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ROLE OF SHODHANA CHIKITSA (VAMANA AND VIRECHANA KARMA) IN THE MANAGEMENT OF EKAKUSHTHA W.S.R. TO PSORIASIS: A REVIEW

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ABSTRACT

Background: Psoriasis is a chronic, immune-mediated, inflammatory skin disease with a relapsing course, affecting about 2–3% of the population in many regions. It causes considerable physical, psychological and social burden. In Ayurveda, its clinical features closely resemble Ekakushtha, a Kshudra Kushtha of Vata–Kapha predominance, described with the cardinal features Asvedana, Mahavastu and Matsyashakalopama. **Aim:** To review the classical concept of Ekakushtha and critically analyse the role of Shodhana Chikitsa — particularly Vamana and Virechana Karma — in its management, with correlation to modern understanding of psoriasis. **Materials and methods:** Brihattrayi, Laghuttrayi and their commentaries were reviewed for Nidana, Samprapti and Chikitsa of Kushtha and Ekakushtha. Standard dermatology texts and indexed literature were reviewed for the pathogenesis and management of psoriasis. **Conclusion:** The classics give primacy to repeated Shodhana in Kushtha because Doshas eliminated by Samshodhana do not recur. Vamana addresses the Kapha component responsible for Mahavastu and scaling, while Virechana addresses Pitta–Rakta Dushti and helps prevent relapse. Shodhana followed by Shamana and Rasayana offers a rational, holistic approach to psoriasis, which needs to be validated through well-designed clinical trials.

KEYWORDS: Ekakushtha, Psoriasis, Shodhana, Vamana Karma, Virechana Karma, Kushtha.

INTRODUCTION

Psoriasis is a chronic, non-infectious, immune-mediated inflammatory disease of the skin characterised by well-demarcated, erythematous plaques covered with silvery-white scales. It commonly affects the scalp, elbows, knees and lower back, and may involve the nails and joints (psoriatic arthritis). Its relapsing course, visible lesions and associated comorbidities — metabolic syndrome, cardiovascular disease and depression — make it a disease of major public-health importance.[1,2]

In Ayurveda, all skin diseases are described under the umbrella of Kushtha, which Acharya Charaka counts among the Ashta Mahagada (eight grave diseases). Kushtha is classified into seven Mahakushtha and eleven Kshudrakushtha. Ekakushtha, a Kshudrakushtha, shows the closest resemblance to psoriasis in its clinical presentation.[3]

Conventional management — topical corticosteroids, vitamin D analogues, phototherapy, methotrexate, cyclosporine and biologics — controls the disease but does not cure it, and is limited by relapse, cost and adverse effects. Ayurveda considers Kushtha a Bahudoshaja (heavily Dosha-laden) disease and recommends Shodhana as the principal line of treatment. This review analyses the role of Vamana and Virechana Karma in Ekakushtha.

AIM AND OBJECTIVES

- To review the concept of Ekakushtha from classical Ayurvedic literature.
- To correlate Ekakushtha with psoriasis in terms of clinical features and pathogenesis.
- To analyse the role and mode of action of Vamana and Virechana Karma in Ekakushtha.

MATERIALS AND METHODS

Classical texts — Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Madhava Nidana and Bhaishajya Ratnavali, with available commentaries — were reviewed. Modern dermatology textbooks and peer-reviewed articles on psoriasis and on Ayurvedic management of Ekakushtha were also reviewed and compiled.

REVIEW OF LITERATURE

Definition and Lakshana of Ekakushtha

Acharya Charaka describes Ekakushtha as follows.

अस्वेदनं महावास्तु यन्मत्स्यशकलोपमम्।
तदेककुष्ठं ... ॥ (च. चि. ७/२१)

That is, Ekakushtha is characterised by absence of sweating (Asvedana), involvement of a large area of the body (Mahavastu) and lesions resembling the scales of a fish (Matsyashakalopama).[3] Acharya Sushruta describes Ekakushtha with Krishna–Aruna discolouration of the skin.[4] Charaka considers Ekakushtha to be Vata–Kapha predominant.[3]

Table 1: Correlation of Ekakushtha with psoriasis.

Lakshana (Ayurveda)	Meaning	Clinical feature in psoriasis
Asvedana	Absence of sweating	Reduced sweating over plaques; dry, thickened skin
Mahavastu	Extensive area of involvement	Large plaques; widespread or generalised disease
Matsyashakalopama	Resembling fish scales	Silvery-white micaceous scaling
Krishna–Aruna Varna	Blackish-red discolouration	Erythematous plaques; post-inflammatory pigmentation
Kandu (associated)	Itching	Pruritus, common in active disease

Nidana (causative factors)

Charaka lists the common Nidana of Kushtha as Viruddha Ahara (incompatible food, e.g., fish with milk), excessive intake of Drava, Snigdha and Guru Ahara, suppression of natural urges (especially Chhardi), exercise or exposure to heat after a heavy meal, Divasvapna, Papakarma, and psychological factors. Modern medicine similarly recognises triggers such as stress, infections, trauma (Koebner phenomenon), alcohol, smoking, obesity and certain drugs.[1,3]

Samprapti

Nidana Sevana vitiates all three Doshas, which in turn vitiate the Twak, Rakta, Mamsa and Ambu (Lasika). These seven factors — three Doshas and four Dushyas — form the Saptako Dravya Sangraha of Kushtha.[3] In Ekakushtha, Vata produces dryness, roughness and scaling, while Kapha produces thickening, induration and the extent of lesions. Pitta and Rakta involvement contribute to erythema and inflammation.

Table 2: Samprapti Ghataka.

Component	Ekakushtha
Dosha	Tridosha — Vata–Kapha predominant
Dushya	Twak, Rakta, Mamsa, Ambu (Lasika)
Srotas	Rasavaha, Raktavaha, Mamsavaha, Swedavaha

Srotodushti	Sanga, Vimarga Gamana
Agni	Jatharagni and Dhatvagni Mandya
Udbhava Sthana	Amashaya
Adhishthana	Twak
Vyakta Sthana	Twak
Roga Marga	Bahya
Sadhyasadhyata	Kricchrasadhya / Yapya (chronic, relapsing)

Modern pathogenesis: Psoriasis results from an interaction between genetic susceptibility, environmental triggers and the immune system. Activated dendritic cells and the IL-23/Th17 axis drive the release of IL-17, TNF-α and other cytokines, causing keratinocyte hyperproliferation, an accelerated epidermal turnover of 3–5 days instead of about 28 days, and inflammation.[2] The hyperproliferation and scaling correspond to Vata–Kapha vitiation, and the inflammation to Pitta–Rakta Dushti.

Chikitsa Sutra of Kushtha

The classical principle of treatment is Shodhana first, followed by Shamana. Acharya Charaka states the Dosha-specific approach.

वातोत्तरेषु सर्पिर्वमनं श्लेष्मोत्तरेषु कुष्ठेषु।
पित्तोत्तरेषु मोक्षो रक्तस्य विरेचनं चाग्र्यम्॥ (च. चि. ७/३९)

That is, Ghrita in Vata-predominant Kushtha, Vamana in Kapha-predominant, and Raktamokshana and Virechana in Pitta-predominant Kushtha.[3] Since Kushtha is Bahudosha, Shodhana is to be repeated.

पक्षात् पक्षात् छर्दनान्यभ्युपेयान्मासान्मासात् स्रंसनं चापि देयम्।
त्र्यहात् त्र्यहान्नस्ततश्चावपीडान् मासेष्वसृङ्मोक्षयेत् षट्सु षट्सु॥ (च. चि. ७/४१)

The superiority of Shodhana over Shamana is stated as

दोषाः कदाचित् कुप्यन्ति जिता लङ्घनपाचनैः।
जिताः संशोधनैर्ये तु न तेषां पुनरुद्भवः॥ (च. सू. १६/२०)

Doshas pacified by Langhana and Pachana may relapse, but those eliminated by Samshodhana do not recur.[5] This principle is directly relevant to psoriasis, whose main clinical problem is relapse.

ROLE OF VAMANA KARMA IN EKAKUSHTHA

Ekakushtha is Kapha-predominant among the Kshudrakushtha, and Vamana is the best therapy for Kapha. The thickness of plaques (Mahavastu), induration and heavy scaling reflect Kapha accumulation, which Vamana eliminates from its root in the Amashaya.

Table 3: Vamana Karma protocol (general).

Stage	Procedure
Deepana–Pachana	Trikatu Churna / Chitrakadi Vati until Nirama Lakshana
Snehapana	Tikta Ghrita / Mahatikta Ghrita / Panchatikta Ghrita in Arohana Krama until Samyak Snigdha Lakshana
Vishrama Kala	Sarvanga Abhyanga and Swedana; Kaphotkleshaka Ahara on the day before Vamana
Pradhana Karma	Madanaphala Yoga with Vamanopaga Dravya (e.g., Yashtimadhu Phanta, Lavana Jala); Vegas observed until Pittanta
Paschat Karma	Dhumapana; Samsarjana Krama for 3, 5 or 7 days as per Shuddhi

Mode of action: Tikta Ghrita used for Snehapana is Kushthaghna and Raktaprasadana, and its Sukshma and Yogavahi properties carry the drugs to the deeper Dhatus. Snehana and Swedana loosen and liquefy the Doshas and bring them to the Koshtha, from where Vamana expels them through the Urdhva Marga. By clearing Kapha and Ama, Vamana relieves Srotorodha, restores Agni and reduces thickness and scaling of the lesions.

ROLE OF VIRECHANA KARMA IN EKAKUSHTHA

Virechana is the prime therapy for Pitta and Rakta and is also effective for Kapha and Vata. Twak and Rakta are the principal Dushyas in Kushtha, and Raktadushti underlies the erythema, inflammation and recurrence of psoriasis. Charaka advises monthly Virechana in Kushtha (Ch. Chi. 7/41).

Table 4: Virechana Karma protocol (general).

Stage	Procedure
Deepana–Pachana	Trikatu / Chitrakadi Vati until Nirama Lakshana
Snehapana	Tikta Ghrita / Mahatikta Ghrita / Panchatikta Ghrita in Arohana Krama until Samyak Snigdha Lakshana
Vishrama Kala	Sarvanga Abhyanga and Swedana for 3 days; light, Pitta-aggravating diet
Pradhana Karma	Trivrit Avaleha / Aragvadha / Abhayadi Modaka as per Koshtha; Vegas observed until Kaphanta
Paschat Karma	Samsarjana Krama for 3, 5 or 7 days as per Shuddhi

Mode of action: Virechana eliminates vitiated Pitta and Rakta through the Adho Marga and

purifies the Rakta Dhatu. It corrects Agni at the level of the Grahani, removing Ama, which is regarded as a key factor in the chronicity of Kushtha. From a modern viewpoint, Shodhana procedures are thought to influence the gut–skin axis, the gut microbiome and systemic inflammation; however, these mechanisms are still hypotheses and need experimental confirmation.

SHAMANA AND RASAYANA AFTER SHODHANA

- **Internal medicines:** Arogyavardhini Vati, Gandhaka Rasayana, Kaishora Guggulu, Panchatikta Ghrita Guggulu, Khadirarishta, Manjishthadi Kashaya.
- **External applications:** Takradhara, Lepa and medicated oils such as Jatyadi Taila and Karanja Taila to reduce dryness and scaling.
- **Pathya:** Light, easily digestible food, old cereals, Mudga, Patola, bitter vegetables; avoidance of Viruddha Ahara, curd, fish, sesame, jaggery, excessive salt and sour foods, alcohol and day sleep.
- **Sattvavajaya:** Stress management, Yoga and Pranayama, since stress is a well-known trigger of flares.
- **Rasayana:** Tikta Rasayana (e.g., Guduchi, Bhallataka under supervision) to prevent recurrence.

DISCUSSION

Psoriasis and Ekakushtha share a chronic, relapsing nature, extensive scaly plaques and reduced sweating over lesions. The classical understanding that Kushtha is Bahudoshaja and deep-seated explains why Shamana alone often gives only temporary relief. Charaka's principle that Doshas eliminated by Samshodhana do not recur provides the rationale for Shodhana in a disease whose central problem is relapse.

The choice between Vamana and Virechana depends on the predominant Dosha: Vamana when Kapha features dominate (thick, indurated, extensive plaques with heavy scaling and itching), and Virechana when Pitta–Rakta features dominate (erythema, burning and inflamed lesions). In practice, many patients benefit from Vamana followed by Virechana, with repetition of Shodhana at intervals as advised in the classics. Several case reports and clinical studies published in Ayurvedic journals report reductions in PASI scores and in the itching and scaling of psoriasis after Shodhana followed by Shamana; however, most are small, uncontrolled studies.

Limitations: The evidence for Shodhana in psoriasis is largely from case reports and small open-label studies. Standardised protocols, objective outcome measures (PASI, DLQI), adequate sample sizes, control groups and long-term follow-up for relapse are needed.

CONCLUSION

Ekakushtha, a Vata–Kapha-predominant Kshudrakushtha, closely resembles psoriasis. The classics emphasise repeated Shodhana — Vamana for Kapha and Virechana for Pitta–Rakta — followed by Shamana, Pathya and Rasayana. This approach addresses the root cause and aims to prevent relapse, which conventional treatment often cannot achieve. Shodhana-based management therefore offers a rational, holistic and potentially long-lasting approach to psoriasis, and its efficacy should be established through well-designed controlled clinical trials.

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