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MANAGEMENT OF PSORIASIS (EK KUSHTHA) IN AYURVEDA- A CASE STUDY

[1]*Dr. Ranjana Nautiyal, [2]Dr. Arvind Gupta, [3]Dr. Roopali Barmola

[1]PG Scholar, [2]Head of Department (Professor), [3]Assistant Professor,
Dep. of Panchakarma, Himalayiya Ayurvedic Medical College and Hospital, Fatehpur tanda, Jeevanwala, Dehradun- 248140.

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***Corresponding Author**

Dr. Ranjana Nautiyal

PG Scholar, Dep. of Panchakarma, Himalayiya Ayurvedic Medical College and Hospital, Fatehpur tanda, Jeevanwala, Dehradun- 248140.

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ABSTRACT

Psoriasis is a chronic, immune-mediated inflammatory skin disorder characterized by erythematous, well-demarcated plaques covered with silvery-white scales. It significantly affects patients' physical, psychological, and social well-being. In Ayurveda, psoriasis closely resembles *Ekakushtha*, one of the *Kshudra Kushtha* described in classical texts. *Ekakushtha* is predominantly caused by the vitiation of *Vata* and *Kapha Dosha*, along with the involvement of *Rakta*, *Twak*, *Mamsa*, and *Lasika*. Ayurvedic management focuses on eliminating the root cause through *Shodhana* (purification therapy) and restoring doshic balance using *Shamana* (pacification therapy), dietary regulation, and lifestyle modifications. A 52-year-old male presented with erythematous scaly plaques over the back, trunk, upper and lower extremities associated with itching, dryness, and excessive scaling with positive Auspitz sign for 10 years. The patient was managed with *Virechana* followed by Takradhara (Sarvanga) *Kaya Lepa and Snigdha Upnaha* application with internal medication, dietary regulation, and lifestyle modifications. Significant reduction was observed in Auspitz sign, Erythema, Scaling, Itching, and Plaque thickness with improvement in quality of life. No adverse effects were reported during treatment.

KEYWORDS: Psoriasis, Eka-Kushtha, Panchakarma, Virechana, Lepa, Udwartana.

INTRODUCTION

Psoriasis is a chronic, immune-mediated inflammatory disorder of the skin characterized by well-demarcated erythematous plaques covered with silvery white scales. The disease predominantly affects the extensor surfaces of the limbs and scalp and typically follows a chronic relapsing and remitting course. Although the precise etiology remains unclear, the development of psoriasis is attributed to a complex interaction between genetic susceptibility and environmental triggers. Individuals with a positive family history are at a greater risk of developing the disease due to inherited genetic factors. Among these, the PSORS1 locus located within the major histocompatibility complex (MHC) on chromosome 6 is considered the most significant genetic determinant. This locus encodes the epidermal protein corneodesmosin, which plays an important role in skin barrier function and contributes substantially to the heritability of psoriasis.[1]

The worldwide prevalence of psoriasis varies considerably, ranging from approximately 2% to 3% of world's population.[2] In India the prevalence rate ranges between 0.44% and 2.8%. Clinically, psoriasis is classified into four principal forms: plaque psoriasis, guttate psoriasis, erythrodermic psoriasis, and pustular psoriasis, with plaque psoriasis being the most frequently encountered variant.[3]

Conventional management of psoriasis includes topical therapies such as emollients, coal tar preparations, vitamin D analogues, retinoids, and corticosteroids, in addition to systemic medications and phototherapy modalities such as narrow-band ultraviolet B (NB-UVB) and psoralen plus ultraviolet A (PUVA). Although these treatment options can effectively control symptoms, prolonged use may be associated with adverse effects, high treatment costs, and frequent disease recurrence.

Ayurveda offers a comprehensive and holistic approach to the management of skin disorders by addressing the underlying pathogenic factors rather than merely alleviating symptoms. In Ayurvedic literature, *Eka Kushtha*, one of the varieties of *Kshudra Kushtha*, bears a close resemblance to plaque psoriasis. Acharya Charaka describes *Eka Kushtha* as a disorder predominantly caused by the vitiation of *Vata* and *Kapha Doshas*, presenting with characteristic features such as *Asweda* (absence of sweating), *Mahavastu* (extensive lesions), and *Matsya Shakalopama* (skin resembling fish scales).[4,5]

The etiopathogenesis of *Eka Kushtha* is attributed to several dietary and lifestyle factors that disturb Doshic equilibrium. These include the consumption of *Viruddha Ahara* (incompatible foods), excessive intake of heavy and unctuous foods, suppression of natural urges particularly vomiting (*Chardi Vega Dharana*), strenuous physical activity immediately after meals, prolonged exposure to sunlight, eating before complete digestion of the previous meal (*Adhyashana*), and frequent consumption of foods such as *Masha*, *Mulaka*, curd, fish, and excessively salty preparations. Additional aggravating factors include *Divaswapa* (daytime sleep) and sexual intercourse during indigestion, all of which contribute to the manifestation and progression of the disease.[6]

Considering the chronic and multifactorial nature of *Kushtha*, Ayurvedic management advocates an integrated therapeutic strategy comprising *Shodhana Chikitsa* (bio-purificatory procedures such as *Vamana, Virechana*, and *Siravedha*), *Shamana Chikitsa* (pacifying therapies), and local therapeutic measures including *Sthanika Pichu***,** *Lepa*, and other external applications. These interventions aim to eliminate vitiated Doshas, restore physiological balance, alleviate clinical manifestations, and minimize the likelihood of recurrence.

PATIENT INFORMATION

Case report

On 7 April 2026 a 52-year-old male patient presented at the Outpatient Department (OPD) of the Department of Panchakarma at Himalayiya Ayurvedic Medical College and Hospital, Jeewanwala, Majri grant via Doiwala, Dehradun with the following symptoms: well-demarcated erythematous plaques covered with silvery white scales over the back, trunk, upper and lower extremities associated with itching, dryness over the past 10 years.

History of Present Illness

Ten years ago, the patient was apparently healthy when scaly skin lesions suddenly appeared over the elbows and knees. Gradually, the lesions spread to the hands, legs, lower abdomen, and lower back with positive Auspitz sign and were associated with itching and discomfort. The patient consulted a dermatologist and was diagnosed with plaque psoriasis. Treatment with topical steroids and systemic immunosuppressive medicines provided temporary relief. There was no history of any major associated illness such as diabetes mellitus, hypertension, or hyperlipidemia. However, the patient experienced repeated flare-ups, the exact triggers of which were not known. Due to these recurrent episodes, the patient stopped taking allopathic medicines and later visited the OPD of the Department of Panchakarma, Himalayiya

Ayurvedic Medical College and Hospital, Jeewanwala, Majri Grant, via Doiwala, Dehradun.

Based on the clinical presentation, including a positive Auspitz sign, the condition was diagnosed as plaque psoriasis, correlated with Eka Kushtha in Ayurveda. Before starting treatment, the patient was explained the nature of the disease, the proposed treatment, and the possible benefits and precautions. Written informed consent was obtained before performing Virechana Karma.

The treatment was planned using Shamana Chikitsa, Shodhana Chikitsa, and dietary modifications with the aim of balancing the aggravated Doshas and correcting the involvement of Twak (skin), Rakta (blood), Mamsa (muscle tissue), and Lasika (lymph). The detailed treatment procedures and medicines used are described further in the article. After two months of treatment, the patient showed considerable improvement in the signs and symptoms of Plaque Psoriasis (Eka Kushtha).

History of past illness

H/O Pancreatitis from 4 yrs and Umbilical Hernia from 7-8yrs.

Personal History

- Diet- Vegetarian
- Bowel- Constipated
- Appetite- Normal
- Micturition- Regular
- Sleep- Adequate sound
- Allergy- Not yet detected
- Addiction- Nil
- Exercise- Poor

Ashtavidha pariksha

- Nadi (pulse)- pitta vata
- Mala (stool)- Asamadhankaraka
- Mutra (urine)- Samyak (satisfactory urine output
- Jivha (tongue)- Sama (white coated tongue)
- Shabda (sounds)- Spashtha (clear)
- Sparsha (touch)- Ishad ushna (afebrile)

- Druk (vision)- Prakrit (normal eye site)
- Akruti (body structure)- Madhyam (moderate)

Other Examination

- Prakriti (constitution)- Vata-Pittaja
- Vikriti (imbalance)- Vata-Kaphaja
- Saar- Madhyama
- Samhanana (body compactness)- Madhyam
- Satva (mental status)- Madhyam
- Satmya (adaptability)- Madhyam
- Ahar shakti (digestive power)- Samyak
- Vyayam Shakti (exercise capacity)- Madhyam

TREATMENT SCHEDULE

Shodhana chikitsa

Date	Procedure/ Treatment	Detail	Other procedures
7/4/2026 to 9/4/26	***Deepana- Pachana*** with *Chitrakadi vati* 2tab. *Dadimastaka churna* 3gm	Thrice a day for 3 days	***Takradhara* (*Sarvanga*)** for 7 days ***Kaya lepam*** with *Ekkusthahar Lepa*
10/4/2026 to 14/4/2026	**Snehapana** with Mahatikta Ghrita for 5 days	1st day 30ml with lukewarm water empty stomach at 7:00am with an increasing dose of 30ml daily. Last day 150ml given.	
15/4/2026 to 17/42026	***Sarvanga Abhyanga-*** with *Vetpalai thailam* ***Swedana-*** *Vashpa sweda* with *Dashmool kwath* for 3 days	Patient was advised to take *pittavardhaka Aahar* like Sambhar Rice, Soup, Lemon, Orange juice on the day before *virechana*.	
17/4/2026	***Virechana*** with *Trivrit Avaleha* 60gm	Patient was advised to drink lukewarm water within the duration of 20 minutes. Total *Vega*- 20 (*Madhyam Sudhi*)	
18/4/2026 to 22/4/2026	***Samsarjan karma***	Patient was advised to follow light diet i.e. *Peya*, *Vilepi*, *Yusha*, boiled vegetable soup, for 5 days	
22/5/2026 to 24/5/2026	***Deepana- Pachana*** with *Chitrakadi vati* 2 tab. *Dadimastaka churna 3gm*	Thrice a day for 3 days	***Snigdha Upnaha***
25/5/2026 to 29/5/2026	***Snehapana*** with *Mahatikta Ghrita* for 5 days	1st day 30ml with lukewarm water empty stomach at 7:00am with an increasing dose of 30 ml daily Last day 150ml given.	
30/5/2026 to	***Sarvanga abhyanga-***	Patient was advised to take	

1/6/2026	*Vetpalai thailam* ***Swedana-*** *Dashmool kwath*	*pittavardhaka Aahar* like Sambhar Rice, Soup, Lemon, Orange juice on the day before virechana.	
1/6/2026	***Virechana*** with *Trivrit Avaleha*	Patient was advised to drink lukewarm water within the duration of 20 minutes. Total *Vega*- 18	
1/6/2026 to 5/6/2026	***Samsarjan karma***	Patient was advised to follow light diet i.e. *Peya*, *Vilepi*, *Yusha*, boiled vegetable soup, for 5 days	

Shamana chikitsa

Oral medicine	Dosage
Gandhaka rasayana	2 tabs thrice a day
Mahatikta Kashaya	15 ml thrice a day

ASSESSMENT

PASI Score Before Treatment

Lesion Score	Head (H)	Upper limb (UL)	Trunk (T)	Lower limb (LL)
Erythema(E)	2	3	3	3
Induration (I)	2	2	2	2
Scaling(S)	2	2	2	2
Area score	2	3	2	2
Total= (E+I+S) × Area score× Regional weighting	6×2×0.1= 1.2	7×3×0.2= 4.2	7×2×0.3= 4.2	7×2×0.4= 5.6

PASI Formula

Total PASI = Head PASI + Upper limb PASI + Trunk PASI + Lower limb PASI

1.2+ 4.2+4.2+5.6 = 15.2

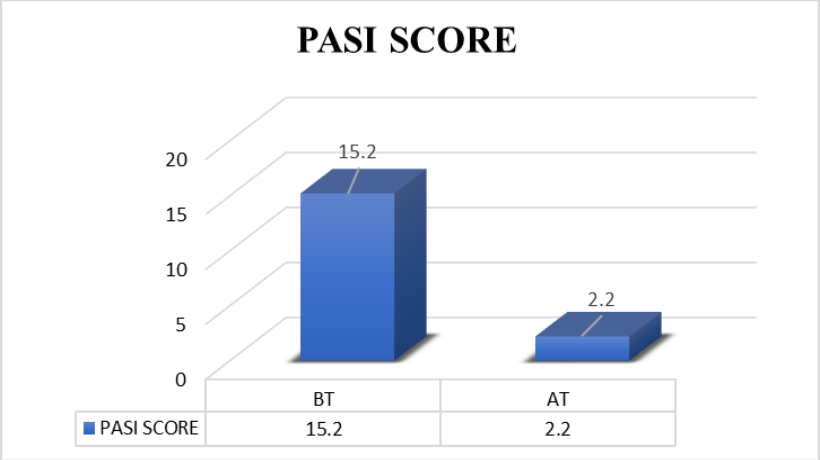
PASI Score After Treatment

Lesion Score	Head (H)	Upper limb (UL)	Trunk (T)	Lower limb (LL)
Erythema(E)	0	0	0	1
Induration (I)	0	0	0	0
Scaling(S)	1	1	1	1
Area score	1	1	1	2
Total= (E+I+S) × Area score× Regional weighting	1×1×0.1= 0.1	1×1×0.2= 0.2	1×1×0.3= 0.3	2×2×0.4= 1.6

PASI Formula

Total PASI = Head PASI + Upper limb PASI + Trunk PASI + Lower limb PASI

0.1+ 0.2+0.3+1.6 = 2.2



BEFORE TREATMENT

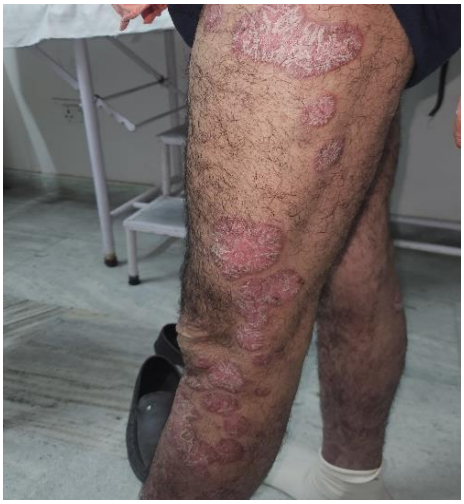


Fig.1

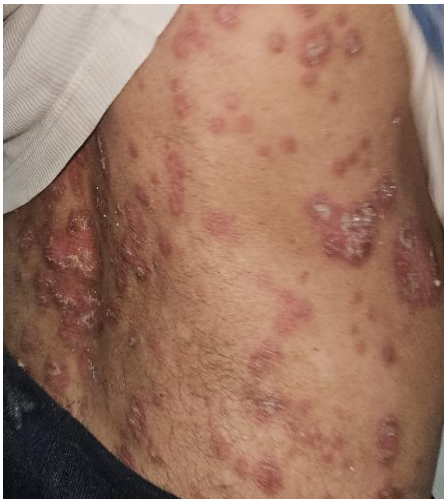


Fig.2

AFTER TREATMENT

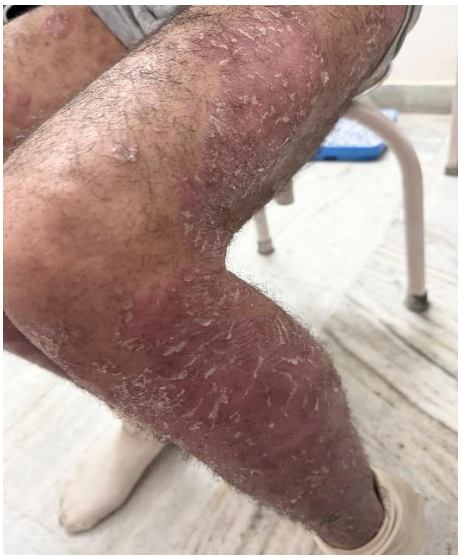


Fig. 3

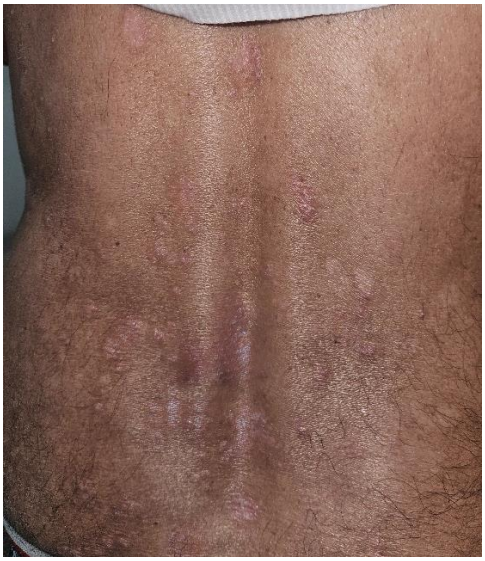


Fig. 4

DISCUSSION

The Ayurvedic management adopted in this case comprised both *Shodhana* (purificatory) and *Shamana* (palliative) therapies, with the objective of addressing the underlying pathological factors while providing relief from clinical manifestations. Snehapana[7] with Mahatikta Ghrita[8] and *Virechana*[9] was an important component of the treatment protocol, intended to eliminate accumulated Doshas and support restoration of their normal equilibrium. *Abhyanga* and *Swedana* was also incorporated to facilitate the therapeutic process by promoting circulation and supporting the opening and functioning of the body's microchannels.

Internal medications such as *Gandhaka rasayana* and *Mahatikta Kashaya* were administered to support the management of the underlying pathology and promote tissue recovery. External therapies, including *Sarvanga Takradhara*, *Kusthahar lepam* and *Snigdha Upnaha* were employed to alleviate local manifestations such as scaling, inflammation, and dryness. Along with therapeutic interventions, appropriate dietary and lifestyle modifications were advised to minimize further Dosha aggravation. The patient was advised to avoid excessive consumption of sour, salty, and processed foods and to refrain from daytime sleeping, which is considered a contributing factor to metabolic disturbances.

The patient's condition was assessed using the PASI score. Before initiation of treatment, the PASI score was 15.2, which decreased to 2.2 after two months of Ayurvedic treatment, indicating marked improvement. Thus, the overall treatment strategy was directed toward long-term disease management by correcting the underlying Dosha imbalance and supporting systemic equilibrium, rather than providing only temporary symptomatic relief.

CONCLUSION

Psoriasis is a chronic, recurrent, and disfiguring dermatological condition that can significantly affect an individual's quality of life, with considerable social and psychological impact. Although various treatment modalities are available in contemporary medicine, they are primarily aimed at controlling the symptoms and may be associated with adverse effects. In Ayurveda, psoriasis can be correlated with *Ekakushtha*, for which *Shodhana* and *Shamana Chikitsa* constitute important therapeutic approaches. The present case demonstrates the potential effectiveness of Ayurvedic Shodhana therapy along with supportive interventions in achieving substantial clinical improvement and sustained relief, suggesting its possible role in the long-term management of the condition.

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