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## HOLISTIC AYURVEDIC RESOLUTION OF CHRONIC KNEE PSORIASIS IN A POSTPARTUM PATIENT: A CLINICAL CASE REPORT

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**ABSTRACT:** This case report highlight the successful Ayurvedic management of *Ekakushta* (plaque psoriasis) localized to the knees in 32 years old female with no prior medical history of chronic illness, who developed symptoms of *Ekakushta* within two years after childbirth. The patient presented with classic *Vata-Kapha* dominant symptoms, including scaling, Itching etc. which were addressed through a comprehensive internal and external therapeutic regimen. Internal management focused on blood purification and *dosha* balancing using Haritaki churna, Arogyavardhani vati, Kaishore guggulu and Panchtikta ghrita guggulu. Externally, a unique topical application of curd (*Dahi*) combined with castor oil was utilized to provide essential hydration and facilitated the softening of thick, psoriatic plaques. And also suggest *Sattvavajaya chikitsa* (Ayurvedic psychotherapy), which focuses on strengthening the mind to better cope with external stressors and prevent the recurrence of *Ekakushta*. The treatment resulted in significant clinical remission of the lesions and itching, suggesting that this special combination of *Deepan-Pachana* and *Sthanika snehana* is highly effective, safe approach for postpartum-onset *Ekakushta* without the need for aggressive systemic intervention.

**Keywords:** Psoriasis, *Ekakushta*, *Deepan-Pachana*, Postpartum, *Sattvavajaya chikitsa*.

### INTRODUCTION

*Ekakushta*, a condition categorized under *Kshudra kushtha* in Ayurvedic Classics, is clinically characterized by symptoms such as *Aswedanam* (absence of perspiration), *Mahatvastu* (extensive lesions), and *Matsyashakalopamam* (scaling resembling fish scales).<sup>[1]</sup> In modern

clinical parlance, this presentation is highly analogous to chronic plaque psoriasis, a t-cell-mediated autoimmune disorder known for its recalcitrant nature and significant impact on patient quality of life. While the condition can manifest universally across the body, its localized occurrence on the knee joint presents a unique therapeutic challenge, as the constant friction and mechanical stress at this site often exacerbate the inflammatory process. In recent years, clinical observations have noted an increasing prevalence of autoimmune and dermatological conditions manifesting in the postpartum periods, a time characterized by significant physiological and hormonal shifts in women. [2] This case study details with no prior history of chronic illness, who developed symptoms of *Ekakushta* within two years of postpartum. The pathophysiology is interpreted through the lens of *Dosha* imbalance, where *Vata* and *Kapha* provocation leads to the manifestation of thick, dry and scaly plaques on the extensor surfaces of the knees.[3] While conventional treatments often focus on immunosuppression, Ayurvedic management emphasizes a holistic correction of internal milieu through *Deepan* (appetite stimulation), *Pachana* (metabolic correction) and *Shodhana* (Purification). This paper evaluates the efficacy of a specific therapeutic protocol-utilizing Haritaki churna [4], Arogyavardhani vati, Kaishore guggulu [5] and Panchtikta ghrita guggulu [6] combined with the localized application of *Dahi* (curd) and castor oil and *Sattvavajaya chikitsa*. By integrating these internal *Shamana* (palliative) therapies with targeted topical lubrication, this study demonstrated a successful approach to restoring skin integrity and alleviating the distressing symptoms of localized *Ekakushta* in young, previously healthy patient.

## SAMPRANTI

The pathogenesis of *Ekakushta* in this patient is deeply rooted in the postpartum depletion of *Dhatus* combined with severe psychological stress. The absence of self-care and the physical exhaustion of single-handed childcare acted as the primary *Nidana* (trigger).

### Flow of pathogenesis:

#### 1. Nidana sevana (Trigger factors)

Psychological: continuous *Chinta* (worry) and *Atishrama* (Physical / mental overexertion) due to handling the infant alone.

Lifestyle: *Vega vidharana* (suppressing natural urges like sleep/hunger) and *Aniyata ahara* (irregular meal timing) due to lack of time.

2. *Dosha prakopa* (Aggravation): excessive stress leads to *Vata prakopa* (dryness and anxiety). Lack of rest and constant mental heat leads to *Pitta prakopa* (inflammation).

### 3. *Sanchaya* and *Prasara* (Accumulation and Spread):

The aggravated *Doshas* circulate in *Rasa* and *Rakta dhatus* (blood and plasma).

4. *Sthana Samshraya* (Localization): The *Doshas* find *Khavaigunya* (weakness) in the skin (*Twak*) over the knees joints- an area already stressed by physical movement and friction.

5. *Vyakti* (Manifestation): *Vata* causes the *Matsyashakalopamam* (scaling/ roughness). *Kapha* causes the *Ghana* (thickening) of the plaque. *Pitta* causes the *raga* (redness/ erythema)

### 6. *Bheda* (Chronic state)

The lack of self-time creates a feedback loop where stress prevents the body from healing, resulting in the chronic presentation of *Ekakushta*.

### ***Samprapti Ghataka***

<b>Component</b>	<b>Description</b>
<i>Dosha</i>	<i>Vata-Kapha Pradhana</i> (with <i>Pitta</i> involvement)
<i>Dushya</i>	<i>Twak</i> (Skin), <i>Rakta</i> (Blood), <i>Mamsa</i> (Muscles), <i>Ambu</i> (Lymph)
<i>Srotas</i>	<i>Raktavaha</i> and <i>swedavaha srotas</i>
<i>Srotodushti</i>	<i>Sanga</i> (Obstruction) and <i>Vimarga Gamana</i> (Improper movement)
<i>Adhithana</i>	<i>Janu sandhi</i> (Knee joint) and <i>Twak</i> (skin)
<i>Agni</i>	<i>Vishamagni</i> (irregular digestion due to stress)
<i>Svabhava</i>	<i>Chirkari</i> (chronic)

## **MATERIAL AND METHODS**

### **Study design**

This was single-case clinical study conducted at Somayya Ayurvedic College, Bharawati Dist-Chandrapur. The patient's clinical process was monitored over duration of 12 weeks to evaluate the efficacy of the selected Ayurvedic intervention.

### **Patient Information**

The patient, a 32 years old female, presented with a chief complaint of chronic, scaly and itchy plaques localized to the bilateral knee regions. The patient had no previous history of chronic illness or dermatological disorders. The onset of the condition was noted within two years of

postpartum, and the patient had previously utilized conventional moisturizing agents without sustained success.

### Assessment Criteria

Progress was monitored through Parameters:

- Reduction in *Kandu* (Itching)
- *Rukshata* (Dryness)
- *Vedana* (pain/discomfort)
- Assessment of plaque size.

### Treatment protocol

As a mandatory safety prerequisite for administration of oral herbo-mineral and bitter lipid formulation, a thorough screening confirmed that the patient was completely non-lactating and had stopped breastfeeding.

The therapeutic approach was designed to address *Vata-kapha* dominance and promote *Dhatu- poshana* (tissue nourishment) through the following regimen:

#### i. Internal medication (*Shamana Chikitsa*)

Medication	Dosage	Timing
Haritaki Churna	3grams	At night, after meal with lukewarm water
Arogyavardhini vati	2 tablets (1tab-250mg)	Twice daily, after meals with lukewarm water
Kaishore Guggulu	2 tablets (1tab-500mg)	Twice daily, after meals with lukewarm water
Panchtikta Ghrita guggulu	1 tablets (500mg)	Twice daily, empty stomach with lukewarm water

Note: Haritaki was used for its *Vatanulomana* properties, while the Guggulu preparation and Arogyavrdhini vati were selected for their potent *Lekhaniya* (Scaping/clearing) and *Kushtaghna* (anti-dermatological) actions.

#### ii. External Application (*Sthanika Chikitsa*)

- Preparation – A homogenous paste was prepared using fresh *Dahi* (Curd) mixed with Castor oil (Cold-pressed) [7]

- Application – The mixture was applied topically to the affected knee plaques once daily, preferably in the evening.
- Method – The patient was advised to leave the application on for 30-45minutes before gently washing it off with lukewarm water.
- Rationale – The lactic acid in the curd acts as a natural keratolytic agent to facilitate the shedding of *Matsyasphakalopamam* (fish-scale-like) plaques, while the castor oil provides deep *Snehana* (lubrication) to pacify localized *Vata* and reduce the thickness of the lesions.

iii. **Sattvavajaya Chikitsa** (Ayurvedic psychotherapy) <sup>[8]</sup> - In this case, the patients stress and lack of self-time were identified as primary *Pragyaparadha* (error in judgment/lifestyle). To break the cycle of stress-induced physical flare-up, the following therapeutic lifestyle adjustments were prescribed:

- *Dhyana* (Mindfulness): The patient was advised to practice *Shavasana* (Corpse pose) or *Bhramari Pranayama* (Humming bee breath) for 10 minutes, twice daily. These techniques are specifically known to calm the *Manovaha Srotas* (Channels of mind) and reduce the hyper- activity of the sympathetic nervous system.
- Time-blocking for ‘self-care’: Even amidst the demands of childcare, the patient was counseled to prioritize 15 minutes of ‘uninterrupted’ rest. This creates a physiological pause, allowing the body to shift from Fight-or-Flight to Rest-and-Digest.
- *Pathya Ahara* (Dietary Regulation): given the irregular eating habits, the patient was instructed on the importance of *Vidyarthana* (eating at set times). High- protein, easy-to-digest, warm, and nourish the *Dhatu*s without overwhelming the *Agni*.

**Summary of lifestyle recommendation for the patient**

Recommendation	Therapeutic Goal
Morning Routine	5minutes of mindful breathing before the child wakes
Diet	Warm, <i>Snigdha</i> (unctuous) food to counteract <i>Vata</i> dryness.
Night Care	Application of the <i>Dahi</i> -castor paste while the child sleeps, coupled with 5 minutes of <i>Shavasana</i> .
Counseling	Reassurance that maternal health is foundational to the child’s well-being.

## RESULT AND DISCUSSION

### Clinical outcomes

Following the initiation of prescribed Ayurvedic regimen, the patients demonstrated progressive clinical improvement. At the 4-week follow-up, a marked reduction in *Kandu* (itching) and *Rukshata* (dryness) was reported. By the 8week, the silvery scales had significantly thinned. By the end of 12 week study period, the patient exhibited near-complete resolution of plaques on the bilateral knee regions. No recurrence of symptoms or adverse systemic effects was reported throughout the treatment phase.



### Discussion

The success of this treatment can be attributed to the synergistic action of internal, external therapies and *Sattvavajaya Chikitsa* was applied. The postpartum onset suggests a potential depletion of *Dhatus* (tissues) and a concurrent accumulation of *Mala* (metabolic waste), which manifests as *Kushtaghna* (skin disease) when combined with an underlying *vata-kapha* imbalance.

- Systemic modulation: Arogyavardini vati and Kaishore guggulu acted as potent *Shodhana* (purifying) agents, correcting the *Rasa* and *Rakta* metabolic pathways. Panchtikta ghrita guggulu served as vital Rasayana (rejuvenator), specifically targeting skin health through its bitter (*Tikta*) principles, which are essential in pacifying *Pitta* while healing the skin. Haritaki churna ensured efficient *Vatanulomana* (proper downward movement of vata), crucial for clearing systemic toxins that contribute to chronic skin inflammation.
- Localized mechanism: the choice of *Dahi* (curd) and castor oil for local application proved instrumental. *Dahi* provides a mild acidic environment that helps soften hardened, hyperkeratotic lesions, while castor oil (a known *Vata-shamaka* and healing agent) provides deep penetration. This combination effectively broke the

cycle of dryness and thickening at the knee joint, an area particularly susceptible to mechanical irritation.

- **Sattvavajaya chikitsa:** A critical component in the resolution of this case was the implementation of *sattvavajaya chikitsa* (Ayurvedic psychotherapy). In this patient, the *Samprapti* was significantly fueled by *Manasika Abhighata*- specifically the chronic exhaustion and psychological burden of single-handedly managing a household postpartum. By counseling the patient on the necessity of self-time and introducing brief mindfulness practices, we addressed the *Manovaha srotas* (mental channels). This mental stabilization played a dual role: it reduced the systemic cortisol like stress response that often prevents psoriatic lesions from healing and ensured better patient compliance with the *Shamana* regimen. This reinforces the ayurvedic principle that in chronic skin condition, especially those with a postpartum onset, treating the *Manas* (mind) is just as vital as treating the *Deha* (body) for achieving long-term remission.

## CONCLUSION AND RECOMMENDATIONS

### Conclusion

This case demonstrated that localized *Ekakushta* (knee psoriasis), even when persistent, can be effectively managed through a conservative, non-invasive Ayurvedic approach. The successful remission achieved in this 32-years-old patient highlights the efficacy of addressing the *Vata-Kapha* imbalance through a dual-action protocol: Internal *Shamana* (palliative) detoxification, External *Sthanika snehana* (Local lubrication) and *Sattvavajaya chikitsa* (Ayurvedic psychotherapy). The integration of Haritaki churna, Arogyavardhini vati, Kaishore guggulu and Panchtikta ghrita guggulu successfully normalized the patient's metabolic state, while the topical application of *Dahi* and castor oil provided the necessary keratolytic and hydrating properties to resolve the psoriatic plaques.

Recommendations for future clinical practice:

- **Early intervention:** As seen in this postpartum case, early diagnosis and management can prevent the progression of *Kshudra kushtha* into more chronic systemic forms.
- **Individualized Diet (*Pathya*):** Future studies should emphasize strict dietary adherence, specifically avoiding *Virudhha Ahara* (incompatible food combinations) which are known triggers for *kushtha*.

- Long-term follow-up: given the autoimmune nature of psoriasis, we recommend a follow-up period of at least 6months post-treatment to monitor for potential recurrence.

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