

**MANAGEMENT OF EKAKUSTHA (PLAQUE PSORIASIS) THROUGH INTEGRATED
SHODHANA AND SHAMANA CHIKITSA: A SINGLE CASE STUDY****Dr. Subham Pradhan¹, Dr. Swetanjali Behera², Dr. Soumya Ranjan Das³, Dr. Jitendra Samal^{*4}, Dr. Lijina Swain⁵**¹PG Scholar, Department of Rasashastra & Bhaishajya Kalpana (RS & BK), Gopabandhu Ayurveda Mahavidyalaya (GAM), Puri, Odisha, India.²PG Scholar, Department of Prasuti Tantra & Stri Roga (PTSR), Gopabandhu Ayurveda Mahavidyalaya (GAM), Puri, Odisha, India.^{3,5}PG Scholar, Department of Kayachikitsa, Gopabandhu Ayurveda Mahavidyalaya (GAM), Puri, Odisha, India.⁴Associate Professor & Head of the Department, Department of Panchakarma, Gopabandhu Ayurveda Mahavidyalaya (GAM), Puri, Odisha, India.***Corresponding Author: Dr. Jitendra Samal**Associate Professor & Head of the Department, Department of Panchakarma, Gopabandhu Ayurveda Mahavidyalaya (GAM), Puri, Odisha, India. **Email ID:** drjsamal@gmail.com, **Mob. No-** 9178120755**DOI:** <https://doi.org/10.5281/zenodo.18401609>**How to cite this Article:** Dr. Subham Pradhan¹, Dr. Swetanjali Behera², Dr. Soumya Ranjan Das³, Dr. Jitendra Samal^{*4}, Dr. Lijina Swain⁵ (2026). Management Of Ekakustha (Plaque Psoriasis) Through Integrated Shodhana And Shamana Chikitsa: A Single Case Study. World Journal of Pharmaceutical and Medical Research, 12(1), 549–559.

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ABSTRACT

Background: Ekakustha, characterized by aswedana (absent sweating), mahavastu (large lesions), and matsya-shakalopama (fish-scale appearance), correlates with plaque psoriasis. Classical Shodhana-Shamana remains underexplored in modern clinical practice. **Objective:** Evaluate integrated Shodhana-Shamana protocol efficacy in treatment-resistant Ekakustha. **Case Presentation:** A 33-year-old male with 12-month widespread psoriasis resistant to antihistamines, steroids, and vitamin D analogues presented with bilateral erythematous plaques, severe pruritus, and alopecia. **Treatment:** Nidana parivarjana, Deepana-Pachana (Days 1-3), Snehapana with Mahatiktaka Ghrita (Days 4-8), Abhyanga-Swedana with Dashamoola (Days 8-10), Virechana with Trivrit-Triphala (Day 11), followed by 30-day Shamana with Potala Katuruhinyadi Kashaya, Arogyavardhini Vati, Dusivishari Gutika, Gandhaka Rasayana, and topical Brihat Dantapala Taila. **Results:** Psoriasis Area and Severity Index (PASI) score declined from severe (>20) to absent (0) at Day 45. Complete resolution of erythema, induration, scaling, and pruritus with significant hair regrowth. No relapse at follow-up. **Conclusion:** Integrated Shodhana-Shamana chikitsa effectively addresses Samprapti through sequential Ama pachana, Kleda soshana, and Raktashodhana, providing sustainable Ekakustha management. Multicentric trials recommended.

KEYWORDS: Ekakustha, psoriasis, Shodhana, Shamana, Virechana, Rasayana.**1. INTRODUCTION**

Kustha, encompassing various dermatological conditions, represents one of the most challenging therapeutic categories in Ayurveda. Among the eight types (Mahakustha) and twenty varieties (Kshudra kustha), Ekakustha holds significance as a Kshudra Kustha characterized by distinct clinical features. According to Charaka Samhita Chikitsasthana 7/21: "*Aswedanam mahavastu yan matsyashakalopamam; tad ekakustham.*" This translates to: "The condition presenting with absence of sweating (aswedana), large lesions (mahavastu), and scales resembling fish scales (matsya-shakalopama) is Ekakustha." Contemporary dermatology correlates Ekakustha with plaque psoriasis,

a chronic inflammatory dermatosis affecting 1-3% of global population. Psoriasis's etiopathology involving immune dysregulation, keratinocyte hyperproliferation, and Th17-mediated inflammation parallels the Ayurvedic conceptualization of tridosha imbalance affecting twak (skin) and rakta (blood) dhatu.

Classical texts advocate Shodhana (purification therapy) as first-line intervention in chronic kustha, particularly when doshas are deeply lodged in dhatu. Virechana karma (therapeutic purgation) expels vitiated doshas through downward direction, preparing tissues for subsequent Shamana (palliative) therapy. However, contemporary integration of traditional protocols with

systematic clinical monitoring remains limited in literature.

Pathophysiological Basis

The samprapti (pathogenesis) of Ekakustha involves interconnected ghataka (factors).

- **Nidana (Etiological factors):** Guru-snigdha bhojana (heavy, unctuous food), abhishyandi ahara (clogging diet), divaswapna (daytime sleep), and vegetable neglect.
- **Dosha involvement:** Primarily Vata-Kapha-Pitta vitiation, with bhrajaka pitta (localized pitta governing skin) dysfunction.
- **Dushya (Tissues affected):** Twak (skin), rakta (blood), mamsa (muscle), and lasika (lymph).
- **Agni mandya:** Jataragni and dhatwagni impairment leading to Ama (incompletely metabolized material) accumulation.
- **Srota dushti:** Rasavaha, raktavaha, and mamsavaha srotas obstruction (sanga type)

Kleda guna (excessive fluid/moisture) formed when drava and snigdha gunas combine in vikriti Avastha

constitutes the primary culprit ("kleda bhava mula"), necessitating Kleda soshana (desiccation) as therapeutic priority.

Clinical Justification

The present case demonstrates treatment-resistant psoriasis unresponsive to conventional dermatological management including.

- Antihistamines (Levocetirizine)
- Vitamin D analogues (Calcipotriol)
- Systemic immunosuppressants (Cyclosporine)
- Potent topical corticosteroids (Betamethasone, Mometasone)

This therapeutic failure prompted Ayurvedic intervention via integrated Shodhana-Shamana protocol, aiming to:

1. Interrupt Samprapti at multiple junctures
2. Eliminate accumulated Ama and vitiated doshas
3. Restore Agni function and tissue homeostasis
4. Prevent disease recurrence through Rasayana (rejuvenation)

2. Case Presentation and Patient Assessment

2.1 Patient Demographics

Parameter	Details
Age	33 years
Sex	Male
Religion	Hindu
Occupation	Construction laborer
Address	Baleswar, Odisha
Marital Status	Married
Date of Admission (D.O.A)	30.06.2025
Date of Discharge (D.O.D)	17.07.2025
OPD Number	32724/4359
Institution	Gopabandhu Ayurveda Mahavidyalaya (GAMH), Puri

2.2 Chief Complaints

Patient presented with

- Multiple erythematous plaques with silvery-white scaling
- Severe itching sensation bilaterally over:
 - Lower limbs (predominantly anterior and posterior surfaces)
 - Anterior and posterior trunk
 - Scalp region
 - Periauricular areas
- Burning sensation following itching episodes
- Hair loss from scalp lesions due to follicular involvement
- Widespread but predominantly bilateral lower limb and scalp distribution
- Symptom duration: 12 months

2.3 History of Present Illness (H/o P.I.)

According to detailed patient history:

Two years prior to presentation, patient was asymptomatic. Illness onset was insidious, marked by gradual development of.

1. **Initial phase (Month 1-3):** Reddish discoloration and silvery-white scaling associated with severe itching on bilateral lower limbs
2. **Progressive phase (Month 4-12):** Lesion spread to anterior and posterior trunk, scalp, and periauricular regions
3. **Therapeutic phase:** Patient consulted allopathic dermatologist and received multiple medications including antihistamines, vitamin D analogues, and topical steroids. Initial symptomatic relief was obtained; however, lesions recurred immediately upon discontinuation of medications, with unsatisfactory overall results.
4. **Present phase:** Patient approached Gopabandhu Ayurveda Mahavidyalaya OPD seeking alternative management, leading to current case enrollment.

2.4 Past Medical History

- **Systemic diseases:** No known history of Diabetes Mellitus, Hypertension, Pulmonary Tuberculosis, or Thyroid dysfunction
- **Surgical history:** No major surgical interventions

- **Previous skin conditions:** Current presentation is primary cutaneous manifestation.

2.5 Family History

Relation	Status
Maternal lineage (Matruja kula)	No abnormality detected (NAD)
Paternal lineage (Pitruja kula)	NAD
Siblings - Brother	NAD
Siblings - Elder sister	NAD
Specific skin disease history	None reported

2.6 Personal History

2.6.1 Dietary Habits (Ahara)

- **Pattern:** Mixed diet with predominance of non-vegetarian foods
- **Characteristics:** Heavy, unctuous, abhishyandi (clogging) foods
- **Assessment:** Contributory to Kapha and Kleda aggravation

2.6.2 Digestive Status (Agni)

- **Jataragni:** Manda (weak/sluggish)
- **Clinical significance:** Leads to Ama accumulation

2.6.3 Bowel Habits (Mala Pravritti)

- **Consistency:** Hard stool
- **Frequency:** Constipation, 1-2 times daily
- **Assessment:** Vata vitiation and sanga (obstruction) in pakvasthan

2.6.4 Urinary Habits (Mutra Pravritti)

- **Frequency:** Regular, 5-6 times daily

- **Characteristics:** Normal in color, odor, and appearance

2.6.5 Sleep Pattern (Nidra)

- **Duration/Quality:** Sama (adequate, balanced)
- **Assessment:** Not significantly contributory

2.6.6 Habits and Addictions (Vyasana)

- **Tobacco use:** Regular
- **Tea consumption:** Regular
- **Assessment:** Both are heating, drying agents—contributory to Pitta-Vata vitiation

2.6.7 Mental-Emotional Status (Manasa Bhava)

- **Primary mental state:** Chinta (anxiety/worry)
- **Assessment:** Vata-aggravating; may contribute to stress-induced exacerbation

2.6.8 Allergic History

- **Status:** No known allergies reported

2.6.9 Previous Allopathic Treatment (Chikitsa Itihas)

Medicine Class	Specific Agents	Duration	Outcome
Antihistamines	Levocetirizine	-	Temporary relief; recurrence upon discontinuation
Vitamin D Analogues	Calcipotriol cream	-	Partial effect; inadequate control
Systemic Immunosuppressants	Cyclosporine	-	Limited efficacy
Topical Corticosteroids	Betamethasone, Mometasone cream	-	Short-lived benefit; rebound phenomenon
Overall assessment	-	-	Unsatisfactory response; patient non-compliant due to poor outcome

Clinical Examination and Diagnostic Assessment

3.1 General Physical Examination

Parameter	Finding
Pulse (Nadi)	78 beats/minute (normal range)
Blood Pressure	126/72 mmHg (normal)
Respiratory Rate	16 breaths/minute (normal)
Temperature	98.4°F (normal afebrile)
Weight	78 kg
Height	5'6" (167 cm)
Body Mass Index	25.2 kg/m ² (normal)
Body Built	Well-built, appropriately muscled
General Appearance	Apathetic (lacking emotional expression)
Cyanosis	Absent
Pallor	Absent

Icterus	Absent
Edema	Absent

3.2 Astha-vidha Pariksha

1. Nadi	Kapha Vata
2. Mala	Hard (Badha mala)
3. Mutra	Frequency per day - Normal Gandha - Normal Rupa – Normal
4. Jihwa	lipta (White Coated tongue which represents ama(indigestion))
5. Drik	Prakrita(NAD)
6. Shabda	Prakrita(NAD)
7. Sparsa	Ruksha (Dry skin at the site of lesion)
8. Aakriti	Uttama (Height –167 cm and Weight –78 kg)

3.3 Dashavidha Pariksha

1. Prakriti	Kapha vata
2. Vikriti	madhyama
3. Sattwa	Madhyama sattwa
4. Satmya	Madhyama satmya
5. Ahara shakti	Madhyama
6. Vyayama shakti	Pravara
7. Sara	mamsa,medo,Ashthi sara
8. Samhanana	Madhyama
9. Pramana	Madhyama
10. Vaya	Madhya vastha

3.4 Cutaneous Examination (Twak Pariksha)

Detailed integumentary system assessment - most relevant to disease diagnosis.

3.4.1 Morphological Features.

Feature	Findings	Significance
Skin Color	Hypopigmented areas in plaques; erythematous base	Loss of melanin; inflammatory response
Skin Texture	Rough, scaly; significant roughness	Keratin accumulation; defective barrier function
Primary Lesion Type	Plaques (elevated, well-demarcated)	Characteristic of psoriasis
Secondary Changes	Scales (adherent, silvery-white); fissures possible	Rapid epidermal turnover
Surface Appearance	Silvery-white scales on erythematous base	Pathognomonic for psoriasis
Moisture Status	Dryness; arid surface	Reflects Vata-Kleda imbalance
Associated Phenomena	Auspitz sign: POSITIVE	Pinpoint bleeding upon scale removal; indicates dilated capillaries
	Koebner phenomenon: POSITIVE	Isomorphic lesions develop at sites of trauma; immune response dysregulation
	Candle grease sign: POSITIVE	White scale accumulation resembling candle drippings; confirms psoriasis

3.4.2 Hair and Nail Involvement

Structure	Findings
Hair	Hair loss evident (alopecia); thin hair remaining; scaly scalp involvement
Nail	Non-pitting (distinguishes from alopecia areata); not detailed for onycholysis or subungual hyperkeratosis

3.4.3 Lesion Distribution and Pattern

Parameter	Findings
Location	Scalp, face, abdomen, anterior trunk, posterior trunk, bilateral lower limbs
Distribution Pattern	Symmetrical distribution (bilateral involvement)
Extent	Widespread but predominantly involves bilateral lower limbs and scalp
Associated Symptoms	Pruritus (intense itching); burning sensation following scratching
Discharge	Absent (excluding secondary infection)
Sensation	Superficial sensation present over lesions (normal protective sensation)

3.4.4 samprapti Ghataka

Component	Details
Dosha	Vata-Kapha pradhana Tridoṣaja (Vata -Vyana Vayu, Pitta- Bhrajaka Pitta)
Duṣya	Tvak, Rakta, Māṃsa, Lasika
Agni	Jatharagni mandya; Dhatvagni mandya (Rasa, Rakta, Māṃsa)
Āma	Samata (Āma present before amapacana)
Srotas Involved	Rasavaha, Raktavaha, Māṃsavaha, Svedavaha
Srotoduṣṭi Prakāra	Saṅga
Udbhava Sthāna	Amasaya
Sañcāri Sthāna	Sarvasarira
Vyakti Sthana	Tvak (Sarvasarira)
Rogamarga	Bahya
Svabhava	Chirakari
Upasaya	Auśadha sevana
Anupasaya	Nidana sevana

3.4.5 Clinical Signs Correlation with Ekakustha

Based on Charaka Samhita Chikitsasthana 7/21, diagnostic criteria for Ekakustha.

Classical Feature	Sanskrit Term	Present Case	Assessment
Absence of sweating	Aswedana	Present (lesions do not perspire)	Confirmed
Large, extensive lesions	Mahavastu	Present (widespread plaques on multiple body areas)	Confirmed
Fish-scale appearance	Matsya-shakalopama	Present (silvery-white scales; candle grease sign positive)	Confirmed
Itching	Kandu	Present (severe, disturbing sleep)	Associated feature
Discoloration	Vaivarnya	Present (erythematous base with hypopigmentation)	Associated feature

Diagnostic Conclusion: Clinical presentation fully meets classical Ekakustha criteria; modern correlation with plaque psoriasis confirmed.

3.5 Differential Diagnosis

3.5.1 Among Kushta Varieties (Per Charaka Samhita)

Kushta Type	Classical Characteristics	Present Case	Inclusion/Exclusion
Sidhma Kushta	"Shvetam tamra tanu cha yad rajo ghrishtam vimunchati; alabu pushpa varna tat sidhma praye chorasheek" (Coppery-white, thin lesions resembling pumpkin flower; when rubbed, scale falls easily)	Lesions are large, not thin; predominantly lower limbs not typical for Sidhma	EXCLUDED
Kitibha Kushta	"Shyavam kina khara sparsha parushcha kitimam smritam" (Blackish-brown color; rough, harsh touch; follicular involvement absent)	Color is erythematous, not blackish-brown; surface is scaly, not uniformly rough	EXCLUDED
Ekakustha Kushta	Aswedana, mahavastu, matsya-shakalopama (described in Case Presentation)	All three cardinal features present; matches precisely	INCLUDED - CONFIRMED

3.5.2 Differential Diagnosis with Other Dermatological Conditions

Condition	Inclusion Criteria	Exclusion Criteria	Present Case	Diagnosis
Dermatitis (Contact/Atopic)	Itching; redness; dry, cracked skin	Blisters; swelling; painful lesions; exudation	Lacks blisters and exudation; lacks severe swelling	EXCLUDED
Lichen Planus	Pruritic papules; planar lesions; purple/violaceous; polygonal appearance	Shiny surface; different distribution (oral mucosa commonly involved)	Lacks violaceous color; lacks characteristic polygonal papules	EXCLUDED
Psoriasis (Plaque Type)	Well-demarcated lesions; itching; silvery-white scales; erythematous base; Auspitz/Koebner/candle grease signs positive	-	All features present and confirmed	INCLUDED - CONFIRMED

Final Diagnosis: Plaque Psoriasis (Ekakustha)

4. Therapeutics and Treatment Methodology

4.1 Integrated Treatment Protocol

Comprehensive three-phase approach combining:

1. Nidana Parivarjana (Etiological elimination)
2. Shodhana Chikitsa (Purificatory therapy)
3. Shamana Chikitsa (Palliative therapy)

4.2 Shodhana Chikitsa (Purificatory Therapy) - Duration: 10 Days

Reference: Charaka Samhita Chikitsasthana 7/39-43, which states for Pitta-predominant Kustha: "*Pittottareṣu mokso raktasya virechanum chaagre*" (For Pitta-predominant kushta, bloodletting/marma chikitsa and Virechana are primary).

Since this case involves Vata-Kapha-Pitta, sequential Shodhana was performed: Deepana-Pachana → Snehapana → Abhyanga-Swedana → Virechana.

4.2.1 Deepana-Pachana (Digestive Stimulation) - Days 1-3 (30.06.2025 - 02.07.2025)

SL.NO.	Medicine	Dose	Duration of treatment	Anupana
1	Chitrakadi vati	2tab BID BF	30/06/2025 to 2/07/2025	Usna Jala
2	Saddharana choorna	2tab BID BF	30/06/2025 to 2/07/2025	Usna jala

4.2.2 Snehapana (Oil Ingestion - Oleation Therapy) - Days 4-8 (03.07.2025 - 07.07.2025) with Mahatiktaka Ghrita

DAY	DATE AND TIME	DOSE	KSHUT PRAVRUTI	TIME TAKEN FOR DIGESTION	PER HOUR DOSE
1	3-07-25-6.30am	30ml	11.30 am	5 HOURS	30/5=6 ml
2	4-07-25 -6.40am	6 ml x 12Hrs.=72 ml	12.24 am	6 HOURS	72/6=12 ml
3	5-07-25 -7.00 am	12 ml x 12 hrs=144ml	2.10pm	7 hours	144/7 hrs =20.58 ml
4	6-07-25 -7.10 am	20.58 x 12 hrs=246.96ml	3.30pm	8.5 hours	246.96/8.5=29.05
5	7-07-25 -6.45 am	29.05 x 12hrs=348.6ml	5.25 pm	10.5 hours	348.6/10.5=33.2

DATE	CHIEF COMPLAINTS	MEDICINE AND PROCEDURE
3-07-25	Mild itching Bowel-clear Sleep-disturbed	Snehapana day 1 30ml with mahatiktaka ghrita
4-07-25	Mild itching Bowel-clear Sleep-disturbed	Snehapana cont 72ml Same as above
5-07-25	Itching increases, Dryness and roughness reduce . Bowel-not clear Sleep-adequet	Snehapana cont 144ml
6-07-25 Evening round	Itching sensation in trunk Dryness and roughness reduce sllignificantly Bowel-clear Sleep-adequet Bowel -oily stool	Same as above Snehapana 246ml
7-07-25	itching in abdominal region and neck Bowel-Oily stool	Snehapana 348ml Snehasiddhi lakshan attained

DATE	CHIEF COMPLAINTS	MEDICINE AND PROCEDURE
8-07-25	Mild itching at night Tandra Bowel-clear Sleep-adequate	Abhyanga with Brihat dantapala taila, Swedana with dasamoola kwatha
9-07-25	Itching- reduce Dryness-reduced Bowel-not clear Sleep-adequet	Same as above
10-07-25 Evening round	Mild itching at neck region and chest region Bowel-constipated Sleep- sound 24 vegas (Madhyama sudhi) Mild weakness	Same as above Virechan medicine given- Trivrit avaleha 50gm Triphala kwatha 100 ml Adv-peyadi samsarjana karma starts from same day evening. Kharjura mantha. Samsarjana karma 5 days

4.3. Shamana Chikitsa (Palliative Therapy) - Duration: 30 Days

Following Shodhana completion and Samsarjana Karma, systematic Shamana therapy stabilizes Dosha-Dushya balance and prevents relapse.

Shamana Protocol (Days 17-46: 17.07.2025 onwards for 30 days)

4.3.1 Discharge Medications (Immediate Post-Treatment)

Prescribed for first 15 days post-discharge (Days 17-31)

Medicine	Dose	Anupana	Duration
<i>Potala katurhinyadi kashaya</i>	15ml twice daily before food	Luke warm water	15days
<i>Arogyavardhini vati</i>	2tab twice daily after food	Honey	15days
<i>Dusivishari Gutika</i>	1tab twice daily after food	Luke warm water	15days
<i>Tablet D sora</i>	1tab twice daily after food	Luke warm water	15days
<i>Brihat dantapala taila</i>	For external use		15days

4.3.2 1st follow up Medications

Prescribed for next 30 days

Medicine	Dose	Anupana	Duration
<i>Potala katurhinyadi kashaya + mahamanjisthadi kashaya</i>	15ml+15 ml twice daily before food	Luke warm water	15days
<i>Arogyavardhini vati</i>	2tab twice daily after food	Honey	15days
<i>Gandhaka rasayana</i>	2tab twice daily after food	Honey	15days
<i>Dusivishari Gutika</i>	1tab twice daily after food	Luke warm water	15days
<i>Brihat dantapala taila</i>	For external use		15days

4.3.3 Pathya

Ahara	Vihara
Laghu ahara	Snana
Tiktatara pradhana Dravya sevana like karela,patola etc	Laghu Vyayama, Yoga
Roti, leafy vegetables, masur dal,mung dal	Taila abhyanga
-----	Dhyana, Puja etc

4.3.4 Apathya

Ahara	Vihara
Virudha ahara sevana	Vegadharana
Fried food items	Divaswapna
Bakery and junk food	-----
Tila taila, dadhi	-----
Anupa Mamsa,matsya sevana	-----

5. Image showing before and after treatment of the patient

**Fig. 1 Before treatment****Fig. 2 After treatment****Fig. 3 Before treatment****Fig. 4 After treatment****Fig. 5 Before treatment****Fig. 6 After treatment****Fig. 7 Before treatment****Fig. 8 After treatment**



Fig. 9 Before treatment



Fig. 10 After treatment

6. PASI Score (Psoriasis Area and Severity Index)

Gold-standard objective measurement tool for psoriasis severity.

6.1 PASI Score Components and Grading System

PASI measures four parameters on each body region.

Parameter	Scale	Interpretation
1. Erythema (Redness)	0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very severe	Degree of skin redness/inflammation
2. Induration (Thickness)	0-4 same scale	Elevation/plaque thickness
3. Desquamation (Scaling)	0-4 same scale	Amount of white/silvery scale
4. Surface Area (BSA)	% of body surface affected	Extent of involvement

Body regions scored separately

- Head (H): ~10% BSA
- Upper extremities (UE): ~20% BSA each (total 40%)
- Trunk (T): ~30% BSA
- Lower extremities (LE): ~20% BSA each (total 40%)

PASI Severity Classification

PASI Score	Category	Clinical Significance
<10	Mild psoriasis	Well-controlled; responsive to topical therapy alone
10-20	Moderate psoriasis	Requires systemic therapy; moderate functional impact
>20	Severe psoriasis	Requires intensive therapy; significant functional/quality-of-life impact

6.2 PASI Scoring in Present Case

Day 0 (Baseline - 30.06.2025)

Symptom	Day 0	Day 15	Day 30	Day 45	Interpretation
Erythema (Redness)	Present (Score: 3/4)	Slightly reduced (Score: 2/4)	Reduced (Score: 1/4)	Absent (Score: 0/4)	Inflammatory response progressively diminished; complete pigment normalization by Day 45
Induration (Thickness)	Present (Score: 3/4)	Present (Score: 2/4)	Reduced (Score: 1/4)	Absent (Score: 0/4)	Tissue swelling resolves; lesions flatten to normal skin level
Desquamation (Scaling)	Present (Score: 3/4)	Slightly reduced (Score: 2/4)	Reduced (Score: 1/4)	Absent (Score: 0/4)	Keratin shedding ceases; normal skin barrier restored
Pruritus (Itching) [Symptom score]	Present (Severe)	Slightly reduced	Significantly reduced	Absent (Complete resolution)	Neurogenic itching component completely controlled

PASI Score Calculation (Approximate, simplified)

- **Day 0:** Erythema 3 + Induration 3 + Scaling 3 + BSA 30% = **Severe (PASI >20)**
- **Day 15:** Erythema 2 + Induration 2 + Scaling 2 + BSA 20% = **Moderate (PASI ~15)**

- **Day 30:** Erythema 1 + Induration 1 + Scaling 1 + BSA 10% = **Mild (PASI ~8)**
- **Day 45:** Erythema 0 + Induration 0 + Scaling 0 + Pruritus 0 = **ABSENT (PASI 0) ✓ COMPLETE CLEARANCE**

7. DISCUSSION

- In chronic Kustha conditions, the doshas are deeply lodged in Dhatus. Direct Shamana chikitsa (palliative therapy) may not work effectively unless the accumulated Doshas are expelled. Therefore, Shodhana chikitsa particularly Virechana Karma is considered the first-line approach to purify the body and expel the vitiated dosa (pitta, kapha, vata) in successive order through downward direction and prepare it for further Shamana treatment.
- **The ingredients of Patola Katurohinyadi Kashaya** is Patola, Katurohini, Chandana, Patha, Nimba, Guduchi and Vasa.
- whatever dravyas present in the patola katurohinyadi kasaya is having Tikta rasa, laghu, ruksha guna and it does the soshana of kleda guna. Along with that Tikta rasa also having the predominance of Vayu + Aakash Mahabhuta which does the soshana of jala Mahabhuta of kleda guna, Tikta Rasa also having the kapha-pitta hara in nature, If Kapha and pitta reduced automatically It will prevent the formation of kleda guna inside the body. Apart from this most of the Dravya in this kashaya are kusthaghna, Rakta prasadana, and Krimighna etc.
- **Arogyavardhini Vati** acts by correcting Agni, digesting Ama, purifying Rakta, and removing Kleda from the system. It works as both a Raktashodhaka and Kusthaghna formulation. Through its Deepana-Pachana, Lekhana, and Srotoshodhana actions, it helps to break the Samprapti of Ekakustha and enhances skin health naturally."
- Ingredients like katuki, Nimba, triphala, Tamra, loha, Gandhaka having raktasodhana, and Dahaprasamana Properties, and prevents reoccurrence of Disease
- Tikshna, usna, laghu guna of Tamra, triphala, Shilajit, Guggulu does srota sodhana and lekha.
- Arogyavardhini vati act as Rasayan (Abhraka, loha) and kleda soshana Properties (loha, Abhraka, shilajit) prevent the union of Dosa and dusya.
- **Gandhaka Rasayana**, It's a classical Rasayana preparation prepared with Shuddha Gandhaka processed multiple times with Go dugdha, Guduchi, Bhringaraja, Haritaki, Amalaki, and Triphala. It is Madhura-Tikta rasa, Laghu-Snigdha guna, Uṣṇa virya, Madhura vipaka, with Rasayana, Raktashodhaka, and Kusthaghna Prabhava. It purifies Rakta, digests Ama, balances Vata-Kapha, and rejuvenates the skin.
- sulphur in Gandhaka Rasayana has: Anti-inflammatory, Antibacterial & antifungal Keratolytic and Immunomodulatory properties.
- **Mahamanjistadi Kashaya** contains Manjistha, Triphala, Trikatu, Guduchi, Nimba,
- Katuki, vacha, daruharidra, mustha, it is Tikta-Kaṣaya rasa, Laghu-Rukṣa guṇa, Uṣṇa virya, and Kaṭu vipaka with Raktashodhaka prabhava. It acts through Raktashodhana, Kledashoshana, and Kusthaghna karma, thereby breaking the Samprapti

of Ekakustha by eliminating Dushta Rakta, Kleda, and Ama, and balancing tridosha (Specially Pitta-Kapha dosha).

- **Brihat Dantapala taila** Contains Sweta kutaja, Bakuchi, Jyotismati, Kera taila, Brihat Dantapala Taila is Tikta-Kashaya rasa, Laghu-Ruksha guna, Ushna veerya, Katu vipaka with Kusthaghna and Raktashodhaka prabhava. It acts by pacifying Kapha-Pitta, removing Kleda, purifying Rakta, and healing skin lesions, thus effectively breaking the Samprapti of Ekakustha at the local level.
- **The composition of D-Sora Tablet** includes the following key ingredients: Brihat Panchanimba Churna, Nava Kashaya Extract, Shuddha Gandhaka, Khadira, Neem, Manjistha, Turmeric and Guduchi as part of the formula. It is having Tikta-Kaṣaya rasa, Laghu-Rukṣa guṇa, Uṣṇa virya, Kaṭu vipaka with Raktashodhaka and Kusthaghna prabhava. It corrects Agni, purifies Rakta, removes Kleda and Ama, balances Pitta-Kapha.
- Dooshivishari Gutika is Tikta-Katu-Kashaya rasa, Laghu-Ruksha guna, Ushna veerya, Katu vipaka, with Vishaghna, Raktashodhaka, and Kusthaghna prabhava. It detoxifies Rakta, digests Ama, removes Dooshi visha, balances Kapha-Pitta, and rejuvenates Twak Dhatu, thereby breaking the Samprapti of Ekakustha.

8. CONCLUSION

Eka Kushta which is a type of Kshudra Kushta can be correlated to Psoriasis. From the above case study, it can be concluded that Ayurvedic treatment modalities like repeated Shodhana and Shamana are useful in the management of Ekakushta and prevents the relapse of disease. As it is a single case study, it is recommended to conduct a research study on more number of patients to prove the effectiveness of the treatment.

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