

A Case Study on Ayurvedic Management of Psoriasis (Ekakushtha)

Hitesh Jinjala^{1*}, Dharmik Dave², Rohini R. Salve³

Abstract

Psoriasis is a common chronic inflammatory condition characterized by red, scaly patches. In Ayurveda, such skin diseases fall under “Kushtha,” divided into two categories: “Maha Kushtha,” which includes more severe disorders with systemic effects, and “Kshudra Kushtha,” encompassing less severe conditions like “Ekakushtha.” The dominance of Doshas in Ekakushtha is Vata and Kapha. In present case study, 26 years of old male patient was presented to the panchakarma OPD at Government Akhandanand Ayurveda Hospital, Ahmedabad, India with the complains of Ubhayahasta, Pada, Udara, Prustha Pradeshe, Rakta Varna Mandal (~Erythema), associated with Itching(~Kandu), and Scaling (~Twaka dalan), dryness (~Rukshata) in the past 1 year. He was treated with Ayurveda management such as Nidana Parivarjana, Shodhan Chikitsa (Vaman karma & Virechana karma) followed by Shamana chikitsa (~palliative procedures) such as Mahamanjishthadi kwatha, and Swadishta virechana churna. The patient was treated according to kushtha chikitsa and got significant relief. He had no recurrence in any sign and symptoms even after stopping all medicines for the past 3 months. The PASI Score reduced to 0 from 32.7.

Keywords: Psoriasis, Kushtha, Vamana, Virechana, Shamana

INTRODUCTION

The etiology of psoriasis remains poorly understood, but a clear genetic component is evident, with over 50% of patients reporting a positive family history. Psoriatic lesions are characterized by infiltrates of activated T cells, which are believed to produce cytokines that drive keratinocyte hyperproliferation, which results in the characteristic clinical findings [1]. Treatment of psoriasis depends on the type, location and extent of disease like topical glucocorticoid, vitamin D analogue, UV light, steroid, cyclosporine and other immunosuppressive drugs [2], All these treatments have many side effects like Hepatotoxicity, Pancytopenia, Hyperlipidemia, Depression, Renal dysfunction [3]. According to Ayurveda, all skin diseases come under the term “Kushtha”, which is further divided into two categories – Mahakushtha and Kshudra kushtha [4]. Ekakushtha [5] is a type of Kshudra Kushtha characterized by a predominance of Vata and Kapha doshas [6], along with the vitiation of the Twaka, Rakta, Mamsa, and Lasika [7]. It is characterized by symptoms such as Asvedanam (~lack of sweat in the affected skin area), Mahavastu (~covering a large area of skin) and Matsyasakalopama (~fish scale-like scale), Rakta Varna Vat Mandala (~Erythema), which are comparable to the clinical picture of psoriasis. Psoriasis is a non-infectious chronic inflammatory skin disease characterized by well-defined erythematous plaques covered with silvery scales. These plaques typically prefer extensor surfaces, such as elbows and knees, as well as the scalp. The

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condition has a chronic, fluctuating course, often leading to periods of exacerbation and remission [8]. *Rukshata* (dryness) – as a common feature of *Vatika kushtha* and *Kandu* (itching) as a common feature of *Kaphaja Kushtha* is also mentioned by *Acharya Charaka*. In the present case study, the patient was treated with basic principles of *Kustha Chikitsa* such as *Nidana Parivarjana*, *Shodhana Chikitsa* (*Vamana karma & Virechana karma*) [9], *Shamana Chikitsa with Manjisthadi Kwath*, *Swadisthta Virechana Churna*, he started getting relief after *Vamana Karma* and *Virechana Karma*, after *Shamana Chikitsa* got significant relief in sign and symptoms. He had no recurrence of any sign and symptoms in the last 3 months even after stopping all medicines.

PATIENT INFORMATION

A 26-year-old male patient came to the *Panchakarma* OPD at Government Akhndanand Ayurveda Hospital, Ahmedabad, Gujarat with complain of *Ubhayahasta, Pada, Udara, Prustha Pradeshe, Rakta Varna Mandal* (~Erythema), *associated with Kandu* (~itching), and *Twaka dalana* (~scaling), *Rukshta* (~dryness), in the last 1 years.

HISTORY OF PRESENT ILLNESS

He was relatively healthy 1 year, he developed reddish discoloration on both his upper and lower limbs, trunk, scalp, face associated with dryness and itching. He consulted the general practitioner for same, was prescribed medicine. He got some temporary relief but condition worsened day by day and he developed itching and reddish discoloration all over body. So, he consulted a dermatologist, where he got significant relief during treatment, but symptoms reappeared again as soon as he stopped taking medicine. Then he came to *Panchakarma* OPD, Government Akhandanand Ayurveda Hospital, Ahmedabad, Gujarat for further treatment.

CLINICAL FINDING

Reddened plaques were detected on both upper and lower limbs, head, abdomen, back, and scalp, and some plaques had dryness and visible scaling. Auspitz's sign was positive in some areas after desquamation. Psoriasis Area and Severity Index (PASI) score was 32.7, indicating that he had severe disease.

PERSONAL HISTORY (TABLE 1)

- *Ahara* – Vegetarian. (*Lavana+Dugdha*, Fermented food, *Dadhi*, *Ushna Tikshana Ahara Sevana Adhik*)
- *Kostha* – *Madhyama*
- *Agni* – *Vishamagni*
- *Bowel Habit* – Regular (1 times/day)
- *Sleep*: 6–7 hours/day (sound sleep)
- *Diwaswapna* – yes (1 hours/day)

Table 1. Samprapti Ghataka.

Examination	Result
<i>Dosha</i>	<i>Vata-Kapha Pradhana Tridosha</i>
<i>Dushya</i>	<i>Rasa, Rakta, Mamsa, Ambu, Sweda</i>
<i>Srotas</i>	<i>Rasavaha, Raktavaha, Swedavaha</i>
<i>Sroto-dushti prakara</i>	<i>Atipravritti</i>
<i>Agnimandhya</i>	<i>Dhatvagnimandhya</i>
<i>Rogamarga</i>	<i>Bahya</i>
<i>Vyadhiswabhava</i>	<i>Chirakari</i>

THERAPEUTIC INTERVENTION

The treatment given during hospitalization is as follows:

Upon the admission, patients started *Deepana-Pachana* with *Trikatuchurna*, *Snehapan* with *Go-ghrit*, *Vamankarma*, *Samsarjana krama* followed by *Virechana Karma* and *Shamana Chikitsa* with *Mahamanjisthadi Kwath* and *Swadista Virechana Churna*. This treatment continued for 58 days. He was also advised to avoid staying awake at night, day sleeping, and having a light, healthy diet (Tables 2–7).

Table 2. Vamana Karma.

Date	Karma	Medicine	Anupana	Dose	Days	
9/2/2024 to 11/2/2024	<i>Deepan-Pachana</i>	<i>Trikatu churna</i>	Go-ghrit	2 gm BD (before lunch & dinner).	3 days	
12/2/2024 to 16/2/2024	<i>Snehapana</i>	<i>Go-ghrit</i>	Ushnodak	Vardhamana Matra Snehapana.	5 days	
				Time		Dose
				6:30 a.m.		30 ml
				6:30 a.m.		70 ml
				6:30 a.m.		100 ml
6:30 a.m.	130 ml					
6:30 a.m.	150 ml					
17/2/2024 to 18/2/2024	<i>Sarvanga Abhayanga- Swedana</i>	<i>Nirgundi taila</i>	–	QS	2 days	
18/2/2024	<i>Vamana karma</i>	<i>Madanphalapippali churna, vacha, Saindhava, Madhu, Vamanopaga Dravya (Yastimadhuphant), Dugdhas</i>		<i>Madanphala churna</i> – 3 gm <i>Vacha</i> – 1 gm <i>Saindhava</i> – 1 gm <i>Madhu</i> – qs	1 days	
18/2/2024 to 22/2/2024	<i>Samsarjana krama (As madhyama shuddhi)</i>	<i>Yusha, mudga, odana, samanya bhojana</i>	Samsarjana krama		5 days	
			Morning	Evening		
			–	Akruta yusha		
			Akruta yusha	Kruta yusha		
			Kruta yusha	Mudga		
			Mudga	Mudga+Odana		
Mudga+Odana	Normal Diet					

Table 3. Evaluation at the end of Vamana Karma.

<i>Maniki Shuddhi</i>	<i>Antiki Shuddhi</i>	<i>Vaigiki Shuddhi</i>	<i>Laingiki Shuddhi</i>
Input – 6100 ml Output – 5900 ml	<i>Pittanta vamana</i>	Vega – 6 Upvega – 10	<i>Udaralaghvata, Indriya prasnta</i>

Note: – After Vaman karma, the patient complains of discomfort in abdomen. After half an hour the patient went to the washroom and had 1-time loose motion, then he felt no complaint.

Gap Day: For 1 day (Date: 23/2/24)

OUTCOME AND FOLLOW-UP

Patient was assessed on Sign & Symptoms before and after the treatment as well as after following up, after 3 months of discharge. The patient reduced all symptoms after treatment (Figures 1 and 2).

OBSERVATION

The study observed significant changes in the signs and symptoms of psoriasis before and after treatment. A comparison of the signs of psoriasis is illustrated in Figure 1, which shows a marked reduction following the treatment. This demonstrates the effectiveness of the intervention in managing visible symptoms. Furthermore, as shown in Figure 2, the symptoms of psoriasis during follow-up indicate a steady improvement over time, suggesting that the benefits of the treatment were sustained during the post-treatment phase.

Table 4. Virechana Karma.

Date	Karma	Medicine	Dose	Days	
24/2/2024 to 26/2/2024	Snehapan	Go-ghrit with Ushnodak	VardhmanaMatra (last 3 days dose)		3 days
			Time	Dose	
			6:30 a.m.	100 ml	
			6:30 a.m.	130 ml	
27/2/2024 to 1/3/2024	Sarvanga abhyanga- swedana	Nirgundi taila	Qs		4 days
1/3/2024	Virechana karma	Trivrutachurna – 3 gm, Triphala kawath – 100 ml, Danti churna – 1 gm at 10:45 a.m. with Ushnodak		1 days	
1/3/2024 to 5/3/2024	Samsarjan karma (as madhyama shuddhi)	Yusha, Mudga, Odana, Samanya bhojana	Samsarjana krama		5 days
			Morning	Evening	
			–	Akruta yusha	
			Akruta yusha	Kruta yusha	
			Kruta yusha	Mudga	
			Mudga	Mudga+Odana	
Mudga+Odana	Normal Diet				

Table 5. Evaluation at the end of Virechana Karma.

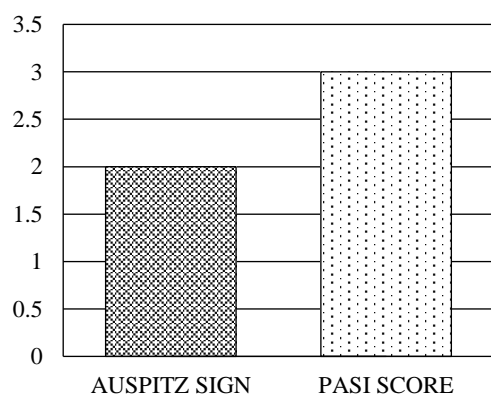
Antiki shuddhi	Vaigiki Shuddhi	Laingiki Shuddhi
Kaphanta Virechana	Vega – 16 Upvega – 8	Udara laghvata, Indriya prasnta, kramat vitta-pitta-anila

Table 6. Shamana Chikitsa.

Aushdha Yoga	Dose	Days
Mahamajisthadi kwath	20 ml BD (before food)	30 days
Swadishta Virechana churna	3 gm (before dinner with lukewarm water)	30 days

Table 7. Criteria for assessment.

Sign	0	1	2	3
Auspitz sign	Non Elicitable	Slightly Elicitable	Elicitable	–
PASI SCORE [10]	No	Mild	Moderate	Severe

**Figure 1.** Graph presenting about signs of Psoriasis before treatment and after treatment.

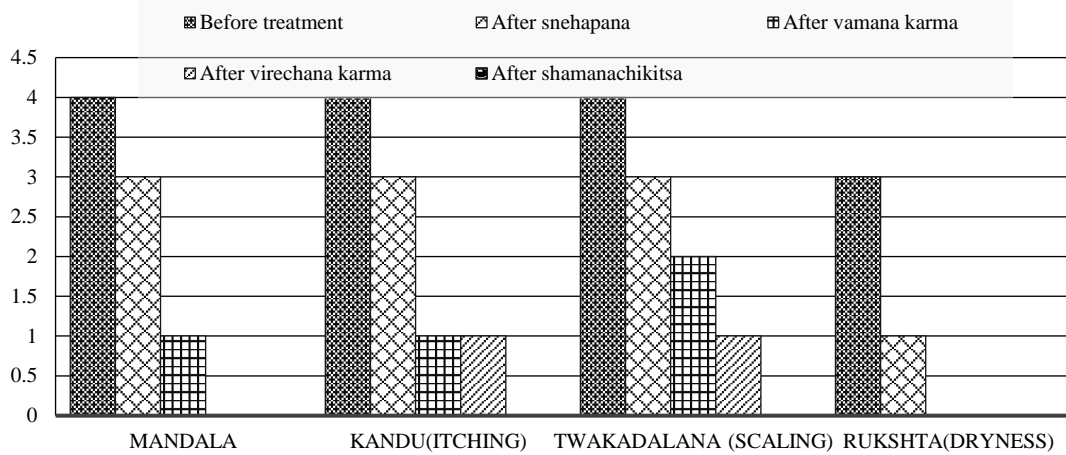


Figure 2. Graph presenting about symptoms of Psoriasis during follow up.

RESULT

Treatment's impact on psoriasis was clearly observed by comparing patient conditions before and after the intervention. As seen in Figure 3 (before treatment on 8/2/2024), the severity of psoriasis symptoms was significantly higher. In contrast, Figure 4 (after treatment on 15/4/2024) demonstrates a considerable reduction in symptoms, highlighting the effectiveness of the prescribed therapy



Figure 3. Before treatment on Date 8/2/2024.



Figure 4. After treatment on date 15/04/2024.

DISCUSSION

Kustha is a broad term for all skin diseases. *Ekakushtha* is one of the 11 types of *Kshudra Kushtha*, characterized by the vitiation of *Kapha* and *Vata doshas*, as well as *Rakta*. Factors such as *Mithya Ahara* (inappropriate diet), *Mithya Vihara* (improper lifestyle), and *karma* lead to the disturbance of the *Tridosha*, which adversely affects *Twaka*, *Rakta*, *Mamsa*, and *Lasika*, resulting in the manifestation of *Kushtha*.

Acharya Charaka notes that all forms of *Kushtha* are influenced by the *Tridosha*, emphasizing that treatment should be tailored to the predominance of the affected *dosha*. The primarily vitiated *dosha* should be addressed first, followed by treatments for the subordinate doshas [12]. While individual treatment protocols for *Ekakushtha* are not detailed in ancient texts, management should follow the principles of *Kushtha Chikitsa* based on *dosha* predominance.

In his description of *Krimi Chikitsa* in *Vimana Sthana*, *Acharya Charaka* outlines a three-step approach to treatment: *Nidana Parivarjana*, *Apakarshana*, and *Prakriti Vighat* [13].

PROBABLE MODE OF ACTION OF SHODHANA CHIKITSA & SHAMANA CHIKITSA

Vamana karma

Vamana Karma is one of major purification methods of *Panchakarma*. *Vamana* drugs contain *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi* and *Vikasi Gunas*. These *Gunas* play an important role in the process of *Vishyandana of Doshas* responsible for disease. From a modern perspective, the active principle of *Vamana*, when taken orally, is absorbed in the stomach and enters the circulatory system, allowing it to circulate throughout the body. Upon reaching the site of the lesion, where *dosha* aggregation occurs at the cellular level, it disrupts the connection between the *doshas* and facilitates the release of toxic substances. These toxins are then transported back to the stomach, where they are expelled from the body through vomiting. Additionally, the secretion of cortisol plays a significant role in this process. Cortisol acts to quickly block many factors that promote inflammation, thereby providing immediate relief. Furthermore, the elevated levels of cortisol enhance the healing rate. This effect is likely due to the body's ability to better withstand various forms of physical stress when substantial amounts of cortisol are present, allowing for improved overall resilience and recovery [14]. So, by this path, it might be helping to root out many ailments with the complex pathogenesis [15].

Virechanakarma

Virechana karma is one of the major purification methods of *Panchakarma*. *Virechana* drugs contain *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi* and *Vikasi Gunas*. These *Gunas* play an important role in the process of *Vishyandana of Doshas* responsible for disease. They liquefy the *Doshas* and remove the *Doshas* out from the body. *Virechana* is the first line of treatment of *Pitta Dosha*. According to *Acharya Susruta* *Virechana karma* is more effective followed By *Vamana karma* [16]. So *Virechana* is chosen for present treatment to correct the vitiated *Tridosha* in pathogenesis of *Ekakushtha*, *Virechnakarma* is selected.

Shamana therapy is a crucial component of Ayurvedic treatment, especially following *Shodhana Karma*. *Shamana Chikitsa* is specifically designed to pacify any remaining *dosha* imbalances after the *Shodhana* process. Classical texts provide detailed descriptions of various single and compound formulations, both for internal and external applications.

Acharya Charaka emphasizes the use of *Tikta* and *Kashaya dravyas* for *Shamana* therapy after *Shodhana*. These preparations help to balance the *doshas*, reduce inflammation, and support the healing process, ensuring a comprehensive approach to treatment. This step is essential for achieving long-term wellness and preventing recurrence of symptoms [17].

Mahamanjsthadi kwath [18]

Its contents are *Manjistha*, *Musta*, *Kutaja*, *Aragvadha*, *Bakuchi*, *Vidanga*, *Indrayava*, *Triphala*, *Patola*, *Nimba*, *Khadir*, *Chandan*, etc. All these drugs are having properties like *Kapha-pitta Shamak*, *Kusthaghna*, *Raktashodhak*, *Kandughna*, *Dahaparshaman* which are helpful in treating psoriasis.

Swadista Virechana Churna [19]

Its contents are *Shuddha Gandhaka*, *Yastimadhu churna*, *Misreya*, *Sanaya*, and *Sarkara*. It works as *Vatanulomana*, *Deepana-pachana*, *Ama Pachana*, and *Rakta Shuddhikara*, so it directly works on *Raktaja Dusti*, *Pitta-kaphajanya roga*, *Amavisahjanya roga*, and *Virechaka karma*, due to *Nitya virechanakarma* dosha cannot accumulate in one place. It expels out allergic antigen from the guts such as prostaglandin and mast cell.

CONCLUSION

Vamana and *Virechana* are the best *Shodhana karma* in *Kapha* and *Pitta dosha* disease respectively. *Ekakushtha* is known for its recurrent nature, which often necessitates repeated *Shodhana Karma* for effective management and eradication of the disease. In the present case study, patients got complete relief in her sign and symptoms so it can be concluded that complete *Shodhana chikitsa* along with *Shamana chikitsa* can be effective in the management of psoriasis.

Patient's Consent

The informed written consent has been taken from patient during enrolment for treatment and publication of the data without disclosing the identity of patient

Limitation of Study

This is only one case study, the result and output of Shodhana Karma and Shamana chikitsa are depended on various factors like Prakruti, Koshtha and other factors which play a role in disease and Shodhana Karma and Shamana chikitsa. So, these variables may be nutrillize in large case study, so large number of patient study required based on this protocol.

Conflict of Interest

The author declares that there is no conflict of interest

Patient Perspective

The patient felt relief from the symptoms. There were visible changes after completion of treatment

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