

# Ayurveda Management of Eka kushtha with special reference of psoriasis by Shamana Chikitsa -A Case Report

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**Abstract**—Psoriasis is a chronic, inflammatory, and immune-mediated proliferative skin disorder. Any change in skin color or texture can significantly affect a patient both mentally and physically. In psoriasis, scaling and itching of papulosquamous lesions disturb the daily routine and quality of life. According to *Ayurveda*, all types of skin disorders are classified under the umbrella of *Kushtha*. In *Charaka Samhita*, *Eka Kushtha* is described as a condition involving vitiation of *Vata* and *Kapha doshas*. In the present study, Psoriasis is clinically correlated with *Eka Kushtha*, as the symptoms described by *Acharya Charaka* closely resembles those of psoriasis. A 28-year-old male patient presented with complaints of severe itching, scaling, and redness on the face. He was treated with *Gandhaka Rasayana*, *Arogyavardhini Vati*, *pancha tikta grit*, *mandooka parani* powder, *guduchi* powder (internal administration), and coconut oil for local application. Significant improvement was observed in the parameters of *Kandu* (itching) and *Raga* (redness).

**Index Terms**—Eka Kushtha, Psoriasis, Papakarmaja Vyadhi, Kandu, Raga, Ayurveda.

## I. INTRODUCTION

In the current century, rapid changes in lifestyle including improper dietary habits, irregular daily routines, disturbed sleep patterns, and stress—have led to an imbalance of *doshas*, contributing to the onset of various diseases, including psoriasis. The skin, being the largest organ of the body as well as one of the five sense organs (*Panchendriya*), plays a vital role in maintaining overall health. Any internal imbalance in the body is often reflected externally through skin disorders. In *Ayurveda*, all skin diseases are broadly classified under the term *Kushtha*. According to *Acharya Charaka*, *Eka Kushtha* is a type of *Kshudra Kushtha*, predominantly caused by vitiation of *Vata*

and *Kapha doshas*. In the present study, psoriasis has been considered as a clinical correlate of *Eka Kushtha*, owing to the striking similarity between their signs and symptoms. The clinical features of *Eka Kushtha*, as described by *Acharya Charaka* such as *Aswedanam* (absence of sweating), *Mahavastu* (extensive lesions), and *Matsyashakalopamam* (scaling like fish skin) closely resemble those seen in psoriasis<sup>1</sup>. Globally, the prevalence of psoriasis is steadily increasing, making it a significant dermatological concern. Effective management requires a comprehensive understanding of available treatment options, along with awareness of their potential adverse effects. In *Ayurveda*, *Kushtha Roga* is not only a physical ailment but is also considered a *Paapkarmaja Vyadhi*<sup>2</sup> a disease arising due to past misdeeds highlighting its psychosomatic and karmic dimensions.

## II. CASE STUDY

A 28-year-old male patient visited opd, dept. Of *dravyaguna vigyana*, national institute of *ayurveda*, jaipur for *Ayurveda* management of a chronic skin condition.

### Presenting Complaints

The patient presented with multiple skin-related complaints persisting for the last two months. These included blackish discoloration on the hands and abdomen, severe itching, pronounced dryness, swelling on the face, and scaling of the skin.

### History of Present Illness

The patient reported no prior history of any dermatological illness. Approximately two months ago, he started developing reddish patches on his hands and abdomen, which were associated with

scaling and intense itching. He initially took allopathic treatment and experienced temporary relief. However, within a few days of discontinuation, the symptoms reappeared, prompting him to seek *Ayurveda* care.

#### *Ashtavidha Pariksha* (Eightfold Examination)

On examination, his pulse (*Nadi*) was found to be of *Pittavataja* type. His bowel movements (*Mala*) were regular once daily and urination (*Mutra*) was also normal, occurring four to five times a day. His tongue (*Jihva*) was *Saama*, indicating the presence of *Ama*. The voice (*Shabda*) was normal, and touch (*Sparsha*) was cold to feel. The eyes (*Drik*) appeared reddish, and his body build (*Akrti*) was lean (*Krusha*).

#### Local Examination

Severe dryness was noted on both hands. Scaling of the skin was evident, particularly over the hands. Mild redness was also observed on the facial skin.

#### *Nidana Panchaka* (Fivefold *Ayurveda* Diagnostic Criteria)

*Hetu* (Causative Factors): The patient reported habits such as frequent daytime sleep (3–4 times a week), chronic mental stress, daily bathing with cold water (*Sheetajala Snana*), regular alcohol consumption (3–4 times a week), excessive intake of cold water (*Sheetambu*), high salt consumption, and frequent consumption of fish (three times a week).

*Purvarupa* (Prodromal Symptoms): The patient initially experienced dryness and itching of the skin.

*Rupa* (Cardinal Features): This progressed to blackish discoloration, marked scaling, and itching.

*Upashaya/Anupashaya* (Relieving/Aggravating Factors): Symptoms worsened during the cold season, indicating an *Anupashaya* (aggravating) effect of *Sheeta* (cold).

*Samprapti* (Pathogenesis): Due to indulgence in the above *Hetus*, there was vitiation of *Tridoshas*, primarily *Vata*, *Pitta*, and *Kapha*, along with the involvement of *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle tissue), and *Ambu* (bodily fluids). This led to an increase in *Kleda* (moisture or pathological fluid) within the system, resulting in severe dryness, scaling, and discoloration of the skin. Based on classical signs and symptomatology, the condition was diagnosed as *Eka-Kushtha*.



### III. MATERIAL AND METHODS

#### Type of Study

This is a single case study conducted to evaluate the *Ayurveda* management of *Eka-Kushtha* (clinically correlated with psoriasis).

#### Sources of Material

Classical *Ayurveda* texts such as *Charaka Samhita*, *Sushruta Samhita*, and other authoritative compendia were referred to for the diagnosis, treatment planning, and theoretical understanding of the disease and its management.

#### Treatment Protocol:

The treatment was planned based on the principles of *Dosha-Dushya Samurchana*, *Samprapti Vighatana*, and the clinical presentation of the patient. The following line of treatment was adopted:

1. *Aama Pachana* – to digest accumulated toxins.
2. *Abhyantara Snehapana* – internal oleation .
3. *Mridu Virechana* – mild purgation for elimination of vitiated *Pitta* and associated *Doshas*.
4. *Krumighna Chikitsa* – anti-parasitic line of treatment to address underlying *Kleda* and possible microbial imbalance.
5. *Mridu Abhyanga* – gentle oil massage to pacify *Vata* and reduce dryness.

6. Lifestyle Modifications – avoiding known *Nidan*s like *Diwaswapna*, *Sheetambu*, alcohol, fish, excessive salt, and cold exposure.

7. Dietary Modifications – inclusion of light, digestible, non-oily, and non-spicy food; avoidance of incompatible food combinations (*Viruddha Ahara*).

Medicines Administered

1. *Gandhak Rasayana*<sup>3</sup> – 250 mg, thrice a day
2. *Arogyavardhini Vati*<sup>4</sup> – 250 mg, twice a day
3. *Panchatikta Ghrita Pana*<sup>5</sup> – 10 ml, on an empty stomach in the early morning
4. *Guduchi Churna* (*Tinospora cordifolia*)<sup>6</sup> – 1 gm, twice daily after meals
5. *Mandookaparni Churna* (*Centella asiatica*)<sup>7</sup> – 1 gm, twice daily after meals
6. Coconut oil<sup>8</sup> – for local application on the affected skin areas

The medications were administered for three months duration based on the patient's response, under continuous observation and follow-up.

PATHYA (Aahara and Vihara)

*Aahara* (Dietary Guidelines)

The patient was advised to follow a strict *Pathya* diet. He was instructed to completely avoid the consumption of alcohol and cold water (*Sheeta Ambu*). Intake of non-vegetarian foods, particularly fish, was strictly restricted. Excessively salty, spicy, and heavy foods were also prohibited. Instead, easily digestible,

warm, freshly prepared meals were recommended, incorporating mild spices and a balanced use of ghee or oil to support digestion and skin health.

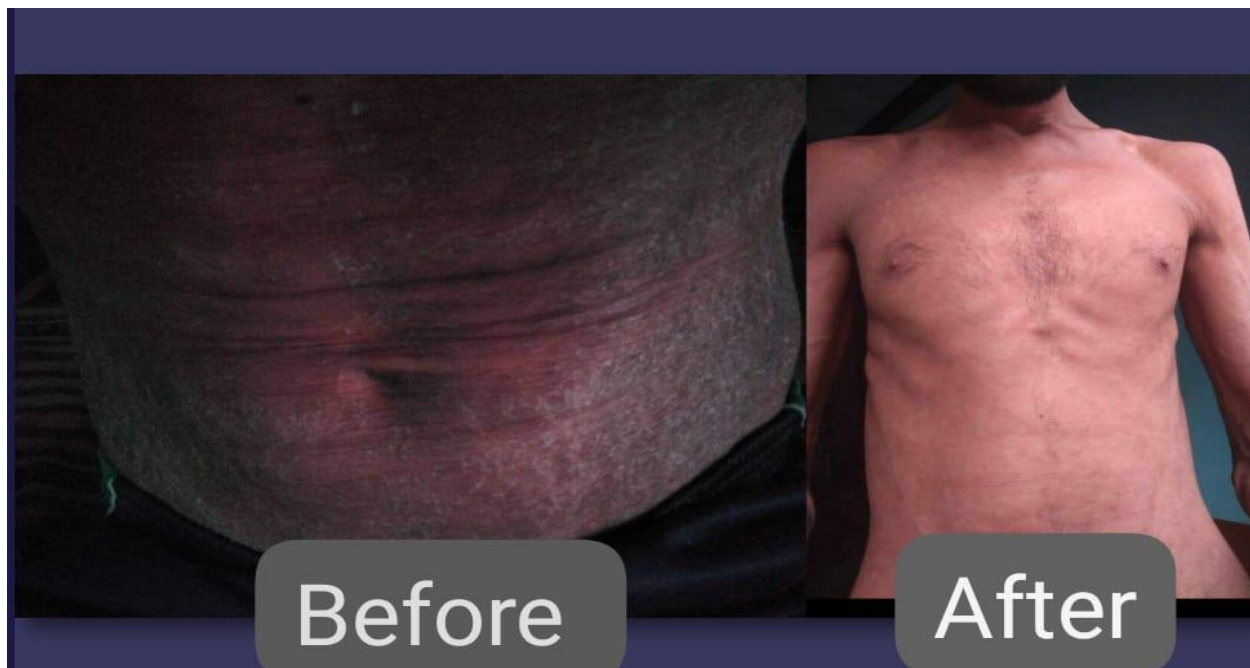
*Vihara* (Lifestyle Guidelines)

Lifestyle modifications included avoidance of cold-water bathing (*Sheetajala Snana*) and strict restriction on daytime sleep (*Diwaswapna*), both of which are considered aggravating factors in *Kushtha Roga*. The patient was encouraged to maintain a regular daily routine, practice stress reduction techniques such as light physical activity and relaxation breathing, and ensure timely sleeping and waking hours.

#### IV. RESULT

Following the *Ayurveda* treatment protocol and adherence to *Pathya-Apathya*, a marked improvement was observed in the patient's symptoms. The severe itching that was initially present had completely subsided. The blackish discoloration of the skin had transformed into a normal, healthy skin tone. Scaling of the skin, which was initially severe, had reduced to a mild level. Similarly, the dryness of the skin had decreased significantly, and inflammation, which was earlier prominent, was no longer present. Overall, the patient's condition showed substantial improvement with *Ayurveda* intervention and lifestyle correction.

#### CLINICAL IMAGES



## V. DISCUSSION

The classical *Ayurveda* formulations used in this case contributed synergistically to the overall improvement in the patient's condition: *Gandhak Rasayana* is a potent *Kushtaghna*, *Kandughna*, *Raktashodhaka*, *Vranaropaka*, *Twachya*, and *Krumighna* drug. Its primary action is on skin diseases (*Kushtha Roga*), where it helps reduce itching, clear infections, and improve skin complexion. *Arogyavardhini Vati* is primarily *Kaphaghna* and *Kleda Shoshaka*. It improves the functional properties of the skin (*Tvak*). The formulation contains *Guggulu* and *Shilajatu*, processed into *Kajjali Kalpa*, which acts as a potent *Kapha* and *Kleda Nashaka*. *Triphala*, another important ingredient, helps in *Kleda* absorption and *Kapha* balancing, while *Kadunimba* is especially useful in various types of *Kushtha* due to its *Kapha-Kushtaghna* property. *Panchatikta Ghrita* is known for its deep *Raktashodhana* and *Kushtaghna* effects. It pacifies all three *Doshas* and is especially beneficial in chronic skin disorders. *Guduchi Churna* acts as an excellent *Rasayana*, *Kushtaghna*, and *Tridoshaghna*, strengthening immunity and cleansing the *Rakta Dhatu*. *Mandookaparni Churna* (*Centella asiatica*) improves skin health, enhances wound healing, and supports regeneration of skin tissue, making it useful in chronic dermatoses. Coconut Oil applied locally provided soothing and emollient effects, helping to reduce dryness, scaling, and irritation. The *Shamana* (pacifying) *chikitsa*, along with *Pathya-Apathya* adherence, contributed to sustained relief and overall improvement in quality of life.

## VI. CONCLUSION

The *Ayurveda* line of treatment demonstrated highly effective results in the management of psoriasis, showing a significant reduction in the patient's signs and symptoms. Among the formulations used, *Arogyavardhini Vati*, known as a *Sarva-Kushtha Vinashini* as per classical texts, played a crucial role due to its broad-spectrum efficacy in skin disorders. As mentioned in the *Charaka Samhita*, *Vātottareṣu Sarpipāṇaḥ* the use of medicated ghee (in this case,

*pancha tikta Ghrita*) is highly beneficial in *Kushtha* due to its potent *Kushtaghna* (anti-dermatological) properties. Also effect of *gandhaka rasyana*, *mandooka parani* powder and *guduchi* powder have with remarkable in *eka kushtha*. In this case, significant clinical improvement was observed following the administration of *Shamana Aushadhi* (palliative medications). These results indicate that internal *Ayurveda* medications, along with proper lifestyle and dietary regulation, can be a valuable therapeutic approach in the effective management of psoriasis.

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