



Review Article

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IMPORTANCE OF *SHODHANA* (PURIFICATION THERAPY) IN THE MANAGEMENT OF EK KUSHTA: A COMPREHENSIVE REVIEW

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ABSTRACT

Ek Kushta is a Kshudra Kushtha (minor skin disorder) with significant clinical relevance in contemporary dermatological practice. Its pathophysiological manifestations closely resemble psoriasis in modern medicine, characterized by Matsya Shakalopama (fishscale-like lesions), Aswedanam (absence of sweating), and Mahavastu (extensive skin involvement), primarily due to Vata-Kapha vitiation with Rakta-Dushti (blood vitiation). While Shamana Chikitsa (palliative treatment) provides symptomatic relief, the chronicity and relapsing nature of this condition necessitate a more comprehensive approach through Shodhana.

Keywords:

Shodhana, Ek Kushta, Psoriasis, Panchakarma, Virechana, Vamana, Kshudra Kushtha, Raktashodhana, Dosha-Dushya Sammurchana, Samprapti

INTRODUCTION

Ayurveda, the ancient and time-tested system of Indian medicine spanning over five thousand years, presents a holistic approach to disease management grounded in fundamental principles of Tridosha theory and Dhatu (tissue) pathophysiology [1]. The therapeutic framework in Ayurveda encompasses two cardinal treatment modalities: Shamana (palliative/suppressive therapy) and Shodhana (purification/elimination therapy) [2]. While Shamana Chikitsa utilizes specific medications to pacify vitiated doshas within their current state, Shodhana Chikitsa fundamentally alters the disease pathology by actively extracting and eliminating morbid humors and accumulated toxins from the body [3].

Kushtha Roga represents a broad spectrum of dermatological conditions documented extensively in classical Ayurvedic literature. The Brihatrayi classify Kushtha into eighteen distinct varieties: Maha Kushtha (seven major types) and Kshudra Kushtha (eleven minor types), each with characteristic pathophysiology and specific treatment protocols [4]. Among the Kshudra Kushtha varieties, Ek Kushta holds considerable clinical significance due to its chronicity, cosmetic impact, and psychological burden on affected individuals [5].

The clinical presentation of Ek Kushta is characterized by three cardinal features as described in classical texts: Matsya Shakalopama (lesions bearing resemblance to fish scales), Mahavastu (involvement of larger body surface areas), and Aswedanam (characteristic absence of sweating from affected regions) [6]. These manifestations bear striking resemblance to psoriasis in contemporary dermatological classification, a chronic immunemediated inflammatory skin disease affecting approximately 2-3% of the global population. However, unlike the symptomatic management approach predominantly employed in modern dermatology, Ayurveda offers a pathophysiology-driven therapeutic strategy addressing the root causes of disease manifestation [7].

The etiopathogenesis of Ek Kushta involves complex alterations in all three doshas, with predominant Vata-Kapha vitiation, primarily affecting Rasa Dhatu (nutrient plasma), Rakta Dhatu (blood), and Mamsa Dhatu (muscular tissue). The disease manifests secondarily on Tvak (skin) as the site of expression. According to Acharya Charaka, the seven dravyas (substances) implicated in Kushtha pathology are three doshas (Vata, Pitta, Kapha) and four

dushyas (Tvak, Rakta, Mamsa, Lasika/Ambu), with subsequent progression involving RaktaMamsa-Medovaha Srotas (lymphatic-tissue-and-fat-channel systems) [8].

The chronicity and relapsing nature of Ek Kushta necessitates therapeutic interventions that address fundamental pathophysiological alterations rather than merely suppressing symptomatic manifestations. Classical texts explicitly state that Kushtha, being a Bahudosha Avastha Vyadhi (disease involving excessive aggravation of multiple doshas), requires Punahpunah Shodhana (repeated purification therapy) for effective management and sustained remission [9]. This principle distinguishes Shodhana from Shamana therapies, which are suitable for Alphadosha Avastha (conditions with mild dosha vitiation) but prove inadequate for deep-seated, chronic diseases.

The present article systematically examines the multifaceted importance of Shodhana Chikitsa in Ek Kushta management, elucidating the mechanisms through which purification therapy addresses disease pathogenesis at its root, comparing efficacy outcomes with Shamana-only protocols, and synthesizing classical knowledge with contemporary clinical evidence to provide a comprehensive understanding of this essential treatment modality for BAMS students and practicing Ayurveda professionals.

MATERIALS AND METHODS

Literature Search and Selection

This review was conducted through systematic examination of:

Classical Ayurvedic Texts:

- Charaka Samhita (Chikitsa Sthana, Uttara Tantra)
- Sushruta Samhita (Nidana Sthana, Chikitsa Sthana)
- Ashtanga Hridaya (Uttara Tantra)
- Bhava Prakasha Nighantu
- Raj Nighantu

Contemporary Literature:

- Peer-reviewed journal articles from IJPRAJOURNAL, IJAPR, JAISMS, and PMC NCBI
- Clinical case studies and comparative efficacy studies

- Research publications from 2014-2025

Methodology for Pathophysiological Analysis

The pathophysiology of Ek Kushta was analyzed using Ayurvedic framework of Samprapti (disease pathogenesis) involving:

Nidana Analysis (Causative Factors):

- Immediate causative factors affecting Tridosha
 - Distant causative factors including dietary and lifestyle elements
 - Incompatible food combinations (Viruddha Ahara)
 - Psychological factors (Manasika Nidana) impacting Vata
- #### **Dosha-Dushya Analysis:**
- Primary dosha involvement: Predominant Vata-Kapha with Pitta contribution
 - Dushya sequence: Rasa → Rakta → Mamsa → Tvak progression
 - Sroto-Dushti (channel vitiation): Raktavaha and Rasavaha Srotas
- #### **Agni and Ama**

Assessment:

- Mandagni (impaired digestive fire) role in ama generation
- Ama-Prakopa (toxin accumulation) facilitating disease manifestation
- Jathara-Agni and Dhatvagni dysfunction patterns

Shodhana Protocols Analysis

Detailed examination of:

Pre-Operative Phase (Purva Karma):

- Deepana-Pachana procedures: Composition, dosage, duration
 - Snehapana protocols: Arohana Krama (ascending dosage), oil selection, duration
 - Bahya Snehana and Swedana: Techniques, timing, therapeutic rationale
 - Patient preparation assessment criteria
- #### **Operative Phase (Pradhan Karma):**

- Virechana Karma: Drug selection (Trivrit, Avipatti, Trikatu), dosage determination, operational indicators
- Vamana Karma: Emetic agent selection, preparation methodology, timing
- Raktamokshana: Jaloukavacharana and Siravyadha protocols

- Dosh-specific therapy selection criteria **Post-Operative Phase (Paschat Karma):**
- Samsarjana Krama: Sequential dietary progression protocols
- Shamana Aushadhis: Specific medications for Ek Kushta (Arogyavardhini Rasa, Gandhaka Rasayana, Manjishthadi Kwatha, Kaishora Guggulu)
- Pathya-Apathya (dietary and lifestyle regulations)
- Follow-up assessment protocols

Clinical Evidence Synthesis

Evaluation of clinical outcomes including:

- Symptom improvement percentage (erythema, scaling, pruritus reduction)
- Lesion characteristics changes (thickness, elevation, demarcation)
- Recurrence rates following Shodhana vs. Shamana-only protocols
- Comparative efficacy between Vamana and Virechana in Ek Kushta management
- Assessment tools: PASI (Psoriasis Area and Severity Index) scores, clinical observation parameters

Mechanism of Action Analysis

Systematic examination of how Shodhana addresses Ek Kushta pathophysiology through:

- Dosh Nirharana (morbid dosha elimination)
- Raktashodhana (blood purification)
- Dosh-Dushya Sammurchana breaking (pathological complex dissolution)
- Agni Correction (restoration of digestive and metabolic fire)
- Srotashodhana (tissue channel cleansing)

RESULTS AND DISCUSSION

PATHOPHYSIOLOGICAL BASIS OF EK KUSHTA AND SHODHANA IMPERATIVE

Samprapti (Pathogenesis) of Ek Kushta

Ek Kushta pathogenesis involves a complex, multifactorial process initiated by various Nidanas (etiological factors) causing Dosh Prakopa (dosha aggravation). According to Acharya Charaka, the disease manifestation sequence unfolds as follows [10]:

Dosha Vitiating Phase: Etiological factors including incompatible food combinations, suppression of natural urges, excessive exposure to environmental factors, and psychological stress cause progressive Vata, Pitta, and Kapha vitiation. In Ek Kushta, predominant VataKapha vitiation occurs with secondary Pitta involvement, particularly in inflammatory stages [11].

Dhatu Involvement: Vitiating doshas progressively affect tissue systems in sequence: Rasa Dhatu (nutrient plasma) develops obstruction, Rakta Dhatu becomes polluted with morbid doshas, Mamsa Dhatu undergoes pathological transformation, and finally Tvak (skin) manifests the disease clinically as the site of terminal expression [12]. This Dhatugata Samprapti (tissue-specific pathology) explains the deep-seated nature of Ek Kushta and why superficial treatments prove inadequate.

Sroto-Dushti (Channel Obstruction): The accumulated morbid doshas and ama obstruct Raktavaha Srotas (blood channels) and Rasavaha Srotas (nutrient plasma channels), compromising tissue nourishment and eliminating waste products. This channel obstruction perpetuates disease manifestation and creates conditions for recurrence [13].

Dosha-Dushya Sammurchana: Over time, vitiating doshas intimately bond with affected Dushyas (tissues), creating a pathological complex difficult to reverse. This Sammurchana (close association) is the primary reason why extended Shamana alone proves insufficient, as it pacifies doshas without breaking their intimate tissue associations [14].

Ama Accumulation: Mandagni (impaired digestion) arising from Agni-Dushti (digestive fire vitiation) leads to generation and accumulation of Ama (incompletely digested metabolic waste). This Ama acts as a pathogenic vehicle, facilitating dosha movement deeper into tissues and perpetuating chronic inflammation characteristic of Ek Kushta [15].

Why Shodhana is Imperative for Ek Kushta

Classical texts explicitly state that Shodhana becomes imperative when disease involves Bahudosha Avastha (excessive dosha aggravation) affecting deeper Dhatus and channels [16]. Ek Kushta perfectly fits these criteria:

Chronicity Indicator: The chronic, relapsing nature inherently indicates Bahudosha Avastha requiring Shodhana rather than Shamana [17]. Shamana is adequate for acute

conditions with mild dosha imbalance; chronic conditions with deep tissue involvement demand Shodhana's eliminatory power.

Multiple Dosha Involvement: While Eka Kushta predominantly involves Vata-Kapha, Pitta's contribution in inflammatory stages necessitates elimination rather than mere suppression [18]. No single Shamana agent effectively balances multiple vitiated doshas simultaneously.

Samprapti Complexity: The multi-stage pathophysiology involving successive Dhatu involvement and Sroto-Dushti requires intervention at root (Samprapti-Bheda) rather than symptom level [19]. Shodhana's capacity to eliminate doshas at their source addresses this complexity.

Recurrence Prevention: The tendency for recurrence in Ek Kushta reflects incomplete Samprapti rectification by Shamana alone. Shodhana's ability to break Dosha-Dushya Sammurchana and eliminate accumulated Ama directly prevents relapse [20].

MECHANISMS OF SHODHANA IN EK KUSHTA MANAGEMENT

Dosha Nirharana (Elimination of Morbid Doshas)

The fundamental mechanism through which Shodhana addresses Ek Kushta involves active extraction and elimination of vitiated doshas through designated routes:

Virechana-Mediated Pitta and Kapha Elimination: Virechana Karma functions as the primary Shodhana procedure for Ek Kushta owing to predominant Pitta-Rakta involvement. The purgative action induces specific physiological responses:

- Stimulation of digestive secretions and peristaltic activity
- Movement of vitiated doshas from peripheral tissues (Shakha) to central gastrointestinal tract (Koshta)
- Controlled elimination of morbid Pitta and Kapha through fecal route
- Clearance of associated Ama and endotoxins [21]

Clinical protocol involves administration of Medicated Ghee (Snehapana) in ascending doses for 3-7 days to liquefy doshas, followed by suitable Virechana medications (Trivrit Lehyam, Avipatti Churna) timed for optimal dosha mobilization [22].

Vamana-Mediated Kapha Elimination: In Kapha-predominant presentations or concurrent Kapha vitiation, Vamana Karma provides superior results. The emetic action specifically targets:

- Kapha lodgment in upper digestive and respiratory tracts
- Elimination through oral route of accumulated phlegm and ama
- Relief of Kapha's characteristic heaviness and obstruction [23]

Raktamokshana for Rakta-Dushti: Given Rakta's central role in Ek Kushta pathology, Raktamokshana (bloodletting) through Jaloukavacharana (leech therapy) or Siravyadha (venesection) selectively eliminates morbid blood components:

- Direct removal of vitiated Rakta containing inflammatory mediators
- Stimulation of fresh blood formation
- Relief from erythema and inflammatory symptoms [24]

Raktashodhana (Blood Purification and Rakta Dhatu Correction)

Blood purification represents a critical mechanism in Ek Kushta management, addressing the disease's Raktapradoshaja (blood-vitiation-origin) nature:

Virechana's Raktashodhana Effect: Virechana eliminates Pitta-associated blood toxins through hepatic and biliary mechanisms:

- Enhanced hepatic bile production and secretion
- Biliary elimination of morbid Pitta and associated Rakta components
- Reduction of inflammatory lipid mediators and immune complexes [25]

Subsequent Medication Support: Post-Shodhana Shamana medications including Manjishthadi Kwatha, Raktashodhaka Vati, and Gandhaka Rasayana further purify remaining blood through:

- Enhanced hepatic detoxification functions
- Stimulation of lymphatic drainage
- Antioxidant and anti-inflammatory actions [26]

Clinical Manifestations of Raktashodhana: Blood purification directly manifests as:

- Progressive reduction in erythema (redness)
- Decreased inflammatory exudation
- Reduced pruritus intensity
- Improved skin texture and lesion demarcation [27]

Breaking Dosha-Dushya Sammurchana (Pathological Complex Dissolution)

The intimate bonding between vitiated doshas and affected tissues (Sammurchana) represents a major obstacle to spontaneous recovery. Shodhana's mechanism of dissolution involves:

Snehapana's Dual Action: Pre-operative oleation through ascending-dose administration:

- Penetrates tissue layers and channels with its Snigdha (unctuous) quality
- Loosens Dosha-Dushya Sammurchana through its Sukshma (subtle) penetration
- Lubricates internal pathways facilitating dosha mobilization [28]

Swedana's Supporting Role: Herbal steam therapy complements snehapana by:

- Opening Srotas (tissue channels) through Ushnaguna (heat quality)
- Facilitating Dosha Vimoksha (liberation of doshas from tissues)
- Preparing tissues for Shodhana's eliminatory action [29]

Post-Shodhana Tissue Healing: Once doshas are removed through Shodhana, affected Dushyas undergo regeneration unhindered by morbid dosha presence, facilitating complete tissue healing [30].

Agni Deepana and Ama Pachana (Digestive Fire Restoration and Toxin Elimination)

Mandagni (impaired digestive fire) plays a central role in Ek Kushta pathogenesis through Ama generation. Shodhana addresses this through:

Pre-Shodhana Deepana-Pachana: Administration of Deepana drugs (digestive agents) like Trikatu, Chitrakadi Vati, or Amapachana formulations:

- Restore Jatharagni (gastric fire) to optimal function
- Digest accumulated Ama through increased digestive strength

- Facilitate proper separation of nutrient and waste components [31]

Agni Restoration Post-Shodhana: Following successful Dosha elimination, Agni naturally restores to normal function, preventing future Ama generation:

- Enhanced digestion of dietary elements
- Proper nutrient absorption and assimilation
- Prevention of disease recurrence through maintained digestive integrity [32]

Srotashodhana (Channel Cleansing and Vascular Restoration)

The obstruction of Raktavaha and Rasavaha Srotas forms a crucial component of Ek Kushta pathophysiology. Shodhana accomplishes channel cleansing through:

Sukshma-Tikshna Properties: Shodhana drugs' subtle and penetrating qualities enable:

- Disaggregation of ama deposits in micro-channels
- Clearing of Sroto-Avarana (channel obstruction)
- Restoration of proper tissue nourishment and waste elimination [33] **Improved**

Microcirculation: Channel restoration leads to:

- Enhanced blood supply to affected skin regions
- Improved cellular oxygenation and nutrient delivery
- Effective waste product elimination from epidermal layers
- Correction of characteristic skin thickening and elevation [34]

CLINICAL EFFICACY AND OUTCOMES

Symptom Improvement Following Shodhana

Contemporary clinical evidence demonstrates substantial improvements in Ek Kushta manifestations following Shodhana therapy:

Erythema Reduction: Clinical observations and PASI (Psoriasis Area and Severity Index) assessments demonstrate 60-75% reduction in skin redness within 4-6 weeks post-Shodhana [35]. This correlates directly with Raktashodhana and Pitta elimination mechanisms.

Scaling Improvement: The characteristic silvery-white scaling typical of Ek Kushta shows 65-80% reduction following Virechana, reflecting restoration of skin barrier function and reduction of excessive keratinization [36].

Pruritus Amelioration: Itching intensity, often the most distressing symptom, demonstrates 70-85% improvement, indicating successful Vata pacification and nerve-level pathology correction [37].

Lesion Thickness and Elevation: Characteristic plaque elevation reduces by 50-70% post-Shodhana, reflecting underlying inflammatory resolution and tissue normalization [38].

Comparative Efficacy: Shodhana vs. Shamana Alone

Comparative clinical studies reveal significant advantages of Shodhana-inclusive protocols over Shamana-only approaches:

Speed of Improvement: Shodhana-treated groups demonstrate faster symptom resolution, with notable improvements observable within 2-3 weeks, compared to 4-6 weeks for Shamana-only protocols [39].

Magnitude of Improvement: PASI score reductions average 75-85% with Shodhana vs. 40-60% with Shamana alone, indicating superior disease modification capacity [40].

Recurrence Prevention: Most significantly, recurrence rates within 6-12 month follow-up periods demonstrate 30-40% in Shodhana-treated patients versus 60-70% in Shamana-only groups, indicating disease-modifying rather than merely symptom-suppressing action [41].

Sustained Remission: Long-term follow-up studies indicate that Shodhana establishes more durable disease remission, with many patients remaining symptom-free for extended periods without ongoing medication [42].

Vamana vs. Virechana Selection in Ek Kushta

Clinical evidence suggests context-specific superiority:

Vamana Superiority: In Kapha-predominant presentations with excessive scaling, heaviness, and skin thickening, Vamana demonstrates superior efficacy (70-80% symptom improvement), particularly for pruritus and lesion elevation [43].

Virechana Superiority: In Pitta-Rakta predominant cases with prominent erythema, inflammatory exudation, and burning sensations, Virechana provides superior results (7585% improvement), addressing the primary pathophysiological drivers [44].

Combined Approach: Many clinical protocols employ sequential Vamanottara Virechana (Vamana followed by Virechana) to address all dosha components comprehensively, yielding highest efficacy rates (80-85% complete remission) [45].

ADVANTAGES OF SHODHANA OVER SHAMANA IN EK KUSHTA MANAGEMENT

Root Cause Elimination vs. Symptom Suppression

Unlike Shamana therapy which pacifies (but does not eliminate) vitiated doshas:

- Shodhana actively removes morbid doshas from the body
- Addresses Samprapti (disease pathogenesis) at its root rather than symptom manifestation level
- Prevents doshas from re-accumulating through complete elimination [46]

Dosha-Dushya Sammurchana Breaking

Shamana's pacifying approach leaves pathological dosha-tissue complexes intact:

- Shodhana's eliminatory force breaks intimate Sammurchana (pathological bonding)
- Disintegrates tissue-level disease process impossible to reverse through mere dosha pacification
- Facilitates complete tissue healing without residual pathological changes [47]

Ama Elimination

Accumulated toxins (Ama) perpetuate chronic inflammation:

- Shodhana's pre-operative Deepana-Pachana systematically eliminates Ama
- Removes the pathogenic foundation for disease manifestation
- Shamana inadequately addresses Ama despite symptomatic benefit [48]

Prevention of Recurrence

The chronic relapsing nature characteristic of Ek Kushta represents Shamana's critical limitation:

- Shodhana's complete dosha elimination prevents rapid re-accumulation
- Breaking Sammurchana eliminates substrate for rapid disease recurrence
- Classical texts recommend Punahpunah Shodhana (repeated purification) specifically to prevent relapse [49]

Restoration of Agni and Long-term Prevention

Complete digestive fire restoration following Shodhana:

- Prevents future Ama generation through maintained Agni
- Establishes metabolic foundation for sustained health
- Shamana does not address underlying Agni deficit [50]

CLINICAL PROTOCOL FOR EK KUSHTA SHODHANA

Patient Selection and Assessment Criteria

Inclusion Criteria:

- Confirmed diagnosis of Ek Kushta (Kshudra Kushtha) or psoriasis
- Chronic presentation (> 3 months duration)
- Bahudosha Avastha (evidence of excessive dosha aggravation)
- Adequate physical strength (Bala) for Shodhana tolerance [51] **Assessment**

Parameters:

- Agni status (digestive capacity)
- Bala (physical and mental strength)
- Kala (appropriate season and timing)
- Ayu (age-appropriate modifications)
- Concomitant health conditions [52]

Purva Karma Protocol (Pre-Operative Preparation)

Duration: 7-10 days of progressive preparation

Day 1-3: Deepana-Pachana

- Trikatu (Pippali, Pippali mula, Shunthi) Churna 1-2 grams twice daily with warm water

- Chitrakadi Vati: 2 tablets twice daily with warm water
- Dietary modifications: Light, easily digestible foods
- Objective: Restore Agni and initiate Ama digestion [53] **Day 4-7: Snehapana (Internal Oleation)**
- **Medicated Ghee Selection:** Panchatikta Ghrita or Manjishthadi Ghrita (preferred for Raktashodhana)
- **Arohana Krama (Ascending Schedule):**
 - Day 1: 30 ml with warm milk at dawn o Day 2: 45 ml with warm milk at dawn o Day 3: 60 ml with warm milk at dawn o Day 4: 75 ml with warm milk at dawn
 - Day 5-7: 100-150 ml daily with warm milk, adjusted to individual digestion [54]
- **Assessment:** Snehapana adequacy determined by appearance of:
 - Soft, smooth stools
 - Oily appearance to skin and conjunctiva o Lightness and smoothness of body feeling [55]
- **Concurrent Therapy:**
- **Bahya Snehana:** Daily warm oil massage (Abhyanga) with Neem-infused sesame oil for 15-20 minutes
- **Swedana:** Herbal steam therapy (Nadi Swedana or Bashpa Swedana) for 15-20 minutes post-massage [56]
- **Pathya Sevana:** Easily digestible warm foods, ghee-enriched diet
- **Vihara:** Light exercise, adequate sleep, stress reduction [57]

Pradhan Karma Protocol (Main Purification)

Virechana Karma Protocol (Primary Procedure):

Medication Selection and Dosage:

- **For Pitta-Rakta Predominance:**
 - Trivrit Lehyam: 20-30 grams with warm milk at appropriate timing o OR Avipatti Churna: 10-15 grams with warm milk
 - OR Trikatu Churna with jaggery (10-15 grams) for moderate purgation [58]

○ **Operational Procedure:**

- Medication administration at dawn or appropriately determined timing
- Purgation induction within 6-12 hours Monitoring of stool characteristics:
 - Initial: Faecal consistency
 - Middle: Oily, clear appearance
 - Final: Yellowish water-like evacuations indicating dosha elimination [59]
- Hydration with warm water or herbal decoctions (Kusmanda Rasa, Dadima water)
- Post-purgation dietary management [60]

Vamana Karma Protocol (Alternative or Sequential):

Indications:

- Kapha-predominant presentation
- Excessive scaling and skin thickening
- When Virechana contraindicated

Procedure:

- **Preparation:** Pre-operative snehapana as above
- **Emetic Medication:** Madanaphala (*Randia dumetorum*), Yashtimadhu (*Glycyrrhiza glabra*), or combined Vamaka formulations
- **Dosage:** 10-15 ml Vamaka taila or suitable emetic preparation
- **Induction:** Gentle mechanical stimulation of pharynx or warm salt water ingestion
- **Monitoring:** Counting and observing vomit composition (initial: food; middle: doshas; final: bile) [61]

Raktamokshana Protocol (Adjunctive):

When Indicated:

- Prominent erythema and inflammatory signs
- Suspected acute Rakta dushti
- Resistant cases not responding adequately to Virechana [62] **Methods:**

- **Jaloukavacharana (Leech Therapy):** Medicinal leech application to affected areas, collection of 30-50 ml morbid blood
- **Siravyadha (Venesection):** Controlled puncture of superficial veins, collection of 50-100 ml blood[63]

Paschat Karma Protocol (Post-Operative Management)

Duration: 3-7 days Samsarjana Krama (Transitional Dietary Regimen)

Day 1: Peya

- Rice cooked with excessive water (8:1 ratio), filtered decoction
- Salt and ghee as flavoring
- 3-4 small meals throughout the day[64]

Day 2: Yusha

- Vegetable soup of light vegetables (Marrow, Cucumber)
- No spices or excess salt
- 3-4 small meals[65]

Day 3: Mamsa Rasa (Light Broth)

- Chicken or vegetable broth with medicinal herbs
- Introduction of easily digestible proteins[66] **Day 4-5: Gradual Introduction**
- Addition of well-cooked rice
- Introduction of steamed vegetables
- Gradually normalizing diet composition[67]

Day 6-7: Regular Diet

- Progressive transition to normal diet
- Avoiding heavy, difficult-to-digest foods
- Emphasis on fresh, warm, easily digestible meals[68] **Shamana Medications (Post-Shodhana):**

Administered from Day 3-4 onwards, typically for 30-60 days:

- **Arogyavardhini Rasa:** 250-500 mg twice daily with warm water, comprehensive dosha balancer and Rakta purifier[69]
- **Gandhaka Rasayana:** 250-500 mg twice daily, enhances immunity and prevents recurrence[70]
- **Manjishthadi Kwatha:** 20-30 ml twice daily, specialized for Rakta-Dushti and skin condition management[71]
- **Kaishora Guggulu:** 250-500 mg twice daily, anti-inflammatory and specific for skin conditions[72]

External Therapies (Bahya Chikitsa):

- Neem-based oils or Mahamarichyadi Taila: Gentle application to affected areas
- Herb powder massage: Turmeric, Neem, Nimba leaves powder with rose water
- Warm water baths with medicinal herbs[73]

Pathya-Apathya (Dietary and Lifestyle Regulations):

Pathya (Favorable):

- Bitter vegetables: Bitter gourd, Fenugreek leaves
 - Light grains: Barley, Mung beans
 - Ghee in moderate quantity
 - Warm, freshly cooked meals
 - Herbal water decoctions
 - Adequate sleep and stress management[74]
- ##### **Apathya (Unfavorable):**
- Heavy, difficult-to-digest foods
 - Excess salt, sour foods, acidic substances
 - Incompatible food combinations ☒ Excessive heat and sun exposure
 - Psychological stress and emotional trauma
 - Alcohol and non-vegetarian foods (for limited period)[75]

CONTRAINDICATIONS AND SAFETY CONSIDERATIONS

Absolute Contraindications to Shodhana

Patient-Level Contraindications:

- Extreme physical debility (Ati-Kshina Shareera)

- Pregnancy and post-partum period (3 months)
- Acute febrile conditions
- Severe cardiac or renal pathology
- Uncontrolled hypertension or severe hypotension[76] **Disease-Level**

Contraindications:

- Acute infectious diseases
- Severe malabsorption syndromes
- Active gastrointestinal bleeding
- Severe anemia[77]

Relative Contraindications Requiring Modification

Geriatric Patients (> 65 years):

- Reduced Shodhana intensity
- Shorter duration of Purva Karma
- Lower medication doses
- Enhanced supportive care[78] **Pediatric Patients (< 12 years):**

- Typically not indicated in children < 12 years
- Shamana therapy preferred
- Shodhana only in exceptional circumstances under expert guidance[79] **Debilitated**

Conditions:

- Preliminary strength restoration (Brimhana) required
- Gradual Shodhana intensity escalation
- Extended Purva Karma period[80]

Safety Monitoring

During Shodhana:

- Regular assessment of patient tolerance
- Monitoring of vital functions
- Observation of purgation/vomition characteristics
- Adjustment of protocol if excessive elimination or complications[81]

Post-Shodhana:

- Regular follow-up assessment (Week 2, 4, 8, 12)
- Monitoring for symptom relapse patterns
- Adjustment of Shamana medications as needed
- Lifestyle compliance verification[82]

DISCUSSION

Shodhana Chikitsa (purification therapy) emerges as the cornerstone therapeutic modality in Ek Kushta management, offering multidimensional benefits unattainable through Shamana (palliative) therapies alone. The comprehensive literature review and clinical evidence synthesis conclusively demonstrate that Ek Kushta's chronic, relapsing nature and complex pathophysiology (involving multiple dosha vitiation, deep tissue involvement, and intimate Dosha-Dushya Sammurchana formation) necessitate active Shodhana intervention rather than mere symptomatic suppression.

The mechanistic analysis reveals that Shodhana addresses Ek Kushta through five fundamental pathways: (1) **Dosha Nirharana** - complete elimination of vitiated Vata, Pitta, and Kapha doshas through designated routes; (2) **Raktashodhana** - comprehensive purification of morbid blood components through hepatic and biliary mechanisms; (3) **Sammurchana-Bheda** - breaking of pathological dosha-tissue complexes that perpetuate disease; (4) **Agni-Deepana and Ama-Pachana** - restoration of digestive integrity and elimination of toxic metabolic byproducts; and (5) **Srotashodhana** - cleansing of obstructed tissue channels and restoration of proper nutrient circulation.

Clinical evidence provides robust validation of these mechanisms, demonstrating 75-85% symptom improvement rates post-Shodhana compared to 40-60% with Shamana alone. Most significantly, Shodhana-treated patients demonstrate 30-40% recurrence rates versus 60-70% in Shamana-only protocols, indicating true disease-modification rather than temporary symptom suppression. The establishment of sustained remission lasting months to years post-Shodhana reflects successful addressing of disease pathogenesis at its root rather than superficial symptom management.

For BAMS students and practicing Ayurveda professionals, mastering comprehensive Shodhana protocols—including meticulous Purva Karma preparation, dosha-

predominancespecific Pradhan Karma selection (Virechana for Pitta-Rakta predominance, Vamana for

Kapha predominance), and systematic Paschat Karma management with appropriate Shamana support—is essential for achieving optimal Ek Kushta outcomes. Classical principles explicitly recommending Punahpunah Shodhana (repeated purification) in Bahudosha Avastha conditions acquire profound practical relevance in Ek Kushta's relapsing nature.

The integration of classical Ayurvedic principles with contemporary clinical understanding enables evidence-based Shodhana administration that successfully transforms Ek Kushta from a chronically disabling, psychologically burdensome condition into a manageable disease with potential for complete remission and extended disease-free periods. As the global burden of chronic inflammatory skin diseases continues escalating, Ayurveda's scientifically grounded Shodhana-centric approach offers valuable therapeutic alternatives addressing both disease pathophysiology and patient quality of life comprehensively.

CONCLUSION

Future research should focus on: (1) standardized Shodhana protocols with defined clinical endpoints; (2) long-term follow-up studies (≥ 2 years) documenting sustained remission rates; (3) biochemical marker assessments validating Raktashodhana and Ama elimination; (4) comparative efficacy trials with modern immunosuppressive therapies; and (5) exploration of interval Shodhana protocols for preventing chronic relapse patterns. Such investigations will further establish Shodhana's evidence-base and optimize its clinical application in Ek Kushta and related chronic skin conditions.

CONFLICT OF INTEREST –NIL

SOURCE OF SUPPORT –NONE

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