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

Rekha¹, Gayathri M. Prakash², Sanjeev Sood³

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.

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 Shamana Chikitsa.

Keywords: Psoriasis, Kushtha, Shodhana, Shamana, Virechana
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. 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 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 and with symptoms of Awedanam (Anhidrosis/ lack of sweating), Mahavastu (Broad based), Matsyashakalopamam (looks like the scales of a fish), *Krishna arunvarna* 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%. 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. 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. 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. *Kushtha* is Bahudosha avastajanya vyadhi, has Tridosha involvement along with Sapthadhatu as its dushta. All Acharyas explained that *Kushtha* is one of the Shodhana Sadhya (Virechana sadhya) vyadhi. 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: Normal.
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- Raksha
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 churna25 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 Ghrita25 after Ama Pachana. Hrisiayi 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) Vishrana 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 Dashmoolaka 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 4rth day after Sarvanga Abhyanga and Sarvanga Swedana in empty stomach (that is after 3 days of Snehapana). For this, Aragwadhad Avaleha15 20 gm has given with Kwattha of triphala 25 gm + 6 gm Kutki at 8:00 am. Vega started at 09:15 am. In 1st and 2nd 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 vega 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 jatharagni. 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 Kwatha17 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 Kushta 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 Sneha is essential for attainment of Samyaka shuddhi. It is important for loosening the bond between toxin and Dhatu. It liquify 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 Kushta and Agni. Vajraka ghrita used in this clinical study, having vata kapha hara gunas, help to relief the symptoms of Kushta along with Vata dosha. Drugs of this Ghrita are Tikta - Katu rasa pradhana which pacify the Pitta dosha, acts as Vishaghana, Kushthaghana, Kandughana, Which restrain etiopathogenesis of Kushta (psoriasis)

- **Vishram kala:** After attaining Samyaka snigdha lakshanas, 3 days gap given in which Sarvanga snehana with Murchita tila tailed and sarvanga swedana with Dashmoolata kwatha was done for 3 days.

- **Virechana Karma:** Acharyas has emphasized Virechana Karma in Kushta, on 4th day after Sarvanga Snehana and Sarvanga Swedana, Virechana Karma was conducted with 20 gm Araghwadadi 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 Trivrit. Trivrit 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 Kushta. 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 Psarakot and Ksheerbalta taila. This Kwatha is very potent and indicated in Kushtha adhikara by Yogratnakara. 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-Kushta. 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, Tripala is also prescribed in kushta treatment, has Anulomana property which are opposite to the etiopathogenesis of Eka- Kushtha. Khadirashataka Kwatha was given orally in a dose of 20 ml twice daily, Tab Psarakot 1 tablet was given twice daily and Ksheerbalta taila for local application twice daily for time period of 45 days. Then patient was followed on 15th, 30th, 45th day and after taking this medicine color and size of psoriatic patches gradually reduced and at the end of
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 Shamana 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

REFERENCES
11. Acharya YT Agnivesha, Charaka, Charaka Samhita revised by Dridhabala, Chikitsa Sthana Kushtha Chikitsa Adhyaya 7/12, Chaukamba bharti academy, Varanasi, reprint 2017; P-249.
15. Acharya YT Agnivesha, Charaka, Charaka Samhita revised by Dridhabala, Kalpa Sthana 8/12, Chaukamba bharti academy, Varanasi, reprint 2017; P-928.

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Table no 1. General Examination:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>120/80 mm of hg</td>
<td>Oedema</td>
</tr>
<tr>
<td>Pulse Rate</td>
<td>78/min</td>
<td>Pallor</td>
</tr>
<tr>
<td>Respiration Rate</td>
<td>18/min</td>
<td>Icterus</td>
</tr>
<tr>
<td>Temperature</td>
<td>98.6</td>
<td>Clubbing</td>
</tr>
<tr>
<td>Height</td>
<td>5'8”</td>
<td>Cyanosis</td>
</tr>
<tr>
<td>Weight</td>
<td>73 kg</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 Dashvidha Pareeksha:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Prakrti</td>
<td>Vata Pittaja</td>
</tr>
<tr>
<td>2.</td>
<td>Vikriti</td>
<td>Vata kapha</td>
</tr>
<tr>
<td>3.</td>
<td>Sara</td>
<td>Madhyama</td>
</tr>
<tr>
<td>4.</td>
<td>Samhanana</td>
<td>Madhyama</td>
</tr>
<tr>
<td>5.</td>
<td>Pramana</td>
<td>Madhyama</td>
</tr>
<tr>
<td>6.</td>
<td>Satmya</td>
<td>Sarvarasra</td>
</tr>
<tr>
<td>7.</td>
<td>Satva</td>
<td>Madhyama</td>
</tr>
<tr>
<td>8.</td>
<td>AharaSahakti</td>
<td>Madhyama</td>
</tr>
<tr>
<td>9.</td>
<td>Vyayama Shakti</td>
<td>Madhyama</td>
</tr>
<tr>
<td>10.</td>
<td>Vaya</td>
<td>Vrudda</td>
</tr>
</tbody>
</table>

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

**CBC:**

- 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" hr.

**LFT:**

- 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 phosphatise- 118.8 U/L, Total Protein- 4.68 gm/dl, Globulin- 2.3 gm/dl.

**RFT:**

- 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

**Lipid Profile:**

- 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.

**RBS** 138.47 mg/dl, HbA1C 6.8%
Urine Routine and Microscopic Examination (on 19/09/2021):

Physical Examination:
Volume 10 ml, Colour- Pale yellow, Transparancy- Clear, Specific gravity- 1.02.

Chemical Examination:
Reaction- Acidic, Protein- Negative, Sugar- Negative, Ph- <=5.0, Bilirubin- Negative, Nitratea- 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:

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

Table no 5. Abhyantra Snehapana

<table>
<thead>
<tr>
<th>Days</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>07:00am</td>
<td>07:00 am</td>
<td>7:00 am</td>
<td>07:00am</td>
<td>07:00am</td>
<td>07:00am</td>
</tr>
<tr>
<td>Sneha Matra</td>
<td>30 ml</td>
<td>60 ml</td>
<td>90 ml</td>
<td>120 ml</td>
<td>180 ml</td>
<td>210 ml</td>
</tr>
<tr>
<td>Kahudha Pradhirbhava Kala</td>
<td>9:30am</td>
<td>11:30am</td>
<td>12:00pm</td>
<td>1:00pm</td>
<td>3:00pm</td>
<td>4:00pm</td>
</tr>
<tr>
<td>Sneha Pachana Kala</td>
<td>2:30hrs</td>
<td>4:30 hrs</td>
<td>5 hrs</td>
<td>6 hrs</td>
<td>8 hrs</td>
<td>Hrs</td>
</tr>
</tbody>
</table>
Table no 6. Vitals on the day of Virechana Karma:

<table>
<thead>
<tr>
<th>Time</th>
<th>Episode</th>
<th>B.P.</th>
<th>P.R</th>
<th>Consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:15 am</td>
<td>first</td>
<td>128/80 mmHg</td>
<td>78/min</td>
<td>Loose</td>
</tr>
<tr>
<td>05:40 pm</td>
<td>last</td>
<td>128/80 mmHg</td>
<td>76/min</td>
<td>Loose</td>
</tr>
</tbody>
</table>

Table no 7. Assessment Criteria:

<table>
<thead>
<tr>
<th>Subjective Parameters</th>
<th>Grade</th>
</tr>
</thead>
</table>
| Aswedanam (anhidrosis/ lack of sweating) | Normal Sweating 0  
Mild Sweating 1  
Mild sweating after exercise 2  
No sweating after exercise 3  
Aswedana 4 |
| Mahavastu (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 |
| Matsyashaklopamama (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-tenuous scale predominates) 4  
Severe (very thick, tenacious scale predominates) 5 |
| Krishna arunavarna (blackish red discoloration) | Normal colour 0  
Near to normal, this looks like normal colour 1  
Light reddish colour 2  
Moderate red colour 3  
Bright red colour 4  
Dusky to deep red colour 5 |
| Rukshta (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 rukshta leading to kandu. 3  
Rukshta leading to crack formation. 4 |
| Kandu (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:

<table>
<thead>
<tr>
<th></th>
<th>Head</th>
<th>Upper limbs</th>
<th>Trunk</th>
<th>Lower limbs</th>
<th>Head</th>
<th>Upper limbs</th>
<th>Trunk</th>
<th>Lower limbs</th>
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<tbody>
<tr>
<td>Itching</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Erythema</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Scaling</td>
<td>3</td>
<td>3</td>
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<td>13x3x0.2</td>
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Table no 9 Before & After treatment wise result

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Photographs

Before Treatment

After Treatment