

# Clinical Evaluation of Ayurvedic Intervention (Mahamanjishathadi Kwatha, Kaishora Guggulu, Panchatikta Ghrita, Eranda Taila) in the Management of Ekakushtha W.S.R. to Psoriasis

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## Abstract

**Introduction:** Psoriasis is a chronic skin condition causing scaly plaques, typically on extensor surfaces, scalp, and nails, and often leads to quality-of-life impairments, including physical and mental health challenges. Ayurveda offers a holistic approach targeting root causes and balancing body and mind, while conventional treatments focus on symptom management through therapies that may cause side effects and recurrence. **Aim and Objectives:** The study aimed to assess the efficacy of Ayurvedic treatment in managing psoriasis. **Methods:** In this study, psoriasis was identified as Ekakushtha due to its similarity to psoriasis in symptoms. An open-label, single-group clinical study was conducted at Govt. Akhandanand Ayurveda College and Hospital, Ahmedabad, with 30 psoriasis patients selected based on inclusion criteria. A detailed history and examination were performed using a specific proforma, and written consent was obtained before treatment. The treatment duration was 6 weeks, with a 2-week follow-up after the trial. **Results:** The treatment was effective for most patients, with most of patients showing marked to moderate improvement. **Conclusion:** Findings indicated significant responses to treatment, highlighting its effectiveness for specific symptoms with no side effects and good patient adherence to treatment.

**Keywords:** Psoriasis, Ekakushtha, Panchatikta ghrita, Mahamanjishthadi kwatha, Kaishora guggulu

## INTRODUCTION

Psoriasis is a chronic inflammatory skin condition characterized by erythematous, scaly plaques, typically on extensor surfaces, scalp, and nails. It often leads to significant quality of life impairment, including disfigurement, disability, and mental health issues like depression. Ayurveda offers a holistic approach that treats root causes and balances body and mind, providing a comprehensive treatment strategy. In contrast, conventional medicine primarily focuses on symptom management through topical therapies, systemic medications, and phototherapy, which can have serious side effects and may not prevent recurrence.

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In Ayurveda, skin diseases are classified under “Kushtha”, further divided into *Maha* and *Kshudra Kushtha*. [1] *Ekakushtha*, a type of *Kshudra Kushtha*, is characterized by *Vata* and *Kapha* dominance [2] and vitiation of *Twaka*, *Rakta*, *Mamsa* and *Lasika*. Psoriasis was chosen as *Ekakushtha* in this study due to its similarity in symptoms, including *Asvedanam* (lack of sweat), *Mahavastu* (wide skin coverage) and

*Matsyasakalopama* [3] (scaling resembling fish scales), which align closely with the clinical presentation of psoriasis.

While many studies have compared *Shamana Chikitsa* with standard treatments, Panchakarma procedures like *Vamana*, *Virechana*, and *Raktamokshana* have shown promising results in treating *Kushtha roga*. However, these procedures may not be suitable for all patients due to co-morbidities or weakness. This study aims to offer a complete *Shamana Chikitsa* based on classical principles of *Kushthachikitsa*.

In the present study a complete intervention in the form of treatment protocol was planned for the management of *Ekakushtha* W.S.R. Psoriasis in which *Mahamanjishthadi kwatha* [4] was used as *raktaprasadaka* and *Vyadhipratyanika* medicine; *Panchatikta ghrita* [5] was used as *Agnideepaka*, *Balya*, *Dosha* and *Vyadhipratyanika dravya*; *Kaishora guggulu* [6] was given *Rasayana*, *Rakta prasadaka*, *Vyadhi pratyanyika dravya*; and *Eranda taila* was given for *Koshtha-suddhi* and *vata-kapha shaman*.

### Research Methodology

- *Study Design*: An open-label, single-group clinical study was conducted at Govt. Akhandanand Ayurveda College and Hospital, Ahmedabad.
- *Diagnostic Criteria*: Patients were diagnosed based on classical Ayurvedic signs of *Ekakushtha*, including *Aswedanam* (lack of sweat), *Mahavastu* (wide skin coverage), *Matsyashakalopama* (fish-scale-like scaling), *Krushna-aruna varnata* (Erythema). Additional symptoms like *Raukshya* (dryness) and *Kandu* (itching), associated with *vataja* and *kaphaja kushtha*, were also considered, as psoriasis is a *vata-kaphaja* type of *Kushtha*. Clinical tests such as PASI score, Auspitz sign, Kobner's Phenomenon, and Candle Grease sign were used to confirm the diagnosis.

### Inclusion Criteria

- Age: 18-60 years
- Willingness to participate in the clinical trial
- Presence of clinical signs and symptoms of *Ekakushtha* (Psoriasis)
- Chronicity of less than 10 years

### Exclusion Criteria

- Age less than 18 or more than 60 years
- Chronicity greater than 10 years
- Pregnant or lactating women
- Patients with psoriatic arthropathy
- Uncontrolled diabetes mellitus (DM) or hypertension (HTN)
- Patients with a history of severe heart disease, kidney disease, stroke, or liver disease
- Patients with severe systemic illnesses like rheumatoid arthritis (R.A.), gout, or S.L.E.
- Patients with pulmonary dysfunction or chronic obstructive pulmonary disease (COPD)
- Patients with a history of acute or chronic infectious diseases such as TB, AIDS
- Patients on medications like corticosteroids, hormonal therapy, anti-depressants, or drugs affecting study outcomes
- Patients with alcohol addiction or drug abuse

### Sampling Method

In this study, participants were selected using a convenience sampling method. Patients who met the inclusion criteria were recruited from the outpatient department (OPD) of Government Akhandanand Ayurveda College and Hospital, Ahmedabad. Written informed consent was obtained from all participants before enrolling in the study. Patients with any of the exclusion criteria were excluded from the study to ensure homogeneity of the sample and minimize confounding variables. A total of 30

patients were enrolled in the study, and all participants received the same intervention during the trial period.

### Intervention

In the present study, a comprehensive treatment protocol was developed for the management of *Ekakushta* (Psoriasis). *Mahamanjishthadi Kwatha* was used as a blood purifier and *dosha*-balancing agent, addressing the underlying causes of the condition. *Panchatikta Ghrita*, administered both orally and topically, served to enhance digestive fire, strengthen the body, and balance *doshas* while also alleviating disease symptoms. *Kaishora Guggulu*, known for its rejuvenating and blood-purifying properties, supported overall health and resistance to disease. Finally, *Eranda Taila* was utilized for its role in *koshthasuddhi* along with balancing the *Vata* and *Kapha doshas*.

Patients enrolled in the clinical trial were given *Koshtha Suddhi* with *Eranda Taila* – 10 to 20 ml (as per *Koshtha*) with lukewarm water at night for the first three days. Following this, the treatment regimen included *Mahamanjishthadi Kwatha* (40 ml) after meals twice a day, *Kaishora Guggulu* (375 mg, 2 tablets) thrice a day before meal, and *Panchatikta Ghrita* (10 ml) on an empty stomach twice a day. Additionally, weekly *Koshtha Suddhi* with *Eranda Taila* was administered throughout the 6-week trial period. Patients were assessed for signs and symptoms two weeks after completing the treatment. The patients in the study received specific treatments as outlined in Table 1. The assessment criteria for various clinical parameters were established based on traditional and clinical observations. Table 2 presents the assessment criteria for *Aswedanam*, while Table 3 details the criteria for *Mahavastu*. Additionally, Table 4 outlines the assessment for *Matsyashakalopamam*, and Table 5 provides the criteria for evaluating *Kandu*. Furthermore, Table 6 highlights the assessment parameters for *Rukshata*, whereas Table 7 focuses on *Krushna-Aruna Varnata*. To assess specific dermatological signs such as the *Auspitz sign*, *Candle grease sign*, and *Koebner's Phenomenon*, the evaluation criteria are summarized in Table 8.

**Table 1.** Treatment given to the patients.

For the first three days, <i>Eranda Taila</i> with lukewarm water was administered at night to the patients for <i>koshtha suddhi</i> .				
<b>After <i>koshtha suddhi</i>.</b>				
No.	Medicine	Dose	Timing	Anupana
1	<i>Mahamanjishthadi kwatha</i>	40ml	Twice a day, after meal	-
2	<i>Kaishora guggulu</i>	2tab. (375mg each)	Thrice a day, before meal	<i>Ushnodak</i>
3	<i>Panchatikta ghrita</i>	10ml	Twice a day, empty stomach And for local application	<i>Ushnodak</i>
4	<i>Eranda taila</i>	10-20ml (as per <i>koshtha</i> )	For first 3 days followed by once a week at HS.	<i>Ushnodak</i>

### Criteria for Assessment:

*Aswedanam* (Anhydrosis)

**Table 2:** Assessment criteria for *Aswedanam*

No.	Criteria	Grading
1	Normal perspiration	0
2	Slightly less perspiration than normal	1
3	Normal perspiration after exercise	2

4	Mild perspiration even after exercise	3
5	No perspiration after exercise	4

Mahavastu (Extension of Lesion)

**Table 3.** Assessment criteria for *Mahavastu*.

No.	Criteria	Grading
1	No lesions	0
2	Few patches on arms, leg, neck, scalp, back	1
3	Lesions on about half region of arms, leg, neck, scalp, trunk, back	2
4	Lesions on maximum part of arms, leg, neck, scalp, trunk, back	3
5	Lesions on whole body	4

Matsyashakalopamam (Scaling)

**Table 4.** Assessment criteria for *Matsyashakalopamam*.

No.	Criteria	Grading
1	No scaling	0
2	Mild scaling by rubbing/by itching (scaling from some lesions)	1
3	Moderate scaling by rubbing/by itching (from all lesions)	2
4	Severe scaling by rubbing/by itching (from all lesions)	3
5	Scaling without rubbing/by itching (from all lesions)	4

Kandu (Itching)

No.	Criteria	Grading
1	No itching	0
2	Occasional itching	1
3	Frequent but tolerable	2
4	Not tolerable and disturbed routines	3
5	Mostly all time with disturbing sleep and routines	4

**Table 5.** Assessment criteria for *Kandu*.

Rukshata (Dryness)

**Table 6.** Assessment criteria for *Rukshata*.

No.	Criteria	Grading
1	No dryness	0
2	Faint line on scrubbing by nail	1
3	Line & even words can be written on scrubbing by nail	2
4	Visible dryness/scales of skin	3
5	Visible cracks on skin	4

**Krushna-Aruna Varnata (Erythema)**

**Table 7.** Assessment criteria for *Krushna-Aruna Varnata*.

No.	Criteria	Grading
1	Normal Colour	0
2	Faint or Near to normal colour	1
3	Light red colour	2
4	Bright red colour	3
5	Dusky to deep red colour	4

- Auspitz sign
- Candle grease sign
- Koebner's Phenomenon

**Table 8.** Assessment of Auspitz sign–Candle grease sign–Koebner's Phenomenon.

No.	Criteria	Grading
1	Non Elicitable	0
2	Slightly/Occasionally Elicitable	1
3	Elicitable	2

- Psoriasis Area and Severity Index (PASI) score[7]
- DLQI (Dermatology Life Quality Index)[8]

### Overall Assessment

Overall assessments of therapy was done on the basis of improvement in the symptoms. (Table 9).

**Table 9.** Criteria for overall assessment.

1	Completely Remission	100% relief in sign and symptoms
2	Marked Improvement	>75% relief in signs and symptoms
3	Moderate Improvement	>50 to 75% relief in the signs and symptoms
4	Mild Improvement	>25% -50% relief in the signs and symptoms
5	No Improvement	up to 25% relief in the signs and symptoms

### Statistical Analysis of Data

The data collected on various parameters were subjected to statistical analysis, including calculation of Mean, Standard Deviation (SD), and Standard Error (SE). The clinical study data were further analysed using the paired t-test and Wilcoxon rank sum test.

### Results

In the study, the majority of patients (33.33%) were in the 31-40 age group, followed by 26.66% in the 51-60 age range. The gender distribution showed 56.67% male and 43.33% female. Most patients were married (76.67%), with 100% identifying as Hindu. In terms of education, 40% were graduates, and 46.67% were from middle-class socio-economic backgrounds. Occupation-wise, 40% worked in services, while 36.67% were housewives. A significant majority (83.33%) lived in urban areas, indicating an urban-centric patient demographic.

In this study, key symptoms included *Mahavastu*, *Matsyasakalopama*, *Kandu*, *Rukshata* and erythema, with all patients showing the first four symptoms and 96.66% having erythema. Auspitz sign was observed in 63.33% of patients, while Koebner's phenomenon and Candle grease sign appeared in 6.66% and 16.66%, respectively. Most patients (96.66%) had adult onset, with 70% experiencing gradual onset. Half of the patients had a stationary course, 30% relapsing, and 20% progressive. Seasonal triggers were noted in 20%, and 13.33% had a family history of psoriasis. Most of patients (73.33%) were vegetarian, while 26.66% had a mixed diet, while 66.66% were having history of *Vishamashana*. Regarding lifestyle, 40% had irregular sleep, while 70% didn't exercise. Hot water baths was common (70%), and 93.33% had regular bathing habits. Bowel habits were regular in 83.33%, with 56.66% having normal consistency.

In this study, 90% of patients had a *Lavana rasa* dominant diet, followed by *Amla* and *Katu rasa* (73.33%), and *Madhura rasa* (60%). *Dadhi* was identified as a key *nidana* in 70% of patients, with *Guda* and *Kshira* being prominent in 56.66%. *Asatmyahara* (70%) and *Vishamashana* (66.66%) were common dietary habits, while *Paryushit* and *Atigurvanna* were found in 23.33%. Fermented foods were linked to 56.66% of cases, with pizza and pickle at 43.33%. *Viruddha ahara* (*Lavana+Dugdha*)

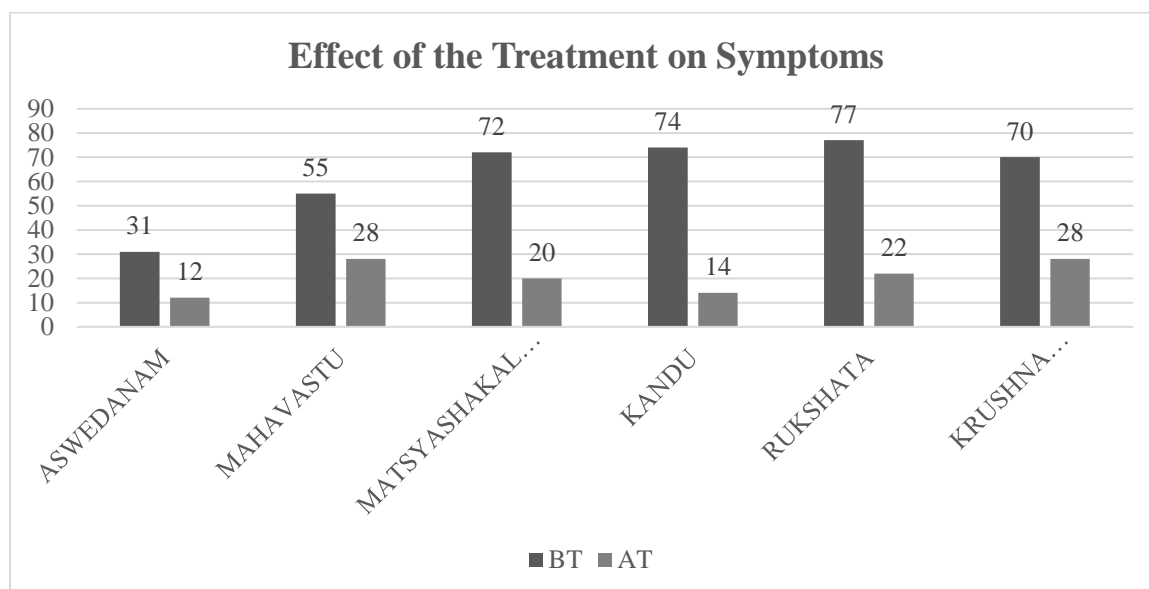
appeared in 50% of patients. *Viharaja nidanas* like *Shitoshna vyatyas* and *Diwaswapa* were observed in 50% and 46.66%, respectively. Mental factors, especially *Chinta* (53.33%) was significant contributors to the condition.

Plaque psoriasis was the most common type, affecting 53.33% of patients, followed by Guttate and Scalp psoriasis, each found in 23.33% of patients. Erythrodermic and Scalp psoriasis were observed in 6.66% of patients, while Palmo-plantar psoriasis was seen in 3.33% of patients.[9] (Table 10).

**Table 10.** Effect of the therapy on various parameters.

Parameters	Mean			% relief	SD	SE	W	P	S
	BT	AT	DF						
<i>Aswedanam</i>	1.03	0.40	0.63	61.29	0.61	0.11	153	0.0001	HS
<i>Mahavastu</i>	1.83	0.93	0.90	49.09	0.92	0.16	171	0.0001	HS
<i>Matsyashakalopamam</i>	2.40	0.67	1.73	72.22	0.74	0.14	465	0.0001	HS
<i>Kandu</i>	2.46	0.46	2.00	81.08	0.78	0.14	465	0.0001	HS
<i>Rukshata</i>	2.56	0.73	1.83	71.43	0.69	0.12	465	0.0001	HS
<i>Krushnaruna Varnata</i>	2.33	0.93	1.40	60	0.85	0.15	351	0.0001	HS
<b>Auspitz sign</b>	0.96	0.23	0.73	75.86	0.69	0.12	171	0.0001	HS
<b>Koebner's sign</b>	0.06	0.03	0.03	50	0.18	0.03	1	0.5000	NS
<b>Candle grease sign</b>	0.26	0.06	0.20	75	0.48	0.08	15	0.0313	S
<b>PASI</b>	9.47	3.42	6.05	63.89	7.32	1.33	4.52	0.0001	HS
<b>DLQI</b>	7.63	3.76	3.86	50.65	2.62	0.47	8.07	0.0001	HS

The study results demonstrated significant improvements across various subjective and objective parameters after therapy. *Aswedanam* showed a 61.29% reduction, *Mahavastu* had a 49.09% reduction, and *Matsyashakalopamam* saw a 72.22% improvement. *Kandu* exhibited an 81.08% reduction, and *Rukshata* showed a 71.43% improvement. *Krushnaruna Varnata* was reduced by 60%. As shown in Figure 1, the treatment had a noticeable effect on symptom reduction. Similarly, Figure 2 illustrates its impact on objective parameters.



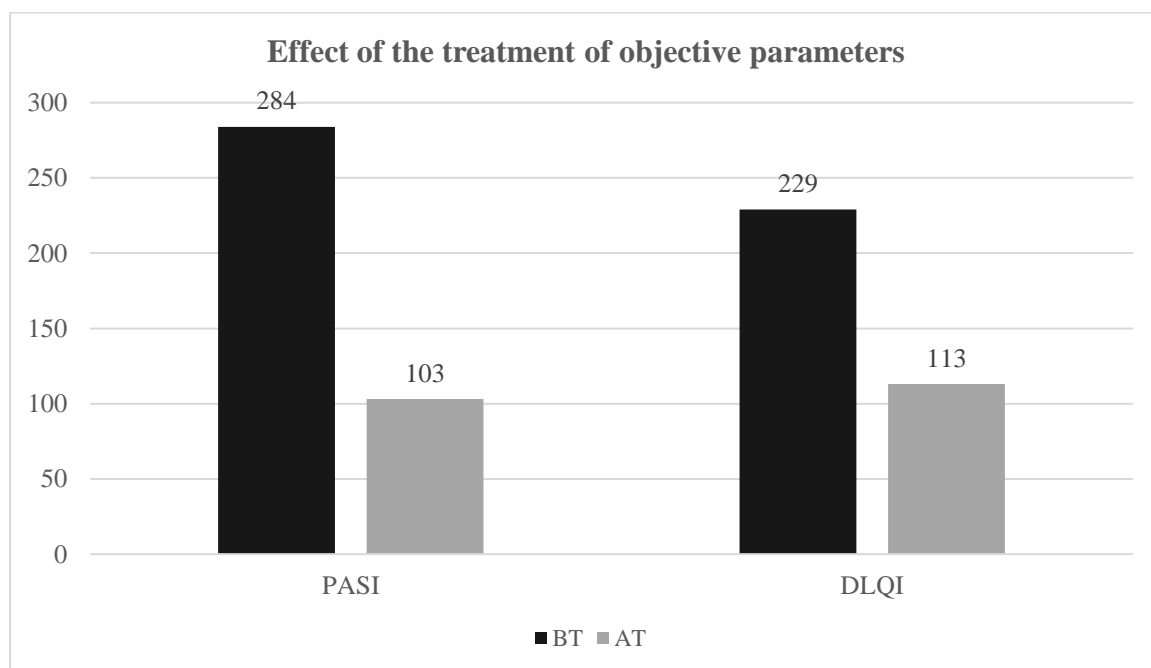
**Figure 1.** Showing effect of the treatment on symptoms.

Objective parameters like PASI and DLQI scores also improved significantly, with reductions of 63.89% and 50.65%, respectively.

In terms of clinical response, 6.66% of patients achieved complete remission, 36.66% had marked improvement, and 33.33% reported moderate improvement, indicating the treatment's effectiveness. (Table 11).

**Table 11.** Showing Overall effect of the treatment.

No.	Effect of the treatment	No. of Pt.	%
1	Completely Remission	2	6.66
2	Marked Improvement	11	36.66
3	Moderate Improvement	10	33.33
4	Mild Improvement	7	23.33
5	No Improvement	0	0



**Figure 2.** Showing effect of the treatment on objective parameters.

## Discussion

The study reveals interesting demographic and lifestyle patterns among psoriasis patients. In terms of age, the largest group falls within the 31-40 years of age, with relatively balanced distributions in other age groups. The gender distribution shows a higher prevalence of psoriasis in males compared to females, potentially due to work-related stress and responsibilities. Most patients are married, suggesting that familial stress may contribute to the condition. All patients belong to the Hindu religion, indicating a homogenous religious background in the sample.

Regarding education, most of patients are graduates, though no direct link to psoriasis severity was found. In terms of socio-economic status, the majority are middle class and upper middle class, likely linked to stress from demanding lifestyles. In terms of occupation, most are housewives, and work in the service sector, where stress, irregular habits, and environmental factors like exposure to air conditioning might contribute to psoriasis onset. The study also shows that a majority of patients live in urban areas, possibly influenced by urban lifestyle and diet.

The distribution of patients according to *Viharaaja Nidana* showed that *Shitoshna Vyatyassevana*, involving habits like consuming hot food with cold beverages or exposure to sunlight after air-conditioned rooms, which can disrupt *Swedavaha Srotasa*. *Divaswapa* was observed in many patients, contributing to an increase in *Kapha* and *Ajirna*. *Vegadharana*, seen in some of patients with busy

schedules, while some patients had *Atapasevana*, leading to skin damage. Drug allergy was found in one patient who developed psoriasis following pneumonia treatment. *Manasika Nidana* revealed that most of patients had a history of *Chinta* (stress). Psychological stress triggers inflammation and accelerates psoriasis through cortisol release, cytokine activation, and lifestyle impacts. Thus, stress can worsen existing plaques, impair the skin's barrier, and create a cycle of emotional distress, complicating psoriasis management.

The drug trial began with *Koshthasuddhi* using *Erandataila* for three days, with 15 ml administered to most patients (25) with *Madhyama Koshtha*, leading to loose stools and 2-3 bowel movements daily. *Mahamanjithadi Kwatha* caused increased stool frequency and mild abdominal discomfort, relieved after passing stool. For scalp psoriasis, patients were advised to massage *Panchatikta Ghrita* into the scalp, applying it twice a day due to practical concerns. *Kaishora Guggulu* was crushed for better digestion and absorption in patients with *mandagni*. Common instructions to the patients included avoiding day sleep, heavy work after meals, stale food, fast food, and fermented items, using regular-temperature water for baths and to avoid low TFM shops.

The synergistic effect of the selected trial drugs plays a crucial role in the *samprapti vighatana* of psoriasis. The process of *koshtha suddhi*, facilitated by *eranda taila*, helps purify the gastrointestinal tract, ensuring that the active ingredients in the medicines can exert their maximum therapeutic effects. *Mahamanjithadi Kwatha* and *Kaishora Guggulu* contribute significantly to blood purification (*raktaprasadana*), which is essential for managing the inflammatory processes associated with psoriasis. By enhancing the quality of the blood, these formulations can help reduce skin lesions and promote healing. Additionally, *Panchatikta ghrita* acts as a vital component by providing strengthening (*balya*) and rejuvenating (*rasayana*) properties. It also functions as a *vyadhi pratyanyika dravya*, counteracting the disease process of psoriasis by supporting overall health and resilience. Local application of *Panchatikta ghrita* provides emollient benefits, alleviating dryness, itching, and scaling in psoriasis. Its nourishing properties soothe irritation and help retain moisture, promoting overall skin healing. [10]

## CONCLUSION

This study highlights the importance of understanding the underlying mechanisms and effective treatment strategies for *Ekakusththa* W.S.R. Psoriasis. Through a thorough execution of clinical trial, this study provides valuable insights into the role of Ayurvedic intervention in managing the disease.

The findings suggest that the intervention pacifies the sign and symptoms of psoriasis as well as markedly improves PASI and DLQI. However, the study's limitations, such as the small sample size and short duration.

Future research with larger sample sizes and extended follow-up periods is crucial to validate these findings and assess the long-term effectiveness and safety of the interventions.

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