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 Kushtha. In Ayurveda texts it is a Krichhasadhya Vyadhi. It is 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 'Ubhayato 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 Kitibha, Sidhma, 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) Matsyashakalopama - 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 Dosha are Vatakapcha (Ch.Ch.7/29) and Tvacha is the main Doshadhisthana (seat of disease). It is Chirakari and considered as a Sukhasadhya disease as per Charak but clinically its Krichhasadhya disease. Topical medication Body-wide (Systemic), Phototherapy² 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. Shaman Chikitsa is very useful in those patients who are unable to undergo or contraindicated for Samshodhana. Charaka has advised Shaman therapy with Tikta and Kashaya Dravyas after administration of proper Shodhana (Ch. Chi. 7/58). Various forms of local application are prescribed like Udvartana, Pralepa, Parisheka, 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
- Swarnagarik-250mg, Gandhak Rasayana-1gm, Pravalpisti-500mg and Rasmanikya-150mg = 2divided doses
- Kumarkalyanarasa- 125mg = Once in Day
- Aragawadhapatra (*Cassia fistula*), Karveerpatra (*Nerium indicum*) and Kakmachipatra (*Solomon nigrum*) = Local application mixing with Takra
- Avgaha (Bath Sudation) with Shirisha Bark (*Albizia lebbek*), Neem Bark (*Azadiracta indica*), Karanja Seed (*Pongamia pinnata*), Tulsipatra (*Ocimum sanctum*), Apamarga whole plant (*Acryanthus aspera*),

Saptarnapatra (*Alstonia scholaris*) daily after drying of above lepa.

The whole regimen was given for 15 days along with Pathya. After 2-3 days of treatment patient started improving and after 15 days therapy patient improved 50 %. Patient was called for 4 follow ups of 1 month. Now patient has improved completely, no relapse of symptoms have noticed in the patient after 1 year of therapy.

Photo 1. Before treatment

Photo 2. After 5 days of treatment

Photo 3. After 15 days of treatment

Photo 4. After 6 months of treatment

Photo No.1,2 and 3 was taken from 25 cm from the patient and Photo No.4 taken from 40 cm distance from the patient, and resolution 1024×768 (XGA)

DISCUSSION

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 Shudrakushta hence Kushtahar 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 Mahakushta. Moreover Yasad Bhasma⁵ gives relief in Kandu (itching) which is chief complaints of Psoriasis.

2. Psoriasis is an autoimmune disorder, so Kumarkalyan Rasa⁵ has swarna (gold) as the main ingredient used to enhance immunity of the patient which further, prevents the recurrence of disease.

3. Aragwadha is highly praised by Acharya Charaka he gave the separate chapter "Aragwadhiyaadhyaya" in Sutrasthana and Aragwadhadilepa (Aragwadha, Karveer and Kakmachi) is described for Kusthroga (Ch.Su.3/17)

Aragwadha, Karveer and Kakmachi contain Tikta, Kashaya Rasa so it may be acting as Vranashodhak and Vranaropan. Aragwadha is well known drug for Kustha and Kandu.³ Aragwadha is also described as Vedanahar, Shothahar and Dahashamak¹⁴. It prevents secondary infection because it has antibacterial and has antifungal effects,⁷ it also has antiparasitic activity.¹⁸ Aragwadha has got anti-inflammatory²⁰ action which help to reduce swelling, burning of lesion.

Kakmachi is also described as Kusthaghana⁵, Kandughana and Rasayan³ in Ayurvedic texts. It also has steroidal activity⁸ and cytotoxic effect.¹⁰ Karveer is also well known drug for Kusthahar, Vranahar and Kandughana and it is scientifically proved as anti-inflammatory,⁹ cytotoxic drug.¹¹ "Sirishovishaghanaanama" (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 Siddhartaka-Snana for Kustha Roga. Dravyas have been selected for Avgaha (Bath Sudation) which could act as

RESULT

The present regimen gave the relief to the symptoms mainly itching, indurations and scaling 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.

Kushtagna, Kanduhagna, Dahahar- Vednahara (anti-inflammatory), Krimighna (antibacterial, antiparasitic).

Neem bark is well known useful traditional medicinal plant in India. It has Kanduhagna, Kushaghna,²¹ Dahahar-Vednahara, Vranahar¹⁵ Krimighna²² properties. It has Anti-inflammatory, antipyretic and analgesic activities. It has immunostimulant, antifungal, antibacterial, antioxidant activity.²³

Tulsi is used as antimicrobial^{12,16} which means that it prevents the secondary infections and also helps in dexamethasone suppressed wound healing. Neem, Karanj, Saptarna and Apamarga contain Tikta Rasa so it acts as Vranashodhak. Tulsi is use Kusthahara, Krimihara. Saptarni and Karanja are used as Vranahara, Kusthhara and Krimihara.⁶

Apamarga is Swedjanan, Kusthaghana and Kandughana, Shulaghna.⁶ It also act as anti-inflammatory, wound healer, and has antioxidant activity¹³ and is antibacterial.¹⁷

CONCLUSION

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

REFERENCES

1. Menter A, Gottlieb A, Feldman SR, Voorhees ASV, Leonardi CL, Gordon KB, et al. Guidelines for the management of psoriasis and psoriatic arthritis. J Am Acad Dermatol. 2008; 5:826-850. <http://dx.doi.org/10.1016/j.jaad.2008.02.039>
2. Stern RS. Psoralen and ultraviolet a light therapy for psoriasis. N Engl J Med. 2007; 357(7):682-690. <http://dx.doi.org/10.1056/NEJMc072317>
3. Shastri, K. Chaturvedi, G.N Charak., Charak Samhita, Vidyotini Hindi Commemnatry, Pub. Chaukhamba Bharati Academy, Varanasi 2003;7:269-270
4. Indra DevTripathi Rasa Ratna Samucchaya, Rasa Prabha Tika, Hindi Commentary, 1st edition, Chaukhamba Sanskrit Bhavan, Varanasi, 1997;9:189
5. Ayurveda Sara Samgraha, Shri Baidyanatha Ayurveda, 18th edition 1996;243-244
6. Chuneekar, KC, Bhavaprakash Nighantu - Commentary (Hindi), edited by G.S. Pandey, Chaukhamba Vidya Bhavan Varanasi 2005;198
7. Duraipandian, V and Ignacimuthu, S., Antibacterial and antifungal activity of Cassia fistula L.: An ethnomedicinal plant. Journal of

- Ethnopharmacology 2007;112, 590-594. <http://dx.doi.org/10.1016/j.jep.2007.04.008>
8. Zhou X., He X., Wang G., Gao H., Zhau G., Ye W. and Yao X. steroidal saponin from *Solanum nigrum*, Journal of natural products. 2006; 69:1158-1163.
9. B.Uma Reddy Antibacterial activity of *Thevetia peruviana*(pers.) K.schum and *Nerium indicum* Linn-The internet journal of pharmacology 2010;8:24-29
10. Kyung-Sun Heo, Sei-Jung Lee and Kye-Taek Lim.Cytotoxic effect of glycoprotein isolated from *Solanum nigrum* L.through the inhibition of hydroxyl radical-induced DNA-binding activities of NF-kappa B in HT-29 cells, Environmental Toxicology and Pharmacology Volume 17, Issue 1, May 2004; 45-54.
11. Mae SH, Sofia M, Bolhuis RL, Nooter K, Oostrum RG, Subagus W, IbnuGG.Selectivity of compounds isolated from the leaves of *Nerium indicum* Mill. On various human cancer cell lines. Med J Malaysia. 2008 Jul; 63 Suppl A:24-5.
12. Mishra Poonam and Mishra Sanjay ,Study of Antibacterial Activity of *Ocimum sanctum* Extract Against Gram Positive and Gram Negative Bacteria,American Journal of Food Technology,Year: 2011 , Volume: 6, Issue:4;336-341.
13. Edwin S., Edwin E., Jarald, Deb L., Jain A., King H., Dutt K.R., Amal Raj A.,Wound Healing and Antioxidant Activity of *Achyranthes aspera*, Informa health care(Pharmaceutical Biology) , Vol. 46, No. 12, 2008; 824-828 <http://dx.doi.org/10.1080/13880200802366645>
14. Venkatesh P, Mukherjee PK, Kumar NS, Bandyopadhyay A, Fukui H, Mizuguchi H, Islam N. Anti-allergic activity of standardized extract of *Albizia lebbek* with reference to catechin as a phytomarker, Immunopharmacol Immunotoxicol. 2010 Jun; 32(2):272-6. <http://dx.doi.org/10.3109/08923970903305481>
15. Sharma P.V., Dravyagunavigana,vol-2, Chaukhabha Bharati Academy Varanasi.2001;3:143
16. Udupa, S L,Shetty, Somashekar,Udupa, A L,Somayaji, S N, Effect of *Ocimum sanctum* Linn. on normal and dexamethasone suppressed wound healing, Indian Journal of Experimental Biology IJEB Vol.44(01) January 2006;49-54.
17. Alam M. T., Karim M. M., Khan Shakila N.,Antibacterial Activity of Different Organic Extracts of *Achyranthes aspera* and *Cassia alata*, Journal of Scientific Research, vol-1, No.2, 2009;393-398.
18. Sartorelli,P., C.S.Carvalho, J.Q.Reimao, M.J.Ferrira and A.G.Tempone,2009.Antiparasitic activity of biochaninA,an isolated isoflavanone from fruits of *cassia fistula*. Paracitol Research 104:311-314. <http://dx.doi.org/10.1007/s00436-008-1193-z>
19. Phongpaichit, S., Pujenjob, N., Rukachaisirkul, V. and Ongsakul, M. (2004). Antifungal activity from leaves extracts of *Cassia alata* L., *Cassia fistula* L. and *Cassia tora* L. Songklanakarin Journal of Science and Technology 26, 741-748.
20. Govianand,K.,Vivekanandan,P.,Pradeep KI.,Mohan,C.V.R.,and Karthikeyan S.,2010 Antiinflammatory and Antipyretic activity of Indian medicinal plant *cassia fistula* Linn(Golden Shower)in wistar albino rats- International journal of pharmacology 2010,1-7.
21. Purandare N.S. , Apte V.G., Dhanwantari Nighantu – Raj Nighantu Sahito Dhanvantari Nighantu, Anandashrama, Pune 1896;23-27
22. Satyapal ,Kaiyadeva Nighantu - Hindi commentary, Chaukhamba Snaksrit Series, Varanasi, 1953;3:27
23. Biswas Kausik, Chattopadhyay Ishita, Banerjee Ranajit K. and Bandyopadhyay Uday,Biological activities and medicinal properties of neem (*Azadirachta indica*), current science, vol. 82, no. 11,June 2002;41-46

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