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Ayurvedic Management Of *Ek Kushta* W.S.R. To Psoriasis: A Case Study

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ABSTRACT:

Ekakushtha is described in Ayurveda as a subtype of Kshudra Kushtha resulting primarily from the vitiation of Vata and Kapha doshas. Its clinical features show close resemblance to psoriasis, which is recognised in modern medicine as a chronic, immune-mediated inflammatory skin disease. Psoriasis presents with well-defined erythematous plaques and papules covered by silvery scales, commonly distributed over the scalp, knees, elbows, and lumbosacral area. Due to persistent and visible skin lesions, individuals with psoriasis often experience substantial psychological and emotional burden. High levels of stress, social withdrawal, depressive symptoms, and increased risk of suicidal ideation have been reported in affected patients.

Contemporary therapeutic approaches such as topical corticosteroids, vitamin D3 analogues, phototherapy (PUVA), and systemic immunosuppressive drugs, including methotrexate provides symptomatic relief. Although beneficial, long-term therapy is frequently limited by adverse effects, drug resistance, or relapse of symptoms once medication is discontinued. This highlights an ongoing need for effective and safer long-term management options.

Considering the clinical similarity, psoriasis can be correlated with Ekakushtha for Ayurvedic therapeutic planning. In the present case study, Ayurvedic interventions were administered based on the principles of Samshodhana and Samshamana chikitsa. Significant improvement was observed following detoxification procedures such as Vasantika Vamana and Sharadika Virechana, supported by internal herbo-mineral formulations and external medicated oil application. The outcome indicates that an integrative Ayurvedic approach may offer promising results while minimising toxicity concerns.

Keywords- *Ekkushta*, Psoriasis, *Shodhan*, *Shaman Aushadhi*, *Ayurveda*

INTRODUCTION

Ayurvedic writings have a broad description of skin problems grouped together under the word *Kushta*. *Kshudra kushta* has been cited in relation to *Ek kushta*. The same elements that cause *Kushta* also cause *Ek Kushta*. The primary aetiologies are dietary variables such as *Viruddha ahara*, excessive eating of *Drava*, *Snigdha*, *Guru ahara*, *Navanna*, fish, curd, salt, sour substances, *Vegadharana*, particularly *Vamana*, and other immoral behaviors.⁽¹⁾ The main clinical features of Eka kushta are *Aswedanam* (Absence of Sweating), *Mahavastu* (extends skin lesion), *Matsya shakalopam* (skin scales resemble the scales of fish, These clinical characteristics resemble those of psoriasis.⁽²⁾

Psoriasis is an immune-mediated skin condition that affects approximately 2–3% of the global population. Conventional treatment primarily includes corticosteroids, immunosuppressants, and biologics, which may cause adverse effects. Ayurveda, with its holistic approach, offers a promising alternative for long-term management by addressing the root cause of the disease.

In Ayurveda, *Ek Kushta* is described as a *Tridoshaja* disorder predominantly involving *Vata* and *Kapha* doshas. The causative factors include improper diet (*Viruddhahara*), lifestyle (*Asatmyendriyarth Samyoga*), and mental stress (Manasika Hetu). Treatment involves *Shodhana* (purification), *Shamana* (pacification), and *Nidana Parivarjana* (avoiding causative factors).⁽³⁾

CASE STUDY

History of Present Illness

➤ Age- 57 years /Male

Complaints - Sarvang Tvakdushti, Keshachyuti, Twak Aaraktavarniyata, Twakavaivarnya, Twakrukshata, Kandu, Daha, chronic plaques over the neck, all extremities, back, etc

Above complaints are **Since past 7–8 years**.

Patient underwent allopathic treatment, including prolonged use of steroids and other medications but experienced no significant relief. For the further management they came to our hospital for ayurvedic medicine



Fig No 1. Images Of Anterior And Posterior Trunk Before Treatment



fig no 2 images of hand, feet and fore head before treatment

No H/O of DM, HTN, Asthma or any major illness.

Allergic: No known history of allergy to any medicine.

Occupation- Singer (Artist)

Addiction - None

A.General Examination

Pulse: 78/min

Stool: Satisfactory

Urine: Normal

Tongue: *Eshat Saam*

Appetite: *Mandagni*

Local Examination:

Red, scaly skin over trunk, limbs, and scalp

Severe itching and intermittent pain

B. Dashviddha parikshana

Prakruti – vata pitta

Vikruti – pittaj

Satva – avar

Satmya – madhyam

Sara – pravar

Samhanana – madhyam

Ahar Shakti – madhyam

Vyayama Shakti – madhyam

Pramana – madhyama

Vaya – 57 years

C. Systemic examination:

CVS – S1S2+

RS – AEBE CLEAR

P/A – Soft and non-tender

CNS – Conscious & well oriented

D. Clinical findings:

BP – 120/70 mm of Hg

PR – 78/min

Temperature – 98.70F

RR – 18/min

HETU:- Ahar:

Improper and Irregular diet

Dairy products - Panner, excess curd in diet

Anup Sevan: Matsya sevan (two times in a week)

Vihar:

Vega dharan

Ratri jagran

SAMPRAPTI GHATAK:-

वातादयस्तयो दुष्टास्त्वग्रक्तं मांसमम्बु च। दूषयन्ति स कुष्ठानां सप्तको द्रव्यसंग्रह ॥
(च. चि.७/९)⁽⁴⁾

Dosha: Tridosha

Dushya: Twak, Rakta, Mansa and Lasika

Adhishtan : Twak

DIAGNOSIS:-Ayurvedic Diagnosis: *Ek Kushta* (a variety of *Kshudra Kushta*)

Modern Correlation: Chronic plaque psoriasis

METHODOLOGY**1. Shodhana Therapy (Purification)**

- a) **Vamana** (Therapeutic Emesis)
- b) **Virechana** (Therapeutic Purgation)
- c) **Raktamokshan** (blood letting)

2.Shamana Therapy**3.Pathya-Apathya (Diet & Lifestyle)**

Duration of treatment was for 2 months

VAMAN

<i>PURVA KARMA</i>	A) <i>Panchatiktaka Ghruta snehapana</i> started with 30ml on 1st day and gradually increased by 30ml om consecutive days till <i>Sneha siddhi lakshana</i> was observed. In These case it was obsereved on 5 th day
	B) Day before <i>Vamana</i> procedure, <i>Sarvanga snehan</i> and <i>swedan</i> in morning and Kapha vardhak ahar in evening was advised.
	C) On the day of procedure; <i>Sarvanga Snehan</i> and <i>swedana</i> was done early in the morning.
<i>PRADHAN KARMA</i>	<i>Vamak Yoga chatan</i> was given early in the morning in <i>kapha kaala</i> . Then waited for <i>vaman vega</i> then <i>aakanth paan</i> of <i>yashtimadhu phanta</i> was given.
<i>PASCHAT KARMA</i>	After <i>Samyaka Shuddhi lakshan (Pittaant vaman)</i> , <i>Dhoompaana</i> was given and advised to follow <i>Samsarjana Krama</i>

As *snehpan* started patients Scaling and itching started to reduced.

After *vaman* scaling and itching 50% reduced.

VIRECHAN

<i>PURVA KARMA</i>	A) <i>Panchatiktaka Ghruta snehapana</i> started with 30ml on 1st day and gradually increased by 30ml on consecutive days till <i>Sneha siddhi lakshana</i> was observed. In these case it was observed on 5 th day
	B) On the day of procedure; <i>Sarvanga Snehan</i> and <i>swedana</i> was done for 3 days including day of procedure.
<i>PRADHAN KARMA</i>	On the day of procedure <i>Ichhabhedi rasa</i> 2tablets with 50ml of castor oil given with luke warm water in morning after Kapha kala (after 10 am)
<i>PASCHAT KARMA</i>	Advised to follow <i>samsarjan krama</i>

RAKTAMOKSHAN

<i>PURVA KARMA</i>	A) Patient Preparation:- The patient was relaxed and positioned properly (lying) on bed. <i>Panchatikta Ghruta snehpan</i> was given for 3 days
	B) Selection of Vein (Sirā):-The most prominent vein was selected
<i>PRADHAN KARMA</i>	➤ Sterilization: The site was cleaned with antiseptic ➤ Tourniquet was applied above the selected vein to make it prominent. ➤ Gently prick was taken on visible veins with butterfly cannula (20 no.) and let the blood flow out ➤ Approx. 70 ml blood comes out and flow ceases then needle was removed gently.
<i>PASCHAT KARMA</i>	Wound Care:- Pressure dressing was applied to stop bleeding. Advised the patient to take rest 15-20mins and ample liquid diet was Provided

2.SHAMAN THERAPY:

a. Internal Medications

- *Arogyavardhini Vati* – 500 mg twice daily
- *Gandhak Rasayan* – 500 mg twice daily
- *Triphala Nishottar churna* 2gm each at night
- *Rasamanikya* (125mg)+*Khadir churna* (1gm) thrice daily
- All above medications given for 2 months (**except snehapan kala, vaman virechan Vishranti kala and sansarjan kala**)

b. External Applications-

Jatyadi Taila for local application on lesions for 2 months twice a daily

3. Pathya-Apathya (Diet & Lifestyle)

Pathya Ahara (Dietary Recommendations)

Easily digestible food (*Laghu Ahara*) – Moong dal, old rice, barley (*Yava*), green gram (*Mudga*)

Apathya Ahar

Guru Ahara (Heavy foods) – Dairy products like curd, cheese, and excessive milk.

Viruddha Ahara (Incompatible foods) – Fish & milk, milk & sour foods.

Excessively oily & fried foods – Aggravates *Kapha* & *Pitta*.

Spicy, salty, sour, and fermented foods – Causes *Pitta* aggravation & skin inflammation.

Junk food & processed foods – Increases *Ama* (toxins).

Excessive sugar and sweets – Aggravates *Kapha* and worsens itching & scaling.

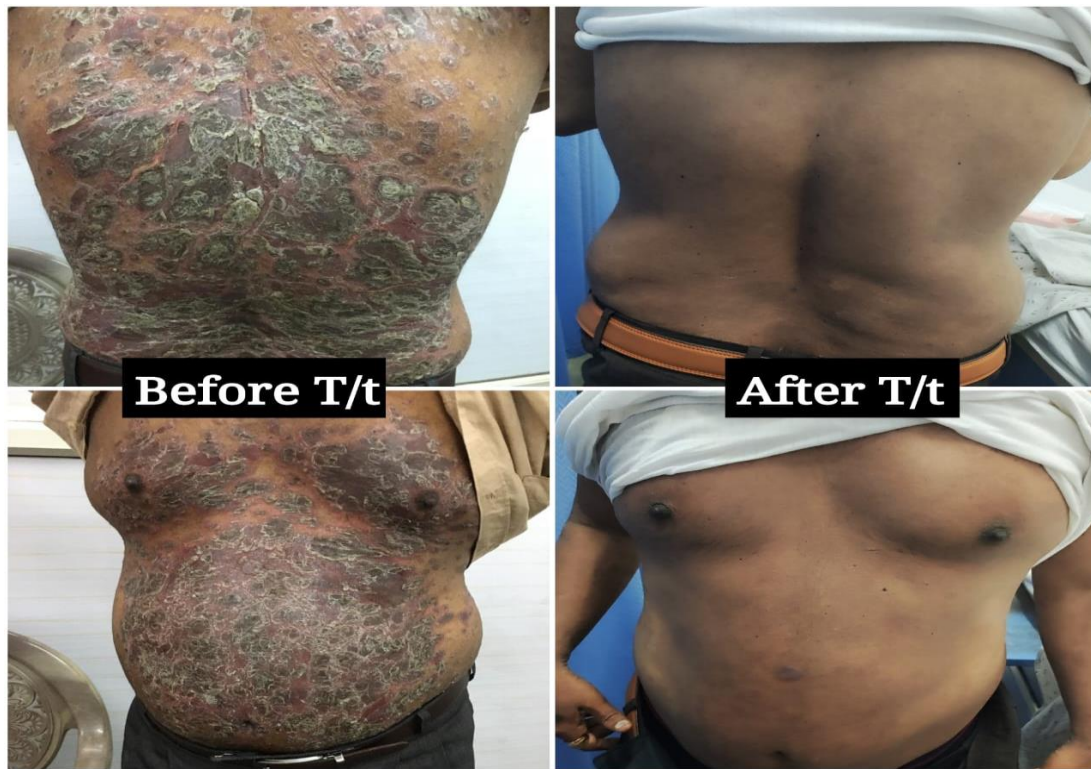


Fig.no 3 images of before and after treatment of back, chest and abdomen



Fig.no 4 before and after treatment images of both hand, fore head and both leg

PASI Score: The current gold standard for assessment of extensive Psoriasis has been the Psoriasis area severity index (PASI). PASI combines the assessment of the severity of lesions and the area affected into a single score in the range 0 (no disease) to 72 (maximal disease). The PASI is a measure of the average redness, thickness and scaling of the lesions (each graded on a 0-4 scale), weighted by the area of involvement.

table no.1

Before treatment	Head and neck	Arms	Trunk	Legs
Skin area involved score	<30%	60-70%	70-80%	55-60%
Redness	2	3	3	3
Thickening	2	4	4	3
Scaling	1	4	4	4
PASI Score-42.8				

table no 2

After treatment	Head and neck	Arms	Trunk	Legs
Skin area involved score	0%	<10%	<20%	<10%
Redness	0	1	1	1
Thickening	0	1	1	0
Scaling	0	0	0	0
PASI Score-2				

table no.3

SYMPTOMPS	BEFORE TREATMENT	AFTER TREATMENT
<i>Sarvang Tvakdushti</i>	Grade 4	Grade 1
<i>Keshachyuti</i>	Grade 4	Grade 1
<i>Twak Aaraktavarniyata</i>	Grade 4	Grade 1
<i>Twakvaivarnya</i>	Grade 4	Grade 1
<i>Twakrukshata</i>	Grade 4	Grade 1
<i>Kandu</i>	Grade 3	Grade 0
<i>Daha</i>	Grade 3	Grade 0

RESULT:-

After 2 months of treatment, significant improvement was observed in scaling, erythema, and itching. The patient reported a 80-90% reduction in symptoms, improved digestion, and better sleep quality. Ayurvedic medicine uses a holistic approach to alleviate symptoms and improve immunity. Furthermore, relief was obtained after intake of *shaman Aushadhi* with *Sodhana Chikitsa*. It will provide all round relief in the outcome and consequently may assist with keeping away from repeat of this illness. Advised repeated *vaman*, *virechan raktmokshan* yearly and continue *Mahatikta ghruta₍₅₎ snehpan in shaman matra*

Discussion

In order to achieve sustained remission and overall patient well-being, Ayurveda emphasizes the combined application of Shodhana and Shamana therapies. The patient was also counselled regarding lifestyle and dietary modifications and was instructed to follow Nidana Parivarjana to prevent aggravating factors. A comprehensive Panchakarma protocol was planned, which included Shodhana therapy in the form of Vamana and Virechana. These procedures were conducted systematically through the stages of Purvakarma (pre-operative measures), Pradhanakarma (main detoxification procedures), and Pashchatkarma (post-operative care), with the objective of eliminating aggravated doshas responsible for the pathology.

Shamana therapy comprising internal medications such as Khadir Churna, Rasamanikya, Arogyavardhini Vati, Gandhak Rasayana, Triphala Churna, and Nishottar Churna was administered to maintain dosha balance and support skin healing. In addition, external application of Jatyadi Taila was incorporated to promote restoration of the epidermal barrier and reduce local inflammation.

The adopted treatment strategy demonstrated promising clinical outcomes. Noticeable reductions in hallmark features of psoriasis including silvery scales, erythematous patches, itching, and skin discoloration were observed within a two-month period. These findings suggest that an integrative Ayurvedic approach targeting both systemic detoxification and local symptom control may offer effective and lasting improvement in patients presenting with Ekakushtha-correlated psoriasis.

Mode of action of Procedure and Drugs

Vamana

Vamaka dravyas get quickly absorbed in blood and cross the blood brain barriers and stimulates the vomiting center and result into vomiting due to *Usna*, *Tikshana*, *Sukshama*, *Vyavayi*, *Vikasi*, *Urdhavabhagha* *Prabhava* properties. The Expelled material consists of *Kapha Dosha* & *Pitta dosha*.⁽⁶⁾

Virechana

The drugs which are *Ushna*, *tikshana*, *Sukshma*, *vyavayi* and *vikashi* reach to the Heart (*hridaya*) by virtue of their *virya* and *prabhava*, circulate through the micro & macro channels due to its *sukshma* and *vyavayi* properties and pervade the Entire body. Then they liquefy (*vishyandana*) the *dosha samghata* by virtue of Their *Ushana guna* and flaccid it and break it up (*chhedana*) by their *tikshana* and *vikashi guna*. The vitiated *Pitta dosha* is expelled out through the mechanism Of *Virechana Karma* and it helps to improve recovery of disease.⁽⁶⁾

Rasmanikya

Remove excessive phlegm and toxins from body which may sometimes initiate Pathogenesis of skin diseases. It breaks immunological adversity which can Trigger skin manifestation. Relieves pain, inflammation and swelling. The Antimicrobial property resists skin infection and the metallic components enhances Colour, complexion and integrity of skin ⁽⁷⁾

Arogyavardhini Vati

Rasaratnasamucchaya mentioned that *Arogyavardhini vati* as *Sarvarogaprashamani* (can specify all type of disorders). This traditional Formulation of Ayurveda is using for centuries with claimed efficacy and safety in Treatment of skin disorders. It helps to decrease the *Agnimandya*, which further Helps to reduces *Ama dosha* which is important factor for the formation of *Kushtha*. Also, it stops production of *Kleda*, which leads to *Dosha Samyata*, & Breaks *Samprapti* of *Kushtha*.⁽⁸⁾

Gandhak Rasayan

Gandhak rasayana helps in rejuvenation of healthy skin. Skin diseases mainly Occurs due to vitiation of *Kapha dosha*, being hot in potency helps to regulate the Vitiated *doshas*. *Gandhak Rasayan* is considered a wide-spectrum antimicrobial Agent with anti-fungal and anti-bacterial properties⁽⁹⁾

Jatyadi Taila

The local application of *Jatyadi Taila* in *Ek Kushta* works by a combination of antimicrobial, wound-healing, anti-inflammatory, and skin-regenerative actions. It helps reduce lesions, prevents secondary infections, and improves skin health by balancing *Kapha-Vata doshas*.

Action of Drug in the management of Psoriasis:

The holistic approach of Ayurvedic management (*sodhana chikitsa*) helps to get more relief and also boost the immunity. medicines are given with *sodhana chikitsa* boost up the result and thus help to avoid recurrence of this disease.

CONCLUSION

The case study suggests that Ayurveda provides an effective alternative for managing psoriasis by addressing the underlying doshic imbalance. *Panchakarma* therapies, combined with internal medications and lifestyle modifications, significantly improved symptoms. Further clinical studies are required to establish the efficacy of Ayurvedic treatments in psoriasis management.

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