

CASE STUDY

Ekakushtha (Psoriasis) Ayurvedic Management: A Case Report

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ABSTRACT

Background: Chronic plaque psoriasis represents a complex dermatological condition affecting approximately 2-3% of the global population. Traditional *Ayurvedic* medicine conceptualizes this disorder as *Ekakushtha*, a specific type of skin ailment characterized by distinct pathophysiology involving imbalances *Doshas*.

Case Description: A 42-year-old female patient presenting with a long history of chronic plaque psoriasis underwent systematic *Ayurvedic* evaluation and treatment.

Treatment: The intervention included sequential purification therapies *Shodhana Chikitsa* that is *Sadyo Virechana* (therapeutic purgation), *Shamana Chikitsa* with *Gandhaka Rasayana*, *Khadirarishta* and *Kaishor Guggulu* for 3 months and lifestyle modifications based on classical *Ayurvedic* principles.

Results: Significant clinical improvement was observed over a three months' treatment period, with substantial reduction in lesion severity, scaling, itching and associated symptoms.

Key Words *Ekakushtha, Psoriasis, Virechna, Shamana, Shodhana*

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INTRODUCTION

Psoriasis¹ is a chronic inflammatory skin disorder that affects roughly 2% of people worldwide. It represents one of the most prevalent chronic inflammatory skin disease, characterized by hyper proliferation of keratinocytes and immune-mediated inflammation. The condition manifests as well-demarcated erythematous plaques covered with silvery scales predominantly affecting extensor surfaces including elbows, knees, scalp, and lumbar regions. Conventional therapeutic approaches, while providing

symptomatic relief, often present limitations including temporary efficacy and potential adverse reactions with prolonged usage.

According to Ayurveda, chronic psoriasis can be correlated with *Ekakushtha*², classified under the *Kushtha Roga* (skin disorders). Classical Ayurvedic texts characterize this disorder by features *Aswedanam* (absence of sweating), *Mahavastu* (lesions) and *Mastyashaklopanama* (scaling of the skin). *Ayurveda* offers an effective therapeutic pattern

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based on constitutional medicine and holistic healing principles.

Ayurvedic Pathophysiology of Ekakushtha:

Classical *Ayurvedic* literature describes *Ekakushtha* as resulting from imbalances in the body's regulatory principles that is *doshas*, specifically involving *Vata* and *Kapha* as a primary *Dosha* and *Pitta Dosha* as secondary involvement. The vitiated *Doshas* contaminate and vitiate four *Dushyas* - *Tvak* (skin), *Rakta* (blood tissue), *Mamsa* (muscle tissue), and *Lasika/Ambu* (lymph/plasma).

The *Samprapti* involves several key mechanisms:

The *Doshas* which are aggravated by unwholesome foods and activities. The disease process is primarily driven by *Vata Dosha* and *Kapha Dosha* vitiation, with secondary *Pitta Dosha* involvement causing abnormal cellular activity, scaling and skin thickening. Impaired digestive fire (*Agnimandya*) results in the formation and accumulation of *Ama*, which initiates and sustains the pathology. Vitiation of *Vata-Kapha Doshas* vitiated tissues, particularly affecting *Rasa* and *Rakta Dhatu*. The *Dosha-Dushya* complex localizes in the *Tvak* (skin layers), obstructing *Raktavaha* and *Rasavaha Srotas* (blood and plasma channels).

Clinical Importance: Blockage of micro-channels (*Srotomukha*) prevents proper nutrition to skin tissues and impairs waste elimination, causing accumulation of *Ama* (toxins). Impairment of *Rasadhatwagni* and *Raktadhatwagni* (tissue metabolic fires) leads to

improper tissue formation and metabolism. Clinical features appear as *Aswedanam* (absence of sweating), *Mahavastu* (extensive lesions), and *Matsya Shakalopamam* (fish-scale like silvery-white scales) with dryness and roughness³.

AIM

To assess the therapeutic effectiveness of a *Ayurvedic* treatment in management of *Ekakushtha* (Psoriasis) through a case study.

CASE PRESENTATION

A 41-year-old female patient reported to the OPD with chief complaints of chronic scaly skin lesions with associated pruritus over the scalp region (vertex) and behind right ear since 3 years. Previously, patient had consulted to a dermatologist and treatment of topical corticosteroids with immunosuppressive agents was provided to the patients. After abrupt cessation of the medications patient experienced significantly deteriorated the symptoms. This post withdrawal worsening was marked by Rapid spread of scaly skin lesions across the vertex region, dandruff like white particles exfoliating from the scalp, erythematous plaques extending beyond the ear, no discharge observed. Hence, she approached *Ayurvedic* Management and treatment was planned based on classical *Ayurvedic* principles.

Clinical Presentation:

Medical, Family and Psychological History:

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The patient had no significant past medical history and no known hereditary or generic conditions.

Family History: Nil, no history of allergies or chronic systemic illness was reported.

Personal Habits:

Diet: Occasionally milk with salted snacks, frequently eats *Pani Puri*, Pickle, curd, hot and sour food, overall *Lavan-Amla Rasa Pradhana ahara*.

Sleep: Adequate.

Addictions: Nil.

Vitals were within normal limits.

Menstrual History: Menstrual Cycle: 4 days / month, regular

Systemic Examinations:

Reparatory System – AEEBS, Clear

Cardiovascular System – S1 & S2 Normal

Pulse: 78/min, B.P. 130/86 mm of Hg,

CNS – Pt was Alert and Conscious, oriented to time, place & person.

PA: Soft, NT

Local Examinations (Inspection): There were extensive, thick, erythematous plaques with adherent silvery scales over the scalp region involving vertex (Figure 1).



Figure 1 The Scalp (Before Treatment)

Additionally, hyperpigmented lesions were observed over the posterior and medial aspects of the right ear (Figure 2).



Figure 2 Right Ear (Before Treatment)

No discharge or bleeding was noted.

Clinical Examinations: (*Ashtavidha* and *Dashavidha Pariksha*)

Ashtavidha Pariksha: *Nadi* was *Pitta- Kapha* Predominant, *Mala* and *Mutra* were normal, *Jivha* showed normal reddish color, *Shabda* and *Drika* were normal, *Sparsha* revealed cold over the lesion, *Akriti* was *Madhyama*⁴.

Dashavidha Pariksha: Patient was found *Vata Kaphaja Prakriti*, *Manda Agni*, *Madhyama Sara*, *Madhyama Samhanana*, *Madhyama Pramana*, *Madhyama Satmya*, *Madhyam Satva*, *Madhyam Ahara Shakti*, *Madhyama Vyayam Shakti* and *Madhyam Vaya*⁵.

Palpation: No tenderness present, Itching Present at lesion site.

Investigations: Hb%, RBS, ESR done

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Diagnosis:

Ayurvedic Diagnosis: *Ekakushtha* involving vitiation of *Vata* and *Kapha Dosha*. NAMC Code (National AYUSH Morbidity Code): ED-4.3.1(Ekakushta)

Modern Diagnosis: Psoriasis: a chronic, non-contagious autoimmune disease causing rapid skin cell turnover, resulting in thick, inflamed patches (plaques) with silvery-white scales.

TREATMENT METHODOLOGY

Nidana Parivarjana:

Management was initiated with *Nidana Parivarjana*, emphasizing elimination of causative dietary and lifestyle factors. This included strict avoidance of *Viruddha Ahara* such as dairy–seafood combinations, fruit–milk mixtures, along with restriction of excessive *amla*, *lavana*, and *katu rasa* intake. Lifestyle correction focused on stress management, maintaining regular sleep patterns, and providing psychological support. Bowel regulation through natural measures was ensured to prevent constipation and subsequent toxin accumulation, thereby reducing disease progression at its root level.

Shodhana Chikitsa: Purification Therapies:

Sadyo Virechana Karma: Therapeutic Purgation⁶ Administration of *Erand Tailam* with dose of 15ml stat with warm water to eliminate accumulated toxins through controlled intestinal purging.

1. ***Raktamokshana:*** Selective Blood letting⁷

Localized *Jalaukavacharana* (leech therapy) applied to affected scalp (Figure 3) and posterior of the ear. (2 sittings)



Figure 3 Jaulaukavcharana Vidhi (leech Therapy)

2. ***Shamana Chikitsa:*** Internal Maintenance Therapeutics

1. *Gandhaka Rasayana*⁸ Two tablets two times after food with warm water
2. *Khadirarishi*⁹ 15 ml with equal water Post-Meal
3. *Kaishora Guggulu*¹⁰ Two tablets two times after food with warm water

3. ***Bahya Chikitsa:*** External Applications

Gentle cleansing protocols using Neem leaf¹¹ decoctions were implemented to maintain hygiene without causing irritation. Coconut oil applications were utilized for managing excessive dryness and scaling.

4. ***Pathya-Apathya:*** Nutritional Guidelines

Recommended foods: Easily digestible grains including old rice and bajara, green vegetables

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such as bottle gourd and bitter gourd, fruits including pomegranate etc.

Restricted foods: Fermented dairy products, marine foods, red meat, excessive spices, refined foods, and processed items¹².

Follow up and Outcome

Short-term Response (1 month):

Initial treatment phases demonstrated measurable improvements including significant reduction in pruritus intensity, decreased scaling, and improved lesion texture (Figure 4 and Figure 5). Patient reported enhanced sleep quality and reduced psychological distress associated with the condition.

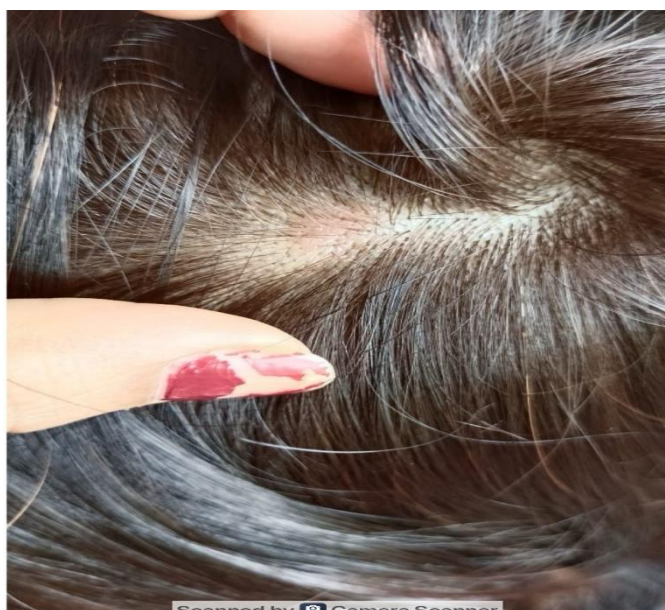


Figure 4 The Scalp (After Treatment)



Figure 5 Right Ear (After Treatment)

Long-term Results (6 months):

Sustained clinical improvement was compared before and after treatment in **Table 1**. throughout the six-month follow-up period. Objective measurements revealed:

- 70% reduction in affected surface area
- Significant improvement in lesion coloration and thickness
- Complete resolution of pruritus
- No recurrence of acute exacerbations
- Improved overall quality of life scores

Table 1 Comparison of the symptoms Before and After Treatment

Parameter	Before Treatment	After Treatment	Effect
Plaque thickness	Severe	Mild	Decreased
Erythema	Severe	Mild	Reduced
Scaling	Severe	Mild	Improved
Affected Area	Scalp , Right Ear	Reduced Area	Improved
Skin Dryness	Severe	Mild	Hydration Improved
Itching(Pruritus)	Moderate	Mild	Reduced
PASI Score	12 (Moderate)	5 (Mild)	Improved Significantly
Patient Comfort	Poor	Good	Improved Quality of Life

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DISCUSSION

Ekakushtha explained in *Ayurvedic Samhitas* is closely related to Psoriasis, a chronic non-contagious autoimmune disease causing rapid skin cell turnover, resulting in thick, inflamed patches (plaques) with silvery-white scales. This clinical case demonstrates the efficacy of a classical *Ayurvedic* management protocol in chronic psoriasis (*Ekakushtha*), emphasizing restoration of *Dosha–Dhatu–Mala* equilibrium. The observed improvement followed a systematic therapeutic sequence of *Nidana Parivarjana*, *Shodhana*, and *Shamana Chikitsa* respectively.

Probable mode of Action of *Shodhana Chikitsa* (Sadyo Virechana): Sadyo Virechana Karma (therapeutic purgation) acts as a systemic detoxification procedure that eliminates vitiated *Pitta* and *Kapha doshas* through the downward route (*Adhomarga* via anus), addressing the root pathogenic factors of *Ekakushtha*. The mechanism involves irritation and stimulation of the intestinal mucosa, leading to enhanced secretion, altered membrane permeability, and increased peristaltic activity, which drains out body fluids containing dissolved biochemicals and toxins.

Probable mode of Action of *Shamana Chikitsa*: *Gandhaka Rasayana*: Reduces moisture accumulation and pacifies vitiated *Kapha dosha* through its *Ushna Veerya* (hot potency) and *Katu Vipaka* (pungent post-digestive effect). Acts on all *Dhatus* (tissues) particularly *Rasa* (plasma),

Rakta (blood), and *Twak* (skin), promoting cellular regeneration and tissue repair.

Khadirarishtam: Pacifies *Vata* and *Kapha* also it enhances *jatharagni* and *dhatvagni* can digest *Ama* at *rasa rakta* and *mamsa* level.

Kaishor Guggulu: Acts as natural blood purifier reducing erythema, swelling, and inflammatory mediators, also eliminating metabolic waste products and act as a *Rasayana* promoting vitality of the skin.

Probable mode of action of *Jalauka Avacharana*: *Jalauka avacharana* in *Ekakushtha* acts by removing *dushtha rakta* through *raktamokshana*, which is the chief *dushya* involved in the disease, thereby breaking the *samprapti*. Owing to its *shita* and *mrudu* nature it pacifies *pitta* and *rakta dosha*, reducing *daha*, *raga*, and inflammation. It clears *srotorodha* in *rasavaha* and *raktavaha srotas*, improving local circulation. The bioactive components of *jalauka* alleviate *kandu* and *shotha*. Thus it restores *tvak dhatu prasada* and promotes healing of *Ekakushtha* lesions.

The therapeutic response may be attributed to the *Dipana–Pachana*, *Ama-Pachana*, *Rakta-shodhana*, *Kushtaghna*, *Shothahara*, and *Rasayana* properties of the formulations used, contributing to anti-inflammatory, immunomodulatory, and antioxidant actions described in contemporary research. Correction of *Agni* and elimination of *Ama* addressed systemic pathogenic factors responsible for disease chronicity and dissemination (*Samprapti-Vighatana*). Following the individualized

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treatment plan, based on *Prakṛiti*, *Vikṛiti*, and disease-specific modifications help the patient significantly reduced symptoms in scaly skin lesions and free from pruritus lesions of posterior aspects of both ears and scalp.

No observe adverse effects highlights the safety of *Ayurvedic* interventions when compared to long-term conventional immunosuppressive therapies.

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CONCLUSION

This case demonstrates how a complete *Ayurvedic* treatment successfully managed *Ekakushtha* (Psoriasis) with lasting results and no side effects. The approach combined purification therapies like *Sadyo Virechana* (therapeutic purgation) and *Jalaukavacharana* (*Raktamokshana* – Bloodletting) with herbal medicines including *Gandhaka Rasayana*, *Khadirarishtam*, and *Kaishor Guggulu*. Patients were also guided to avoid triggering factors and follow appropriate dietary and lifestyle practices. The integrated protocol not only cleared skin manifestations but also prevented recurrence by correcting the underlying imbalances that cause *Ekakushtha* (Psoriasis).

DECLARATION OF PATIENT CONSENT

Written informed consent was obtained from the patient for publication of clinical information and photographs. Patient identity has been kept confidential.

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