

CLINICAL EFFICACY OF SARVANGA PARISHEKA IN EKA-KUSHTA W.S.R. TO PSORIASIS

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ABSTRACT

Eka-Kushta is one among the *Kshudra Kushta* presenting with *Aswedanam*, *Mahavastu* and *Matsyashakalopama lakshanas* and it takes upper hand by its chronicity, severity, involving large extent of body parts and is often compared to Psoriasis, a chronic, non-infectious skin disease characterized by well defined, slightly raised, dry, silvery erythematous macules of typical extensor distribution. Psoriasis is one of the most common skin diseases equally affecting both males and females of all the age groups ranging up to 1% to 2% of the world's population. *Kushta*, a disease of *bahudosha*, *bhuri dosha* and *saptako dravya sangraha* is to be treated by adopting repeated *Antah Parimarjana* as well as *Bahir Parimarjana chikitsa*. In the present study to assess the efficacy of *Bahir parimarjana chikitsa*, *Sarvanga Parisheka with Siddharthaka yoga kashaya* was adopted. This is a clinical study where in 20 diagnosed *Eka-Kushta* patients of either sex were selected. The overall result in the study revealed that there is statistically significant ($p < 0.001$) improvement in patients after the treatment. Hence, the present study reveals that there is a significance of *Sarvanga Parisheka* in *Eka-Kushta*. In this regard, it can be concluded that in *Kushta* as it's *adhishtana* is *Twak* and there is involvement of '*Saptadravyas*' *Bahir Parimarjana* is also needed with *Antah Parimarjana chikitsa* is needed.

Keywords: *Ekakushta*; Psoriasis; *Sarvanga Parisheka*; Erythema; Anhydrous.

INTRODUCTION

Healthy skin is the reflection of healthy body where in the affliction of former will not only have an impact on somatic make-up but also on psychological and social aspects of an individual.¹ *Kushta* is one such disease which is not only having cosmetic importance by its way of causing disfiguration (*Kushnati*), blackening or changes in normal skin colour (*Krushnati*) but also affects the social activity and economical indulgence of an individual to a marked extent. In *Ayurveda*, all the skin diseases are categorized under *Kushta* among which Psoriasis is commonly identified with *Eka-Kushta* which is one among the *Kshudra Kushta*² presenting with *Asvedanam*, *Mahavastu* and *Matsyashakalopama lakshanas*.³ Among various varieties of *Kushta*, *Eka-kushta* takes upper hand by its chronicity, severity, involving large extent of body parts and is often compared to Psoriasis, a chronic, non-infectious skin disease characterized by well defined, slightly raised, dry, silvery erythematous macules of typical extensor distribution. Psoriasis is one of the most common skin diseases equally affecting both males and females of all the age groups ranging up to 1% to 2% of the world's population.⁴

Kushta, a disease of *bahudosha*, *bhuri dosha* and *saptako dravya sangraha* is to be treated by adopting repeated *Antah Parimarjana* as well as *Bahir Parimarjana chikitsa*. The line of treatment of *Kushta* speaks more about *Bahya shodhana* as well as *Abhyantara shodhana* as it's *adhishtana* is *twak* and its *tridosha* involvement. *Sarvanga Parisheka* is mentioned as a *Bahirparimarjana chikitsa* for *Kushta* and is specifically indicated for *Vata kapha* predominant conditions. *Sidharthaka yoga kashaya* is used for *Parisheka* as it is indicated in *Kushta chikitsa*.⁵ Hence, this study was planned with the objective to evaluate the efficacy of *Sarvanga Parisheka* in *Eka-Kushta* w.s.r. to Psoriasis.

METHODOLOGY:

SOURCE OF DATA:

A Minimum 20 patients of *Eka-Kushta* (Psoriasis) were selected for the study from the OPD and IPD sections of our hospital.

DIAGNOSTIC CRITERIA:

- *Lakshanas* of *Eka-Kushta*.⁶
- Symptoms of Psoriasis.⁷
- Candle grease sign.⁸
- Auspitz's sign.⁹

INCLUSION CRITERIA:

- Patients of either sex between the age group of 18-70 years.
- Patients presenting with the *lakshanas* of *Eka-Kushta*.
- Patients presenting with the sign and symptoms of Psoriasis.
- Patient fit for *Swedana*.¹⁰

EXCLUSION CRITERIA:

- Patients with other systemic diseases that affect the course of treatment.

INTERVENTION: Patients were subjected to *Sarvanga Parisheka* with *Siddharthaka yoga* for 35 minutes for 14 consecutive days.¹¹

ASSESSMENT CRITERIA:

The assessment was done based on following Subjective and Objective parameters using different grading and scoring methods before and after the treatment:
Subjective parameter: Itching, Erythema, Scaling, Anhydrous, Dryness, Burning sensation, Discharge, Joint involvement, Sleep.

Objective parameter: PASI Scoring (It was calculated by using PASI work sheet of British Columbia, a ministry of Health Service)

OBSERVATIONS:

Age: 7(35%) patients each belonged to the age group of 21 – 30yrs and 31 – 40yrs, 3(15%) patients belonged to the age group of 41 – 50yrs, 1(5%) patient belonged to the age group of 51 – 60yrs and 2(10%) patients belonged to the age group of 61-70 yrs.

Sex: 9(45%) patients were Males, and 11 (55%) patients were Females.

Religion: A majority of 16 (90%) patients were Hindu.

Marital Status: 15 (75%) patients were married.

Educational Status: A majority of 5 (25%) patients were Graduates.

Socio-economic Status

The majority of the patients (90%) in the study belonged to the Middle class.

Family history: 2 (10%) patients had a family history of similar complaints.

Occupation: 6 (30%) patients were Housewives, 5 (25%) patients were others (Coolie-1, retired bank officer-1, Customs officer-1, Accounts Officer-1 and Supervisor-1), 4 (20%) patients were Engineers, 3 (15%) patients were Businessmen, and 2 (10%) patients were students.

Exposure to AC: 3 (15%) patients presented with the history of Exposure to AC.

Diet: 3 (15%) patients and 17 (85%) patients were consuming Vegetarian diet and Mixed diet respectively.

Chief Complaints:

Aswedanam: All 20 (100%) patients presented with *Aswedanam lakshana*.

Mahavastu: All 20 (100%) patients presented with *Mahavastu lakshana*.

Matsyashakalopama: All 20 (100%) patients presented with *Matsyashakalopama lakshana*.

Associated Complaints: 1(5%) patient was not having associated complaints.

3 (15%) patients presented with *Kandu*.

10 (50%) patients presented with *Kandu* and *Daha*.

2 (10%) patients were presented with *Kandu*, *Sarvanga Sandhi Shula*, *Daha* and *Shotha*.

4 (20%) patients were presented with *Kandu* and *Srava*.

Duration of the disease: Majority of patients i.e., 7 (35%) patients were having chronicity >8 years.

Candle Grease Sign: All 20 (100%) patients presented with Candle Grease Sign.

Auspitz's Sign: All 20 (100%) patients presented with Auspitz's Sign.

Koebner Phenomenon: Koebner Phenomenon was present in 7 (35%).

Nail Deformity: 15 (75%) patients presented without any Nail deformity.

Atura Bala Pramana Pareeksha:

Prakruti: 6 (30%) patients belonged to *Vata Pittaja Prakruti* and 9 (45%) patients belonged to *Pitta Kaphaja Prakruti* and 5 (25%) patients belonged to *Vata Kaphaja Prakruti*.

Vikruti: All patients belonged to *Madhyama Vikruti*.

Sara: All patients belonged to *Madhyama Sara*.

Samhanana: Maximum of 19 patients (95%) belonged to *Madhyama Samhanana*.

Satmya: All patients belonged to *Vyamisra satmya*.

Satva: All patients belonged to *Madhyama Satva*.

Ahara Shakti:

a) *Abhyavaharana Shakti*: All patients had *Madhyama Abhyavaharana Shakti*.

b) *Jarana Shakti*: All patients had *Madhyama Jarana Shakti*.

Vyayama Shakti: All patients are presented with *Madhyama Vyayama Shakti*.

Vaya: All patients belonged to *Madhyama Vaya* in the study.

RESULTS:

Result on Anhydrous:

Parameter	Mean Difference	S.D.	S.E.	t value	p value	Remark
BT-AT	1.2	0.83	0.19	5.09	< 0.001	HS

Result on Epidermal thickening:

Parameter	Mean Difference	S.D.	S.E.	t value	p value	Remark
BT-AT	1.05	0.69	0.15	5.13	<0.001	HS

Result on Scaling:

Parameter	Mean Difference	S.D.	S.E.	t value	p value	Remark
BT-AT	1.55	0.69	0.15	6.54	<0.001	HS

Result on Itching:

Parameter	Mean Difference	S.D.	S.E.	t value	p value	Remark
BT-AT	1.5	0.61	0.14	7.18	<0.001	HS

Result on Erythema:

Parameter	Mean Difference	S.D.	S.E.	t value	p value	Remark
BT-AT	0.6	0.5	0.11	2.97	<0.01	HS

Result on Dryness:

Parameter	Mean Difference	S.D.	S.E.	t value	p value	Remark
BT-AT	0.1	1.49	0.33	0	>0.05	NS

Result on Burning Sensation:

Parameter	Mean Difference	S.D.	S.E.	t value	p value	Remark
BT-AT	1.05	0.83	0.18	4.29	<0.001	HS

Result on Elevation:

Parameter	Mean Difference	S.D.	S.E.	t value	p value	Remark
BT-AT	1.1	0.85	0.19	3.41	<0.01	HS

Result on Sleep disturbance:

Parameter	Mean Difference	S.D.	S.E.	t value	p value	Remark
BT-AT	0.65	0.99	0.22	2.18	<0.05	S

Result on PASI:

Parameter	Mean Difference	S.D.	S.E.	t value	p value	Remark
BT-AT	8.46	6.28	1.40	2.69	<0.05	S

DISCUSSION

Eka-Kushta is one among the *Kushta* which has the predominance of *Vata* and *Kapha Doshas* and having *lakshanas* as *Aswedana*, *Mahavastu* and *Matshyashakalopama*. In Psoriasis the main reason is the increased rate of keratin cell differentiation which we can correlate with the *Vibhajana* function of *Vata dosha*. This can lead to thick scaly lesions that we can correlate as *Matsya shakalopama*. In the *Nidana* mentioned *Viruddha Ahara*, *Viruddha to Desha*, *Kala*, *Agni*, *Matra*, *Satmya*, *Dosha*, *Samskara*, *Virya*, *Kostha*, *Avastha*, *Krama*, *Parihara*, *Apachara*, *Paka*, *Samyoga*, *Hrit*, *Sampat* and *Vidhi*. In *Charaka Samhita* it has very rightly stated that by *Samskara Viruddha*, food substances/diet are converted into poison. Similarly, Robert S. Goodhart has mentioned that when protein is exposed to severe treatment with alkali, Lysine and Cysteine residues can be eliminated, with formation of lysion alanine which may be toxic. *Parisheka* is one among *Bahiparimarjana*

chikitsa, is mainly indicated in ‘*Vatikottara*’ condition i.e; in commentary *Chakrapani* explained *Vatikottara* as *Vata kapha* predominant conditions. According to *Sharangadhara Samhita*, *Drava sweda* is indicated in *pitta samsarga vyadhis*. So, in this regard *Parisheka* can be practiced in *tridoshajanya vikaras* like *Eka-Kushta*, which is having predominance of *Vata* and *Kapha dosha*. *Acharyas* have mentioned various *dravadravayas* for *Parisheka* depending on the predominance of *doshas* like *Dashmoola kashaya*, *Ksheera*, *Amla kanji* etc for *Vata*, *Pitta*, *Kapha dosha* respectively. *Acharyas* have explained the mode of action of *Parisheka* in terms of *matrakala*. *Dalhana acharya* mentioned that, in *Parisheka* the *dravadravaya* poured needs 300 *Matra Kala* to permeate into *twak-romanta*, 400 *Matra Kala* to reach *Twak*, 500 *Matra Kala* to reach *Rakta dhatu*, 600 *Matra Kala* to reach *Mamsa dhatu*, 700 *Matra Kala* to reach *Medo dhatu*, 800 *Matra Kala* to reach *Asthi dhatu*, 900 *Matra Kala* to reach the *Majja dhatu* by which it further pacifies the disease caused by *Vata*, *Pitta* and

Kapha doshas. This shows the mechanism of absorption of *Veerya* of *drava dravya* through skin and also explains the duration of *Parisheka* as 35 minutes-72minutes (11/2 to 3 *ghatika*) or till the appearance of *swedana*.

Acharya Sushruta explains, out of the four *tiryakgata dhamanis*, each ramifies hundred and thousand times and thus become innumerable. These cover the body like network and their openings are attached to *Romakupa*. Through these only *veerya* of *Parisheka dravya* enters into the body after undergoing *paka* with *bhrajaka pitta* in skin and shows its action. Stratum corneum acts as a barrier to the external environment. Hence, it's not the *dravya*, but the *veerya* of the drug used for *Parisheka* gets absorbed through the hair follicles and carried through the cutaneous and subcutaneous vessels present in the skin. Most of the ingredients in this *yoga* have *Laghu Ruksha guna* and *Ushna veerya* and have *Tridosahara*, *kushtaghna* and *kandughna* property which is helpful in alleviating *Tridosha* especially *Vata* and *Kapha dosha* which is predominant in *Ekakushta* and thus it reduces the symptomatology of the disease *Eka-Kushta*.

The effect of treatment was found to be significant in the study on all the parameters of both subjective and objective. As *Sarvanga Parisheka* was done initially there was *Srotomukha vikasana* and *dushita kapha* was eliminated in the form of *Sweda*. So, Itching, Epidermal thickening and Elevation were reduced. Anhydrous (*Swedavarodha*) is due to blockage of *roma kupas* by vitiated *doshas*. This *avarodha* seems to have been released by *Parisheka* being a type of *Drava sweda*, as the *phalashruthi* of *sweda* is *swedakaraka*, hence effect was found. Erythema (*arunaavabhasata*) is due to *Pitta vriddhi*. *Parisheka* is indicated as the treatment for *Pitta samsrishta doshas*, so after *Parisheka* Erythema got reduced. Scaling (*twacha spotana*, *matsya shakalopamam* or *abrakapatra vat*) are due to *vata* and *kapha vriddhi*. *Parisheka* is indicated as the treatment for *Vata Kapha dosha*, hence after *Parisheka* Scaling got reduced. Sleep disturbance was present because of itching, as itching got reduced it in turn reflected on sleep disturbance. Though in PASI the extent of Erythema,

Scaling and Epidermal thickening were taken into consideration, as those symptoms got reduced there was a reflection in the PASI values also.

CONCLUSION

- *Kushta*, a disease of *bahudosh*, *bhuridosha* and '*saptakodravayasangraha*' is to be treated by adopting repeated *Bahiparimarjana* and *Antaparimarjana chikitsa*, among which, *Sarvanga Parisheka* as *bahir parimarjana chikitsa* could be the best to handle this condition as it is dominated mainly by *Vata kapha dosha*.
- *Sarvanga Parisheka* with *Siddharthaka yoga kashaya* is effective as the procedure is suitable for *tridosha* especially in *Vata kapha* predominant condition and the ingredients in this *yoga* have *Ushna veerya*, *Laghu Ruksha guna*, *Tridosahara*, *Kushtaghna* and *Kandughna* property which is helpful in alleviating the *doshas* and its symptoms.
- The overall observation in the study revealed that the maximum number of patients were males in the age group of 21 – 30 and 31-40 years belonging to middle class, Hindu religion, married, high school and having mixed diet presenting with all the *lakshanas* of *Ekakushta* for the duration of more than 8 years.
- The overall result in the study revealed that there is statistically significant improvement ($p < 0.001$) after the treatment.
- Hence, the present study reveals that there is a significant effect of *Sarvanga Parisheka* with in *Eka-Kushta*.

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