ROLE OF SAMSHAMAN THERAPY IN THE MANAGEMENT OF EKAKUSHTHA (PSORIASIS): A CASE REPORT

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ABSTRACT
Psoriasis is a very common condition. The disorder may affect people of any age, but it most commonly begins between ages 15 and 35. The condition is not contagious. There are five types of psoriasis: plaque, guttate, inverse, pustular and erythrodermic. The most common form, plaque psoriasis, is commonly seen as red and white hues of scaly patches appearing on the top first layer of the epidermis (skin). Psoriasis can be considered as one type of Cushtha. In Ayurveda texts it is a Krichchasadhya Vyadhi. It not fatal but it is responsible for great deal of unhappiness, feeling of depression at some point. Modern treatment gives temporary relief remissions and exacerbations are the rule in most of the psoriatic cases. Hence, there is a need for drugs having good efficacy in this debilitating disorder which is possible by Ayurvedic treatment. Sushruta has stated ‘Udbhayato Samshodhana’ to be effective in the treatment of Psoriasis (Ekakushtha) but in old age samshodhan cannot be done. So Samshaman therapy plays vital role in Kushtha. The present case study was carried out in IPD of Kayachikitsa department, Sir Sunder Lal Hospital I.M.S. B.H.U. Varanasi. The regimen has shown marked improvement in relieving all the symptoms and PASI score of the patients.

KEY WORDS: Ekakushtha, Psoriasis, Samshamana, Scaling, Relapse

INTRODUCTION
Psoriasis (Ekakushtha) is one of the most common dermatologic disease, affecting up to 1 to 2 percent of the world’s population equally men and women. It is chronic relapsing disease of unknown etiology characterized by sharply defined dry scaling erythematous patches, covered with adherent silvery white scales. Psoriasis can be considered as one type of Kushtha. In Ayurveda, almost all skin disease can be taken under generalized term “Kushtha”. Apart from 18 types of Kushtha (Ch. Ch. 7/13), Psoriasis can be considered as Ekakushtha. Kushtha is produced invariably by the vitiation of the seven factors i.e. 3 Doshas and 4 Dushyas (Ch. Ch. 7/9), specific manifestation of symptoms are produced in the way of different types of pain, colour, shape etc. Psoriasis is correlated with Kshama, Soma, Ekakushtha etc. by different research workers but the clinical feature of Ekakushtha mentioned by Charaka Chikitsa (7/21) are very much similar with the Psoriasis (Ekakushtha) which are as follows:

1) Aswedanam - The lesions of this disease are dry and rough.
2) Mahavastum - Lesions are found all over the body.
3) Matsyasahakalopama - Well defined raised macules, papules and plaques of erythema found which are covered with silvery scales.
4) Krishna – Aruna Varna - The lesions are raised and erythematous, thick lesion becomes black in colour.

The main etiological factors are Mithya Ahara-Vihara and Viruddha Ahara. In Ekakushtha dominant Doshara are Vatakapha (Ch. Ch. 7/29) and Tvacha is the main Doshadhishthana (seat of disease). It is Chirakari and considered as a Suhshadhraya disease as per Charak but clinically its Krichchhasadhya disease. Topical medication Body-wide (Systemic), Phototherapy etc. are the general treatment options used in modern medical system for patient with psoriasis but they do not give complete cure but provides only temporary relief usually remissions and exacerbations occur. All Acharya have emphasized on Shodhana therapy in the management of all Kushtha because medicines given after Shodhana are more effective. After completing the Shodhana Karma, Shaman Chikitsa is indicated to subside the remaining Doshas. Shamana Chikitsa is very useful in those patients who are unable to undergo or contraindicated for Samshodhana. Charaka has advised Shamana therapy with Tikta and Kashaya Dravyas after administration of proper Shodhana (Ch. Chi. 7/58). Various forms of local application are prescribed like Udvartana, Pralapa, Parisha, Abhyanga etc.

CASE REPORT
A 72 year old patient admitted in Feb 2010 with chief complaints of reddish patches all over the body and head, scaling of skin, severe itching all over the body for 3-4 years. For this he took treatment from different modern doctors but got no relief. Then he consulted the homeopathic, Ayurvedic doctors but all went in vain. Then he came to sir sunder hospital in Kayachikitsa O.P.D. for better management. Patient wanted to have Panchakarma but due to his age samshodhan cannot be given so; we planned the treatment in following way:

- Arogyavardhani Vati-250mg and Yashada Bhasma-200mg = 2divided doses
- Swarnagari-250mg. Gandh Rasayana-1gm, Pravalpishi-500mg and Rasmanikya-150mg = 2divided doses
- Kumarkalyanarasa- 125mg = Once in Day
- Aragawadhapatra (Cassia fistula), Karveerpatra (Nerium indicum) and Kakmachipatra (Solonan nigrum) = Local application mixing with Takra
- Avgaha (Bath Sudation) with Shirisha Bark (Albizia lebbbeck), Neem Bark (Azadiracta indica), Karanja Seed (Pongamia pinnata), Tulsiapata (Ocimum sanctum), Apamarga whole plant (Acranythus aspera),

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Psoriasis is a major problem among the society till today. In Modern medicine drugs like steroid, ointments are used which give relief but not satisfactory and when drug is left psoriasis again flares up. Ekkushta is very near to psoriasis and it is counted as Shudrakustha hence Kushtahara drugs as well as immunity enhancing drugs can be beneficial for this morbid disease.

1. Arogyawardhini Vati4 (R.R.S 20/87-93) is mentioned in Kushtaroga so it is useful in Ekkushta (psoriasis) because psoriasis is also comes under Mahakushtha. Moreover Yasad Bhasma5 gives relief in Kandu (itching) which is chief complaints of Psoriasis.

2. Psoriasis is an autoimmune disorder, so Kumarkalyan Rasa6 has swarna (gold) as the main ingredient used to enhance immunity of the patient which further, prevents the recurrence of disease.

3. Aragwadh is highly praised by Acharya Charaka he gave the separate chapter “Aragwadhyaadhayaya” in Sutrasthana and Aragwadhadilepa (Aragwadha, Carveer and Kamachi) is described for Kushthroga (Ch.Su.3/17)

Aragwadha, Carveer and Kamachi contain Tikta, Kasha Rasa and in Kushta and Kandu. Aragwadha is well known drug for Kushta and Kandu.
Aragwadha is also described as Vedanahara, Shothahara and Dahahar.

It prevents secondary infection because it has antibacterial and has antifungal effects, it also has antiparasitic activity.14 Arogyawardhini Vati has got anti-inflammatory actions which help to reduce swelling, burning of lesion.

Kamachi is also described as Kushtaghana, Kandughana and Rasayan15 in Ayurvedic texts. It also has steroid activity16 and cytotoxic effect.17 Carveer is also well known drug for Kushtha, Viranahar and Kandughana and it is scientifically proved as anti-inflammatory, cytotoxic drug.18 “S Sirisrivishaghahananama” (Ch.Su.25/40) means Shirisha can be used in allergy disorder and it is also proved as mast cell stabilizer.14

4. In Charak Chikitsa-7 Acharya has described Siddharta-Snana for Kushta Roga. Dravayas have been selected for Avgaha (Bath Sudation) which could act as

Kushtagna, Kandughana, Dahahar-Vedanahara (anti-inflammatory), Krimighna (antibacterial, antiparasitic).

Neem bark is well known useful traditional medicinal plant in India. It has Kandughana, Kushtagha.21 Dahahar-Vedanahara, Viranahar22 Krimighna23 properties. It has Anti-inflammatory, antipyretic and analgesic activities. It has immunostimulant, antifungal, antibacterial, antioxidiant activity.24

Tulsi is used as antimicrobial25,26 which means that it prevents the secondary infections and also helps in dexamethasone suppressed wound healing. Neem, Kanarj, Aapta and Apamarga contain Tikta Rasa so it acts as Vranashodak. Tulsi is used Kushtagha, Krimigha. Aapta and Kanarja are used as Viranahara, Kushtagha and Krimigha. Aapamarga is Swedjanan, Kushtagha and Kandughana, Shulaghna. It also act as anti-inflammatory, wound healer, and has antioxidiant activity3 and is antibacterial.17

CONCLUSION

Hence we can conclude that Shaman Chikitsa may be beneficial in Kushta Roga when vaman –virechan cannot be done as in present case. The above mentioned regimen showed excellent result in terms of relieving agonizing symptoms.

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RESULT

The present regimen gave the relief to the symptoms mainly itching, indurations and scale after few days of treatment and gradually redness of the skin also subsided. PASI score initially was 65, after 5 days it reduced to 52, after 15 days it was decreased to 37 and after six month it decreased to 6 (patient asymptomatic but occasionally start itching). After one year there was no recurrence.
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