



An International Journal of Research in AYUSH and Allied Systems

Case Study

HOLISTIC HEALING OF EKA KUSHTA (PSORIASIS)

Sushmita Ninganure^{1*}, Digvijay Patil¹, Charmi S Mehta²

*1MD Scholar, ²Lecturer, Department of Kayachikitsa, Institute of Teaching and Research in Ayurveda, Jamnagar, Gujarat, India.

Article info Article History:

ABSTRACT

Chronic inflammatory and hyperproliferative skin disease caused by the immune system called psoriasis. It typically follows a relapsing and remitting course and is distinguished by well-defined, erythematous, scaly plaques that typically affect the extensor surfaces of the Published: 20-05-2025 face, head, and extremities. Nearly 0.44% to 2.8% of people worldwide suffer with psoriasis. A form of Kshudra Kushta, Eka Kushta has Vata-Kapha predominance and a clinical appearance similar to psoriasis. Numerous therapies have been documented in Ayurveda, including *Shodhana* and *Shamana*. A male patient, aged 57 years, developed erythematous plaques on the extensor surfaces of both upper limbs. In accordance with Ayurvedic Samprapti (pathophysiology), Virechana followed by Shamanoushadi, which includes Dushivishari Gulika 1 Vati twice a day, Manjishtadi Kwath 40ml twice a day on an empty stomach, Kaishore Guggulu 2 Vati twice a day after meals, 500mg of Arogvavardhini Rasa and 2gm of Triphala Churna with Anupana of Koshna Jala was administered. The patient experienced total symptom alleviation after four months of treatment. Photographic documentation was taken during treatment with the patient's consent. There is significant improvement from persistent cases of psoriasis when a healthy diet and Ayurvedic treatment

KEYWORDS: Psoriasis, Eka

Kushta, Virechana, Dushivishari Gulika.

Received: 05-03-2025

Accepted: 19-04-2025

INTRODUCTION

inflammatory, Psoriasis is an hyperproliferative skin condition that is persistent and immune-mediated.^[1] In India, its prevalence ranges from 0.44% to 2.8%.^[2] Psoriasis affects a number of body parts, including the scalp, face, trunk, limbs, palms and soles. Psoriasis has a significant negative influence on a patient's psychological and social wellbeing due to its chronic nature, recurrent pattern and visibility. Eka Kushta is categorised under Kushta and shares the same causes as *Kushta*.^[3] Among these are foods that are incompatible (Viruddha Ahara), foods that are consumed in excess (Drava, Snigdha, Guru, Navanna, fish, curd, salt, sour, etc.) and suppression of natural urges, particularly Vamana, along with sinful behaviours.

are followed.



Clinically, Eka Kushta is distinguished by Aswedana (absence of perspiration), Mahavastu (extensive lesions), and Matsya Shakalopam (fish-like scales) ^[4]. Since these characteristics closely mimic those of psoriasis, Eka Kushta therapy guidelines can be applied. Management involves repeated Shodhana (purification) and Shamana (palliative therapy), which is the standard approach for all *Kushtas*.

Patient Information

A male labourer in a brass industry, aged 57 years, had been experiencing psoriasis for over 4 years. He had treatment from an allopathic physician for a year, with inconsistent follow-ups. Short-term alleviation of symptoms was achieved with topical and systemic immunosuppressive treatment. Based on personal history, the patient was in good general health. The results of every routine blood test were within the normal range. No concurrent sickness has been identified. The patient stopped allopathic treatment and sought Ayurvedic treatment because of a recurrent pattern brought on by unidentified aggravating factors.

Clinical findings

The patient's bilateral upper limb extensor surface had erythematous plaques when he first visited. Different hues of red were observed on the affected skin, and the surface was covered with big silvery scales. The patient's general state was anxious, modest appetite, and a coated tongue. The pulse was 78 beats per minute with full volume and regular, the blood pressure was 130/80mmHg. The patient had no noteworthy medical history, nor any history of accident or surgeries. The respiratory and cardiovascular systems were confirmed to be normal during systemic evaluation.

Asthavidha Pariksha

Nadi (pulse)– Vatapittaja, 78 bpm regular; Mala (stool) – Samahata, bowel habit was regular; Mutra (urine) – Prakrita; Jivha (tongue)– Shveta-picchila, Sama (coated); Shabda – Prakrita; Sparsha (touch)– Ushna; Drika (vision)– Prakrita; Aakriti – Madhyam (medium built).

Nidana Panchaka

Nidana – *Viruddhahara sevana* (consumption of milk and salty snacks at the same time) and *Raktadushtikar Ahara-vihara* (overindulging in sour foods like pickles and curd, prolonged exposure to direct sunlight).

Samprapti: Dosha – Kapha, Vata, Pitta and Rakta

Dushya – Rasadhatu, Raktadhatu

Agni – Mandagni; Aam – Jatharagni and Dhatvagni janya.

Strotasa – Rasavaha, Raktavaha

Adhisthana – Twaka

Rogamarga – Bahya; Vyadhi

Swabhava – Chirakari (chronic)

Sadhyasadhyata - Kricchrasadhya (difficult to treat).

Poorva roopa-Kandu (itching), Daha (burning sensation), Mukhapaka (mouth ulcers) and Mandagni (anorexia).

Roopa: Kandu followed by Daha, Tvakavaivarnyata (in this case, skin with a variable shade of red colour and the surface covered with large silvery scales), Balahani (generalised weakness), Aswedana, Mahavastu, and Matsya Shakalopama.

Upashaya – Bahya Shita Sparsha and Abhyanga (improvement on wet cold sponging and oil application).

Anupashaya – *Ushna sparsha* (increased symptoms in work in hot and humid climates).

For patient assessment, *Dashavidha Pariksha* (tenfold examination) was performed. The patient possesses the following: *Vatapradhana Pitta Prakriti, Vikruti* in

Kapha, Vata, Pitta and Rakta, Sama Samhanana and Pramana, Sarva Rasa Satmya with Madhyama Vyayama Shakti and Bala, and Vriddhavastha.

Diagnostic Assessment

By examining the clinical appearance, nature of skin lesions and positive Auspitz sign, the diagnosis of plaque psoriasis was validated.

Kandu (itching), scaling *Raktavarnata* (redness), *Daha* (burning sensation), and the involvement of *Kapha*, *Vata*, *Pitta* and *Rakta* determined in this case and the Ayurvedic *Vata-Kapha* predominance indicated *Eka Kushta*.

Therapeutic Interventions

During the IPD stay, the patient administered *Deepana* and *Pachana* with *Amapachana* Vati 2 *Vati* of 500mg twice a day before meals with *Koshna Jala Langhana* for 3 days, and *Panchatikta Grita Snehapana was* initiated.

Table 1: Snehapana Dose

Day	Sneha	Dose
1 st day	Panchatikta grita	30 ml
2 nd day	Panchatikta grita	60 ml
3 rd day	Panchatikta grita	90 ml
4 th day	Panchatikta grita	120 ml
5 th day	Panchatikta grita	150 ml

Following Samyaka Snigdha Lakshana (proper oleation), such as Vatanulomya (flatus evacuation), Deeptagni (increased digestion), Varcha Snigdha Asamhata Mala (unctuous and soft stool), Mardavata and Snigdhanga (smooth and oily body), Snehapana was discontinued. Sarvang Abhyanga with Bala taila and Nadi Swedana was given for 3 days. On the fourth day, Virechana was administered with Trivruth Avaleha 120gm with Koshna Jala in consideration of the Bala of the patient. Pravara Shuddhi with 23 Vega was found, and Samsarjana Krama was advised for 5 days (9 Annakala).

After the *Samsarjana* Krama, the patient was discharged with internal medicines such as *Manjishtadi Kwath* 40ml twice a day on an empty stomach, *Kaishora Guggulu* 2 *Vati* twice a day after food, a combination of *Arogyavardhini Rasa* 500mg and *Triphala Churna* twice a day with *Koshna jala*, and *Dushivishari Gulika* 1 *Vati* twice a day after meals was given along with *Gandhaka Malhara* for local application. *Pathya* (wholesome) and *Apathya* (unwholesome) guidelines mentioned in the table below (no. 2) were followed during the treatment and the follow-up.

Sushmita Ninganure, Digvijay Patil, Charmi S Mehta. Holistic Healing of Eka Kushta (Psoriasis)

	Table 2: Pathya and Apathya				
	Pathya	Apathya			
Ahara	Laghu Anna (light food articles to digest), Tikta Shaaka (bitter vegetables), Purana Dhaanya (old cereals and grains), Mudga (green-gram), Patola (snake guard), Purana Shaali (old stored rice), Yava (barley grain), Shashtika Shaali (variety of rice explained in Ayurveda), Godhuma (wheat grain), food and ghee prepared by Triphala and Nimba (neem). Khadira Jala Pana (drink prepared from the extraction of (Acacia catechu plant), and Aushadha Samskruta Takra (medicated buttermilk) ^[5] .				
Vihara	Karanja taila Abhyanga (massage with Pongamia pinnata oil), Parisheka (medicated bath in which water is sprinkled on the body), Avagaha (bath) with Khadira Kashaya (Acacia catechu plant), and Brahmacharya (abstinence from sexual activities).	Divaswap (sleep during the day) Vegaavarodha (holding natural urges) Shoka, Krodha (anger or anxiety) Hima Aatap (exposure to excessive heat or cold) Raatri Jagarana (night awakening)			

Time line of the case

Table no. 3 contains information on follow-ups, including timeline, treatment plan, and periodic clinical results. All the symptoms of psoriatic lesions have been resolved. During the treatment, no adverse events were observed. Figure 1 displays pictures of the affected area before and after treatment. No recurrence was observed in 6 months with dietary regimens. Photographs were captured with the permission of the patient.

Table 3	3: Time	line of	the case
---------	---------	---------	----------

Date	Clinical events	Intervention/procedure	Outcome
04/11/2024	First time patient visited OPD, diagnosed as <i>Eka</i> <i>Kushta</i>	<i>Virechana</i> procedure was explained and advised for admission	-
05/11/2024 to 09/11/2024	<i>Deepana</i> and <i>Pachana</i>	Aampachak Vati 2 Vati each of 500 mg after meal with Anupana of Koshna Jal and Langhana was advised	No relief in symptoms
10/11/2024 to 15/11/2025	Snehapana started	Senehapana was started with Panchatikta grita at early morning until Samyak Snehalakshan was observed. 1 st day-30 ml 2 nd day-60 ml 3 rd day-90 ml 4 th day-120 ml 5 th day-150 ml	Mild relief in itching and scaling, reddish discoloration present.
15/11/2024 to 17/11/2024	Virechana purva sarvang abhyanga	After getting Samyak Snigdha Lakshna Snehapana was stopped and Sarvanga Abhyanga with Bala Tailam and Sarvanga Bashpa Swedan with Manjishtadi Kwath was stared.	Discoloration persisted with mild relief in scaling and itching.

AYUSHDHARA, 2025;12(2):227-233

	AYUS	HDHARA, 2025;12(2):227-233	
18/11/2024	<i>Virechana</i> given	Virechana was given with Trivruth avaleha 120gm with Anupana of Koshna Jal Pravara Shuddhi was found with 23 Vega.	Discoloration persisted with mild relief in scaling and itching.
18/11/2024 to 22/11/2024	Samsarjana krama	Samsarajan krama 5 days as per Shuddhi.	Moderate relief in itching, mild relief in discoloration and scaling.
23/11/2014	Patient was discharged	Manjishtadi Kwath 40ml twice a day empty stomach, Kaishora Guggulu 2 vati twice a day after food, combination of Arogyavardhini Rasa 500mg and Triphala Churna twice a day with Koshna jala, and Dushivishari Gulika 1 Vati twice a day after meal was given along with Gandhaka Malhara for local application.	Moderate relief in itching, mild relief in discoloration and scaling.
30/11/24	Follow-up 1 No fresh complaints	Manjishtadi Kwath 40ml twice a day empty stomach, Kaishora Guggulu 2 Vati twice a day after food, combination of Arogyavardhini Rasa 500mg and Triphala Churna twice a day with Koshna jala, and Dushivishari Gulika 1 Vati twice a day after meal was given along with Gandhaka Malhara for local application.	Moderate relief in itching and scaling, mild relief in discoloration.
15/12/2024	Follow-up 2 Complains of itching with redness on flexor aspect of upper limb	Manjishtadi Kwath 40ml twice a day empty stomach, Kaishora Guggulu 2 Vati twice a day after food, combination of Arogyavardhini Rasa 500mg and Triphala Churna twice a day with Koshna jala, and Dushivishari Gulika 1 Vati twice a day after meal was given along with Psora oil for local application.	Moderate relief in itching and scaling, mild relief in discoloration.
30/12/2024	Follow-up 3 No fresh complaints	Manjishtadi Kwath 40ml twice a day empty stomach, Kaishora Guggulu 2 Vati twice a day after food, combination of Arogyavardhini Rasa 500mg and Triphala Churna twice a day with Koshna jala, and Dushivishari Gulika 1 Vati twice a day after meal was given along with Psora oil for local application.	Moderate relief in itching and scaling, moderate relief in discoloration.
14/01/2025	Follow-up 4 No fresh complaints	Same treatment continued	Moderate relief in itching and scaling, moderate relief in discoloration.
30/01/2025	Follow-up 5 No fresh complaints	Same treatment continued	Complete relief in itching and scaling, moderate relief in discoloration.

15/02/2025	Follow-up 6 No fresh complaints	Same treatment continued	Complete relief in itching and scaling, moderate relief in discoloration.
28/02/2025	Follow-up 7 No fresh complaints	Same treatment continued	Complete relief in itching and scaling, moderate relief in discoloration.

Figure 1



Before Treatment After *Snehapana* After 2 months After 4 months 04/11/2024 15/11/2024 30/12/2024 28/02/2025

DISCUSSION

Psoriasis is an inflammatory, hyperproliferative skin condition that is persistent and immune-mediated. Eka Kushta is categorised under Kushta and shares the same causes as Kushta. Clinically, Eka Kushta is distinguished by Aswedana (absence of perspiration), *Mahavastu* (extensive lesions), and Matsya Shakalopam (fish-like scales). A 57-year-old male working in a brass factory had Kushta Nidanas like Virudha Ahara (consumption of milk and saltv snacks at the same time). Vihar, like Raktadushtikara Ahara, and excess consumption of pickles, spicy food, Dadhisevana, prolonged exposure to heat and sunlight, and Ratrijagarana, all leading to Vata-Kapha Pradhana, Madhyama Pitta Dushti, and Jatharagnimandhya. Further continuation of Nidana resulted in Rasa, Rakta Dhathwaani Mandhva ultimately leading to Eka Kushta manifestation. Management involves repeated Shodhana (purification) and Shamana (palliative therapy). Due to the chronic nature of *Eka Kushta* and Bahudoshajanya, both Shodhana and Shamana therapies must be used for greater, long-lasting outcomes. The aforementioned information led to the adaptation of Shodhana, i.e., Virechana, which helps in the elimination of *Dosha* from the body and stops recurrence.

Probable mode of action of intervention

Deepana-Pachana

Because this patient had ongoing *Nidana Sevana, Agnimandhya* was there. *Amapachana Vati* before meals improves digestive power by regulating *Agni* and aiding in *Ama* digestion by its *Tikta Rasa, Ushna Veerya* and *Deepana Anulomana* properties ^[7].

Snehapana

In order to remove Doshas from Shaka, Arohana Snehapana Krama is used to transfer them to Koshta. Additionally, Snehapana aids in reducing bonding. Dosha-Dushya which break the pathophysiology of Eka Kushta. For this Panchatikta Grita containing of Nimba, Vasa, Guduchi, Patola, Kantakari acts on Tridosha of Eka Kushta. It also acts as Raktashodhaka, Kandugna, *Varnya* by clearing Kledamsha present in the Srotas because of its Tikta Rasa and Ushana Veerya^[8]. Following the Snehapana there is mild relief in *Daha* (burning feeling), Matsyashakalopama (scaling).

Virechana

After Abhyanga and Swedana, Virechana was administered using Trivrit Avaleha, known for inducing Sukha Virechana (painless and effective purgation), which was required in this case. Virechana Karma eliminates accumulated Doshas from the Koshta, addressing the root cause of the disease and minimising the chances of relapse. The use of Trivrit Avaleh in Eka Kushta offers a classical yet practical detox approach, supporting Dosha Shodhan and reducing dermatological symptoms by its Tikta Madhura Rasa, Ushna *Veerya* and Shodhana attributes^[9]. As per *Pravara Shudhi*, the 5-day Samsarjana Krama followed, helping in the ignition of digestive fire.

Shamanoushadhi

Manjishtadi Kashaya, composed of herbs like Manjistha, Triphala, Katuki, Vacha, Devadaru, Nimba, etc., possesses Kashaya, Tikta, and Katu Rasa along with Lagu, Ruksha Guna, and Ushna Veerya. These attributes make it effective in Pitta-Kapha Shamana, Agnideepana, Raktashodhana, Srotoshodhana, and as a Kushtagna. It contains maximum phenols and antioxidants. Through these actions, it helps break the pathological process of *Eka Kushta*, supporting both systemic detoxification and symptom relief.^[10]

Kaishore Guggulu exerts its effect in Eka Kushta through Raktashodhan, Amapachana, and Tridosha Shaman. Herbs like Guduchi, Triphala, and Guggulu purify the blood, boost metabolism and reduce inflammation. Its Katu-Tikta Rasa and Ushna Veerya relieve itching, scaling, and discoloration. Additionally, its antiallergic, antibacterial, and detoxifying properties support long-term disease control and prevent recurrence.^[11]

Dushivishari Gulika was used to eliminate toxins in a patient with chronic exposure to heat and chemicals from prolonged work in a brass factory. The formulations contain ingredients with Vishagna, Kushtagna, Deepana Rasayana, and Shothahara properties. Herbs like Pippali, Ela, and Kushta support Agni at a cellular level through Deepana Pachana actions. Components such as Jatamansi, Chandana, Gairika and Tagara act as blood purifiers and counter Dooshivisha.^[12].

Arogyavardhini Rasa^[13], when combined with Hol Triphala, offers a synergistic effect in managing Eka Kushta. It acts through Deepana, Pachana, Raktashodhana, and Lekhana properties, correcting *Aani*, removing *Ama*, and purifying the blood. Key ingredients like Tamra Bhasma, Katuki, and Shuddha *Parada* enhance liver function and metabolism along with Dosha Sanghata Bhedana, aiding in skin detoxification. *Triphala*^[14] supports bowel regulation and further assist in Rasa-Rakta Shuddhi with antioxidant and anti-inflammatory properties.

CONCLUSION

The classical approach of *Virechana* followed by targeted *Shamanoushadhi* offers a holistic and sustainable treatment for *Eka Kushta*. This protocol not only eliminates deep-seated *Doshas* and *Dooshivisha* but also restores *Agni*, purifies *Raktadhatu*, and alleviates symptoms like itching, scaling, and discolouration. By addressing the root cause and preventing recurrence, this integrated Ayurvedic line of management proves both effective and clinically relevant for chronic skin disorders like *Eka Kushta*. **Written consent**: The patient provided written informed consent for the publication of images and article.

REFERENCES

- Joseph Loscalzo, Dennis L. Kasper, et al, Harrison's principles of internal medicine, 21st edition, New York, 2022 Page no.1533
- Dogra S, Mahajan R. Psoriasis: Epidemiology, clinical features, co-morbidities, and clinical scoring. Indian Dermatol Online J. 2016; 7: 471–80. doi: 10.4103/2229-5178.193906. [DOI] [PMC free article] [PubMed] [Google Scholar]
- Sharma R.K and Bhagwan dash Caraka samhitha of Agnivesa, chowkhamba Sanskrit series office, Varanasi, 2014, volume -3, chikitsa sthana, Page no-319
- Sharma R.K and Bhagwan dash Caraka samhitha of Agnivesa, chowkhamba Sanskrit series office, Varanasi, 2014, volume -3, chikitsa sthana, Page no--325
- 5. Pt. Kashinath Shastri & Dr.Gorakha Natha Chaturvedi, Charaka Samhita of Agnivesha elaborated Vidyotini Hindi commentary, Part 2, Reprint Edition, Varanasi, Chaukhambha Bharti Academy, 2017; Chikitsa sthan 7/82-83, Page No.262
- 6. Dr. Bramhanand Tripathi, Ashtang Hridaya of Srimadvagbhata, Reprint edition, Delhi, Chaukhambha Sanskrit Pratisansthan, 2012; Chikitsa Sthan 19/25-27, Page No.786.
- 7. Bhaskar Vishvanatha Gokhale, Chikitsapradip, 2nd edition; Pune, Bha.V.Gokhale; 1961: 108.
- Shastri Ambikadutta. Vidyotini Teeka of Bhaishajya Ratnavali; 14th edition Varanasi: Chaukhamba Samskruta Samsthana, Kustharogadhikar; 54/257-260; 2001.
- Sharma RK and Dash VB. Agnivesha's Charaka samhitha volume 1, Varanasi, Chaukhambha Sanskrit Sanstan 2021 Charaka Samhitha sutra stana 25th chapter verse 39-40
- Krishnan Vaidyan AK, Anekkalil, Gopalapilla S. Kashaya yogas. Sahasrayogam. 21st ed. Alappuzha: Vidhyarambham Publishers; 1996. pp. 77–85.
- Sharangadhara. Sharangadhara Samhita. 2nd section. Varanasi: Vatkalpana 2. Choukhamba Publications; 1984. Salok no. 70-81 https://www.researchgate.net/publication/28551 1210_An_ayurvedic_polyherbal_formulation_Kaish ore_Guggulu.
- 12. Acharya YT, editor, 2nd edition. Sushruta samhita of Sushruta with the Nibandha sangraha commentary, Kalpa sthana; Sthavara visha

vijnaneeyam adhyaya: Chapter 2, Verse 51. Bombay: Nirnaya sagar press, 1931; p 509 https://ijapr.in/index.php/ijapr/article/view/257 6/1849

 Ambikadatta shastri. Rasaratna Samuchchya. 9th edition. Chapter no-20. Verse no-87. Varanasi: Chaukhamba Sanskrit Publisher;1994. p. 400.

https://www.researchgate.net/publication/33671 8310_Arogyavardhini_Vati_A_theoritical_analysis

Cite this article as:

Sushmita Ninganure, Digvijay Patil, Charmi S Mehta. Holistic Healing of Eka Kushta (Psoriasis). AYUSHDHARA, 2025;12(2):227-233. https://doi.org/10.47070/ayushdhara.v12i2.2001 Source of support: Nil, Conflict of interest: None Declared

- Baliga MS, et al. Scientific validation of the ethnomedicinal properties of the Ayurvedic drug Triphala: A review. Chin J Integr Med 2012; 18: 946–954 [DOI] [PubMed] [Google Scholar]
- Rasool M, Sabina EP. Antiinflammatory effect of the Indian Ayurvedic herbal formulation Triphala on adjuvant-induced arthritis in mice. Phytother Res 2007; 21: 889–894 [DOI] [PubMed] [Google Scholar]

*Address for correspondence Dr. Sushmita Ninganure MD Scholar, Department of Kayachikitsa, Institute of Teaching and Research in Ayurveda, Jamnagar, Gujarat, India. Email: <u>sushmitan444@gmail.com</u>

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.

