



Case Study

CLINICAL EVALUATION OF HERBOMINERAL THERAPY FOLLOWED BY *SHODHANA* THERAPY IN *EKKUSTHA* WITH SPECIAL REFERENCE TO ERYTHRODERMIC PSORIASIS

Santosh Kumar^{1*}, Sapna¹, Sujeet Kumar²

¹PG Scholar, ²Associate Professor & Guide, Department of Kayachikitsa, Govt. Ayurved College, Patna, Bihar, India.

Article info

Article History:

Received: 20-06-2026

Accepted: 23-07-2026

Published: 10-09-2026

KEYWORDS:

EkKushtha, Plaque Psoriasis, *Virechana*, *Shaman Chikitsa*.

ABSTRACT

Ayurveda is a holistic system of medicine that emphasizes maintaining harmony between the body, mind, and nature. The skin, described as *Twacha* in Ayurveda, reflects the internal health status of an individual. Any alteration in skin appearance may significantly affect both physical and psychological well-being. *Acharya Charaka* described six layers of *Twacha*, whereas *Acharya Sushruta* explained seven layers. In Ayurveda, all skin disorders are broadly classified under *Kushtha*. *Ekakushtha*, one among the varieties of *Kshudra Kushtha*, shows close resemblance to plaque psoriasis in terms of clinical manifestations. Although *Vata* and *Kapha Dosha* are predominantly involved in *Ekakushtha*, the vitiation of all three *Doshas* is considered responsible for the disease pathology. Psoriasis is a chronic, non-infectious, inflammatory dermatological disorder characterized by well-defined erythematous plaques covered with silvery white scales, commonly involving the extensor surfaces and scalp. It has a relapsing and remitting course and affects males and females equally. The clinical presentation of plaque psoriasis closely correlates with *Ekakushtha* described in Ayurvedic literature. The present case report highlights the effectiveness of Ayurvedic management in a patient diagnosed with plaque psoriasis. The treatment protocol included *Deepana-Pachana*, *Virechana Karma*, followed by *Shamana Chikitsa* with appropriate internal medications and external applications. Significant improvement was observed in scaling, erythema, itching, and extent of lesions after the treatment period. Reduction in PASI score and symptomatic relief indicated the beneficial role of Ayurvedic management in plaque psoriasis.

INTRODUCTION

Psoriasis is a non-infectious, chronic inflammatory disease affecting mainly in skin, characterised by well-defined erythematous plaques with silvery scales.^[1] The term "psoriasis" is derived from the Greek word Psora, meaning itching. It is a long-lasting skin disease marked by red patches covered with silvery-white scales, usually found on the elbows, knees, gluteal cleft, and scalp. Involvement tends to be symmetric.^[2] In psoriasis, there is excessive proliferation of epidermal cells leading to rapid turnover of the skin. The exact etiology of psoriasis remains unclear; however, genetic predisposition,

immune dysregulation, and environmental factors are considered important contributors in its pathogenesis. The disease follows a chronic relapsing and remitting course, with periods of exacerbation and remission. The good times can last from a few weeks to many years. Things that can trigger psoriasis can be local or affect the whole body. These triggers include skin injuries, cold weather, stress, infections in the upper respiratory system, and certain medications like beta-blockers, lithium, and chloroquine. Stopping systemic steroids can cause a sudden flare-up of pustular psoriasis. In India, psoriasis affects between 0.44% and 2.88% of people, while plaque psoriasis ranges from 0.1% to 3%. Both genders are equally affected, and it can occur at any age, but is most common in people aged 50-69 years. A high familial occurrence of psoriasis (7% to 36%) suggests that genetic factors play a role in its aetiology. Twin and population genetic studies support the hypothesis of multifactorial inheritance which requires both polygenic and

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v13i4.2703>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

environmental factors for its clinical expression.^[3] The skin reflects the body's internal health. Recently, skin problems have become more common due to lifestyle changes, unhealthy eating, stress, environmental issues, lack of sleep, and other factors. These conditions can greatly affect a person's quality of life. In Ayurveda, psoriasis can be correlated with *Ekakushtha*, a subtype of *Kshudra Kushtha*. The disease predominantly involves vitiation of *Vata* and *Kapha Dosh*, along with the involvement of *Rakta* and other *Dushyas*. The clinical manifestations of plaque psoriasis show close resemblance to the features of *Ekakushtha* mentioned in classical Ayurvedic texts. *Acharya Charaka* has described the characteristic features of *Ekakushtha* as *Aswedanam* (absence of sweating), *Mahavastu* (extensive lesions), and *Matsyashakalopamam* (scaling resembling fish scales).^[4] *Acharya Sushruta* has further described the lesions as *Krishna-Aruna Varnata*. According to Ayurveda, improper dietary habits, lifestyle factors, and psychological stress lead to vitiation of *Tridosha*, predominantly *Vata* and *Kapha*.^[5] These aggravated *Dosh*s affect the *Twacha*, *Rakta*, *Mamsa*, and *Lasika*, resulting in the manifestation of skin disorders. Due to the chronic and recurrent nature of the disease, *Shodhana Chikitsa* plays a vital role in expelling the vitiated *Dosh*s from the body and breaking the pathogenesis of the disease. Among the *Shodhana* procedures, *Virechana Karma* is considered especially beneficial in disorders involving *Pitta* and *Rakta Dushti*. After *Shodhana*, *Shamana Chikitsa* and *Rasayana* therapy help in restoring tissue health and preventing recurrence.^[6] The present case report demonstrates the successful management of plaque psoriasis through Ayurvedic interventions, resulting in significant improvement in scaling, erythema, itching, and overall quality of life of the patient.

Case Study

A 32-year-old male patient with CR No. 2616031 presented to the Kayachikitsa OPD at Government Ayurvedic College & Hospital, Patna, Bihar, with chief complaints of red and white scaly lesions distributed over the entire body, associated with itching and burning sensation for the past 3 years. The symptoms were aggravated during winter and cloudy weather conditions. The patient had previously undergone allopathic treatment, but the symptoms recurred following withdrawal of medication.

Therefore, he approached our hospital and was admitted for further management and treatment.

History of Present Illness

The patient was alright 3 years back, after which he gradually developed erythematous and whitish scaly lesions over the body, associated with itching and burning sensation. The lesions initially appeared insidiously and progressively involved multiple parts of the body over time. The symptoms were aggravated during winter season and cloudy weather conditions. The patient had taken allopathic treatment previously, which provided temporary symptomatic relief. However, the lesions reappeared following discontinuation of medication. As the condition persisted with recurrent exacerbations, the patient presented to the Kayachikitsa OPD of Government Ayurvedic College & Hospital, Patna, Bihar, and was admitted for further evaluation and management.

History of Past Illness

Patient had no history of any past illness.

Personal History

Ahara: Frequent intake of non-vegetarian foods especially fish, *Guru & Snighda Ahara*.

Vihara: Long duration of day time sleep, *Vegadharana*

Clinical Findings

Skin examination: Inspection

Lesions: Well-defined erythematous lesion with red and white scaly patches covers with ill-defined psoriatic plaque.

Configuration: Irregular

Texture: Rough

Distribution: All over body parts.

Discharge: Present

Nails: Affected

Mucosa: Unaffected

Odema: Present

Itching and burning sensation

Sign

1. Grattage test /Auspitz sign - Present

2. Koebner phenomenon - Present

Management

Consider the psoriasis as *Ek kushtha* following Ayurvedic Management was administered.

Virechana – Step Wise Plan Follows

Therapy	Drugs	Dose	Days
<i>Deepana, Pachana</i>	<i>Panchakol Phant + Chitrakadi Vati</i>	50ml +250mg	3
<i>Snehapana</i>	<i>Panchtikta Ghrita</i>	30 ml-110ml	5
<i>Sarvang Abhyanga + Sarvang Sweda</i>	<i>Nimba taila + Dashmool khwath</i>		2
<i>Samsarjan Karma</i>	<i>For Madhyam Sudhhi (Mand/Peya)</i>		5

After 1 month, Virechana Karma was repeated.

Shaman Chikitsa

S.No.	Drug	Dose	Anupana
1.	<i>Panchnimbadi churna</i> <i>Swarna makshika Bhasma Gandhak rasayan</i> <i>Rasamanikya</i> <i>Amrita satva</i>	1000 mg 500 mg 125 mg 250 mg 125 mg	<i>Madhu</i>
2.	<i>Patolkaturohiniyadi kashayam</i>	30 ml	Water
3.	<i>Aragvadhadi kasayam</i>	30 ml	Water
4.	<i>Panchatikta ghrit</i>	5 gm	<i>Ushna Jala</i>
5.	Psorolin ointment	LA	

Assessment Criteria^[7]

PASI (Psoriasis area and severity index) is recognized as the "gold standard" tool for measuring the severity of plaque psoriasis. It combines assessments of 4 body areas: the head and neck (H), the upper limbs (UL), the trunk (T) and the lower limbs (LL). The percentage of skin affected by psoriasis in each area is given a numerical score (A) representing the proportion involved: 1 (0–9%), 2 (10–29%), 3 (30–49%), 4 (50–69%), 5 (70–89%) or 6 (90–100%). Within each area (H, UL, T, LL) the severity of 3 plaque signs – erythema (E), thickness/induration (I) and desquamation/scaling (D) – is assessed on a 5-point scale:

0 (none), 1 (mild), 2 (moderate), 3 (severe) or 4 (very severe).

The final PASI score ranges from 0 to 72, and is calculated using the following formula:

$$\text{PASI} = 0.1 (E_H + I_H + D_H) A_H + 0.2 (E_{UL} + I_{UL} + D_{UL}) A_{UL} + 0.3 (E_T + I_T + D_T) A_T + 0.4 (E_{LL} + I_{LL} + D_{LL}) A_{LL}$$

OBSERVATION AND RESULT

The observations based on the PASI (Psoriasis Area and Severity Index) score revealed a marked improvement in the clinical condition of the patient after Ayurvedic management. Significant reduction was observed in erythema, scaling, induration, and extent of psoriatic lesions during the course of treatment. The gradual decline in PASI score indicates effective control over disease activity along with symptomatic relief and improvement in quality of life.

Diagnosis

Ek Kushtha vs Erythrodermic psoriasis

Dosha Pitta Pradhan Tridosh

Aswedanam Anhydrosis

- *Mahavastu* whole body
- *Matasya Shaklopamam* white silvery scales
- *Krishna Aruna Varnta* erythematous base
- *Kandu* itching

Before Treatment



After Treatment



DISCUSSION

Ayurvedic management, particularly comprising *Panchakarma* procedures along with internal medications, demonstrates significant improvement in both the symptoms and lesions of patients. The patients were treated with *Shamana* therapy in the form of internal medications and *Shodhana* therapy through *Virechana*. The results observed are highly encouraging in the management of this condition, which is known for its high rate of recurrence.

In this case study, favorable outcomes were observed with the use of *Panchakarma* and Ayurvedic medications. The above treatment approach helped in relieving the symptoms of the disease and also aimed to provide safe and effective care to the patient.

***Panchkol Phanta*^[8]**

Panchkol refers to a combination of five pungent herbs: *Pipli*, *Pippalimoola*, *Chavya*, *Chitraka* and *Shunthi*. These herbs collectively act on *Agni* and help in removing *Ama*. It is given in the form of *Phanta Kalpana* which is lighter and quicker to absorb compared to decoctions.

***Chitrakadi Vati*^[9]**

It is strong *Agni* booster and *Ama* digester useful as a pre-treatment before giving heavy medicines to improve *Agni*. It is *Vata Kapha Shamaka*

in nature and having *Chitraka* as main ingredient for strong *Deepana* property.

***Panchtikta Ghrita*^[10]**

Ghrita is used for *Snehpana* having *Tikta*, *Madhura*, *Ruksha*, *Kshaya*, *Sheeta* and *Snighda* property which helps to pacify *Tridosha* involved in disorder.

***Nimba Taila*^[11]**

Nimba oil enriched with vitamin E, anti-inflammatory and anti-oxidants properties which is incredibly helpful in soothing the itchiness and irritation caused by psoriasis. It has antibacterial properties which prevents any further skin infections.

***Dashmoola Khwath*^[12]**

Dashmoola has *Vata-Kapha Shamak*, *Shothahara*, *Vedanasthapana* and mild *Raktashodaka* effect. It helps by softening plaques, reducing itchiness & inflammation and improving local inflammation.

***Triphala Khwath and Trivrut Churna*^[13]**

Virechana using *Trivrut Churna* combined with *Triphala* is highly effective in treating psoriasis. *Trivrut* serves as the main drug for purgation and *Triphala* act as adjuvant, purifying blood and aiding in detoxification.

***Panchnimbadi Churna*^[14]**

Panchnimbadi means combination of neem-based drugs including neem, *Patola*, *Nimba Twak*, *Vasa*, *Guduchi*. It is *Pitta-Kapha* dominance with *Rakta Dushti*

having *Tikta + Kshaya* reduces inflammation and itching, *Kleda Shoshana* and *Krimighna*.

Gandhak Rasayan^[15]

It is a classical drug and is blood purifier. It has antioxidant, digestive stimulant and anti-inflammatory properties. It balances *Vata Kapha* and reduces *Pitta* vitiation. It works as broad-spectrum antibiotic.

Rasa Manikya^[16]

It works on *Twak Roga* and diseases due to vitiation of *Vata* and *Kapha doshas* helps clear *Ama* and *Strotorodha*. It reduces scaling, itching, thick plaques by purifying *Rakta* and correcting metabolism. It acts as *Kushtaghna*, *Kandughna*, *Krimighna* and *Raktashodaka*.

Patolkaturohinyadi Kashaya^[17]

It comprises of *Tikta-Kashaya Rasa*, *Laghu-Ruksha Guna* helps in *Pitta-Kapha Shaman*, act as *Raktashodaka* and *Kanduhara* purifies blood and relieve itching and erythema. It possesses *Amapachana* and *Deepana* action.

Aragvadhadi Khwath^[18]

It exhibits the properties of *Mridu Virechana* and *Amapachana* effect eliminates toxins and have *Tikta-Kashaya Rasa* and *Sheeta Virya* which pacifies *Pitta-Kapha dosha* reducing inflammation and redness.

Psorolin ointment^[19]

It contains *Bakuchi*- promotes re-pigmentation and normalization of keratinization in psoriatic plaques. Exhibits *Kusthaghna* and *Kandughna* action reduces scaling, itching and thickness of lesions.

CONCLUSION

Skin, as described in classical texts, serves not only as a protective covering but also as a reflection of systemic health. The correlation between *Ekkushtha* and plaque psoriasis is supported by similarities in clinical presentation and underlying *Doshic* involvement, particularly of *Vata* and *Kapha*. The present study demonstrates that a comprehensive Ayurvedic treatment protocol- comprising *Virechana Karma* with *Triphala Kwatha* and *Trivrut Churna*, followed by *Deepana-Pachana*, *Sansarjana Karma*, and *Shamana Chikitsa*- yields significant symptomatic improvement in patients with plaque psoriasis. The observed reduction in erythema, scaling, and associated symptoms highlights the effectiveness of this multimodal approach. Thus, Ayurvedic management, by addressing the root cause through *Shodhana* and *Shamana* therapies, not only alleviates clinical manifestations but also contributes to overall physical and mental well-being. These findings suggest that Ayurveda can serve as a safe, effective, and sustainable therapeutic option in the management of

plaque psoriasis, warranting further large-scale and long-term clinical studies for validation.

REFERENCES

1. Ralston, S.H., Penman, I. D., Strachan, M. W. J., & Hobson, R. [Eds.]. [2018]. Davidson's principles and practice of Medicine [21st Ed.] Elsevier Health Sciences. Chapter 21, Pg no.1075.
2. Jameson. Fauci. Kasper. Hauser. Longo. Localzo. [2018]. Harrison's principle of internal medicine. McGraw Hill Education; Chapter 53, Pg no. 333.
3. API text book of medicine (10th medicine), Chapter 11, Pg no. 494.
4. Maharshi Agnivesha, Charaka Samhita, Chikitsa Sthana, Kushthachikitsa adhyaya (7/21). In S.N. Shastri (eds), Vidyotini Hindi Commentary. Reprint 2018 ed. Chaukhambha Bharati Academy; Varanasi.
5. Acharya Sushruta, Sushrut Samhita, Nidana Sthana (5/10). In Ambikadatta Shastri (eds), Hindi Commentary. Reprint 2014 ed. Chaukhambha Sanskrit Sansthan, Varanasi: 2014.
6. Maharshi Agnivesha, Charaka Samhita, Chikitsa Sthana, Kushtha chikitsa adhyaya (7/41). In S.N. Shastri (eds), Vidyotini, Hindi Commentary. Reprint 2018 ed. Chaukhambha Bharati Academy; Varanasi.
7. Berth-Jones J, Grotzinger K, Rainville C, et al. A study examining inter and intrarater reliability of three scales for measuring severity of psoriasis: Psoriasis area and severity index, physician global assessment and lattice system physician global assessment. Br J Dermatol. 2006; 155: 707-713.
8. Bhavprakash of Bhav Mishr Vidhyotni Naamikya teeka by Brahma Shankar Shastri; Purvakhanda-Mishrprakaran - 2. Haritakiyadivarga.
9. Bhaishajya Ratnavali (Sanskrit Text with Hindi translation) by Siddhi Nandan Mishra printed by Chaukhambha Surbharati Prakashan, Varanasi. 2015; Chapter 10/22-23, pg.333.
10. Gunarathna EP, Kulathunge RDH. Effect of Panchatikta Ghrita and Gandhakadi Taila in the Management of Kitibha (Psoriasis)- A Case study. Int J AYUSH Case Rep. 2018; 2: 9-17.
11. Nimba: The Ultimate Herb||By John Conrick.
12. Bhaishajya Ratnavali (Sanskrit Text with Hindi translation) by Siddhi Nandan Mishra printed by Chaukhambha Surbharati Prakashan, Varanasi. 2015; Chapter 46/10, pg.840.
13. Sharma RK and Dash VB. Agnivesha's Charaka samhitha volume 1, Varanasi, Chaukhambha Sanskrit Sanstan 2021 Charaka Samhitha sutrastana 25th chapter verse 39-40.
14. Bhaishajya Ratnavali (Sanskrit Text with Hindi translation) by Siddhi Nandan Mishra printed by

- Chaukambha Surbharati Prakashan, Varanasi. 2015; Chapter 54/80-88, pg.893.
15. Krishna Gopal Ayurveda Bhawan, Rasa Tantra Sara evum Siddha Yoga Samghrah, Pratham khanda, Reprinting 2012, page no. 142.
16. Krishna Gopal Ayurveda Bhawan, Rasa Tantra Sara evum Siddha Yoga Samghrah, Pratham khanda, Reprinting 2012, page no. 267.
17. K.R. Srikantha Murthy, Astanga Hrdayam, Chowkhamba Krishnadas Academy, Varanasi, 10th edition, 2014, chp 15, verse 15, Pg.no 202.
18. Bhaishajya Ratnavali (Sanskrit Text with Hindi translation) by Siddhi Nandan Mishra printed by Chaukambha Surbharati Prakashan, Varanasi. 2015; Chapter 54/64-65, pg.891.
19. GV, Amruthavalli. (2024). An Open-Label, Randomized Clinical trial of Psorolin B ointment in the treatment of plaque psoriasis. Journal of Dermatology Research and Skin Care, 8(1), 186.

Cite this article as:

Santosh Kumar, Sapna, Sujeet Kumar. Clinical Evaluation of Herbomineral Therapy Followed by Shodhana Therapy in Ekkustha with special reference to Erythrodermic Psoriasis. AYUSHDHARA, 2026;13(4):206-211.

<https://doi.org/10.47070/ayushdhara.v13i4.2703>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Santosh Kumar

PG Scholar,

Department of Kayachikitsa,

Govt. Ayurved College, Patna,

Bihar, India.

Email: santoshkumar1988@gmail.com

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.

