive localisation / lesions are very wide
 Appearance resembles the scales of fish.

LINE OF TREATMENT

As *Acharya Sharangdhar* said *shodhan chikitsa* is better than *Shamana chikitsa*, as dosha pacified by shaman may aggravate when get favourable nidana but doshas eliminated by *Shodhana chikitsa* cannot get aggravated again. So *shodhan chikitsa* is given priority in the management of *Kustha*. All varieties of *kustha* are caused by the simultaneous vitiation of all the three dosas. However, some dosas predominant and others are not. Keeping this in view, and after ascertaining this from manifested signs and symptoms, the physician should decide the line of treatment.

In the beginning, the predominately vitiated *dosa(s)* should be alleviated. Thereafter, the remaining secondarily vitiated *dosas* should be alleviated.

The patient suffering from *kustha* dominated by *vayu* should first be administered ghee internally. The patient suffering from *kustha* dominated by *kapha* should first be administered emetic therapy. The patient suffering from *kustha* dominated by *pitta* should first be administered blood-letting and purgation therapies. For emetic and purgation therapies to a patient suffering from *kustha*, the recipes described in the *Kalpa* section should be employed. Blood-letting should be performed in the less acute stage of *kustha* by *pracchana* (rubbing with a coarse device) and in more acute stage of *kustha* by *sira vyadh* (venesection).

After the elimination of *dosas* from the gastro-intestinal tract (by emetic and purgation therapies) and from blood

(by blood-letting therapy), the patient should be given *sneha* (oil, ghee therapy].

Acharya Shusrut advised *Vamana* in every 15 days, *Virechana* in every month, *Raktamokhyana* in every 6 month & *Nasya* in every 3rd day for *Kustha chikitsa*.

Acharya vagvatta said *snehapana* should be given in *purva roopa avasta* of *Kustha*.

Samana chikitsa - Those who are unfit for *sodhana* or subside the remaining *dosa* after the *sodhana*.

Charak advised *samana* therapy with *tikta* and *kasaya dravya* in *khudra kustha* external *samsodhan* and in *maha kustha* internal *samsodhana* is necessary.

Some yogas are as follows

External application

Eladi lepa, *Sidharthak snana*, *Manasiladi lepa*, *Tuthyadi lepa* etc.

Internal application

Kwath - *Patoladi kwath*, *Mahamanjistadi kwath*, *Patolamuladi kwath*.

Churna - *Manjistadi churna*, *Nimbadi churna*, *Mustadi churna*, *Somaraji churna* etc.

Asavarista

Khadirarista, *Manjistadyarista*, *Saribadyarista*, *Kanakabinduarista*, *Madhwasav Vati*- *Arogyavardhini bati*, *Amrita guggulu*, *Ekavinshatik guggulu*.

Rasausadhi- *Rasamanikya*, *Gandhaka rasayan*, *Taiakeswar rasa* etc.

Ghrita-Trifala ghrita, *Mahakhadira ghrita*, *Pancha tikta ghrita*, *Mahatiktaka ghrita*.

CONCLUSION

Though exact cure of psoriasis (Ek kushta) is difficult but by using Ayurvedic medication and panchakarma therapy the condition of patient can be improved. Also the recurrence can be prevented which improve their daily life.

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