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SUCCESSFUL MANAGEMENT OF PLAQUE PSORIASIS (*EKA-KUSHTHA*) WITH PANCHAKARMA FOLLOWED BY INTERNAL AND EXTERNAL MEDICATIONS: A CASE REPORT

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Abstract

Psoriasis, a chronic immune-mediated skin disorder, closely resembles the Ayurvedic condition *Eka Kushtha*. This case report presents the successful Ayurvedic management of a 49-year-old male patient with chronic plaque psoriasis through *Panchakarma* procedures combined with internal and external medications. The treatment protocol included *Snehapana*, *Vamana*, *Virechana*, *Samsarjana Krama*, and eight weeks of *Shamana* therapy. Significant improvement was observed, with more than 80% reduction in erythema, scaling, plaque thickness, and itching, along with enhanced quality of life and absence of relapse during follow-up. The *Shodhana* and *Shamana* therapy effectively addressed the underlying *Dosha* imbalance, improved *Agni*, purified *Rasa* and *Rakta Dhatu*. This case highlights the potential of structured Ayurvedic interventions as a safe, sustainable, and effective therapy for psoriasis.

Keywords:

Ayurvedic Treatment, *Eka Kushtha*, Plaque Psoriasis, *Shodhana Chikitsa, Shamana Chikitsa*

Introduction

In *Ayurvedic* texts, there is a wide description of skin disorders described under a single term, *Kushtha. Eka Kushtha* has been mentioned under the heading of *Kshudra Kushtha*. The causative factors of *Eka Kushtha* are the same as those of *Kushtha.* Dietary factors like *Viruddha Ahara* (incompatible food combinations), excessive consumption of Drava (liquids), Snigdha (oily), Guru Ahara (heavy-to-digest food items), *Navanna* (newly harvested foods), fish, curd, salt, sour substances, *Vegadharana*, i.e., suppressing natural urges like especially *Vamana* (urge of vomiting), and other sinful acts are major causative factors.[1] The main clinical features of *Eka Kushtha* are *Asvedanam* (absence of sweating), *Mahavastu* (extended skin lesions), *Matsya Shakalopam* (skin scales resembling the scales of fish).[2] These clinical features are similar to those of psoriasis. Therefore, psoriasis can be treated alongside the line of treatment for *Eka Kushtha,* which has been adopted for this case study. Repeated *Samsodhana* (biopurification procedures) along with *Samshamana* (pacifying internal and external medications) is the line of treatment in all *Kushtha.*

Psoriasis is one of the most common dermatologic diseases, affecting up to 2% of the world's population.[3] The word Psoriasis is derived from the Greek word "*Psora"*, meaning itching, and *"sis"*, meaning an acting condition. Childhood psoriasis is relatively common, with a prevalence of 1-3% of the general population.[4] Psoriasis is an immune-mediated disease clinically characterized by erythematous, sharply demarcated papules and rounded plaques covered by silvery white scales. The most common type of psoriasis is called plaque type.[5] The causative factors of psoriasis are still poorly understood, but there is clearly a genetic component to the disease. 30-50-% of patients with psoriasis report a positive family history. Auspitz's sign (pinpoint bleeding when the scale is removed) and the Koebner phenomenon (a new skin lesion appearing at the site of trauma) are diagnostic features.[7] In conventional medicine, corticosteroids and phototherapy have been practised, which have shown adverse effects on long-term usage.

Case Report

Patient Information

A 49-year-old male, residing in Tehsil Baijnath, District Kangra, Himachal Pradesh, presented to the Skin Care Unit and Derma Research Lab (OPD No. 715) of Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital (RGGPGACH), Paprola – 176115, on February

15th, 2024, complained with a 3-year history of psoriasis, presenting with red color lesions on his arms, legs, abdomen and back associated with itching. Before this consultation, he had a history of using topical and oral steroids with recurrent incidence. Due to the persistence and progression of the symptoms, he approached RGGPGACH, Paprola, for further treatment.

Clinical findings

A detailed history was taken, which was followed by a local physical examination. Multiple, well-defined, erythematous plaques with silvery-white scaling were observed in the bilateral forearms, lower legs, abdomen, and back region. The patient reported recurrent itching over the lesion. The detailed clinical findings based on the nature of the lesion are described in Table 1, and the images of the sites are shown in Figures 1 (a), 2 (a), 3 (b), 4 (a) and 5 (a).

On examination, the patient's general condition was fair, vitals were normal, and systemic examinations of the central nervous, cardiovascular, respiratory, and gastrointestinal systems revealed no abnormalities. Routine investigations, including FBS, PPBS, ESR, Hb, and CBC, were within normal limits. There was no history of diabetes, hypertension, asthma, or any major illness, with no prior surgical interventions and no known drug allergies.

Table 1: Clinical Findings Based on the Nature of the Lesion

Nature of Lesion	**Clinical Findings**
Primary Lesion (Macule / Papule / Vesicle / Pustule / Plaque / Atrophy / Hyperkeratosis)	Plaque
Secondary Lesions (Scale / Crust / Excoriation / Fissure / Scar / Lichenified / Maceration)	Silvery-White Scales
Distribution (Linear / Circinate / Annular / Geographical / Unilateral / Bilateral)	Geographical
Symmetry (Symmetrical / Asymmetrical)	Symmetrical
Onset (Acute / Chronic)	Chronic
Eruption (Active / Quiescent)	Active

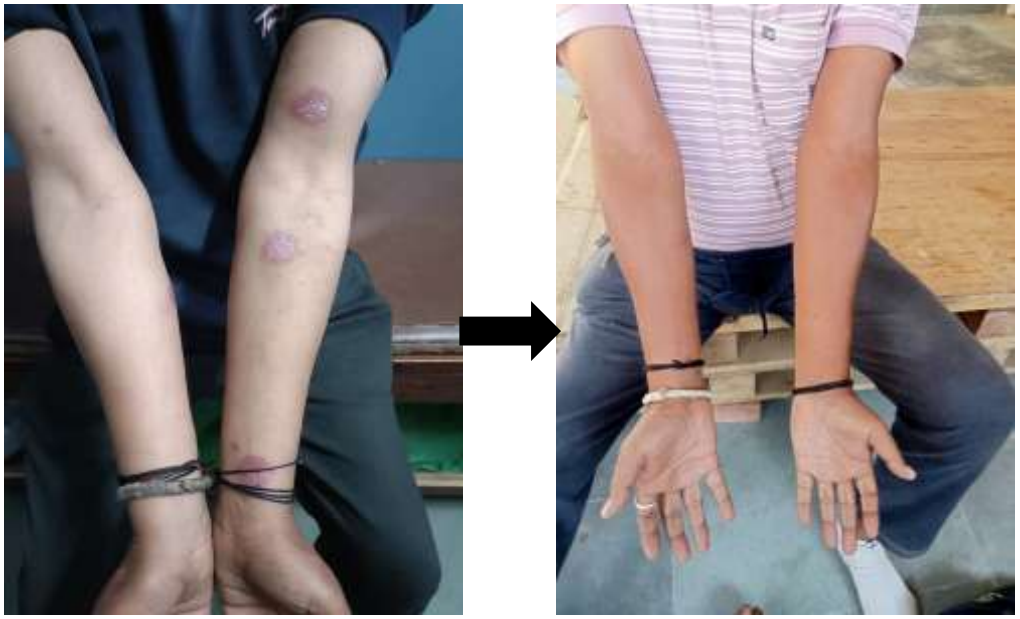

Figure 1 (a) **Figure 1 (b)**

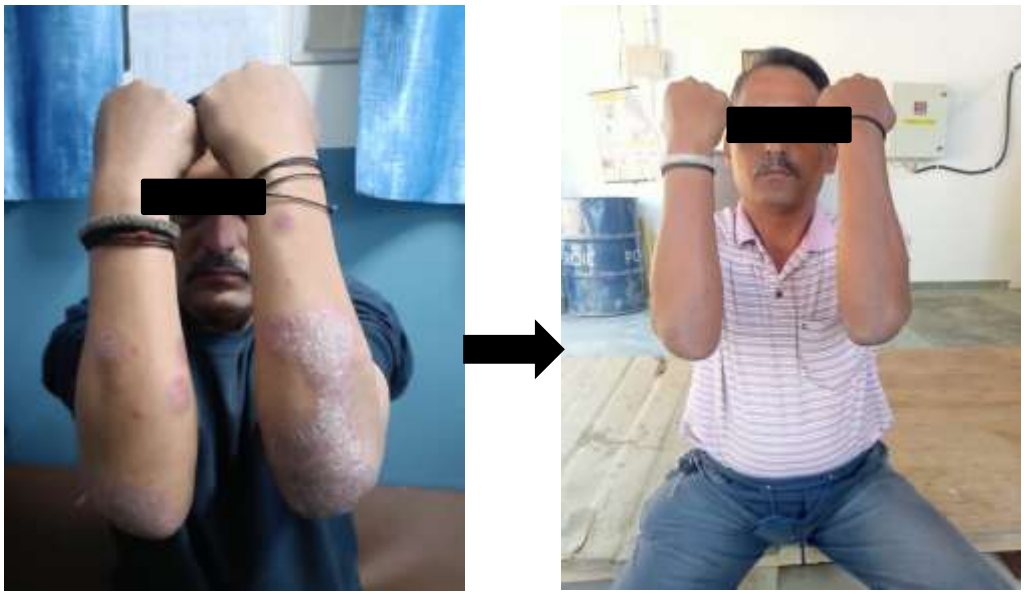

Figure 2 (a) **Figure 2 (b)**

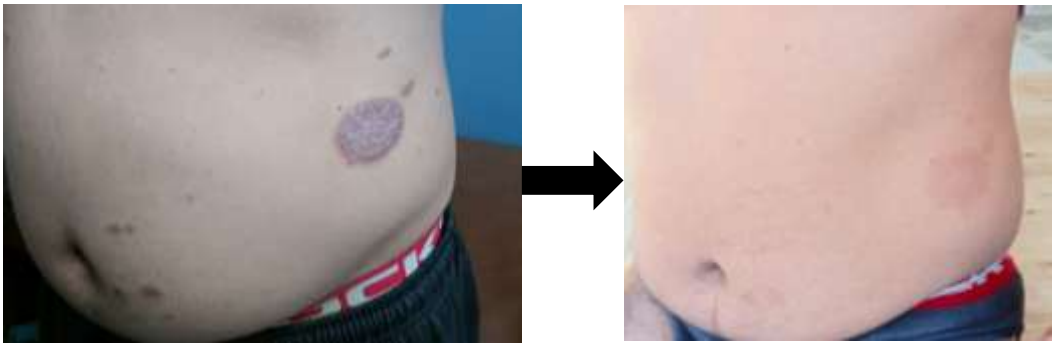

Figure 3 (a) **Figure 3 (b)**

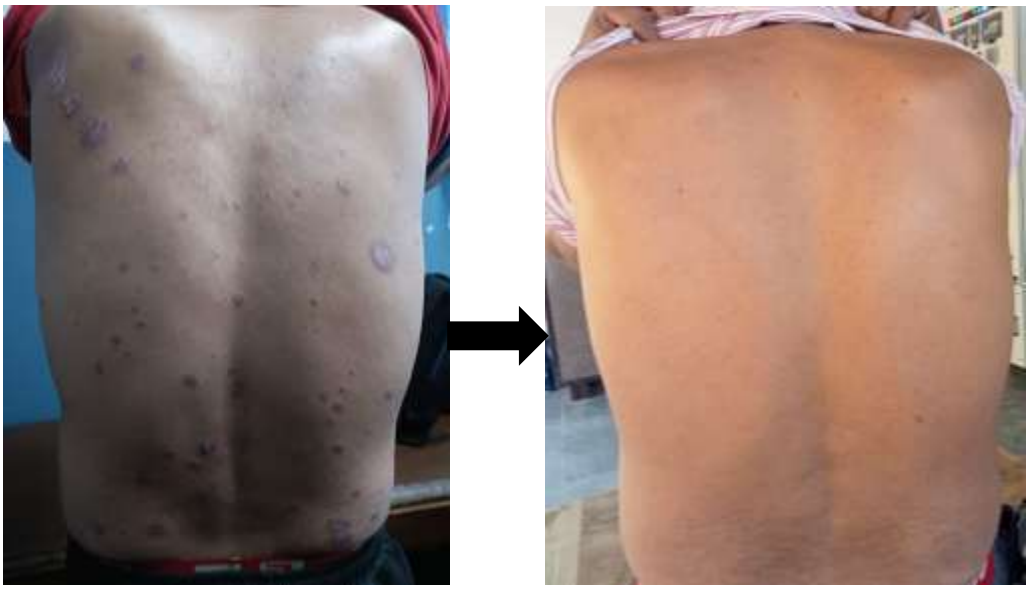

Figure 4 (a) **Figure 4 (b)**

Figure 5 (a) **Figure 5 (b)**

Diagnostic Assessment

The diagnosis was established based on the characteristic clinical features, and the Auspitz sign was checked by gently scraping the silvery scales over the psoriatic plaque. On removing the scales, pinpoint bleeding spots were observed, which are characteristic of psoriasis. This finding indicates the presence of dilated capillaries beneath the thin epidermis. The positive Auspitz sign helped support the clinical diagnosis of psoriasis.

Therapeutic Interventions

The patient visited the Skin Care Unit and Derma Research Lab (OPD No. 715) at RGGPGACH. He was advised to undergo *Shodhana* and was subsequently admitted for the Panchakarma

treatment. The patient underwent a comprehensive treatment protocol including *Snehapana* with *Murcchita Goghrita*, *Vamana*, and *Virechana,* followed by *Shamana Aushadhi*.

Shodhana Chikitsa

1. ***Snehapana*:** *Murcchita Goghrita* was administered in progressively increasing doses for 7 days until the appearance of *Samyaka Snigdha Lakshanas*.
2. ***Vamana*:** After *Snehana*, *Swedana*, *Vamana* was induced using *Madanaphala Pippali* and other supportive drugs.
3. ***Virechana*:** Following *Vamana*, *Virechana* was administered with *Trivrit Avaleha* and *Triphala Kwatha*.
4. ***Samsarjana Krama*:** A specific, gradual diet was followed for 3 days after each *Shodhana* procedure to restore digestive strength.

Shamana Chikitsa

Following *Shodhana*, the patient was prescribed oral and topical medicines for 8 weeks.

S. No.	Medicine Name	Dosage & Administration
1	*Rasa Manikya* (125 mg) + *Shuddha Gandhaka* (250 mg)	Twice a day after meals
2	*Arogyavardhini Vati*	2 tablets, twice a day after meals
3	*Mahamanjishthadi Kwatha*	20 ml with an equal amount of water, twice a day after meals
4	*Nimbadi Churna*	3 gm on an empty stomach (morning)
5	*Triphala Churna*	3 gm after dinner before sleep
6	Psoralin Ointment	For local application on lesions
7	777 Oil	For local application on lesions

Diet and Regimen Advised

The patient was advised to take light, easily digestible food such as moong dal, vegetables, whole grains, and freshly prepared meals. Sour, salty, fermented, oily foods, curd, buttermilk, seafood, and incompatible food combinations are avoided as they aggravate doshas. Warm water, small amounts of cow's ghee, and anti-inflammatory foods like turmeric and ginger

support detoxification. A regulated lifestyle with proper sleep, no day sleep, and reduced stress is essential. Gentle exercise, yoga, and pranayama help maintain balance. Skin should be kept moisturized and protected from cold exposure, harsh soaps, smoking, and alcohol. Together, these measures help reduce triggers and promote healthier skin.

Follow Up and Outcomes

The patient showed significant improvement following the treatment protocol. Over the course of therapy, there was more than an 80% reduction in skin lesions, erythema, scaling, and itching, indicating a strong therapeutic response as shown in Figures 1 (b), 2 (b), 3 (b), 4 (b) and 5 (b). The plaques became thinner, inflammation subsided, and overall skin texture improved significantly. No adverse effects were noted throughout the course of treatment, ensuring good acceptability. Regular follow-up visits confirmed sustained improvement, and the prescribed oral medications played an important role in preventing relapses, maintaining stability during the follow-up period.

Discussion

The present case highlights the effective role of Ayurvedic interventions, particularly *Panchakarma* procedures combined with internal medications, in the management of psoriasis, clinically correlated with *Eka Kushtha*. Psoriasis is a chronic, immune-mediated inflammatory disorder that often requires long-term treatment and is associated with frequent relapses when managed only with topical or systemic steroids. In contrast, Ayurveda approaches psoriasis as a *Tridoshaja* condition with predominant *Vata-Kapha* involvement, rooted in impaired *Agni* and accumulation of *Doshas* leading to vitiation of *Rasa* and *Rakta Dhatu*.[8] The classical description of *Eka Kushtha, Asvedanam*, *Mahavastu*, and *Matsyashakalopama* closely matches the clinical presentation of plaque psoriasis, supporting the relevance of Ayurvedic diagnostic correlation.[9]

In this case, *Shodhana* therapy formed the foundation of treatment. *Snehapana* prepared the body for the elimination of *Doshas*, while *Vamana* effectively eliminates the vitiated *Kapha* and *Pitta*, and *Virechana* further purifies *Rakta* and *Pitta Dosha*. These classical detoxification procedures help break the pathogenesis at multiple levels by restoring *Agni*, cleansing *Srotas*, and reducing inflammatory signs. *Samsarjana Krama* ensured proper restoration of digestive strength, preventing recurrence of *Ama*.

Shamana therapy further supported systemic detoxification, blood purification, tissue healing, and immune modulation. External applications such as Psoralen ointment and 777 oil improved local symptoms by reducing dryness, scaling, and inflammation. Both *Shodhana* and *Shamana* therapy produced measurable improvement, reflected by more than 80% reduction in lesion thickness, erythema, scaling, and itching within the treatment period.

The absence of adverse effects and prevention of relapse during follow-up indicate the sustainability and safety of the Ayurvedic protocol. This case demonstrates that a structured Ayurvedic approach not only provides symptomatic relief but may also improve disease stability by addressing the deeper metabolic and immunological imbalances responsible for chronicity. Although this is a single case report, it supports existing classical and contemporary evidence advocating *Shodhana*-based management for chronic skin disorders like psoriasis.

Conclusion

This case report demonstrates that the Ayurvedic treatment protocol involving *Shodhana* and *Shamana* medications offers a safe and effective therapeutic option for psoriasis, clinically corresponding to *Eka Kushtha*. Significant improvement in skin lesions, reduction in erythema and scaling, relief from itching, and absence of relapse during follow-up. By addressing root-level pathogenesis and restoring systemic balance, Ayurveda provides a sustainable alternative to long-term steroid-based therapies. Further clinical studies on larger populations are warranted to validate these findings and establish standardized Ayurvedic treatment guidelines for psoriasis.

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