



Case Study

AYURVEDA INTERVENTIONS ACHIEVING COMPLETE REMISSION IN ERYTHRODERMIC PSORIASIS (EKA-KUSTHA)

Garima Singh^{1*}, Hansraj Namchuriya¹, Babita Dash²

*1PG Scholar, ²Associate professor, Dept. of Panchkarma, Pt. Khushilal Sharma Ayurveda College and Institute, Bhopal (MP), India.

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ABSTRACT


Erythrodermic psoriasis (EP) is a rare, severe, and potentially life-threatening form of psoriasis, characterized by generalized erythema and scaling involving more than 75% of the body surface area. The clinical presentation of EP closely resembles *Eka-kushta* as described in classical Ayurvedic texts, wherein a personalized and holistic therapeutic approach is advocated for long-term disease management. This case report documents the successful management of erythrodermic psoriasis through classical Ayurvedic interventions, resulting in complete clinical remission. A 52-year-old male with an eight-year history of Erythrodermic psoriasis, unresponsive to conventional therapies, sought Ayurvedic care at the outpatient department. Following a detailed evaluation of *Dosha*, *Dushya*, and *Roga bala*, an individualized treatment protocol was formulated. The management strategy comprised *Shodhana* (purificatory procedures) followed by *Shamana* (palliative measures), including *Siddharthaka snanokta dravya kashaya* administered for *Pana* and *Pariseka*, along with *Panchatiktaka ghrta*. These interventions were complemented by disease-specific dietary guidelines and lifestyle modifications. Marked clinical improvement was observed within four weeks, with complete remission achieved by six weeks. The Psoriasis Area and Severity Index (PASI) score reduced from 60.6 to 0.6. Clinical remission persisted for two months after completion of therapy. Mild recurrence at the three-month follow-up was successfully managed with Ayurvedic treatment. This case highlights the effectiveness of Ayurvedic *Shodhana*-based therapy in achieving rapid remission and sustained disease control in Erythrodermic psoriasis.

INTRODUCTION

Psoriasis is a common chronic inflammatory disease primarily mediated by tumor necrosis factor (TNF), interleukin (IL)-23, and the Th17 axis^[1]. Although plaque psoriasis is the most prevalent clinical phenotype, approximately 1–2.25% of patients develop Erythrodermic psoriasis (EP), a rare but potentially life-threatening dermatologic emergency characterized by ≥75% body surface area involvement, diffuse erythema, exfoliative scaling, and systemic manifestations.

In most cases, EP evolves rapidly from pre-existing psoriatic plaques; however, spontaneous onset has also been described ^[2]. EP predominantly affects males, with a male-to-female ratio of approximately 3:1, and typically occurs at a median age of 54 years^[3]. Clinically, EP presents with widespread erythema, followed by extensive exfoliative scaling within 2–6 days, and is frequently accompanied by alopecia and nail dystrophy^[2,4]. Management of EP is particularly challenging due to profound skin barrier disruption and immune dysregulation. Patients are at increased risk of severe systemic complications, including fluid and electrolyte imbalance, thermoregulatory dysfunction, and infections, resulting in significant morbidity and a marked reduction in quality of life ^[1,2].

EP most commonly arises in the context of poorly controlled psoriasis, accounting for nearly 80% of reported cases^[2,3]. Nonetheless, multiple

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precipitating factors have been implicated, including medications such as lithium, angiotensin-converting enzyme inhibitors, and interferons, systemic infections, and abrupt withdrawal of systemic therapies, particularly corticosteroids [5]. A triggering factor can be identified in more than half of cases [6].

Despite the severity of EP, high-quality evidence guiding its management remains limited. No randomized controlled trials specifically designed for EP have been conducted, and available data are often extrapolated from studies involving plaque psoriasis or generalized pustular psoriasis, largely derived from Japanese cohorts[7-10]. Furthermore, head-to-head comparative studies are scarce and primarily based on real-world clinical experience[11]. This paucity of robust evidence reflects the low incidence of EP and underscores the unmet need for dedicated clinical trials and consensus-based treatment guidelines.

In Ayurveda, it is closely related to *Eka-Kushtha*, which is considered a type of *Kshudra Kushtha* described in Ayurvedic texts, can be closely correlated with psoriasis as understood in modern medical science based on striking similarities in clinical presentation and pathogenesis described in both systems of medicine.

In *Ayurvedic* classics, *Eka-kushtha* is characterized by the following signs: [12]

- **Aswedanam**– Absence of sweating, indicating dryness of the lesions. Similarly, psoriatic plaques are typically dry and rough.
- **Mahavastum**– Large-sized lesions, often covering extensive areas of the body, which corresponds to the widespread nature of psoriatic involvement.
- **Matsyashakalopamam**– Lesions covered with silvery-white scales resembling the skin of a fish, a classic feature seen in psoriasis.
- **Krishna Aruna Varnata**– The lesions are described as having a blackish-red (erythematous) discoloration, skin to the erythematous base and hyperpigmentation seen in psoriatic lesions. [13]

The parallels between erythrodermic psoriasis and *Ekakushtha*, as described in Ayurvedic texts, suggest that *Ekakushtha* may be understood as a clinical entity resembling psoriasis. This alignment can support the development of integrative diagnostic and therapeutic approaches that merge Ayurvedic principles with modern biomedical knowledge.

Contemporary treatment options such as corticosteroids, immunosuppressants, and biologics provide temporary relief but are often associated with adverse effects and frequent relapses[14]. In contrast, Ayurveda offers a holistic, root-cause-oriented approach that includes detoxification (*Shodhana*),

pacification (*Shamana*) therapies, and lifestyle modifications.

The Psoriasis Area and Severity Index (PASI) is currently the most widely accepted tool for assessing disease severity in clinical trials.[15] According to Ayurveda, the pathogenesis of *Kushtha* (skin disorders) involves the derangement of seven key factors, including the *Tridoshas* (three bodily humors), *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle), and *Lasika* (lymph/plasma)[16]. The vitiation of these elements leads to the obstruction and dysfunction of *Srotas* (bodily channels), allowing the disease process to penetrate deeper *Dhatus* (tissue elements), ultimately resulting in characteristic scaly lesions. While this Ayurvedic model provides a comprehensive clinical explanation, the precise pathophysiology warrants further exploration at the molecular level.

Given the complexity of manifestations involving the *Sapta Dushyas* (seven vitiated factors in *Kushtha*), *Shodhana Chikitsa* (purificatory therapy) is considered the primary line of treatment.[17]

Case Report

Patient Information

- Age/Sex: 52-year-old male
- Chief Complaints: Raised, red, itchy plaques with scaling over scalp, face, lower limb and upper limb, trunk for 8 years.
- Past Treatment: Topical corticosteroids, methotrexate (discontinued due to side effects), cyclosporine
- Family History: No autoimmune disorders.

Clinical Examination (Ten-fold examination)

- *Prakriti* (body constitution) *Vata-Pitta*
- *Vikriti*(morbidity)- *Vata- pitta*
- *Sara* (tissue excellence), *Samhana* (compactness),
- *Pramana* (body built), and *Vyayama Shakti* (exercise power)- *Avara* (subnormal).
- *Vaya* (age)- *Madhyam*
- *Aharashakti* (intake and digestion capacity)- *Pravara* (high)
- *Satmya* and *Satva*- *Madhyam* (average)

Dermatological examination Finding

On dermatological examination, the following findings were observed:

1. **Lesion Morphology:** Multiple well-demarcated, symmetrical, erythematous plaques of medium to large size were noted on the trunk, scalp, and limbs. The plaques were elevated and covered with characteristic silvery-white scaling [Figure 1A–D].
2. **Candle Grease Sign:** Positive– Gentle scraping of the lesion revealed waxy scales, consistent with the candle grease phenomenon.

3. Auspitz's Sign: Positive– Pinpoint bleeding was observed upon removal of scales, indicating the presence of Auspitz's sign.

4. Severity Assessment: The Psoriasis Area and Severity Index (PASI) score was calculated to be 60.6, indicating severe disease activity.

PASI score Calculation and Grading

Plaque characteristic's	Lesion score	% area affected	Area score
Erythema	0 -None 1-Slight 2-Moderate 3-Severe	Area Score (B)	0 = 0%
Induration/ Thickness		Degree of involvement	1 = 1% -9%
Scaling		as a percentage for each body	2 = 10% -29%
Lesion score sum (A)		region affected (score each	3 = 30%- 49%
		region in between 0 -6)	4 = 50%-69%
			5 = 70% -89%
			6 = 90% -100%
Multiply Lesion Score Sum (A) by Area Score (B), for each body region, to give 4 individual subtotals (C)			
Subtotals (c)			
Multiply each of the subtotal (c) by amount of the body surface area by that region i.e., x0.1 for head, x 0.2 for upper body, x0.3 for trunk and x0.4 for lower limbs add together each of the score for each body region to give the final PASI score.			



Before Treatment (A)



After Treatment(A)



Before Treatment(B)



After Treatment(B)



Before Treatment (C&D)

After Treatment (C&D)

Lesions of abdomen, back, scalp, and extremities before& after the treatment

Diagnosis- Based on clinical features, dermatological findings, and patient history, the condition was identified as Erythrodermic psoriasis, aligning with the classical description of *Eka-kushtha*

Treatment Plan

Phase 1: Shodhana Chikitsa (Poorva karma)

a) Deepana-Pachana (carminative & digestive) (3 days)

- *Trikatu Churna* – 1g twice daily with warm water.
- *Chitrakadi vati*- 2 tab thrice daily for *Choosnartha*

b) Snehapana (Internal Oleation)

Murchita Goghrita (testing dose-40ml) in increasing dose at 6:00am for 7 days (*Arohana Krama*) till *Samyak snigdha lakshan*.

c) Virechana Karma (Purgation)

Sarvanga Abhyanga and *Swedana* with 777 oil for 3 days during *Vishrama Kala*, followed by *Virechana* with *Triphala kwatha* on the next day.

Triphala kwatha 20ml at 10:30am

Achieved 8 *Vegas* (purges), no complications.

d) Samsarjana Karma (Post-Purgation Diet)

3 days graduated diet; *Peya*, *Vilepi*, *Kruat Yusha* and *Mansras*

Phase2: Shamana Chikitsa (internal medication & *Parisheka*)

1. *Siddharthaka Snanokta Dravya kashayapana* 20ml BID for 21 days (after meal).
2. *Tiktak Ghrita* 20ml bid with lukewarm water for 21 days (before meal).

Siddharthaka Snan- *Siddharthaka Snanokta Dravya* was used, with 4 liters of *Kashaya* prepared due to the widespread lesions. *Parisheka* was performed daily for *Sava Muhurta* (1 hour) over 21 days. This form of *Bahirparimarjana Chikitsa* plays a crucial role in the management of *Kustha*.

Siddharthak snan & Kashya drug- *Musta*, *Madanphala*, *Triphala*, *Karanj*, *Aragwadha* and *Saptaparna* leaves.^[18]

Pathya-Apthya (Diet & Lifestyle)

- **Avoided:** Milk with salt, curd, non-veg, fermented foods, alcohol
- **Recommended:** *Takra*, green leafy vegetables, bitter vegetables, warm water

The Psoriasis Area and Severity Index Score of the Patient (Before Treatment)

	Assessment of Lesions	Head		Upper limbs		Trunk		Lower limb	
		BT	AT	BT	AT	BT	AT	BT	AT
1	Plaque characteristics								
	Erythema	2	0	2	0	4	0	3	0
	Induration/thickness	4	1	4	1	4	0	4	1
	Scaling	3	0	3	0	2	0	4	0
	Lesions score sum (A)	9	1	9	1	10	0	11	1
2	Percentage area affected								
	Area score (B)	6	1	6	1	6	0	6	1
3	Subtotal (C=A*B)	54	1	54	1	60	0	66	1

	Body surface area	0.1	0.1	0.2	0.2	0.3	0.3	0.4	0.4
4	Total	5.4	0.1	10.8	0.2	18	0	26.4	0.4

PASI Score-5.4+10.8+18+26.4=60.6 [BT] PASI Score- 0.1+0.2+0+0.4=0.7 [AT]

DISCUSSION

The clinical features were correlated with *Ekkustha*, which is described in the Ayurvedic texts as a type of *Kshudra Kushtha* (minor skin disorder). This was followed by an individualized *Shamana* (palliative) regimen. According to Ayurvedic classics, once *Shodhana* (bio-purification) is successfully performed, the vitiated *Doshas* are eliminated from the body, thereby significantly reducing the chances of recurrence^[19]. The patient achieved complete remission; however, after a follow-up period of three months, mild recurrence of psoriatic lesions was observed on the upper and lower limbs, while the head and trunk remained unaffected.

In the present case, *Pitta*-dominant symptoms were observed. Based on clinical assessment, the disease was concluded to be of *Pitta-Vata* predominance. As stated by *Acharya Charaka*, in *Kushtha*, the dominant *Dosha* should be treated first.^[20]

In cases where *Pitta Dosha* predominates, *Virechana Karma* (therapeutic purgation) is the indicated line of management.^[21] Furthermore, as per Ayurvedic principles, it is the *Yukti* (logical discretion) of the physician to select appropriate treatment by evaluating the *Agni*, predominant *Dosha*, involved *Dhatu*, and the *Avastha* (stage) of the disease.^[22] Accordingly, the patient was administered *Virechana Karma* using *Triphala Kwatha*.

Triphala Kwatha was given as a preparatory laxative for *Virechana* in the management of erythrodermic psoriasis (*Eka-kustha*). In addition to its laxative action, *Triphala* exhibits antioxidant, anti-inflammatory, and gut microbiota-modulating properties, which may enhance its therapeutic efficacy in such chronic inflammatory conditions.^[23]

Following *Shodhana Karma*, *Shaman Sneha* was administered to the patient based on *Doshic* predominance (*Pitta* and *Kapha*) that is *Panchatikta Ghrita*, known for its *Tridoshaghata*, *Kushthaghnata*, and *Visarpanashaka* properties.^[24]

The formulations used in this case- both oral medications and *Snan* (therapeutic pouring)- primarily contained *Tikta* (bitter) and *Kashaya* (astringent) *Rasa*, which are antagonistic to *Kapha*, the chief *Dosha* responsible for *Kandu* (itching). These drugs also possessed *Vrana Ropana* (wound healing) properties, and pharmacologically exhibited *Kaphavatahara* and some *Tridoshahara* actions.

A key pathological feature of psoriasis is the increased rate of mitosis of keratinocytes, which can be

interpreted as heightened *Guna* and *Karma* of *Vata Dosha*. In this context, *Bahirparimajan Chikitsa*^[25] *Siddharthaka Snan* with its *Swedana* (sudation) effect, helps to pacify *Vata*, making it a rational choice of therapy.

Another pathological aspect of *Kushtha* is the accumulation of excessive *Kleda* due to obstruction of *Svedavaha Srotas*. This *Avarodha* can be effectively relieved by *Swedana Karma*. The drugs used in *Siddharthaka Snana* are reported to possess *Kushtaghna* and *Kandughna* properties^[26].

Similar results have been reported in earlier studies, where *Virechana* demonstrated significant therapeutic benefits in the management of erythrodermic psoriasis. What makes this case particularly noteworthy is the achievement of complete initial remission in a patient with a prolonged history of treatment-resistant erythrodermic psoriasis. However, the recurrence of lesions after three months, localized to the upper and lower limbs, highlights the necessity for long-term follow-up and the possible incorporation of *Basti* therapy or dietary modifications to maintain therapeutic outcomes.

As this is a single-case report, the absence of biochemical markers and PASI scoring limits its generalizability. Nonetheless, the pattern of recurrence emphasizes the need for maintenance therapy and lifestyle adjustments as part of a comprehensive management strategy.

This case underscores the potential role of classical Ayurvedic interventions, particularly *Virechana*, in the effective management of chronic plaque psoriasis (*Eka-kustha*). It also supports the integration of personalized *Shamana* (palliative) therapies with *Shodhana* (purificatory) procedures to achieve sustained clinical benefits. The combined effect of the therapeutic interventions contributed to notable symptom relief and overall improvement in the patient's condition.

To sustain the positive therapeutic outcome, the patient may be administered *Shodhan Basti* therapy for the elimination of vitiated *Doshas*. All *Acharyas* have explained the importance of repeated *Shodhan* therapy in all kinds of skin diseases.

CONCLUSION

With Ayurvedic treatment, the raised, red, silvery-white scaly patches of EP over the upper and lower limbs, trunk, and scalp were effectively resolved.

The PASI score reduced from 60.6 to 0.6 post-treatment. This case underscores the potential of Ayurvedic *Shodhana* and *Shamana* therapies, especially *Virechana*, in managing erythrodermic psoriasis (*Eka-kustha*). Partial recurrence highlights the need for long-term care and lifestyle regulation. Further clinical studies with larger sample sizes are warranted.

Declaration of Patient Consent

Written informed consent was obtained from the patient for publication of this case and clinical images.

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***Address for correspondence**

Dr. Garima Singh

PG Scholar,

Dept. of Panchkarma,

Pt. Khushilal Sharma Ayurveda College and institute, Bhopal (MP), India

Email- garimasingh97.gs@gmail.com

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