



Review Article

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A CLINICAL CASE STUDY ON THE EFFECT OF *SHODHANA* AND *SHAMANA CHIKITSA* IN THE MANAGEMENT OF *EKAKUSTHA* (PSORIASIS VULGARIS)

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ABSTRACT

Background: Psoriasis Vulgaris is a chronic, immune-mediated inflammatory skin disorder characterized by erythematous plaques covered with silvery scales. In *Ayurveda*, the clinical presentation closely resembles *Ekakustha*, a type of *Kshudra Kustha*, described with features such as *Aswedanam*, *Mahavastu*, and *Matsyashakalopama*. **Objective:** To evaluate the efficacy of combined *Sanshodana* and *Sanshamana Chikitsa* in a patient suffering from psoriasis for the last five years. **Methodology:** A 30-year-old male presented with widespread white scaly lesions, dryness, and itching over the entire body. After clinical and *Dosha* assessment, *Shodhana Karma* was planned. The patient underwent *Snehapana* with *Panchtikta Ghrita* followed by *Virechana* using *Trivrit Avaleha*. After purification, *Sanshamana Aushadhi* were administered for 15 days along with dietary regulation. **Result:** Within 22 days, white scaly lesions resolved significantly, itching subsided completely, and the patient reported marked subjective and objective improvement. **Conclusion:** This case demonstrates that when

Panchakarma and *Kayachikitsa* are applied together following classical principles, remarkable improvement can be achieved in chronic *Ekakustha*.

Keywords: *Ekakustha*, Psoriasis Vulgaris, *Virechana*, *Panchtikta Ghrita*, *Kayachikitsa*, *Panchakarma*

INTRODUCTION

Psoriasis Vulgaris¹ is a chronic, immune-mediated inflammatory skin disorder characterized by well-defined erythematous plaques covered with silvery white scales. It commonly affects the scalp, elbows, knees, and lumbosacral region, but in long-standing cases it may involve large areas of the body. The disease follows a relapsing and remitting course, often causing physical discomfort along with psychological stress. Although modern medicine provides symptomatic relief through topical steroids, systemic immunosuppressants, and biologics, recurrence after discontinuation of therapy remains common, and long-term use may produce adverse effects.

In *Ayurveda*, Psoriasis Vulgaris closely resembles *Ekakustha*, which is described under *Kshudra Kustha*². The classical features of *Ekakustha* include *Aswedanam*³ (absence of perspiration), *Mahavastu*⁴ (involvement of large surface area), and *Matsyashakalopama* (fish-scale like appearance of lesions). It is considered a *Tridoshaja Vyadhi*⁵ with predominance of *Vata* and *Kapha*, along with involvement of *Rasa* and *Rakta Dhatu*. Vitiating of *Dosha* due to improper diet, incompatible food combinations, stress, and suppression of natural urges leads to *Srotorodha*⁶ and chronicity of the disease.

The management of *Kustha* in *Ayurveda* emphasizes both *Sanshodana Chikitsa*⁷ and *Sanshamana*⁸ *Chikitsa*. Classical texts recommend purification therapies such as *Virechana*⁹ for elimination of vitiated *Dosha*, followed by internal medications to restore tissue balance and prevent recurrence. By addressing the root cause rather than only external manifestations, this integrated approach offers a rational and holistic management strategy for chronic conditions like psoriasis.

OBJECTIVE:

To evaluate the efficacy of combined *Sanshodana* and *Sanshamana Chikitsa* in a patient suffering from psoriasis for the last five years.

CASE REPORT

A 30-year-old male patient presented to the OPD of Kayachikitsa with complaints of white scaly lesions over the entire body, associated with severe itching, dryness, and occasional mild burning sensation for the last five years. The lesions initially appeared over the elbows and knees and gradually spread to the trunk, back, and lower limbs. The condition showed temporary relief with topical steroid applications in the past, but recurrence occurred after discontinuation. There was no history of systemic illness such as diabetes, hypertension, or autoimmune disorders. The patient reported irregular dietary habits, frequent intake of spicy and junk food, and disturbed sleep. On examination, well-defined erythematous plaques with silvery scales were observed, and Auspitz sign was positive.

On Ayurvedic evaluation, the condition was diagnosed as *Ekakustha* with predominance of *Vata-Kapha Dosha*. The involved *Dushya* were *Rasa* and *Rakta Dhatu*, with signs of *Srotorodha* and *Mandagni*. The disease was categorized under *Bahya Roga Marga*. Considering chronicity of five years and generalized involvement, classical management with *Shodhana Chikitsa* followed by *Shamana Chikitsa* was planned. The patient was counselled regarding *Pathya-Apathya*, lifestyle modifications, and the importance of completing the full course of treatment.

VITAL EXAMINATION

Parameter	Before Treatment (BT)	After Treatment (AT)
Pulse	78/min, regular	76/min, regular
Blood Pressure	120/80 mmHg	118/78 mmHg
Respiratory Rate	18/min	16/min
Temperature	Afebrile	Afebrile
SpO ₂	98%	99%
Weight	68 kg	67 kg

SYSTEMIC EXAMINATION

System	BT Findings	AT Findings
CVS	S1 S2 normal	S1 S2 normal
RS	Bilateral air entry normal	Normal
CNS	Conscious, oriented	Conscious, oriented
P/A	Soft, non-tender	Soft, non-tender
Skin	Generalized erythematous scaly plaques	Marked reduction in scaling, pigmentation only

Astavidha Parikshana

Parameter	BT	AT
<i>Nadi</i>	<i>Vata-Kapha</i>	Balanced
<i>Mala</i>	Constipated	Normal bowel
<i>Mutra</i>	Normal	Normal
<i>Jihva</i>	Coated	Clean
<i>Shabda</i>	Normal	Normal
<i>Sparsha</i>	Ruksha (dry)	Normal texture
<i>Drik</i>	Normal	Normal
<i>Aakruti</i>	Madhyama	Madhyama

Dashavidha Parikshana

Parameter	Assessment
<i>Prakriti</i>	<i>Vata-Kapha</i>
<i>Vikriti</i>	<i>Vata-Kapha Dushti</i>
<i>Sara</i>	Madhyama

<i>Samhanana</i>	Madhyama
<i>Pramana</i>	Madhyama
<i>Satmya</i>	Mixed diet
<i>Satva</i>	Madhyama
<i>Ahara Shakti</i>	Reduced (BT), Improved (AT)
<i>Vyayama Shakti</i>	Moderate
<i>Vaya</i>	Yuva (30 years)

PLAN OF TREATMENT

Phase	Drug / Procedure	Dose	Anupana	Frequency	Duration	Procedure Details
Before Shodhana	<i>Trikatu Churna</i>	3 gm	Lukewarm water	BD before meals	3 days	<i>Deepana-Pachana</i> for improving <i>Agni</i> and removing <i>Ama</i>
Internal Oleation	<i>Panchtikta Ghrita</i>	30 ml to 120 ml (increasing)	Lukewarm water after intake	Once daily (empty stomach)	5 days	<i>Snehapana</i> until <i>Samyak Snigdha Lakshana</i> observed
External Oleation	<i>Abhyanga</i> with <i>Nimba Taila</i>	Sufficient quantity for whole body	—	Once daily	3 days	Whole body massage followed by <i>Swedana</i>

Sudation	<i>Bashpa Sweda</i>	—	—	Once daily	3 days	Steam sudation after <i>Abhyanga</i> for proper liquefaction of <i>Dosha</i>
Main Procedure	<i>Trivrit Avaleha</i>	50 gm	Lukewarm water	Single dose early morning	1 day	<i>Virechana Karma</i> , 18 Vegas achieved, <i>Samyak Virechana Lakshana</i> noted
Post Procedure	<i>Samsarjana Krama</i>	Gradual diet plan	—	As per schedule	5 days	<i>Peya</i> → <i>Vilepi</i> → <i>Yusha</i> → <i>Light diet</i> sequentially
After <i>Shodhana</i>	<i>Arogyavardhini Vati</i>	500 mg	Lukewarm water	BD after meals	15 days	Internal medicine
	<i>Mahamanjishthadi Kwatha</i>	40 ml	Equal lukewarm water	BD before meals	15 days	Blood purifier action
	<i>Khadirarishta</i>	20 ml	Equal water	BD after meals	15 days	<i>Kusthaghna</i> action
External Application	<i>Nimba Taila</i>	Local application	—	OD	15 days	Applied over lesions

PLAN OF FOLLOW-UP

Follo w-Up Visit	Durati on	Clinical Findings	Puls e	BP	RR	Temperat ure	Weig ht	Remarks
1st Follo w-Up	After 15 Days	80% reduction in scaling, itching absent, dryness mild	76/m in	118/ 78 mmH g	16/m in	Afebrile	67 kg	Significan t improve ment
2nd Follo w-Up	1 Month	Lesions resolved, mild hyperpigment ation	74/m in	118/ 76 mmH g	16/m in	Afebrile	67 kg	No recurr enc e
3rd Follo w-Up	3 Month s	Skin normal, no active plaques	72/m in	120/ 78 mmH g	16/m in	Afebrile	68 kg	Stable condition
Long-Term Review	6 Month s	No relapse, normal skin texture	72/m in	120/ 80 mmH g	16/m in	Afebrile	68 kg	Maintaini ng <i>Pathya</i>

LABORATORY INVESTIGATION

Investigation	BT Value	AT Value	Normal Range
Hb	13.8 g/dL	13.9 g/dL	13–17 g/dL
TLC	8200 /mm ³	7600 /mm ³	4000–11000
ESR	28 mm/hr	12 mm/hr	0–15 mm/hr
FBS	92 mg/dL	90 mg/dL	70–110
LFT	Within normal	Within normal	—
RFT	Within normal	Within normal	—
Lipid Profile	Mildly elevated LDL	Normalized	—

RESULT AND FINDINGS

- Marked reduction in erythematous scaly plaques within 22 days of treatment.
- Approximately 80–90% decrease in surface area involvement after completion of therapy.
- Complete relief in itching (*Kandu*) after *Virechana* and 15 days of *Shamana Chikitsa*.
- Significant reduction in scaling (*Matsyashakalopama*) observed by the 2nd follow-up.
- Improvement in skin texture with reduction in dryness (*Rukshata*).
- Normalization of bowel habits after *Shodhana*, indicating correction of *Mandagni*.
- Decrease in ESR levels from 28 mm/hr to 12 mm/hr suggesting reduction in inflammatory activity.
- No fresh lesions developed during follow-up period of 3 months.
- Patient reported improved sleep and overall sense of well-being.
- No adverse reactions or complications observed during or after treatment.
- Mild residual hyperpigmentation noted, without active plaque formation.
- Sustained remission maintained up to 6 months with adherence to *Pathya-Apathya*.

DISCUSSION

Ekakustha is described as a *Tridoshaja Vyadhi* with predominance of *Vata* and *Kapha*, involving mainly *Rasa* and *Rakta Dhatu*. In the present case, long-standing dryness, scaling, and absence of sweating indicated dominance of *Vata-Kapha*. Irregular dietary habits and chronicity of five years suggest persistent *Agnimandya* and formation of *Ama*, leading to *Srotorodha* at the level of skin. Therefore, mere symptomatic treatment would not be sufficient. Classical texts clearly mention that in *Kustha*, repeated *Shodhana* is the main line of management to eliminate vitiated *Dosha* from the body.¹⁰

Deepana-Pachana with *Trikatu Churna* helped in correcting *Agni* and preparing the body for purification. *Snehapana* with *Panchtikta Ghrita* acted at deeper tissue levels, mobilizing vitiated *Dosha* from peripheral tissues into the gastrointestinal tract. The selection of *Virechana* was appropriate because it specifically eliminates vitiated *Pitta* and *Rakta*, which are primarily responsible for inflammatory skin disorders. Achieving proper *Samyak*

Virechana Lakshana ensured adequate expulsion of morbid factors. This was reflected clinically by reduction in scaling and itching immediately after purification.¹¹

Post-*Shodhana*, *Shamana Aushadhi* like *Arogyavardhini Vati*, *Mahamanjishthadi Kwatha*, and *Khadirarishta* worked to stabilize the condition and prevent recurrence. These drugs possess *Kusthaghna*, *Raktashodhaka*, and *Kapha-Pitta Shamana* properties. The sustained improvement observed during follow-up indicates that treating the root pathology rather than suppressing symptoms leads to long-term remission. The integration of *Panchakarma* and *Kayachikitsa* principles in a systematic manner proved effective and safe in this chronic case of psoriasis.¹²

CONCLUSION

The present case study demonstrates that a properly planned combination of *Shodhana* and *Shamana Chikitsa* offers effective and sustained results in the management of *Ekakustha* (Psoriasis Vulgaris). By correcting *Agnimandya*, eliminating vitiated *Dosha* through *Virechana*, and stabilizing tissues with appropriate internal medications, significant clinical improvement was achieved within a short duration without any adverse effects. The absence of recurrence during follow-up further supports that addressing the root cause through classical *Panchakarma* and *Kayachikitsa* principles can provide safe, holistic, and long-term relief in chronic skin disorders.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT -NONE

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