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AYURVEDIC MANAGEMENT OF CHRONIC SCALP PSORIASIS (EKA KUSHTA) THROUGH SHAMANA CHIKITSA: A CASE REPORT

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ABSTRACT

Psoriasis is a chronic, immune-mediated inflammatory skin disorder affecting 2–3% of the global population, with scalp involvement being a common, persistent manifestation that follows a relapsing-remitting course requiring long-term management. In Ayurveda, its features resemble *Eka Kushta* (*Kshudra Kushta*), primarily involving *Vata-Kapha Dosha* and *Rakta Dhatu* vitiation. This case report details a 32-year-old male with a six-year history of scalp lesions and pruritus, treated successfully using an individualized *Shamana Chikitsa* protocol. The internal and external interventions—sequentially modified based on clinical response—led to a 40% reduction in scaling and itching at the first follow-up, with subsequent improvements in plaque thickness and overall scalp appearance, and no adverse effects. The positive outcome suggests that an Ayurvedic approach targeting *Agni* correction, *Ama* elimination, *Dosha* pacification, and *Rakta Prasadana* is beneficial for chronic scalp psoriasis, though larger standardized clinical studies are needed

to confirm efficacy.

KEYWORDS: Ayurveda, *Eka Kushta, Shamana Chikitsa*, Scalp Psoriasis.

INTRODUCTION

Psoriasis is a chronic, immune-mediated inflammatory skin disease affecting 2–3% of the global population in a relapsing-remitting course.[1] Characterized by well-defined erythematous plaques covered with silvery-white scales, it frequently targets the scalp—causing persistent pruritus, scaling, cosmetic distress, and impaired quality of life.[2,3]

From a pathophysiological perspective, immune dysregulation results in the release of inflammatory cytokines (TNF-α, IL-17, IL-23), leading to chronic hyperplasia of the epidermis and a decrease in epidermal turnover from 28 days to 4–7 days, which contributes to the accumulation of scales.Standard conventional therapies (corticosteroids, immunosuppressants, biologics)[4] offer temporary relief but are associated with risk of adverse effects, high costs, and recurrence after discontinuation, leading to interest in long-term alternative management such as Ayurveda.

In Ayurveda, skin pathologies are classified under *Kushta Roga.* The scalp psoriasis is linked with *Eka Kushta* (a form of *Kshudra Kushta*), characterized by *Acharya Charaka* based on its key features of *Aswedana* (absence of sweating), *Mahavastu* (extensive lesions) and *Matsyashakalopama* (fish-like scaling). *Acharya Sushruta* notes Kushta involves *Tridosha* vitiation corrupting *Twak*, *Rakta*, *Mamsa*, and *Lasika Dhatu.*[5],[6] In this patient, a *Vata-Kapha* predominance, *Rakta Dushti*, *Mandagni*, and *Ama* accumulation dictated the pathology. Ayurvedic management relies on *Nidana Parivarjana*, *Agni Deepana*, *Ama Pachana*, *Dosha Shamana*, *Raktashodhana*, and *Kushtaghna* drugs tailored to the patient's strength and disease stage. This report details the successful clinical management of chronic scalp psoriasis (*Eka Kushta*) using an individualized *Shamana Chikitsa* protocol.

MATERIALS AND METHODS

A 32-year-old married male private-sector employee presented to the Outpatient Department (OPD) of the Department of *Roga Nidana Evam Vikriti Vigyana*, National Institute of Ayurveda Hospital, Jaipur, with a 6-year history of progressive, insidious, and relapsing whitish scaly scalp lesions accompanied by severe pruritus and social-professional cosmetic distress. Previous conventional topical and symptomatic treatments offered only temporary

relief, with rapid recurrence upon discontinuation. The patient reported no history of joint pain, nail changes, metabolic disorders, major systemic illnesses, drug allergies, prior surgeries, or a family history of psoriasis or autoimmune conditions. His appetite, sleep, and bowel/bladder habits were normal, and he had no history of smoking or alcohol consumption.

General & Systemic Examination

The patient was conscious, oriented, and vitals were within normal limits. Systemic evaluation (cardiovascular, respiratory, abdominal, and central nervous systems) revealed no clinical abnormalities.

Table 1: General Examination.

Parameter	Observation
Built	Moderate
Nourishment	Moderate
Pulse	78/min
Blood Pressure	120/80 mmHg
Respiratory Rate	18/min
Temperature	Afebrile
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Pedal oedema	Absent
Lymphadenopathy	Not detected

Local Dermatological Examination

Scalp examination revealed multiple, well-defined, thick, dry, and rough plaques covered with adherent silvery-white scales. Mild erythema appeared upon scale removal. Pruritus aggravated during sweating and at night. No bleeding, active discharge, secondary infection, or cicatricial alopecia was observed. Nails and extra-scalp body sites were clear of psoriatic lesions.

Table 2: Local Examination of Scalp Lesions.

Clinical Parameter	**Observation**
Site	Scalp
Number of lesions	Multiple
Margins	Well defined
Surface	Thick adherent silvery-white scales
Colour	Whitish scales over mildly erythematous base
Consistency	Dry and rough
Tenderness	Absent

Discharge	Absent
Bleeding	Absent
Secondary infection	Absent
Itching	Present
Hair loss	Not significant

Samprapti Ghataka

Table 3: *Samprapti Ghataka.*

Component	Observation
Dosha	*Vata-Kapha* predominance with involvement of *Pitta* and *Rakta*
Dushya	*Twak, Rakta, Mamsa, Lasika*
Agni	*Mandagni*
Ama	Present
Srotasa	*Rasavaha* and *Raktavaha*
Srotodushti	*Sanga*
Udbhava Sthana	*Amashaya*
Adhisthana	*Twak* (Scalp)
Roga Marga	*Bahya*
Vyadhi Swabhava	*Chirakari*

Diagnosis

Based on clinical presentation, chronic relapsing history, and dermatological examination, the patient was diagnosed with Scalp Psoriasis according to modern dermatological principles.

The Ayurvedic diagnosis was established as *Eka Kushta* based on the presence of chronic dry scaly lesions resembling *Matsyashakalopama*, predominance of *Vata-Kapha Dosha*, involvement of *Twak* and *Rakta Dhatu*, and long-standing recurrent nature of the disease.

Clinical improvement was assessed through serial clinical examination and photographic documentation obtained at baseline and during follow-up visits. (Fig.1, Fig.2, Fig.3)

Treatment Protocol

Based on the integrated diagnosis of Scalp Psoriasis (*Eka Kushta*), the patient underwent three sequential phases of individualized *Shamana Chikitsa* tailored to clinical response Table 4:

The objectives of treatment were:

- *Agni Deepana* and *Ama Pachana*
- *Dosha Shamana*
- *Rakta Prasadana* and *Raktashodhana*

- Reduction of scaling and itching
- Improvement of local scalp condition
- Prevention of recurrence

Table 4: Treatment Protocol Schedule.

Visit	Date	Internal Medications	External Applications
First Visit	18/01/2026	1.*Krimi Kuthar Rasa*[7] – 2 tablets twice daily (after food). 2. *Rasamanikya* 65 mg + *Shuddha Gandhaka* 65 mg + *Chopchini Churna* 3 g + *Guduchi Churna* 3 g – 1 tsp twice daily (after food). 3.*Brihat Manjisthadi Kwatha* – 40 ml twice daily (before food). 4.*Simhanada Guggulu* – 2 tablets twice daily (after food).	*Brihat Marichyadi Taila*: Local application over lesions
First Follow-up	05/04/2026	1. *Rasamanikya 65 mg* + *Shuddha Gandhaka* 65 mg + *Chopchini Churna* 3 g + *Guduchi Churna* 3 g – 1 teaspoon twice daily after food. 2. *Brihat Manjisthadi Kwatha* – 40 ml twice daily (before food). 3.*Kaishore Guggulu* – 2 tablets twice daily (after food). 4. *Panchanimb Churna*[8] – 5 g twice daily after food.	*Tankan Bhasma* mixed with coconut oil – local application before bath. *Brihat Marichyadi Taila* – local application. Nissoria Shampoo – scalp cleansing.
Second Follow-up	09/06/2026	1. *Kaishore Guggulu* – 2 tablets twice daily after food. 2. *Avipattikara Churna* 3 g + *Pittantaka Churna* 1 g + *Kamdudha Rasa* 250 mg + *Pravala Pishti* 250 mg – twice daily before food. 3. *Rasamanikya* 65 mg + *Shuddha Gandhaka* 125 mg + *Chopchini Churna* 3 g + *Guduchi Churna* 3 g + *Panchanimb Churna* 2 g – twice dailybeforefood.	777 Oil – local application over scalp lesions. *Tankan Bhasma* mixed with coconut oil before bath. *Brihat Marichyadi Taila* – local application.

Therapeutic Rationale

Treatment protocol was designed on the basis of Ayurvedic understanding of *Eka Kushta* with involvement of *Vata-Kapha Dosha, Rakta Dushti, Mandagni* and formation of *Ama.* The therapeutic approach was to correct the basic pathology rather than symptomatic relief only.

During the first phase of treatment, *Agni Deepana, Ama Pachana, Dosha Shamana* and *Rakta Prasadana* were the main concerned. *Rasamanikya, Shuddha Gandhaka, Chopchini Churna*

and *Guduchi Churna* combination was selected on the basis of their traditional usage in chronic skin disorders *(Kushta Roga)* and their ability to reduce itching, inflammation and pathological skin changes.

Rasamanikya[9] and *Shuddha Gandhaka* are classical *Rasashastra* preparations commonly indicated in chronic dermatological disorders due to their *Kushtaghna, Kandughna,* and *Krimighna* properties. They help in controlling inflammatory manifestations and supporting tissue recovery. *Chopchini Churna*[10] has been traditionally used in chronic skin disorders due to its *Kapha-Vata* pacifying and *Kushtaghna* action, while *Guduchi* (Tinospora cordifolia) is considered a Rasayana drug with immunomodulatory and anti-inflammatory potential.

Brihat Manjisthadi Kwatha[11] was administered due to its *Rakta Prasadana* and *Raktashodhaka* properties. *Manjistha* (Rubia cordifolia), being a chief drug indicated in *Rakta Dushti* and skin disorders, helps in maintaining normal skin physiology and reducing inflammatory changes.

Simhanada Guggulu was prescribed during the initial phase considering its ability to digest *Ama,* pacify *Vata-Kapha Dosha,* and support management of chronic inflammatory disorders. During follow-up, it was replaced by *Kaishore Guggulu*[12] which is traditionally indicated in disorders associated with *Rakta Dushti,* inflammation, and chronic skin manifestations.

The addition of *Panchanimb Churna* was aimed at enhancing *Kushtaghna, Kandughna,* and *Rakta Shodhaka* effects. In the later phase of treatment, *Avipattikara Churna, Pittantaka Churna, Kamdudha Rasa,* and *Pravala Pishti* were incorporated considering the involvement of *Pitta* and *Rakta* along with the requirement of maintaining digestive balance.

External applications were continued throughout the treatment period. *Brihat Marichyadi Taila* was applied locally to improve scalp condition, reduce dryness, and support local skin health. *Tankan Bhasma* mixed with coconut oil helped in softening adherent scales and maintaining scalp hygiene. Later, 777 Oil was used for local nourishment and symptomatic relief.

The sequential modification of medicines according to the patient's clinical response reflects the Ayurvedic principle of *Yukti Vyapashraya Chikitsa,* where treatment is individualized according to *Dosha, Dushya, Desha, Kala,* and *Bala* of the patient.

RESULTS AND DISCUSSION

Results

Clinical response was monitored systematically through serial clinical observations (Table 6) and matching serial photographic records (Figure1., Figure 2., Figure 3-).

Table 5: Clinical Assessment During Follow-up.

Clinical Parameter	Before Treatment	First Follow-up (05/04/2026)	Second Follow-up (09/06/2026)
Scaling	Thick, adherent whitish silvery scales over scalp	Reduction in scaling with decreased thickness of plaques	Marked reduction in scaling with smoother scalp surface
Itching	Present with aggravation during sweating and night	Approximately 40% reduction in itching	Significant relief with occasional mild itching
Plaque thickness	Thick plaques with rough surface	Reduction in plaque thickness	Further flattening of lesions
Erythema	Mild erythema after removal of scales	Reduced erythema	Minimal residual erythema
Dryness and roughness	Present	Improved scalp texture	Considerable improvement
Hair involvement	Hair density preserved	No deterioration observed	Hair condition remained stable
Recurrence	Frequent recurrence after previous therapy	No recurrence during treatment period	Continued improvement without relapse

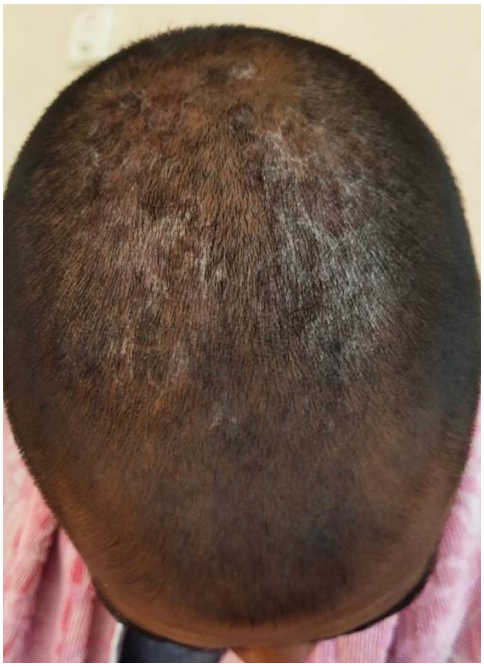

Figure 1: Before treatment.

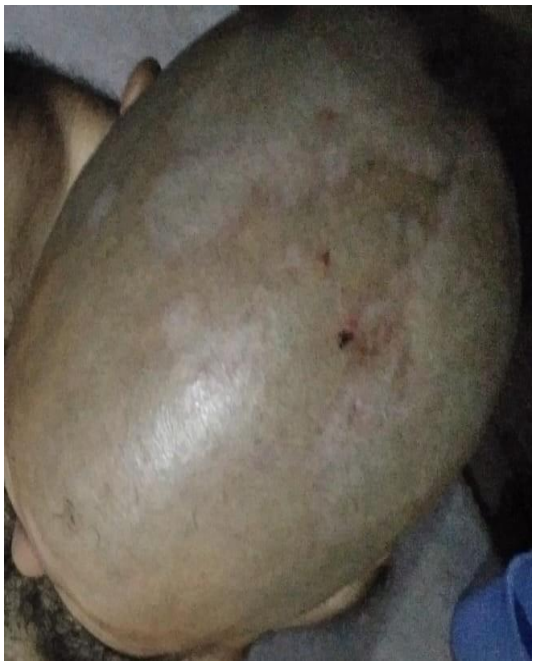

Figure 2: After 1st follow up.

Figure 3: After 2nd follow up.

At the first follow-up visit (05/04/2026), the patient demonstrated a 40% reduction in scaling and pruritus alongside reduced plaque thickness. At the second follow-up visit (09/06/2026), further flattening of lesions, marked reduction in scaling, and near-complete relief from dryness and itching were confirmed. No adverse effects, drug intolerance, or allergic reactions were reported throughout the treatment period.

DISCUSSION

The clinical features observed in this case, including chronicity, dry scaly plaques, itching, and resemblance to *Matsyashakalopama*, directly correspond with *Eka Kushta* described by *Acharya Charaka.* The pathogenesis involved a predominance of *Vata-Kapha Dosha* along with *Rakta Dushti* and *Mandagni. Vata* contributed to dryness, roughness, and scaling, whereas *Kapha* contributed to thick plaque formation and chronicity. *Rakta* involvement was considered responsible for inflammatory manifestations.

The therapeutic approach focused on correcting the basic pathology rather than providing only symptomatic relief. The initial combination of *Rasamanikya, Shuddha Gandhaka, Chopchini Churna,* and *Guduchi Churna* targeted Dosha imbalance, inflammation, and impaired skin metabolism. *Rasamanikya* and *Shuddha Gandhaka* possess classical *Kushtaghna, Kandughna,* and *Krimikhna* properties that control inflammatory manifestations and support tissue recovery. *Brihat Manjisthadi Kwatha* was administered due to its *Rakta Prasadana* and *Raktashodhaka* properties, helping to maintain normal skin physiology.

Simhanada Guggulu initiated *Ama Pachana* and *Vata-Kapha Shamana,* which was later substituted by *Kaishore Guggulu* to target deeper *Rakta Dushti* and chronic tissue

inflammation. In the final phase, *Avipattikara Churna*, *Pittantaka Churna*, *Kamdudha Rasa*, and *Pravala Pishti* were incorporated to balance *Pitta* and *Rakta* while stabilizing the metabolic functions of *Agni*. Externally, *Brihat Marichyadi Taila* and *Tankan Bhasma* successfully softened adherent scales, reduced local dryness, and enhanced scalp hygiene, while *777 Oil* provided sustained local nourishment. This structural transition across three phases exemplifies the principle of *Yukti Vyapashraya Chikitsa*.

CONCLUSION

Individualized *Shamana Chikitsa* consisting of targeted internal medications and structured external applications showed encouraging results in reducing the clinical manifestations of chronic scalp psoriasis (*Eka Kushta*). The sequential modification of medicines according to the patient's condition helped in achieving progressive improvement without any reported adverse effects. The positive outcome supports the therapeutic utility of an integrated approach focusing on *Agni Deepana*, *Ama Pachana*, *Dosha Shamana*, and *Rakta Prasadana* in managing chronic relapsing dermatological conditions.

Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this manuscript.

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Patient Informed Consent

Written informed consent was obtained from the patient for the publication of this case report and any accompanying clinical observations and images.

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