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Case Study

AYURVEDIC MANAGEMENT OF PSORIASIS *(EKA KUSTHA)*: AN APPROACH THROUGH *SODHANA* AND *SAMANA* THERAPY

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ABSTRACT

Psoriasis is a chronic, immune-mediated inflammatory skin disease characterised by well-defined erythematous, scaly plaques with a recurrent and remitting course. It may significantly affect the physical, psychological, and social well-being of patients. In Ayurveda, its clinical features closely resemble those of *Ekakushtha*, a subtype of *Kshudra Kushtha*. The present case study evaluated the efficacy of an integrated Ayurvedic approach in the management of psoriasis. A 40-year-old male presented with dry, elevated, scaly and inflamed lesions over the hand and leg for two years, with recent aggravation for two months. Mild itching and absence of sweating over the affected areas were also reported. Examination revealed *Matsyashakalopama, Mandala, Kandu, Bahalatva, Aswedana* and *Rukshata*, with a positive Auspitz sign. Management included internal application of *Snehapana*. Following 15 days of treatment, marked clinical improvement was observed, with reduction of the PASI score from 4.5 to 1.02. The case indicates that a comprehensive Ayurvedic treatment protocol incorporating internal and external application of *Snehan karma* with *Mahatikta ghrita* followed by *Shodhana karma* may be useful in reducing disease severity and improving clinical features in psoriasis in day-to-day clinical practice and it is administered in out-patient and it is managed simply by out-patient department.

INTRODUCTION

Psoriasis is a chronic and non-infectious skin disease characterized by circumscribed erythematous lesions with silvery scales. It commonly affects the scalp, trunk, and extensor surfaces of the limbs. It is a disease of unknown aetiology with multi factorial causes like stress, lifestyle changes, and dietary habits. The prevalence of psoriasis is 8% of total dermatological disorders. Among the psoriasis patients, the ratio of male to female was 1.1:1. It affects 2.5% of the world's population [1]. The disease is multi factorial in origin, involving genetic predisposition, immune dysregulation, and environmental triggers such as stress, infections, and lifestyle factors.[2] In modern medicine, psoriasis is considered a T-cell mediated autoimmune condition leading to hyper proliferation of keratinocytes and chronic inflammation.[3] In Ayurveda, psoriasis can be correlated with *Kushtha,* particularly *Ekakushtha*, which is characterized by features such as *Aswedanam* (absence of sweating), *Mahavastu* (extensive lesions), and *Matsyashakalopama* (fish-scale-like appearance)[4]. The pathogenesis involves vitiation of *Vata* and *Kapha Dosha* along with the involvement of *Rakta*, *Twak*, *Mamsa*, and *Lasika Dhatus*, resulting in chronic and recurrent skin manifestations[5]. The condition is primarily attributed to the vitiation of *Vata* and *Kapha doshas*. Its management focuses on *Shodhana* therapy followed by *Shamana* therapy, with the aim of restoring *Doshic* equilibrium and minimizing the likelihood of recurrence [6].

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AIM

To evaluate the efficacy of *Shodhana* and *Shamana* therapy in the management of psoriasis (*Ekakushtha*).

METHODOLOGY

A single case study was conducted on a patient of psoriasis presenting with classical symptoms such as scaling, erythema, itching, and dryness. The patient

was treated with *Mahatikta Ghrita* for *Snehapana* for a specified duration and after *Snehapana*, *Virechana karma* was conducted with *Trivrit avaleha* along with appropriate dietary and lifestyle modifications. Clinical assessment was carried out before and after treatment based on subjective parameters (itching, scaling, erythema) and objective findings (extent of lesions and skin texture).

Informed Consent

Informed consent was obtained from the patient.

Case Report

Basic Informant of the Patient

Name – XXX

Age– 40yrs

Sex – Male

Occupation – Private company job

Address – VIP Road, Kestopur, Baguihati

Chief Complaints

Itchy skin lesion covered with silvery scales scattered over both hands and legs since 2 years.

History Of Present Illness

40-year-old male patient presented with complaints of itching associated with whitish scaling over both upper and lower limbs for the past 2 years. The condition was insidious in onset and gradually progressed over time. Initially, the patient noticed small, dry, scaly lesions over the limbs, which were associated with itching. The lesions gradually increased in size and number and became more prominent over the affected areas. The itching was intermittent in nature and was aggravated particularly during episodes of dryness and cold weather. On scratching, the scales were removed and the underlying skin appeared reddish. There was no history of similar complaints among family members. No significant history suggestive of any other chronic skin disorder was reported. The patient has no history of involvement of the genital region.

History of past illness

No history of any past illness.

Personal History

Diet- Mixed: intake curd+ fish daily prefer *Amla*, *Lavana, Madhura ahara* prefer curd, pickles, fried item dishes,

Appetite – Normal to moderate

Sleep - adequate

Bowel -Frequency- 2/day evacuation - Complete

Stool consistency - Well formed

Micturation – Regular

Addiction- Nil

Exercise- Poor

Allergy- Not yet detected

Surgical history

No such

Family history

No family history of psoriasis or arthritis.

On Examination

General condition Brownish

Vitals were normal, afebrile

Central nervous system, cardiovascular system, respiratory system and gastrointestinal system examinations show no abnormality.

Prakriti –Pitta-kapha

General Appearance

Built: Moderate

Nourishment: Poor

Pallor: Absent

Icterus: Absent

Cyanosis: Absent

Odema: Absent

Vitals

BP - 110/80 mm of Hg

PR - 78b/m

Temp - 97.8°F

SPO2 - 98%

Weight - 65kgs

Height -157cms

On Local Examination [Fig no-1]

- Well-defined erythematous plaques with silvery white scales
- Distribution: elbows, knees, leg
- Positive Auspitz sign (pinpoint bleeding on removal of scales)
- Dry, rough, and thickened skin
- No signs of infection



Pictorial presentation Before Treatment



Pictorial presentation During Treatment



Pictorial presentation After Treatment

Differential Diagnosis

Eka kustha, Sidhma kustha, Dadru, Mandala kustha

Provisional Diagnosis

Eka kustha

At first time, we didn't give any oral medication or any local application to the patient. We advised him to take the *Panchakarma* therapies for better management. The patient was also agreed to admit to our hospital as per given admission date.

Table 1: Integumentary System Examination [7]

Nature of eruption	Flaky, brownish-silvery, scaly lesion over the back
Distribution	Asymmetrical
Site of eruption	Both hand and leg
Margin	Irregular
Surface	Rough and irregular, no discharge from the lesion.

MATERIAL AND METHODS

- *Deepan pachana*
- *Snehapana*
- *Abhyanga* and *Nadi swada*
- *Virecahana*

Treatment protocol

Duration

15 days for *Virechana karma*

Table 2: Treatment schedule of *Shodhana Chikitsa*

Panchakola curna caraka yavagu bhaisajya	*Deepana pachana* for 7 days
Maha tikta ghrita caraka	*Snehapana* for 5 days 1st day- 30 ml 2nd day - 60 ml 3rd day- 90 ml 4th day- 120 ml 5th day – 150 ml
External use of *Mahatikta ghrita* 10 ml per day.	*Abhyanga* followed by *Nadi sweda*
Trivita Avaleha (100gm)	For *Virecana* 16 *Vegas* were seen without any complication (*Madhyam Suddhi*) *Samsarjana Krama* for next 5 days (*Peyadi*)

After 5 days *Peyedi Samsarjana Krama*, we were advising him for *Shamana Aushadhi.*

Table 3: Treatment schedule of *Shamana Aushadhi*

Aushadhi	***Matra***
Pancha Tikta Ghrita Guggulu	500 mg with *Sukhoshna jala* × twice daily after meal
Neem taila	For local application × twice a daily
Gandhaka Rasayana	500 mg with *Sukhoshna jala* × twice daily after meal
Khadiraristha	20 ml with *Jala* × twice daily after meal

Assessment Criteria Subjective Parameters

Subjective Parameters

- *Vaivarnatwa* (discolouration of skin)
- *Kandu* (itching)
- Scaling

Objective Parameter

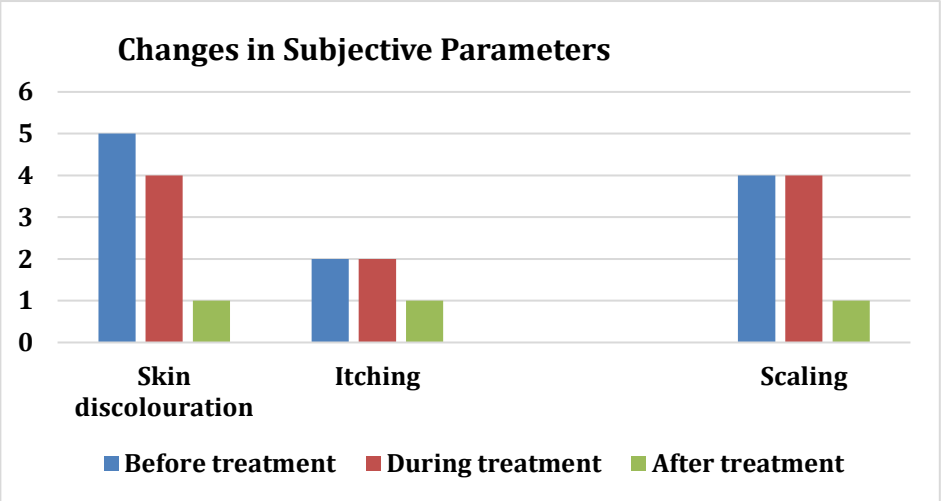
- Size and number of lesions
- Skin texture and dryness
- PASI Score

OBSERVATION

The patient was assessed before, during and after treatment based on clinical parameters. After administration of *Mahatikta Ghrita* for 5 days and *Virechana* with *Tivrit avaleha* along with *Shamana oushadhi*, there was a noticeable reduction in itching, scaling, erythema, and dryness. The size and thickness of the lesions decreased, and the skin texture improved. The patient also reported better sleep and overall comfort. No adverse effects were observed during the treatment period.

Table 4: Changes in Subjective Parameters

Complain	Before treatment	During treatment	After treatment
Skin discoloration	+++++	++++	+
Itching	++	++	+
Scaling	++++	++++	+



Graph 1: Changes in Subjective Parameters

PASI Score[8]

Pasi score is a tool used to measure the severity and extent of psoriasis. PASI is an acronym for psoriasis area and severity index. Completing a PASI score takes a few minutes and experience to calculate it accurately. Scoring system and chart is given below.

Table 5: PASI score before treatment

Plaque characteristic	Lesion score	Head	Upper limbs	Trunk	Lower limbs
Erythema	0- None 1- Slight 2- Moderate 3- Severe 4- Very severe	-	2	-	1
In-duration/thickness		-	2	-	2
Scaling		-	2	-	2
Lesion score sum (A)		-	6	-	5

Table 6: PASI score before treatment

Percentage area affected	Area score	Head	Upper limb	Trunk	Lower limb
Area Score (B) Degree of involvement as a percentage for each body region affected (score each region in between 0-6)	0= 0% 1= 1%-9% 2= 10%-29% 3= 30%-49% 4= 50%-69% 5= 70%-89% 6= 90%-100%	-	2	-	2

Multiply Lesion Score Sum (A) by Area Score (B), for each body region, to give rise the subtotals (C).

Subtotals (C)	-	12	-	10

Multiply each of the Subtotals (C) by amount of body surface area represented by that region, i.e., x 0.1 for head, x 0.2 for upper body, x 0.3 for trunk, and x 0.4 for lower limbs

Body surface area	X0.1	X0.2	X0.3	X0.4
Totals (D)	-	2.4	-	4

Table 7: Findings before treatment

Plaque Characteristics	Head	Upper limb	Trunk	Lower limb
Erythema	0	1	0	1
In-duration/thickness	0	2	0	2
Scaling	0	2	0	2
Area Score	0	3	0	2

Table 8: Findings after treatment

Plaque characteristic	Lesion score	Head	Upper limb	Trunk	Lower limb
Erythema	0- None	0	0	0	0
In-duration/ thickness	1- Slight	0	1	0	1
Scaling	2- Moderate 3- Severe 4- Very severe	0	1	0	1
Lesion score sum (A)		0	2	0	2

Table 9: Findings after treatment

Percentage area affected	Area score	Head	Upper limb	Trunk	Lower limb
Area Score (B) Degree of involvement as a percentage for each body region affected (score each region in between 0-6)	0= 0% 1= 1%-9% 2= 10%-29% 3= 30%-49% 4= 50%-69% 5= 70%-89% 6= 90%-100%		2		2
Multiply Lesion Score Sum (A) by Area Score (B), for each body region, to give rise the subtotals (C).					
Subtotals (C)		-	4	-	4

Multiply each of the Subtotals (C) by amount of body surface area represented by that region, i.e. x 0.1 for head, x 0.2 for upper body, x 0.3 for trunk, and x 0.4 for lower limbs

Body surface area	X0.1	X0.2	X0.3	X0.4
Total (D)	-	4 X0.2	-	4 X0.4

Table 10: Findings after treatment

Plaque Characteristics	Head	Upper limb	Trunk	Lower limb
Erythema	-	0	-	0
In-duration/thickness	-	1	-	1
Scaling	-	1	-	1
Area Score	-	0.8	-	1.6

Table 11: Scoring comparison before and after treatment

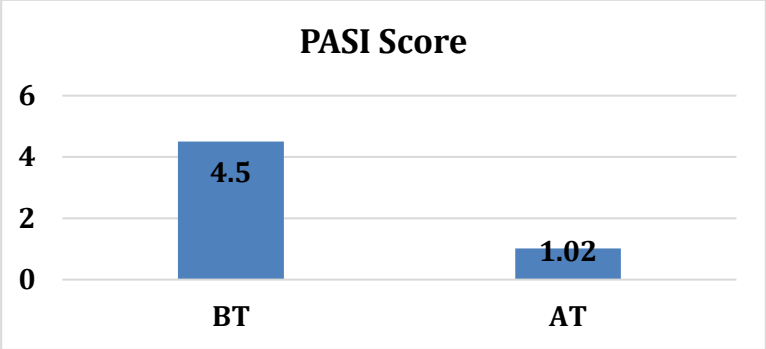
Plaque characteristic	BT (upper limb + trunk)	AT (upper limb + trunk)
Erythema	1&1	0&0
In-duration/thickness	2&2	1&1
Scaling	2&2	1&1
Area score	3&2	0.8&1.6

Pasi score calculation formula[9] = 0.1(Eh + I h+ Dh) Ah+ 0.2(Eu +I u +Du) Au + 0.3 (Et + I t + Dt) At + 0.4(E l + I l + Dl) Al; Erythema(E), Induration (I), Desquamation / Scaling (D), Area (A), Head (h), Upper limb (u), Trunk (t), Lower limb (l)

Add together each of the scores for each body region to give the final PASI

Table 12: PASI Score Before and After Treatment

	BT	AT
PASI Score	4.5	1.02



Graph 2: Graphical Presentation of PASI Score

DISCUSSION

Psoriasis is a common, chronic, recurrent inflammatory disease of the skin, characterized by circumscribed, erythematous, dry, scaly plaques of varying sizes. Plaque psoriasis or psoriasis vulgaris is the most prevalent one.

Panchakola Churna, a classical herbal combination containing of powder form of *Pippali* (*Piper longum* L.), *Pippali Moola* (root of Piper longum L.), *Chavya* (*Piper retrofractum* Vahl), *Chitraka* (*Plumbago zeylanica* L.), *Nagar* (Zingiber officinale Roscoe). All are *Ushna Veerya Dravyas* (heat-potent drugs), was employed as a *Deepana* (appetizer and enhancer of metabolic fire) and *Pachana* (digestive) medicine[9].

Panctikta ghrita Guggulu consist of drugs like *Giloy, Neem, Kantkari* etc. which acts as an agent or a substance that inhibits the manifestation of immediate hypersensitivity. Thus, *Shodhana* therapy along with *Shaman Aushdhi* completely expels the *Doshas* out of the body and prevent the relapse of disease.

Mahatikta ghrita is *Tikta Rasatmaka*, *Madhur Vipaki* and *Ushna Viryatmaka.* Properties of *Ghrita* acts mainly on *Kleda, Meda, Lasika, Rakta, Pitta* and *Kapha* which helps in balancing the vitiated *Dosha* and *Dhatu*.

Mahatikta ghrita is best of choice of drug for any type of Kustha. It contains with *Saptaparna, Atish, Amaltash, Katuki, Patha, Nagarmotha, Khas, Amlaki, Haritaki, Vivitaki, Potala, Neem, Pittapaapra, Dhamsa, Lal-chandana, Pippali, Padmakha, Haridra, Daruharidra, Vacha, Indrayana, Sartavari, Anatamula, Vasa, Kura, Jabasa, Murva, Giloy, Chirataya, Yastimadhu, Trayamana and Go-ghrita.* Its *Tikta*-and *Kasaya*-dominant *rasa* help in *Dosa*-pacification, *Kleda* reduction and *Rakta-prasadana*. *Eka Kustha* involves deeper *Dhatus* such as *Rasa, Rakta* and *Mamsa*, the *Suksma* and *Srotogamitva* properties of *Ghrita* may facilitate delivery of the active constituents to deeper tissues. Drugs such as *Nimba, Aragvadha, Saptaparna, Patola, Patha, Usira* and *Candana* contribute to anti-inflammatory, antimicrobial, *Kandusamaka* and *Pitta-Kaphasamaka* effects. Thus, the synergistic action of its multiple herbal constituents may support the overall management of *Ekakustha*[10].

Trivrit Avaleha was selected as the purgative agent. Caraka has mentioned *Trivrit* (*Operculina turpethum*) as an important drug for *Sukha Virecana*. It possesses *Tikta* and *Katu Rasa, Laghu, Ruksa* and *Tiksna Guna, Usna Virya* and *Katu Vipaka*, with predominantly *Kapha-Pittasamaka* and *Recana* actions. Its *Laghu, Ruksa* and *Tiksna Guna* help in reducing *Kapha* and *Kleda*, while its *Recana Karm*a facilitates bowel evacuation. Thus, *Trivrit* was used in the present protocol to support regular elimination of aggravated *Dosa* and *Mala*[11].

Virechana with *Trivrit Avaleha* resulted in *Samyak-Virechana Lakshanas* and was followed by smooth recovery through *Samsarjana Krama*. *Virechana Karma* was effective, safe, and well-tolerated, providing sustained control and enhanced quality of life in *Ekakushta.*

Gandhaka rasayan, the potent ingredient[12] is *Gandhaka* which is elemental sulphur. It performs tissue remodeling by activation of fibroblast and by modulation of the proteins involved in the remodeling.[13] It regulates the melanocyte cells. It has potent *Kandughna* (reduces itching), *Kusthaghna* (cures skin diseases), *Visarpahara* (cures erysipelas), *Dipta-Anala* (increases digestive fire) and *Pachaka* (carminative) properties, which makes it very much effective in *Twak-vaivarnyata* (skin-discolouration). And also, it alleviates the excessive *Kapha dosa*. In *Ekakustha*, *Kandu* is the major problem to patient, so *Gandhaka Rasayana* is the choice of drug. Also, this is a *Rasayana* drug, which helps in skin-immunology.

Neem Taila possesses *Vranasodhana* and *Vranaropana* properties, supporting wound cleansing and healing. Nimba has *Sita Virya*, *Tikta* and *Katu Rasa*, along with *Chedana, Bhedana,* and *Lekhana* actions, which may help in the management of *Dusta Vrana*. Its *Chedana* and *Lekhana* actions help clear unhealthy tissue and reduce pus accumulation. The *Krimighna* property may help control infection, while *Kandughna* action helps relieve itching and *Sita Virya* helps reduce burning sensation.[14]

Khadirarista is indicated in *Sarva Kustha* and may be beneficial in psoriasis[15] due the combined

actions of its ingredients. *Khadira* (Acacia catechu Willd.) possesses immunomodulatory, anti-inflammatory, and antioxidant properties and may help regulate inflammatory cytokines[16] involved in psoriasis. *Daruharidra* (Berberis aristata DC.) has demonstrated anti-inflammatory and anti-psoriatic activity in experimental studies. *Bakuci* (Psoralea corylifolia Linn.), known as *Kusthanasini*, exhibits immunomodulatory, antioxidant, antibacterial, and anti-psoriatic properties through multiple mechanisms. *Dhataki Puspa* (Woodfordia fruticosa Kurz.) has also shown anti-psoriatic potential due to its phytochemical constituents. The synergistic effects of these ingredients may contribute to the therapeutic efficacy of *Khadirarista* in psoriasis.

CONCLUSION

The present case suggests that an Ayurvedic treatment protocol comprising *Deepana-Pachana, snehapana, Virechana, Shamana* and external therapy may be beneficial in the management of psoriasis correlated with *Eka Kushtha*. The sequential approach resulted in noticeable reduction in scaling, dryness and roughness of the lesions. The improvement may be attributed to the combined *Dosha-Shodhana, Agni Deepana, Kledaghna, Kushthaghna* and *Rasayana* effects of the therapies. However, larger controlled clinical studies are required to establish its efficacy and mechanism of action.

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