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AYURVEDIC MANAGEMENT OF ICHTHYOSIS VULGARIS (EK-KUSHTA): A CASE REPORT

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ABSTRACT

Ichthyosis Vulgaris is the most common hereditary disorder of keratinisation, characterised by dry, rough skin with fine, adherent, fish-scale-like desquamation, most prominent over the extensor aspects of the extremities. Conventional management with emollients and keratolytic offers only symptomatic and temporary relief, with frequent relapse on discontinuation. A 68-year-old female patient presented with generalised dry, rough, scaly skin, characterised by fine, adherent scales over both lower limbs, extending to the trunk and upper limbs, associated with itching for 2 years. Treatment was carried out over eight weeks in two consecutive stages. Days 1–14 comprised an *Aamapachana* stage limited to a daily *Gomutra-rranda taila avagaha* (medicated bath), with no internal medication. From day 15 through day 56, twice-daily *bahya snehana* with lukewarm *Narikela taila* was combined with internally administered *mahatiktaka ghritam* (5 ml twice daily before food) and *kushthaghna mahakashaya* (5 ml thrice daily before food). Marked improvement was observed in scaling, dryness, roughness and pruritus, objectively documented using a standardised assessment scale, with good patient

tolerance and no adverse events during the course of therapy. This case suggests that an individualised Ayurvedic protocol addressing *vata-kapha dushti* and *twakgata dosha sanchaya* may offer safe and effective symptomatic and disease-modifying benefits in Ichthyosis Vulgaris (*Ek-kushtha*), warranting further evaluation through controlled clinical studies.

KEYWORDS: Ichthyosis Vulgaris, *Ek Kushta, Kushta Roga, Twak Vikara.*

INTRODUCTION

Among the inherited cornification disorders, Ichthyosis Vulgaris (IV) stands out as the one clinician encounter most often, with estimates placing its frequency anywhere between roughly 1 in 250 and 1 in 1000 individuals.[1] It follows a semi-dominant autosomal inheritance pattern and is associated with loss-of-function mutations in the gene encoding filaggrin, a protein crucial to the skin's barrier function. On examination, the hallmark is a fine, greyish-white, polygonal scaling that gives the skin a fish-scale appearance, concentrated over extensor surfaces of the limbs, while the skin folds remain relatively unaffected.[2] Keratosis pilaris, exaggerated palmar and plantar skin markings, and a personal or family background of atopic tendency often accompany the condition. Onset is usually in the first few years of life, the course is persistent with visible worsening in cold, dry weather, and while the severity often eases with advancing age, complete disappearance of the scaling is uncommon.[3]

Conventional therapeutic options remain essentially supportive rather than curative. Routine use of emollients, humectant creams and keratolytic agents, such as urea, lactic acid, and salicylic acid, among them softens and thins the scale for a time, but none of these interrupts the underlying defect, and the scaling returns once application stops. Prolonged reliance on keratolytic also carries its own risk of irritant contact dermatitis. This gap between symptomatic relief and lasting control is what makes exploration of complementary, sustainable treatment approaches clinically relevant.[4]

Classical Ayurvedic texts group cutaneous disorders under the umbrella term *Kushta roga*, further separated into *Maha kushta* (severe, major forms) and *Kshudra Kushta* (milder, minor forms) depending on how many *Doshas* and body tissues (*Dushya*) are implicated and how the disease presents. *Ek Kushta* falls within the *Kshudra Kushta* group and is defined through three distinguishing features: *Mahavastu* (lesions covering a large surface area), *Ekavarna* (a

single, uniform colour throughout) and loss of *Sweda* or sweating over the involved skin. Taken together, this description maps quite naturally onto the dry, evenly scaly, poorly sweating skin seen in Ichthyosis Vulgaris. In terms of pathogenesis (*Samprapti*), *Ek Kushta* is understood to arise from aggravated *Vata* and *Kapha Dosha* acting upon *Twak* (skin), *Rakta* (blood tissue), *Mamsa* (muscle tissue) and *Ambu* (body fluid), producing the triad of *Roukshya* (dryness), *Kharatva* (roughness) and progressive *Chaya* or build-up of scale.[5]

CASE REPORT

1. Patient Information

Table No. 1: Patient Demographic and Clinical Characteristics.

Parameter	Details
Age / Sex	68 years / Female
Occupation	Housewife
Chief Complaint	Dry, rough, scaly skin with fine adherent white scales over both lower limbs and trunk, associated with intermittent itching
Duration of illness	2 years, with seasonal aggravation during winter
Onset	Insidious, first noticed in childhood/adolescence
Family history	No family history of similar skin complaints
History	not significant
Personal history (Ahara-Vihara)	Predominant intake of *Ruksha* (dry), *Katu* (pungent) and *Vishtambhi Ahara*, irregular sleep pattern; reduced water intake
Treatment history	Intermittent use of topical emollients with temporary relief and recurrence on discontinuation

2. Clinical Findings

2.1 General Examination

Vitals were within normal limits. The patient was of average build, moderately nourished, with no pallor, icterus, cyanosis, clubbing or lymphadenopathy.

2.2 Dermatological (Local) Examination

On inspection, fine, polygonal, greyish-white scales with a fish-scale-like pattern were observed bilaterally over the extensor aspects of the legs and forearms, extending onto the trunk, with relative sparing of the flexural creases and face. The skin appeared uniformly dry (*Ruksha*) and rough (*Khara*) in texture, with reduced sweating (*Sweda*) over the affected areas. Mild keratotic follicular papules were noted over the extensor aspects of the upper arms, consistent with associated keratosis pilaris. No signs of secondary infection, oozing or erythroderma were present.

2.3 *Ashtavidha Pariksha* (Eightfold Clinical Examination)

Table no. 2: Findings of *Ashtavidha Pariksha* (Eightfold Clinical Examination)

Pariksha	**Finding**
Nadi (Pulse)	*Vata-Kaphaja*
Mutra (Urine)	Normal, pale yellow
Mala (Stool)	*Vibandha* (mild constipation)
Jihva (Tongue)	*Sama* (mildly coated)
Shabda (Voice)	*Prakruta* (normal)
Sparsha (Touch)	*Ruksha* (dry), *Sheeta* (cold) skin
Drik (Eyes)	*Prakruta*
Akruti (Built)	*Madhyama* (moderate)

2.4 *Dashavidha Pariksha* (Assessment Highlights)

Prakruti: *Vata-Kapha*; *Vikruti*: *Vata-Kapha Vaishamya* with *Twakgata Dushti*; *Sara*: *Madhyama*; *Samhanana*: *Madhyama*; *Satmya*: *Madhyama*; *Satva*: *Madhyama*; *Ahara Shakti*: *Avara* to *Madhyama* with reduced *Agni*; *Vyayama Shakti: Madhyama; Vaya*: 68 yrs.

3. Timeline

The table below summarises the chronological course of the patient's illness, presentation, evaluation and treatment, from initial symptom onset through the end of the eight-week intervention and final assessment.

Table no. 3: Timeline of Ayurvedic Intervention and Clinical Assessment.

Date / Time Point	**Event**
During childhood	Insidious onset of dry, rough, scaly skin over extensor surfaces; not evaluated at the time
2 years before presentation	Gradual increase in extent and severity of scaling; seasonal worsening in winter noted
Day 0	Patient presented to OPD with generalised dry, scaly skin and pruritus; history, general and local examination, *Ashtavidha and Dashavidha Pariksha* recorded; diagnosis of *Ek-kushta* (Ichthyosis Vulgaris) established; baseline severity scores documented
Day 1–14	Phase 1 (*Aamapachana*): daily *Gomutra Eranda Taila Avagaha* administered; no internal medication given
Day 14	First follow-up: mild reduction in dryness and pruritus noted; Phase 2 initiated
Day 15–56	Phase 2 (*Snehana–Shamana*): twice-daily *Narikela Taila Bahya Snehana*; *Mahatiktaka Ghritam* and *Kushthaghna Mahakashaya* administered internally as per protocol
Day 28 (4 weeks)	Second follow-up: further reduction in scaling, dryness and roughness; pruritus mild
Day 42 (6 weeks)	Third follow-up: near-resolution of pruritus; continued improvement in scaling and dryness

Day 56 (8 weeks, end of therapy)	Final assessment: marked improvement across all parameters; no adverse events reported; treatment concluded

4. Diagnostic Assessment

Correlating the *Nidana Panchaka* (etiological factors, premonitory signs, cardinal features, associated symptoms and course of the disease) with classical descriptions, the case was diagnosed as *Ek-kushta* on the basis of the triad of *Mahavastu*, *Ekavarna* and absence of *Sweda*, supported by involvement of *Vata-Kapha Dosha* and *Twak-Rakta-Mamsa Dushya*.[6] On modern parameters, the morphology, distribution, age of onset and family background were consistent with a clinical diagnosis of Ichthyosis Vulgaris. Differential diagnoses such as xerosis cutis, atopic dermatitis and other forms of ichthyosis were considered and excluded based on the characteristic scale morphology, distribution pattern and absence of associated features.

Severity of skin involvement was documented at baseline and at each follow-up using a structured clinical scoring method (e.g., a Visual Analogue Scale for pruritus and a 0–3 grading of scaling, dryness and roughness), permitting objective comparison of pre- and post-treatment status.[7]

5. Therapeutic Intervention

The patient was managed over a continuous eight-week period, structured into two sequential treatment phases. The initial fortnight focused on *Aamapachana* clearing accumulated *Aama* and easing *Kapha-Vata* obstruction at the skin level through an external *Sweda*-based measure alone, before any internal medication was introduced. Once this preparatory phase was complete, a combined *Snehana* and *Shamana* phase was carried forward from the third to the eighth week, pairing daily oleation of the skin with internal *Ghrita* and *Kashaya* formulations selected for their *Kushtaghna* and *Twak-Prasadana* properties.[8] This staged design was intended to ready the *Srotas* before internal *Aushadha* was introduced, rather than administering both simultaneously from day one.

5.1 Phase-Wise Treatment Schedule

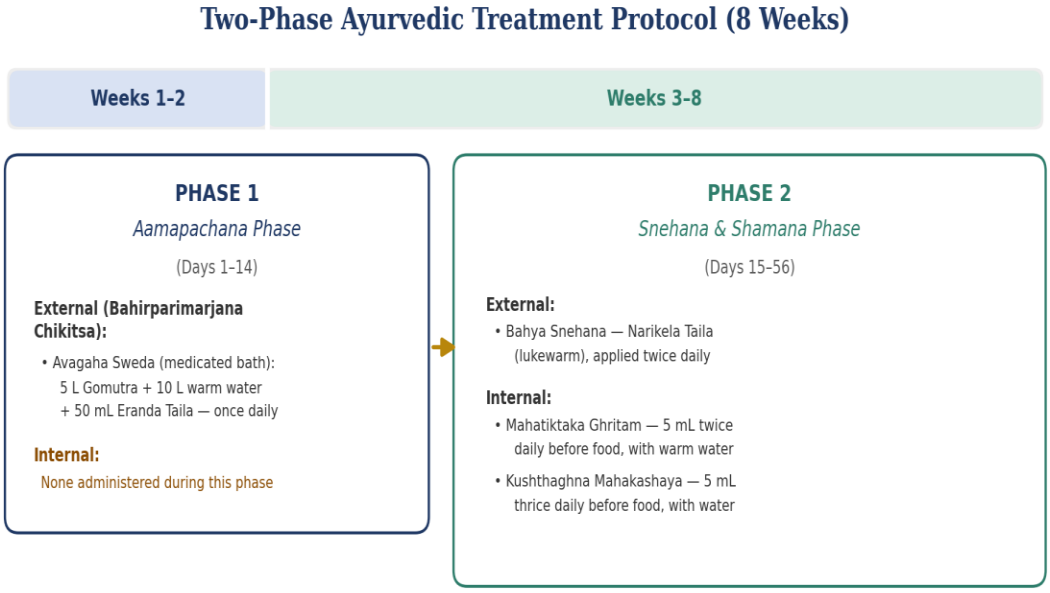


Figure 1: Sequential Two-Phase Ayurvedic Management Protocol.

5.2 Treatment Protocol — Detailed Schedule

Table no. 4: Treatment Schedule and Dosage of Ayurvedic Interventions.

Phase	Route	Intervention	Dose / Method	Frequency & Duration
Phase 1 — *Aamapachana* (Days 1–14)	External (*Bahirparimarjana*)	*Avagaha* (medicated immersion bath)	5 L *Gomutra* + 10 L warm water + 50 mL *Eranda Taila*	Once daily for 14 days
Phase 1 — *Aamapachana* (Days 1–14)	Internal	None administered	—	—
Phase 2 — *Snehana-Shamana* (Days 15–56)	External	*Bahya Snehana* with *Narikela Taila* (lukewarm)	Local application over affected skin	Twice daily for 6 weeks
Phase 2 — *Snehana-Shamana* (Days 15–56)	Internal	*Mahatiktaka Ghritam*	5 mL with warm water, before food	Twice daily for 6 weeks
Phase 2 — *Snehana-Shamana* (Days 15–56)	Internal	*Kushthaghna Mahakashaya*	5 mL with water, before food	Thrice daily for 6 weeks

5.3 *Ahara-Vihara* (Dietary and Lifestyle Advice)

- Avoidance of *Ruksha*, *Katu*, *Vidahi* and *Vishtambhi Ahara* (dry, pungent and constipating foods).
- Inclusion of *Snigdha* (unctuous), easily digestible foods and adequate hydration.
- Regular, gentle *Abhyanga* (oil massage) advised as a home-care measure even after completion of supervised therapy.
- Protection from excessive cold, windy exposure and harsh soaps; use of mild, non-drying cleansers.
- Regulation of sleep and bowel habits (*Vata Anulomana* measures where needed).[9]

6. Follow-Up and Outcomes

The patient was assessed at baseline (Day 0) and subsequently every two weeks until completion of therapy. Improvement was documented in terms of scaling, dryness, roughness and pruritus using a standardised 0–3 severity grading for each parameter (0 = absent, 3 = severe).

Table No. 5: Clinical Assessment of Disease Severity.

Assessment Point	Scaling (0–3)	Dryness (0–3)	Roughness (0–3)	Pruritus (0–3)
Baseline (Day 0)	3	3	2	2
2 weeks	2	2	2	1
4 weeks	2	1	1	1
6 weeks	1	1	1	0
8 weeks (End of therapy)	0–1	0–1	0	0

A progressive reduction in total severity score was observed across the treatment period, with the most notable improvement in dryness and pruritus by the fourth week, and near-complete resolution of scaling and roughness by the end of the eighth week. No adverse events, skin irritation, or intolerance to any of the internal or external formulations were reported during the course of treatment or at follow-up.

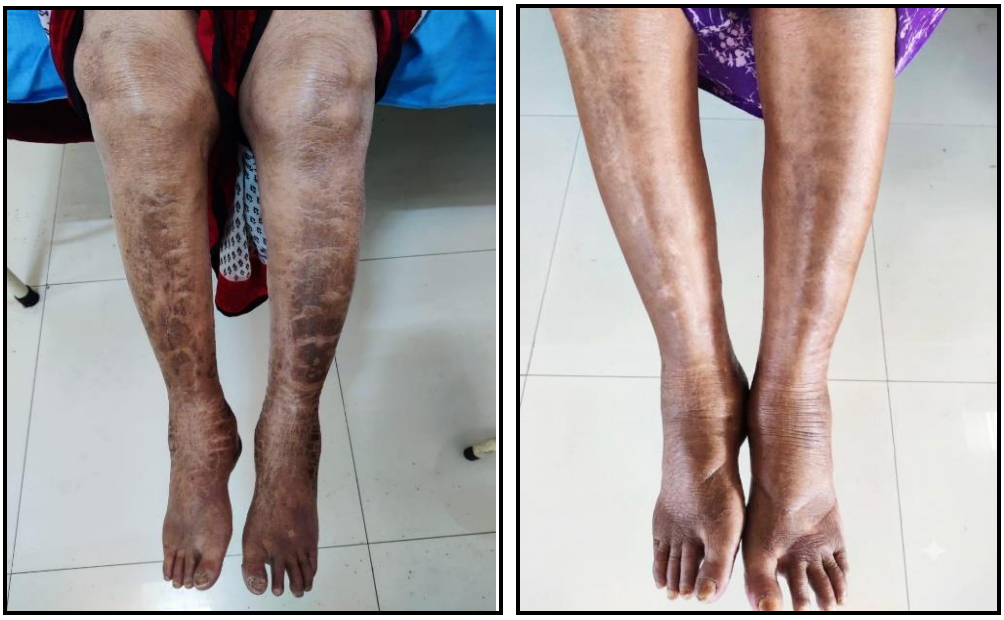
7. RESULT AND DISCUSSION

Set against the classical triad used to define *Ek Kushta*, *Mahavastu*, *Ekavarna* and *Asweda* the presentation in this patient (widespread, uniformly coloured, dry non-sweating scaling) fits the description closely.[10] Ayurvedic aetiology attributes such presentations to causative factors (*Nidana*) like incompatible food combinations, poor digestive strength (*Ajeerna*), habitually dry and cold diet-lifestyle choices, and hereditary predisposition (*Beeja Dosha*), all of which are held to provoke *Vata* and *Kapha Dosha*. Once provoked, these *Doshas* act on *Twak*, *Rakta* and *Mamsa Dhatu* to generate dryness, roughness and a slow build-up of

adherent scale. Read alongside contemporary dermatology, this description bears a reasonable conceptual resemblance to the barrier dysfunction and abnormal desquamation that follows from filaggrin deficiency, even though the two systems frame the mechanism in entirely different terms.[11]

The rationale for sequencing therapy in two stages, rather than starting all measures together, deserves comment. Restricting the first fortnight to an external *Gomutra-Eranda Taila Avagaha* alone was intended to work on *Aama* and loosen *Kapha-Vata* obstruction at the skin surface before any internal drug was introduced consistent with the classical preference for *Shodhana*-oriented preparatory measures ahead of *Shamana* therapy. Only once this groundwork was laid did the protocol move, from the third week onward, to daily *Bahya Snehana* with *Narikela Taila* alongside two internally administered formulations, *Mahatiktaka Ghritam* and *Kushthaghna Mahakashaya*, chosen respectively for their *Tikta-pradhana Rakta-Twak Prasadana* action and their targeted *Kushtaghna* properties. The gradual, cumulative improvement recorded across the eight weeks, rather than an abrupt early response, is arguably more in keeping with this staged, tissue-level correction than with the short-lived surface relief typically obtained from emollients alone.[12]

Similar benefit from *Snehana-Swedana* based regimens and *Kushtaghna* formulations has been reported in other *Kshudra Kushta* presentations in the published Ayurvedic literature, though such reports are few, mostly single-case in design, and rarely extend follow-up beyond the treatment window itself. Given that Ichthyosis Vulgaris is a lifelong, genetically anchored condition, therapy of this kind is best framed as a means of controlling disease activity and improving comfort and appearance, not as a permanent cure. Sustaining the gains recorded here would likely depend on continued self-care, particularly regular Abhyanga, once supervised treatment ends.



Before **After**

Fig no 2: Before and After treatment.

8. CONCLUSION

This case illustrates that a systematically applied Ayurvedic protocol combining *Snehana*, *Swedana*, *Lepa* and internal *Kushthaghna-Rasayana* therapy, tailored to the *Vata-Kapha* predominant *Samprapti* of *Ek Kushtha*, was associated with marked clinical improvement in a patient with Ichthyosis Vulgaris, without adverse effects. While encouraging, this single-case observation warrants confirmation through well-designed controlled clinical trials to establish reproducibility, optimal treatment duration and long-term maintenance strategy.

Patient Consent

Written informed consent was obtained from the patient for publication of this case report and any accompanying clinical images. A copy of the consent form is available with the corresponding author and can be produced for editorial review on request.

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