



## Management of *Eka-Kushtha* through *Ayurveda* (*Shodhana* and *Shamana Chikitsa*)- A Case Study

Rekha<sup>1</sup>, Gayathri M. Prakash<sup>2</sup>, Sanjeev Sood<sup>3</sup>

1. P.G. Scholar, P.G. Department of *Panchakarma*, Dayanand Ayurvedic College and Hospital, Jalandhar, Punjab.

2. Assistant Professor, Department of *Panchakarma*, Dayanand Ayurvedic College and Hospital, Jalandhar, Punjab.

3. Principal cum Professor and H.O.D. of *Panchakarma*, Dayanand Ayurvedic College and Hospital, Jalandhar, Punjab.

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#### Corresponding author-

Rekha, P.G. Scholar, P.G. Department of *Panchakarma*, Dayanand Ayurvedic College and Hospital, Jalandhar, Punjab.

Email: - [rekhadeep86@gmail.com](mailto:rekhadeep86@gmail.com)

### ABSTRACT:

**Introduction-**Psoriasis is the most common dermatological, chronic inflammatory condition characterized by erythematous, sharply demarcated papules and rounded plaques, covered by silvery micaceous scale. The exact cause is unknown but is thought to be related to genetic and environmental factors that trigger on over production of epidermal cells. In *Ayurveda*, all skin diseases are considered under heading of *Kushtha*. There are 7 *Maha kushtha* and 11 *Kshudra kushtha*. *Eka-Kushtha* is one of the *Kshudra kushtha* with *vata-kapha* predominance and symptoms of *Eka-kushtha* are *Aswedanam*, *Mahavastu*, *Matsyashakalopamam*, *Krishna aruna varna* which can be correlated with Psoriasis. 2-3% of the total world population have Psoriasis and Prevalence of Psoriasis in India ranges from 0.44 to 2.8%. Psoriasis is characterized by remissions and relapses. Although it is difficult to cure, yet topical and systemic therapeutic regimens administered singly or in combination, Current treatment modalities have their own limitation and side effects and there is a need for safe and effective treatment for psoriasis, where *Ayurveda* plays an important role. The basic principles of *Ayurvedic* treatment are *Shodhana*, *Shamana* and *Nidana parivarjana*.

**Material & Method-** Hence present study highlights, management of *Eka-Kushtha* through *Shodhana* and *Shamana chikitsa* and in *Shodhana chikitsa*, *Virechana karma* is preferred.

**Result:** Here an effort was made to treat a 60 years old male patient having signs and symptoms of *Eka-Kushtha* since last 10 years and in this study initially *Shodhana chikitsa* was given followed by *Shamana chikitsa*.

**Conclusions:** Patient has had the disease for the past ten years and has been treated by various doctors, but has not had good results, and the disease has recurred. However, excellent outcomes were reached in this case using the *Shodhana* technique and *Shaman Chikitsa*.

**Keywords:** Psoriasis, *Kushtha*, *Shodhana*, *Shamana*, *Virechana*

### INTRODUCTION

The extraordinary structure of the body is skin, made up of water, fats, protein and minerals. Its main layers include Epidermis and Dermis which are separated by an irregular border. Skin plays an important role in body protecting

against pathogens and excessive water loss, regulate temperature, enable sensation, synthesis of vitamin D and protection of Vitamin B and considered as a link between internal and external environment<sup>1</sup>. Healthy skin is the



reflection of healthy body, maintains beauty and personality where as in skin diseased condition, not only have an impact on somatic make-up but also on an individual health related quality of life<sup>2</sup>. In *Ayurveda*, *Kushtha* term is used for all skin diseases. *Kushtha* means that destroys the certainty. There are 7,11,18 and *Aperisankhaya Kushtha* are described in classics by different *Acharyas*<sup>3</sup> and these 18 types of *Kushthas* are subdivided into 7 *Maha kushtha* and 11 *Kshudra Kushtha*. *Kshudra Kushtha* are those in which any major systemic involvement is absent but due to embarrassing appearance patient becomes mentally disturbed. *Eka-Kushtha* is one of the *Kshudra kushtha* presenting with *Vata Kapha* predominance<sup>4</sup> and with symptoms of *Aswedanam* (Anhidrosis/ lack of sweating), *Mahavastu* (Broad based), *Matsyashakalopamam*<sup>5</sup> (looks like the scales of a fish), *Krishna arunvarna*<sup>6</sup> and these symptoms of *Eka-Kushtha* are similar to that of Psoriasis. 2-3% of the total world population have Psoriasis and Prevalence of Psoriasis in India ranges from 0.44 to 2.8%<sup>7</sup>. Psoriasis is a non-infectious, chronic inflammatory skin disease, characterized by well-defined erythematous plaques with silvery scale which have a predilection for extensor surfaces and scalp along with intense itching<sup>8</sup>. It is auto immune in nature and may come on at any age, usually appear to be two epidemiological patterns. The first shows an onset in the teenage and early adult years. Such individuals frequently have a family history of psoriasis and there is increased prevalence of HLA Cw6. In second grouping disease onset is in an individual's fifties or sixties, a family history is less common and the HLA group Cw6 is not so prominent. Psoriasis is characterized by remissions and relapses. Although it is difficult to cure, yet topical and systemic therapeutic regimens administered singly or in combination, Current treatment modalities have their own limitation and side effects<sup>9</sup>. Hence, there is a need to find out safe and effective treatment for psoriasis, where *Ayurveda* plays an important role. The basic principles of *Ayurvedic* treatment are *Shodhana*, *Shamana* and *Nidana parivarjana*<sup>10</sup>. *Kushtha* is *Bahudoshavastajanya vyadhi*, has *Tridosha* involvement along with *Sapthadhatu* as its *dushya*<sup>11</sup>. All *Acharayas* explained that *Kushtha* is one of the *Shodhana Sadhya* (*Virechana sadhya*) *vyadhi*<sup>12</sup>. Thus, *Virechana karma* is helpful to manage psoriasis and after *Shodhana chikitsa*, *Shamana chikitsa* also play an important role. Hence the present case study was chosen as administration of *Shodhana chikitsa* in the form of *Virechana Karma* followed by *Shamana*

*chikitsa* in Psoriasis.

## CASE REPORT

A 62 years old male patient came to M.C.DAV hospital, Jalandhar registered by central registration no. 91961 and central IPD no. 247 with complaints of Silvery Red patches especially over chest, abdomen, back, face, arms, legs, hands, feet and scalp along with redness and itching over whole body associated with dryness and scaling on affected part since, 10 years, skin cracks also present with burning sensation.

### History of present illness:

Patient was quite asymptomatic 10 years back and then he gradually developed small red patches over upper abdomen and back which later turned to scaly and size increase gradually. These patches spread over abdomen, back, hands, feet, legs and arms. Patient went to nearby Allopathic hospital and was treated but had no satisfactory results. After that patient took Homeopathic and Ayurvedic medicines for few months but same problems persisting. Now Symptoms getting aggravated since 2 months. So, patient came to our M.C. DAV hospital in Panchakarma department for further treatment.

**Associated complaints:** Constipation (on/off)

### Past History:

K/C/O Psoriasis since 10 years.

H/O HTN since 15 years.

H/O DM type 2 since 3-4 years.

H/O Skin biopsy already done (few years ago).

### Family History:

Father: Diabetic.

Son: Had h/o Eczema.

Daughter: Scalp Psoriasis

### Personal History:

Diet: Mixed

Dietary habits: Regular

Ahara vidhi: *Samashana*

Agni: *Teekshana*

*Koshtha*: *Madhyam*

Bowel Habit: Normal

Urine: 6-7 times/ day.

Sleep: Disturbed (due to itching)

Habits: Addiction: Not any.

**Surgical History:** Not any

**Treatment History:** Allopathic and Ayurvedic treatment but no significant relief.

**Examination: Table no 1. General Examination**

**Skin Examination:**

- 1) **Color of Patches:** Reddish patches
- 2) **No. of Patches:** Uncountable
- 3) **Onset of Patches:** Gradual.
- 4) **Distribution of Patches:** Generalized.
- 5) **Border of Patches:** Diffused.
- 6) **Pattern:** Symmetrical
- 7) **Itching:** Present.
- 8) **Superficial sensation on Patches:** Normal

**Systemic Examination:**

**Respiratory System:** B/L chest clear, air entry +ve.

**Central Nervous System:** Conscious, well oriented.

**Cardio vascular System:** S1S2+ve.

**Gastro intestinal System:** P/A: soft, non-tender, bowel sounds +ve.

**Dashvidha Pareeksha: Table 2**

**Ashtavidha Pareeksha(Eight Type of Examination)**

- 1) **Nadi- VK, Gati:** 78 /min.
- 2) **Mala:** Niram
- 3) **Mutra:** Pitavarna
- 4) **Jihva:** Normal
- 5) **Shabda:** normal (Prakrita)
- 6) **Sprasha- Ruksha**
- 7) **Druk- normal**
- 8) **Akruti- medium**

**Laboratory Investigation: (Date: 19/09/2021)**

CBC, ESR, Urine Routine all were within normal limits.  
(Table 3)

**Samprapti Ghataka of Eka-Kushtha: Table 4**

**Treatment Protocol:**

- 1) *Deepana Pachana* for 5 days.
  - 2) *Abhyantra Snehapana* with *Vajraka Ghrita* for 7 days.
  - 3) *Sarvanga Snehana* followed by *Sarvanga Swedana* for 3 days.
  - 4) *Virechana Karma* for 1 day.
  - 5) *Samsarjana Krama* for 5 days.
  - 6) *Shamana Chikitsa* with *Khadirashtaka kwatha* for 45 days.
- 1) **Deepana Pachana:** *Trikatu churna*<sup>13</sup> 3 gm thrice daily before meal was given for 5 days with lukewarm water (from 19/09/2021 to 23/09/2021).
  - 2) **Abhyantra Snehapana:** *Abhyantra Snehapana* conducted with *Vajraka Ghrita*<sup>14</sup> after *Ama Pachana*. *Hrasiyasi matra* of *ghritta* taken and dose increased progressively. Dose

started with 30 ml *Accha Pana* of *Ghrita* in Lukewarm temperature for next 6 days till appearance of *Samyaka snigdha lakshanas*.

**Table no 5. Abhyantra Snehapana**

3) **Vishrama Kala:** After completion of *Abhyantra Snehapana*, as *Samyaka Snigdha lakshanas* appear, 3 days gap given. In this period *Sarvanga Abhyanga (Bahya)* with *Murchita Tilla Taila* followed by *Sarvanga Swedana* with *Dashmoola kwatha* done for 3 days on 30/09/2021, 01/10/2021, 02/10/2021.

**Diet:** patient was advised to eat *laghu supachya ahara* in diet.

4) **Virechana Karma:** *Virechana karma* took place on 4<sup>th</sup> day after *Sarvanga Abhyanga* and *Sarvanga Swedana* in empty stomach (that is after 3 days of *Snehapana*). For this, *Aragwadhadi Avaleha*<sup>15</sup> 20 gm has given with *Kwatha of triphala* 25 gm + 6 gm *Kutki* at 8:00 am. *Vega* started at 09:15 am. In 1<sup>st</sup> and 2<sup>nd</sup> *vega mala* wiped out, then *pitta dosha vega* tend to come. Patient has been advised to take lukewarm water over whole time during the procedure. Total 16 *vegas* occur and *Madhyama* type of *Shuddhi* obtained. Whole procedure was uneventful. **Table no 6. Vitals on the day of Virechana Karma:**

5) **Samsarjana Krama:** After completion of *Virechana karma*, *Samsarjana karma* adopted for 5 days (from 03/10/2021 to 07/10/2021) to enhance the *jatharaagni*<sup>16</sup>. After completion of *Samsarjana Krama*, affected part turns whitish red to slight skin color, Scaling, itching and Dryness reduced.

6) **Shamana Chikitsa:** As *Shodhana Karma (Virechana Karma)* Completed, *Shamana Chikitsa* done for 45 days.

*Khadirashtaka Kwatha*<sup>17</sup> 20 ml thrice daily with equal amount of water.

Tab *Psorakot* 1 tab twice daily after food.

*Ksheerabala taila* for local application.

With above mentioned treatment patient got complete relief from *Psoriasis* Symptoms.

**Table no 7. Assessment Criteria:**

**Table no 8. PASI Score:**

**RESULT:**

**Table no 9. Before & After treatment wise result**

## DISCUSSION

In Ayurveda, Virechana Karma is described as most commonly used procedure, especially for Pitta and Rakta along with Vata and Kapha vitiation which are commonly found in Kushtha Samprapti.

- **Deepana-Pachana:** Mandagni causes improper digestion which leads to Ama production, which is the root cause of disease. Accumulation of Ama is extremely detrimental to health and can lead to all kind of imbalances and number of diseases in body. Before performing Virechana Karma, it was necessary to do Deepana Pachana. Here Trikatu Churna was preferred for Deepana pachana, which is mainly Ama dosha nashaka and Agni vardhaka and the drugs of Trikatu churna (Maricha, Pippali, Shunthi) having Katu rasa, Katu vipaka, Ushna veerya along with Deepana karma. These drugs relieves Vata-Kapha dosha. Kapha is the main dosha in Agnimandya which is pacified by Trikatu. Katu rasa of these drugs acts as Deepana and causes Pachana by Ushna veerya, increase digestive power, which is essential for Sneha digestion, here Trikatu churna is effective for both Ama Pachana and Kushthaghana.
- **Snehapana:** Snehapana is an important pre-operative procedure that has to be performed before Shodhana and proper Snehana is essential for attainment of Samyaka shuddhi. It is important for loosening the bond between toxin and Dhatu. It liquefy the morbid Dosha and The Sneha selection is according to condition and should be given for a time period of 3-7 days till the appearance of samyaka snigdha lakshanas after assessing the Koshtha and Agni. Vajraka ghruta used in this clinical study, having vata kapha hara gunas, help to relief the symptoms of Kushtha along with Vata dosha. Drugs of this Ghruta are Tikta Katu rasa pradhana which pacify the Pitta dosha, acts as Vishaghana, Kushthaghana, Kandughana, Which restrain etiopathogenesis of Kushtha (psoriasis)
- **Vishrama kala:** After attaining Samyaka snigdha lakshanas, 3 days gap given in which Sarvanga snehana with Murchita tila taila and sarvanga swedana with Dashmoola kwatha was done for 3 days.
- **Virechana Karma:** Acharyas has emphasized Virechana Karma in Kushtha. on 4th day after Sarvanga Snehana and Sarvanga Swedana, Virechana Karma was conducted with 20 gm Araghwadhadi avaleha at 9:00 am empty stomach. Vega started at 10:40 am. Total 16 vegas occur over whole day till 6 pm. Madhyam type of shuddhi received.

- **Araghwadhadi avaleha** contains drugs, Araghwadha and Trivrut. Trivrut is considered as best Sukhvirechana drug and Araghwadha as Mridu Virechaka drug in classical text. Virechana drugs has Ushna, Tikshna, Sukshma, Vyavayi, Vikasi properties. This Avaleha have Kapha-Vata hara property, Ushna virya and Katu vipaka, indicated in skin diseases, visha etc. Virechana dravyas first get digested in Amashya, then reach to Hridaya due to its virya, then in Dhamini and thereafter reaches to macro and micro channels of the body. There is quick immersion of drug due to its vyavyai guna and Vikasi guna causes softening and loosening of the bond by dhatu saithaliya karma. Teekshna guna break the mala and dosha in microform and it reaches in micro channels due to its Sukshama guna and excreted from there. Virechana pacify Pitta dosha and cure Kushtha. The stomach and intestinal mucosa are both highly irritated by the Virechana medicines, which leads to inflammation. As a result, the membrane's permeability changes, allowing things that normally cannot pass through to pass through due to the altered permeability state.
- **Samsarjana Krama:** After completion of Virechana karma, Samsarjana karma was carried for 5 days, considering Madhyama type of shuddhi. Samsarjana karma was adopted for jatharagni vardhana. After Samsarjana karma completion, scaling and dryness stopped, psoriatic patches and itching still remained but color of patches slightly diminished.
- **Shamana Chikitsa:** After completion of Shodhana karma, Shaman chikitsa was given and the medicines used for Shamana Chikitsa were Khadirashataka kwatha, tab Psorakot and Ksheerbala taila. This Kwatha is very potent and indicated in Kushtha adhikara by Yograttnakara. Most of the drugs of this Kwatha are Katu, Tikta, Kashya in rasa, Laghu, Ruksha guna, Anushana virya and Madhura vipaka, which acts on Eka-Kushtha. The above Kwatha balances vata, pitta and kapha dosha. These drugs also have Rakta shodhaka property. Khadira is considered as best Kushthaghana, Nimba, vasa also having Kushthaghana property, Triphala is also prescribed in kushtha treatment, has Anulomana property which are opposite to the etiopathogenesis of Eka- Kushtha Khadirashtaka Kwatha was given orally in a dose of 20 ml twice daily, Tab Psorakot 1 tablet was given twice daily and Ksheerbala taila for local application twice daily for time period of 45 days. Then patient was followed on 15<sup>th</sup>, 30<sup>th</sup>, 45<sup>th</sup> day and after taking this medicine color and size of psoriatic patches gradually reduced and at the end of

treatment schedule of 45<sup>th</sup> day, patches subsided and skin color became normal, itching completely subsided.

## CONCLUSION

Patient suffered from disease since last 10 years and taken treatment of different doctors but didn't get satisfactory results and disease reoccur again and again. But excellent results obtained with *Shodhana* procedure and *Shaman Chikitsa* in this case. Signs and symptoms of disease completely subsided without recurrence and without any medicine continuation even after 3 months. Patient satisfied with whole treatment and get rid from psoriasis.

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## ORCID

Rekha , <https://orcid.org/0000-0003-2517-8019>

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**Table no 1. General Examination:**

<b>Blood Pressure</b>	120/80 mm of hg	<b>Oedema</b>	No
<b>Pulse Rate</b>	78/min	<b>Pallor</b>	No
<b>Respiration Rate</b>	18/min	<b>Icterus</b>	No
<b>Temperature</b>	98.6	<b>Clubbing</b>	No
<b>Height</b>	5'8"	<b>Cyanosis</b>	No
<b>Weight</b>	73 kg		

**Table 2 Dashvidha Pareeksha:**

1.	<i>Prakruti</i>	<i>Vata Pittaja</i>
2.	<i>Vikriti</i>	<i>Vata kapha</i>
3.	<i>Sara</i>	<i>Madhyama</i>
4.	<i>Samhanana</i>	<i>Madhyama</i>
5.	<i>Pramana</i>	<i>Madhyama</i>
6.	<i>Satmya</i>	<i>Sarvarasa</i>
7.	<i>Satva</i>	<i>Madhyama</i>
8.	<i>AharaSahakti</i>	<i>Madhyama</i>
9.	<i>Vyayama Shakti</i>	<i>Madhyama</i>
10.	<i>Vaya</i>	<i>Vrudda</i>

**Table 3** CBC, ESR, Urine Routine all were within normal limits.

<p><b>CBC:</b></p> <p>HB- 15.9 gm/Dl, WBC- 10110/ cmm, RBC count- 5.8 Millions/cmm, PCV/HCT- 49.1 %, MCV- 84.6 Fl, MCH- 27.4 pg, MCHC- 32.3 g/Dl, Platelet Count- 250000/cmm, Neutrophils- 67%, Lymphocytes- 26%, Monocytes- 3%, Basophil- 0, ESR-5mm/1<sup>st</sup> hr.</p> <p><b>LFT:</b></p> <p>Bilirubin total- 0.63 mg/Dl, Bilirubin Direct (Conjugated) – 0.15 mg/Dl, Bilirubin Indirect (Unconjugated)- 0.48 mg/dl, SGOT (AST)- 44 U/L, SGPT (ALT)- 43 U/L, Alkaline phosphatase- 118.8 U/L, Total Protein- 4.68 gm/dl, Globulin- 2.3 gm/dl.</p> <p><b>RFT:</b></p> <p>Blood Urea Nitrogen (BUN)- 7.2 mg/dl, Creatinine- 0.95 mg/dl, Urea- 11.19 mg/dl, Uric acid- 8.00 mg/dl, Calcium- 11.19 mg/dl, Phosphorous- 4.26 mg/dl, Sodium- 140.3 mmol/L, Potassium – 4.52 mmol/L, Chloride - 105.23 mmol/L</p> <p><b>Lipid Profile:</b></p> <p>Cholesterol- 189.23 mg/dl, Triglycerides- 122.42 mg/dl, HDL-35.41 mg/dl, LDL-129.34 mg/dl, VLDL- 24.48 mg/dl, Total Lipids- 500.88 mg/dl.</p> <p><b>RBS</b> 138.47 mg/dl, HbA<sub>1</sub>C 6.8%</p>
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**Urine Routine and Microscopic Examination (on 19/09/2021):**

**Physical Examination:**

Volume 10 ml, Colour- Pale yellow, Transparency- Clear, Specific gravity- 1.02.

**Chemical Examination:**

Reaction- Acidic, Protein- Negative, Sugar- Negative, Ph-  $\leq 5.0$ , Bilirubin- Negative, Nitrate- Positive, Blood- Negative, Ketone bodies- Negative, Ascorbic acid- Negative.

**Microscopic Examination:**

RBC's- Negative, Pus cells 2-3/HPF, Epithelial cells 1-4/HPF, Crystals- Negative, Casts- Negative, Others-Negative

**Table 4 Samprapti Ghataka of Eka-Kushtha:**

<i>Doshas</i>	<i>Vata, Kapha</i>
<i>Dushyas</i>	<i>Twaka, Rakta, Mamsa, Lashika</i>
<i>Agni</i>	<i>Jatharagni, Dhatwaagni</i>
<i>Aama</i>	<i>Dhatwaagni mandya janya</i>
<i>Strotas</i>	<i>Rasavaha, Raktavaha, Mamsavaha, Swedavaha</i>
<i>Strotodushti</i>	<i>Sanga</i>
<i>Udbhava Sthana</i>	<i>Twaka</i>
<i>Rogamarga</i>	<i>Bahya (External)</i>

**Table no 5. Abhyantra Snehapana**

<b>Days</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>
Date	24/09/2021	25/09/2021	26/09/2021	27/09/2021	28/09/2021	29/09/2021
Time	07:00am	07:00 am	7:00 am	07:00am	07:00am	07:00am
<i>Sneha Matra</i>	30 ml	60 ml	90 ml	120 ml	180 ml	210 ml
<i>Kahudha Pradhurbhava Kala</i>	9:30am	11:30am	12:00pm	1:00pm	3:00pm	4:00pm
<i>Sneha Pachana Kala</i>	2:30hrs	4:30 hrs	5 hrs	6 hrs	8 hrs	Hrs

**Table no 6. Vitals on the day of Virechana Karma:**

Time	Episode	B.P.	P.R	Consistency
09:15 am	first	128/80 mmhg	78/min	Loose
05:40 pm	last	128/80mmhg	76/min	Loose

**Table no 7. Assessment Criteria:**

Subjective Parameters		Grade
<i>Aswedanam</i> (anhidrosis/ lack of sweating)	Normal Sweating	0
	Mild Sweating	1
	Mild sweating after exercise	2
	No sweating after exercise	3
	<i>Aswedana</i>	4
<i>Mahavastu</i> (broad based)	No lesion on body	0
	Partial lesion on hand, leg, neck, back, scalp	1
	Lesion on most part of hand, leg, neck, back, scalp.	2
	Lesion on all parts of body	3
	Lesion on the whole body	4
<i>Matsyashaklopamama</i> (looks like the scale of a fish)	Normal skin, no scaling	0
	Minimal (occasional fine scales over <5% of the lesion)	1
	Mild (fine scale predominates)	2
	Moderate (coarse scale predominates)	3
	Marked (thick, non-tenacious scale predominates)	4
	Severe (very thick, tenacious scale predominates)	5
<i>Krishna arunavarna</i> (blackish red discoloration)	Normal colour	0
	Near to normal, this looks like to normal colour	1
	Light reddish colour	2
	Moderate red colour	3
	Bright red colour	4
	Dusky to deep red colour	5
<i>Rukshta</i> (Dryness)	No line on scratching with nail.	0
	Faint lines on scratching with nails.	1
	Lines and even words can be written on scratching	2
	Excessive rukshata leading to kandu.	3
	Rukshta leading to crack formation.	4
<i>Kandu</i> (Itching)	No itching.	0
	Mild itching.	1
	Intermediate between 1 to 3.	2
	Moderate (sometimes disturbs the sleep and day time activity)	3
	Intermediate between 3 and 5.	4
	Severe itching.	5
Auspitz Sign	Absent	0
	Improving	1
	Present	2

**Table no 8. PASI Score:**

	PASI score (Before treatment)				PASI score (After treatment)			
	Head	Upper limbs	Trunk	Lower limbs	Head	Upper limbs	Trunk	Lower limbs
<b>Itching</b>	4	4	4	4	1	1	0	1
<b>Erythema</b>	3	3	3	3	1	1	0	1
<b>Scaling</b>	3	3	3	3	1	0	0	0
<b>Thickness</b>	2	3	3	3	0	0	0	0
<b>Total</b>	12	13	13	13	3	2	0	2
<b>Area score (B)</b>	2 %	4%	5%	4%	1%	1%	0%	1%
<b>Pre pasi (AxBxC)</b>	12x2x0.1	13x3x0.2	13x3x0.3	13x3x0.4	3x1x0.1	2x1x0.2	0x0x0.3	2x1x0.4
<b>Final PASI</b>	2.4	7.8	11.7	15.6	0.3	0.4	0	0.8
<b>Total</b>	37.5				1.5			

**Table no 9 Before & After treatment wise result**

Signs and symptoms	Before treatment	After treatment
<b>Subjective parameters</b>		
<i>Aswedanam</i>	4	0
<i>Mahavastu</i>	3	0
<i>Matsyashakalopamam</i>	3	0
<i>Krishna arun varna</i>	4	0
<i>Rukshta</i>	4	1
Itching	5	1
<b>Objective parameters</b>		
Candle grease sign	2	0
Auspitz sign	2	0
PASI Score	37.5	1.5

**Photographs**

**Before Treatment**

**After Treatment**

