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AYURVEDIC MANAGEMENT OF *EK-KUSTHA* W.S.R. TO PSORIASIS A CASE STUDY

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ABSTRACT

Psoriasis is a chronic immune-mediated inflammatory skin disorder that significantly affects the quality of life of patients due to its recurrent nature and visible skin manifestations. In Ayurveda, psoriasis can be correlated with *Ek-Kustha*, one of the varieties of *Kustha Roga*, characterized by symptoms such as *Aswedanam* (absence of sweating), *Mahavastu* (extensive lesions), *Matsya-shakalopama* (scaling resembling fish scales), *Kandu* (itching), and *Twak-vaivarnya* (skin discoloration). The present case study evaluates the effect of *Ayurvedic* management in a patient diagnosed with plaque psoriasis. **Case**: A 30-year-old male patient presented with erythematous scaly plaques over the elbow joints, flanks and back region associated with itching and dryness for one year. **Treatment**: The treatment protocol included *Deepana-Pachana* therapy, *Anulomana*, and Virechana-oriented internal medications such as Nagradi Vati, Nilinadi Vati, Sransana Vati, Kiratadi Vati, and *Abhaya Vati* along with local application of Wrightia tinctoria oil (777 oil). Dietary regulation and *Nidana Parivarjana* were also advised. The treatment was continued for 75 days. **Result**: Assessment was carried out using parameters such as discoloration, extent of lesion, scaling, anhydrosis, itching, Candle grease sign, and Auspitz sign. After completion of treatment, significant improvement was observed in all clinical symptoms, and most of the signs reduced to normal grades. **Conclusion**: The case demonstrates that Ayurvedic therapeutic approaches focusing on dosha-shamana,

detoxification, and correction of digestive metabolism may provide effective management in psoriasis *(Ek-Kustha).*

INTRODUCTION

Psoriasis is a chronic, immune-mediated inflammatory skin disorder that commonly develops in individuals with a strong genetic predisposition.[1] In 2014, the World Health Organization officially recognized psoriasis as a "chronic, non-communicable, painful, disfiguring and disabling disease with no definitive cure," emphasizing its profound impact on patients' quality of life due to the considerable emotional, social, and economic burden associated with the condition.[2] Psoriasis prevalence is reported in only about one-fifth of countries worldwide. The prevalence ranges from about 0.14% in East Asia to 1.99% in Australasia. The distribution of psoriasis varies across geographical regions and ethnic groups, with higher prevalence among Caucasian populations in Central and Western Europe (1.83%–1.92%) and North America (1.50%).[3,4]

Psoriasis can occur at any age, but two common peaks of onset are observed. In men, the disease usually appears between 30–39 years and 60–69 years, while in women it commonly begins between 18–29 years and 50–59 years. In children, prevalence is relatively low, ranging from 0.13% in 0–2 years to 0.67% in 14–18 years.[5]

The disease affects both sexes equally, but men often experience more severe forms of psoriasis and therefore receive systemic biological therapy more frequently than women.[6]

Psoriasis manifests in five major clinical forms: plaque psoriasis (psoriasis vulgaris), guttate psoriasis, erythrodermic psoriasis, pustular psoriasis, and inverse (flexural) psoriasis. Among these, plaque psoriasis is the most prevalent and clinically recognizable type. It is characterized by well-demarcated erythematous plaques covered with silvery white scales. Removal of these scales may produce pinpoint bleeding, a characteristic feature known as the Auspitz sign. Lesions commonly appear symmetrically on extensor surfaces of the limbs, sacral region, scalp, and retro auricular areas.[7]

The scalp is the most frequently affected site, involved in nearly 79% of patients, and in severe cases may lead to increased hair shedding, diffuse hair loss, or rarely scarring alopecia.[8,9]

More than 50% of individuals with psoriasis also exhibit nail involvement, which is often considered an indicator of severe disease and may precede the development of Psoriatic Arthritis, observed in approximately 70–80% of patients with nail psoriasis.[10] Common nail changes include nail pitting, onycholysis, subungual hyperkeratosis, nail plate abnormalities, and splinter hemorrhages, while oil-drop (salmon-colored) discoloration is reported less frequently.[11]

Psoriasis is similar to *Ek-Kustha* in feature like Itching, scaling, and skin discoloration. Main clinical features of *Ek-kushta* are *Aswedanam*(Absence of sweating), *Mahavastu* (ext-ends skin lesion), *Matsya Shakalopam* (skin scales resemble the scales of fish).[12] Although all types of *Kushtha* are considered *tridoshaja* in origin, *Ek-Kushtha* is described with predominance of *Vata* and *Kapha* by *Acharya Charaka*.[13] & *Acharya Vagbhata*.[14] while *Acharya Sushruta* has emphasized the predominance of *Kapha*.[15] In Ayurvedic classics, *Virechana* therapy is recommended in skin disorders for the elimination of aggravated *Pitta* and *Rakta dosha (Charaka Samhita, Chikitsa Sthana 7/39–40).*

Case study: A 30-year Male Patient comes in our hospital Govt. Ayurvedic college and hospital Patna Bihar for Ayurvedic treatment.

Case Report: - A 30 years old male patient came to us with following chief compliant.

Table 1: Showing symptoms & duration of patient.

NO.	Chief complaints	Duration
1.	Right and left Elbow joints, Right and left flank area, Back region *Twakvaivarnya* (discoloration)	1 year
2.	*Yanamasyoshaklopamam* (erythematous patches rounded and irregular shape appearing as silvery scale)	1 year
3.	*Kandu* (itching)	1 year
4.	*Twakrukshata* (dryness)	1 year

History of present Illness

A 30-year-old male patient presented with reddish erythematous plaques on the elbow joints, flank areas, and back region. He complained of itching and a burning sensation over the affected areas. According to the patient's history, these complaints had been present for the last one year. The patient had previously taken modern medicine, but obtained only temporary symptomatic relief. The severity of the symptoms gradually increased day by day, so he visited our hospital for Ayurvedic treatment.

Past history

No any H/o

- DM / Hypertension / Thyroid disorder
- Trauma
- Addiction
- *Kulaja Vritta* (Family history)-Not Specific

Dashvidha Pariksha

- *Prakriti - Vata pitta*
- *Vikriti - Dushya - VPK Pitta Pradhan*
- *Sara - Meda Sara*
- *Samhanana – Madhyam*
- *Pramana - Madhya*
- *Satmya - Avara Satva - Madhyama*
- *Ahara Shakti - Madhyam*
- *Vyayam Shakti - Avara*
- *Vaya – Madhyam*

***Vaiyaktika Vritta* (Personal history)**

Appetite was reduced. Predominant rasa in *Ahara* was *Madhura.* Sleep was disturbed due to heavy itching. Habit of incomplete evacuation of bowel.

Ashtavidha Pariksha

- *Nadi* (Pulse) - *Vata Kaphaj*
- *Mutra* (Urine) - Frequency and colour of Mutra (urine) were normal with no *Daha*.
- *Mala* (Stool) - *Mala* (stool) was constipated and feeling of incomplete evacuation was there.
- *Jivha* (Tounge) - White Coated
- *Shabda* (Voice) – Clear
- *Sparsh* (Skin) - Sheet
- *Drika* (Eye) – Normal
- *Akriti* (General Appearance) - Normal

General Examination

- Pulse rate - 72/min
- BP - 120/80 mm/Hg
- Temp - 98.6°F
- R/R - 18/min.
- Conjunctiva - Clear
- Nails – NAD

Systemic Examinations

Cardiovascular system, respiratory system and per abdomen examinations had shown no deformity.

Local Examination

Lesions were scaly erythematous plaque, present on elbow joints region, flanks area and back region. Lesions were symmetrical and well demarcated.

Auspitz sign: Present Candle grease sign – Present.

Diagnosis: On the basis of clinical history and examination the condition was diagnosed as Plaque Psoriasis.

Treatment protocol

Total duration: -75 day

1. *Deepana Pachana (Jira+Ajwain+Shoth*) with *Nagradi Vati (Pippali + Marich+ Shoth* +Jaggery) 500 mg BD for 75days.
2. *Anuloman* with *Abhya Vati (Haritiki*)500mg TDS for 75-day days.
3. *Nilinyadi Vati (Nili +Ajgandha +Trivut+Katuki*) 500 mg BD with lukewarm water for initial 30 days and later *Sransana vati (Nili +Aragvadh+Trivut*) 500 mg BD with lukewarm water for later 35days
4. *Kiratadi vati(Kalmegh+Yasthimadhu)* 500 mg BD with lukewarm water for 75days.
5. 777 oils for Local application

Nidana Parivarjan: The patient was strictly prohibited from following any dietary regimens or consuming any foods that would vitiate Doshas and produce symptoms.

The patient was instructed to avoid consuming fish meat, guru, *viruddha ahara*, *amla -lavana rasa*, *til & gud (jaggery*), too much milk, etc.

Pathya Sevana: -By using Pathya as a synonym for "Therapy," *Charaka* demonstrates the importance of *Pathya* (Wholesome) and *Apathya* (Unwholesome) in Ayurveda. *Pathya* (wholesome) and *Apathya* (unwholesome) are notions that *Charaka* has explored in detail.

Criteria of `Assessment

The following WHO recommendations were used to assess the patient's Lakshanas**.**

1. **Twakavaivarnya (Discoloration)**

1.	Normal color	0
2.	Reddish discoloration	1
3.	Slight black reddish discoloration	2
4.	Blackish red discoloration	3

2. **Mahavastu (Extension of Lesion)**

1.	No lesion	0
2.	Lesion on partial part of hand, leg, neck, scalp, hand and back	1
3.	Lesion on whole part of hand, leg, neck, scalp, hand and back	2
4.	Lesions over whole body	3

3. **Matsyashaklopamam (Scaling)**

1.	No Scaling	0
2.	Mild scaling by rubbing	1
3.	Moderate scaling by rubbing	2
4.	Severe scaling by rubbing	3

4. **Aswedanam (Anhydrosis)**

1.	Normal	**0**
2.	Present in few lesion	1
3.	Present in all lesion	2
4.	Aswednam in lesion	3

5. **KANDU (Itching)**

1.	Absent	0
2.	Slight (not affecting daily work)	1
3.	Moderate (tolerable/ affecting daily work)	2
4.	Be intense and frequent (not tolerable/ affecting daily work and sleep)	3

6. Candle Grease Sign

1.	Absent	0
2.	Used to be now not now	1
3.	Occurs in small amount	2
4.	Occurs in excess	3

6. Auspitz Sign

1.	Absent	0
2.	Used to be now not now	1
3.	Occurs in small amount	2
4.	4. Occurs in excess	3

RESULT

Symptom	Before Treatment	After Treatment
Reddish discoloration	G1	G0
Extents of lesion	G1	G0
scaling	G1	G0
Anhidrosis	G2	G0
Kandu	G3	G0
Candle Grease sign	G2	G0
Auspitz sign	G3	G0

Before treatment





After treatment





DISCUSSION

In line of treatment, we think about *Aampachan, dipan, tridosha shamak and Rakta Shodhak Chikitsa*. In Ayurvedic classics, *Virechana* therapy is recommended in skin disorders for the elimination of aggravated *Pitta* and *Rakta dosha* (*Charaka Samhita, Chikitsa Sthana* 7/39–40). Based on this principle, medicinal purgative drugs were planned to be administered to the patient with the intention of performing *Virechana.*

- Due to faulty lifestyle, irregular food habits, poor food quality, disturbed sleep, and stress, there is vitiation of *Tridosha* and disturbance of *Jatharagn*i (digestive fire). This leads to *Agnimandya* (low digestion) and *Ajirna* (indigestion). Improper digestion causes formation of *Aama*, which further initiates various diseases." Hence *Deepana–Pachana Chikitsa* advised. Drugs like *Nagradi (Deepana*) and *Jeera*, *Ajwain*, *Shunthi (Pachana*) are given."
- *Acharya Charaka* stated *Haritaki* as best among the herbs to be used regularly. *Haritaki*.[16] is the best among *Pathya* (wholesome) Dravya.[17] According to *Achraya Sharangdhar,* it is the best among *Anulomana* (mild laxative) *Dravyas*.[18] It helps in preventing infections, promotes wound healing.[19] and maintains natural glow and health of the skin. *Kshutghana Mahakashaya* is the group of drugs described by *Acharya Charaka(ch.su.4/13) and Sushruta (Su.chi.9/10).*

- [20]Skin disorders in Ayurveda are mainly caused by the vitiation of *Pitta* and *Kapha doshas* along with the accumulation of toxins (*Ama).* *Virechana dravyas* such as *Nili* (*Indigofera tinctoria*), *Ajagandha* (*Aristolochia bracteata*), *Trivrit* (*Operculina turpethum*), *Katuki* (*Picrorhiza kurroa*), and *Aragvadha* (*Cassia fistula*) are traditionally used for detoxification and purification of the body. These herbs help eliminate vitiated *doshas* and metabolic wastes from the gastrointestinal tract through purgation. *Trivrit* acts as a strong purgative, *Katuki* exhibits Bhedana action by breaking hardened waste, and *Aragvadha* provides mild purgation. Through their cleansing action, these drugs help reduce the pathological factors responsible for various skin diseases and support the restoration of normal skin health.

- [21]*Aragvadh* (Cassia fistula) is described in *Charaka Samhita* as a mild purgative drug and is indicated in *Kushtha* (skin disorders). It helps in eliminating toxins from the body and reduces *Kapha* and *Pitta dosha*, thereby improving skin diseases such as itching, infection and inflammation.

- [22]*Kalmegh* (*Andrographis paniculata*) is described in *Ayurvedic* texts as a bitter herb with *Tikta rasa, Ushna virya*, and *Katu vipaka*. It has *Kapha-Pitta dosha-shamaka* properties and is traditionally used in diseases such as *Kushtha* (skin disorders), *Krimi*, fever, and liver diseases. These pharmacological properties help in reducing infection, inflammation, and toxins in the body, which supports the treatment of skin diseases.

- Glycyrrhiza glabra (*Yashtimadhu*) is described in classical Ayurvedic texts as a drug having *Madhura Rasa, Guru* and *Snigdha Guna, Sheeta Virya*, and *Madhura Vipaka*, which help in pacifying *Vata* and *Pitta dosha* and nourishing body tissues (*Charaka Samhita Sutrasthana* 27/232–233; *Ashtanga Hridaya Sutrasthana* 6/144). It is also known for its *Varnya* (complexion enhancing), *Twachya* (beneficial for skin), and *Vrana-ropana* (wound healing) properties which make it useful in the management of various skin disorders and inflammatory conditions (*Sushruta Samhita Sutrasthana* 38/23).

- [23]Modern pharmacological studies show that *Yashtimadhu* contains active constituents such as glycyrrhizin, glycyrrhetinic acid, and flavonoids, which possess anti-inflammatory, antioxidant, antimicrobial, and immunomodulatory activities, supporting its use in dermatological conditions.

- [24]For external application, 777 oil (Wrightia tinctoria oil) was used. Oil prepared from the leaves of *Wrightia tinctoria* is traditionally used to treat psoriasis and other chronic inflammatory skin diseases. *Wrightia tinctoria* oil helps in the management of psoriasis by inhibiting the hyperproliferation of keratinocytes, which is a major pathological feature of the disease. It also down-regulates inflammatory cytokines such as IL-17 and IL-23, thereby reducing inflammation in the affected skin. Additionally, it promotes apoptosis in abnormal or excessively proliferating skin cells, helping to normalize epidermal turnover. Due to these combined effects, the topical application of *Wrightia tinctoria* oil reduces erythema, scaling, and thickness of psoriatic lesions, leading to improvement in the overall condition of the skin.

- *Pathya–Apathya* (Dietary Advice): The patient was advised to strictly follow dietary regulations during the treatment period. *In Apathya* (unwholesome diet), the patient was instructed to avoid milk, curd, paneer, non-vegetarian food, fermented food, dry food, sesame seeds (til), and vegetables such as potato, brinjal, ladyfinger, jackfruit,

cabbage,radish and cauliflower, as these foods may aggravate the Doshas and worsen skin disorders.

In Pathya (wholesome diet), the patient was advised to consume a light and easilydigestible diet including moong dal (approximately 50% of the meal), *ushna chawal* (warm cooked rice), and vegetables such as pointed gourd (*parwal),* pumpkin (*kadu*), bitter gourd (*karela*), and sponge gourd (*nenua*). The patient was also advised to drink lukewarm water regularly. The patient followed these dietary guidelines throughout the treatment period

CONCLUSION

The present case study highlights the effectiveness of *Ayurvedic* management in the treatment of *Ek-Kustha* (psoriasis). The combination of *Deepana-Pachana* therapy, *Anulomana, Virechana*-based herbal formulations, and topical application of Wrightia tinctoria oil showed significant improvement in clinical symptoms such as discoloration, scaling, itching, and extent of lesions. The results suggest that Ayurvedic principles targeting *dosha* imbalance, elimination of accumulated toxins (*Ama*), and restoration of digestive fire (*Agni*) play an important role in the management of chronic skin disorders. Although this is a single case study, the outcome indicates that a holistic Ayurvedic approach along with proper diet and lifestyle modification can be beneficial in the management of psoriasis.

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