ISSN:3139-0935(Online)

Intemed: International Journal of Research in Integrated Medical Sciences (IJ-RIMS)

Journal homepage: www.intemed.in

Vol.: 2 | Issue: 10 | Oct 2026

Article History: Received: 15-10-2026 Accepted: 20-10-2026 Published:30-10-2026

DOI: doi.org/10.68108/intemed.v2.i10.26

Case Study

Ayurvedic Management of Ekakushtha with Special Reference to Psoriasis: A Case Study

Dr. Shirish Shahaji Boyane[1], Dr. Meenakshi Rewadkar-Kole[2], Dr. Bharat Kadlaskar[3]

[1] P.G. Scholar (M.D. Final Year), Department of Kayachikitsa, R.A. Podar Medical College (Ayu.), Worli, Mumbai, Maharashtra, India.
Email: ssboyane1998@gmail.com

[2] R.A. Podar Medical College (Ayu.), Worli, Mumbai, Maharashtra, India.
Email: drmrevadkar@yahoo.com

[3] R.A. Podar Medical College (Ayu.), Worli, Mumbai, Maharashtra, India.
Email: drkadlaskar@gmail.com

Abstract :

Background: Eka Kushtha, classified under Kshudra Kushtha in Ayurvedic classics, is characterized by Aswedanam (absence of sweating), Mahavastu (extensive skin involvement), and Matsya Shakalopama (fish-scale-like scaling). Its clinical manifestations share similarities with chronic plaque psoriasis, a chronic, immune-mediated inflammatory skin disorder characterized by erythematous plaques and silvery-white scales.

Case Presentation: A 52-year-old male patient presented with widespread scaly skin lesions involving the scalp, bilateral upper and lower limbs, abdomen, and back, accompanied by persistent itching and powder-like scaling for eight years. Based on the clinical presentation and symptomatology, the condition was assessed as Eka Kushtha with features suggestive of chronic plaque psoriasis.

Ayurvedic Perspective: The condition can be understood through the Ayurvedic concepts of Tridosha involvement, with a predominance of Vata and Kapha Dosha, and the pathogenesis associated with Dosha-Dushya Sammurchhana. The involvement of Twak, Rakta, Mamsa, and Lasika provides a theoretical framework for understanding the chronicity, scaling, and extensive distribution of lesions. Ayurvedic management emphasizes an individualized approach incorporating Shodhana, Shamana, and appropriate external and internal therapies.

Conclusion: This case highlights the clinical correlation between Eka Kushtha and chronic plaque psoriasis and illustrates the relevance of Ayurvedic principles in understanding chronic dermatological conditions. Further documentation of treatment response and long-term follow-up is necessary to evaluate clinical improvement, disease recurrence, and the durability of therapeutic outcomes.

Keywords: *Eka Kushtha, Psoriasis, Kshudra Kushtha, Ayurveda, Vata-Kapha, Dosha-Dushya Sammurchhana.*

Introduction :-

Ekakushtha is described as one of the Kshudra Kushtha in Ayurvedic Samhitas. Kushtha, which continues to be a significant dermatological problem worldwide, has been elaborately described in ancient Indian classics such as Charaka Samhita, Sushruta Samhita, Ashtanga Sangraha, Ashtanga Hridaya, and Yogaratnakara. According to Ayurvedic literature, Kushtha refers to a group of skin disorders resulting from the vitiation of Doshas and Dushyas. Ekakushtha is characterized by the absence of sweating (Aswedanam), extensive skin lesions (Mahavastu), and scales resembling fish skin (Matsyashakalopama). It is described in detail with regard to its etiology, pathogenesis, prognosis, complications, and management. The ancient Ayurvedic texts also emphasize the role of dietary habits, lifestyle factors, environmental influences, and hereditary predisposition in the causation of Kushtha. Ekakushtha, though described centuries ago, continues to pose a therapeutic challenge in the modern era and is often correlated with psoriasis due to its clinical similarities.

The pathogenesis of Ekakushtha indicates that the vitiation of the three Doshas (Vata, Pitta, and Kapha), along with the involvement of Dushyas such as Twak (skin), Rakta (blood), Mamsa (muscle tissue), and Lasika (lymph), plays a crucial role in the development of the disease. Among the Doshas, Vata and Kapha are predominantly involved in the Samprapti (pathogenesis) of Ekakushtha. Acharyas have described Kushtha as a Tridoshaja disorder and classified it into Mahakushtha and Kshudra Kushtha, with Ekakushtha being one of the important Kshudra Kushtha varieties.

In the present era of globalization, rapid changes in lifestyle have significantly affected human health. Unhealthy dietary habits, excessive consumption of incompatible foods (Viruddhahara), irregular eating patterns, lack of physical activity, psychological stress, and disturbed sleep adversely influence the body's metabolism and immune response. These factors contribute to the increasing prevalence of chronic skin disorders. Psoriasis is a chronic, immune-mediated inflammatory skin disease characterized by erythematous, well-demarcated plaques covered with silvery-white scales, often associated with itching, dryness, and recurrent exacerbations. The prevalence of psoriasis is increasing worldwide and significantly affects the quality of life of affected individuals. Considering its clinical presentation and pathogenesis, Ekakushtha can be closely correlated with psoriasis and remains an important area of Ayurvedic research and management.

Case study :

A 55 year old male patient came to OPD with symptoms of

1) widespread scaly skin lesions involving the scalp, both upper and lower limbs, abdomen, and back
2) persistent itching
3) constipation
4) pain in the leg while standing for the long time
5) burning sensation in chest

recurrent episodes since last 8 years

Patient was admitted to IPD of kayachikitsa department (M.A.Podar Hospital Worli Mumbai)

History of present illness:

The patient was asymptomatic before 8 years gradually he developed persistent itching, silvery scales and widespread plaques which are highly suggestive of Ekakushtha (a chronic inflammatory skin disease, most likely psoriasis.)

Past History:

N|K|C|O DM|HTN|BA|PTB|Pneumonitis|pleural effusion|hypothyroidism

No any major surgical illness

No history of blood transfusion

Personal History:

Marital status- married

No any specific addiction history

No significant family history

Hetusevan:

Aharaj:Excessive fish, mutton, chicken,High salt intake,pickle,papad,namkeen

Curd,buttermilk

Viharaj:Divaswap,Mutra purish vegdharan

O/E(on examination)

BP	110/70mm of Hg
Pulse Rate	80/min
SPO2	98%on R.A.
Temperature	96.9
RBS	102

S/E

RS-AEBE Clear

CVS-S1S2normal

CNS-conscious and oriented

Urine-clear

Stool-normal

Pallor-absent

Icterus-absent

P/A- Liver,Spleen,Kidneys-nonpalpable

ECG-no any significant changes

X-ray Chest(PA view)-no any significant changes

INVESTIGATION DONE:

Blood examination:

Sr.no	parameter	
01	Hb	14.4
02	RBC	4.83
03	WBC	6.45
04	Platelet	306000
05	neutrophils	58%
06	Lymphocytes	07%
07	Monocytes	8.4%
08	Eosinophils	5.7%
09	ESR	07%
10	RA	Positive

Samprapti Ghatak

Dosha: Vata-Kapha Pradhan Tridosha

Dushya: Twacha, Rasa, Rakta, Mansa, Lasika

Srotas: Rasavaha, Raktavaha, Mansavaha, Swedavaha

Srotodushti: Sanga, Vimargagamana

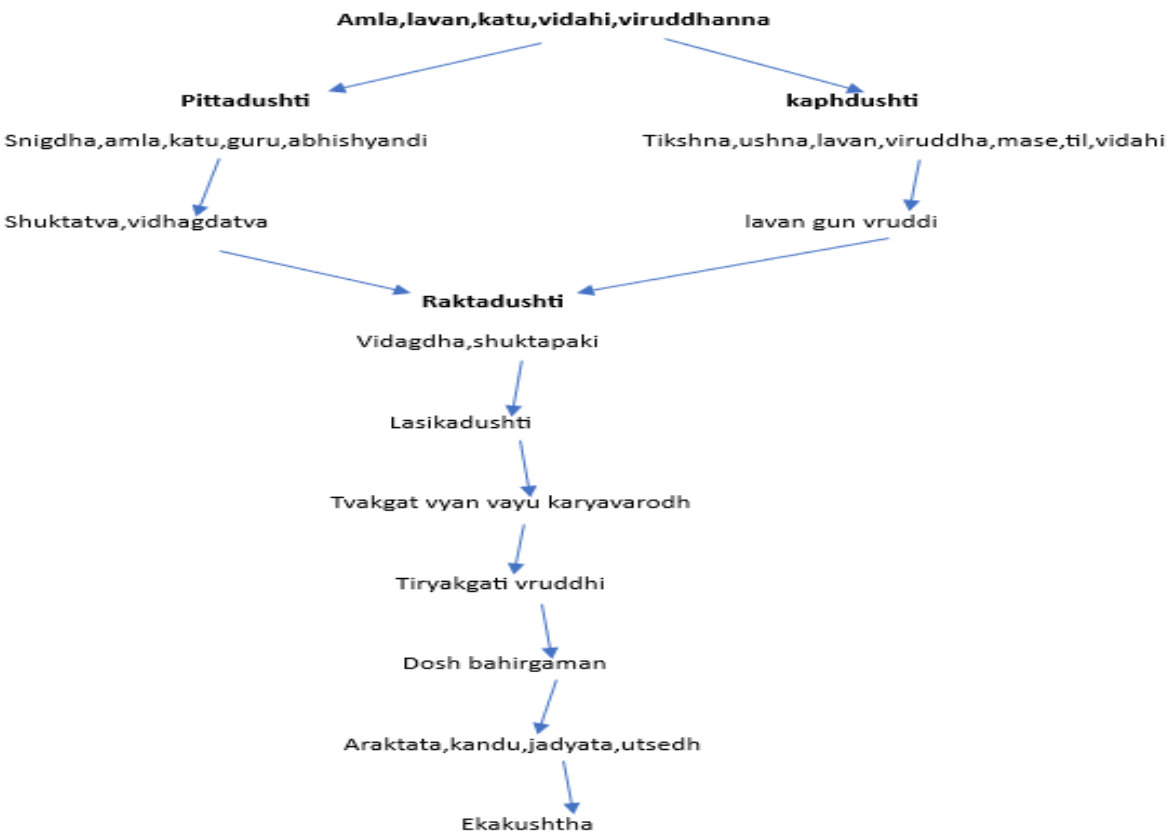
Agni: Jatharagni va Dhatvagni Mandya

Udbhavasthana: Amashaya

Vyaktasthana: Twacha

Rogamarga: Bahya

Ekakushtha Samprapti:



ASSESSMENT CRITERIA

Score	आरक्तता (Redness)	कण्डू (Itching)	जाड्यता (Thickness)	वल्कल (Scaling)
0	No redness	No itching	Skin thickness same as surrounding normal skin	No scales
1	Redness involving <25% of lesion area	Itching present occasionally	Slightly raised lesion on palpation	Scales present on <25% of lesion area
2	Redness involving 25–50% of lesion area	Itching present several times during the day	Clearly raised lesion	Scales present on 25–50% of lesion area
3	Redness involving 51–75% of lesion area	Itching present throughout the day	Markedly elevated plaque	Scales present on 51–75% of lesion area

4	Redness involving >75% of lesion area	Persistent itching with sleep disturbance	Prominent plaque with maximum elevation	Scales present on >75% of lesion area

Patient was treated with shodhan and shaman chikitsa:

Shodhana Chikitsa:

Kushtha is a Bahudoshaja, Tiryakgami and Dhatugata Vyadhi involving Twak, Rakta, Mamsa and Lasika. Due to Bahudoshavastha, Shodhana Chikitsa is considered the primary line of management. Shodhana helps in mobilization of Doshas from Shakha to Koshtha and their subsequent elimination, thereby breaking the fundamental Samprapti of the disease. Virechana was selected as the principal Shodhana procedure because of its ability to eliminate vitiated Pitta and Kapha, purify Rakta, remove Kleda and perform Srotoshodhana.

Snehapan – tiktak ghrut Snehapan,((18/02/2025) to (26/02/2026)

Sarvanga Snehan & Parisvedan.(27/02/2026)

Virechan – Abhayadi modak +Ak Pills.((27/02/2026)

Sansarjan Kram :- 3 days.(27/02/2026) to(29/02/2026)

Shaman chikitsa: . After elimination of the major Dosha load, Shamana Chikitsa was administered for Pachana of Shesha Doshas, maintenance of Agni, Dhatu Prasadana and prevention of recurrence. Thus, the combined approach of Shodhana followed by Shamana effectively addresses both the root pathology and residual disease process in Ekakushtha.

SR NO	Drug Name	Dose	Time	Duration
01	Ajamodadi Vati	2 tablets(500mg)	Before meal	8 days
02	Arogyavardhini vati	2 tablets(500mg)	After meal	45 days
03	Aragwadh kapila vati churn	3gm	Bed time	45 days
04	Trifala,bakuchi,musta,vidang,guduchi kwath	20ml	Before meal	45 days
05	psoracare oil	As per need	Twice a day	45 days
06	Jeevantyadi malhar	As per need	Twice a day	45 days
07	Ambehalad, Vidang, Karanj, Bakuchi Kwath Dhavan	As per need	morning	45 days

Assessment of patient before and after tretment

LAKSHANA	BEFORE	AFTER

Redness (Araktata)	Redness involving 51–75% of lesion area	0 (No redness)
Itching (kandu)	Itching present throughout the day	0 (No itching)
Thickness (utsedh)	Prominent plaque with maximum elevation	0 (Skin thickness same as surrounding normal skin)
Scaling (valkal)	Scales present on >75% of lesion area	0 (No scales)



AFTER TREATMENT

DISCUSSION

Snehapana

Achha Snehapana was administered as Purvakarma for Shodhana. Internal oleation helps to:

Liquefy and mobilize vitiated Doshas from peripheral tissues (Shakha) towards the gastrointestinal tract (Koshtha).

Reduce Rukshata and Kharatva of skin caused by aggravated Vata.

Facilitate proper elimination of Doshas during Virechana.

Improve Agni and enhance tissue nourishment.

Sarvanga Snehana and Swedana

External oleation and sudation were performed to:

Further mobilize accumulated Doshas towards the Koshtha.

Relieve stiffness, dryness and scaling of skin.

Improve peripheral circulation and soften psoriatic plaques.

Open obstructed Srotas and facilitate Dosha expulsion.

Virechana Karma with Manibhadra Avaleha

Virechana is considered the principal Shodhana therapy in Kushtha. It helps by:

Eliminating vitiated Pitta and Kapha Doshas.

Purifying Rasavaha and Raktavaha Srotas.

Removing accumulated Ama and Kleda.

Reducing inflammation, erythema, itching and scaling.

Breaking the pathogenesis of Kushtha and preventing recurrence.

Samsarjana Krama

Following Virechana, Samsarjana Krama was advised to:

Restore digestive power (Agni).

Gradually re-establish normal diet.

Promote proper digestion and assimilation.

Prevent complications following Shodhana.

Role of Shamana Chikitsa

1. Ajamodadi Vati

Ajamodadi Vati was administered before meals for 8 days.

It helps in:

Digestion of Ama.

Correction of Agnimandya.

Improvement of metabolic functions.

Reduction of Kapha accumulation and Srotorodha.

2. Arogyavardhini Vati

Arogyavardhini Vati was given after meals for 45 days.

Its actions include:

Deepana and Pachana.

Raktashodhana.

Hepatoprotective and metabolic regulation.

Reduction of chronic inflammatory processes.

Improvement of skin metabolism and tissue detoxification.

3.Aragwadh kapila vati Churna

Administered at bedtime.

It acts as:

Mild Anulomaka and Vatanulomaka.

Relieves constipation and bowel irregularities.

Eliminates accumulated Doshas through the gastrointestinal tract.

Supports proper functioning of Apana Vayu.

4. Triphala, Bakuchi, Musta, Vidanga and Guduchi Kwatha

This formulation was selected because of its Kushthaghna, Deepana-Pachana, Raktashodhaka and Rasayana properties.

Triphala

Antioxidant and Rasayana.

Improves digestion and detoxification.

Supports tissue regeneration.

Bakuchi

Classical Kushthaghna drug.

Stimulates pigmentation and skin healing.

Possesses immunomodulatory activity.

Musta

Aamapachaka and Deepana.

Reduces inflammation and Kapha aggravation.

Vidanga

Removes accumulated toxins.

Corrects metabolic disturbances.

Acts as Krimighna and Kledahara.

Guduchi

Tridoshaghna and Rasayana.

Immunomodulatory and anti-inflammatory.

Reduces oxidative stress and supports skin healing.

External Therapies

5. Psoracare Oil

Applied locally twice daily.

It helps in:

Softening scales.

Reducing dryness and itching.

Improving hydration of affected skin.

Promoting healing of psoriatic plaques.

6. Jeevantyadi Malahara

Applied twice daily.

Its actions include:

Twachya and Vranaropana effects.

Reduction of inflammation and irritation.

Moisturization of skin.

Promotion of epithelial regeneration.

7. Ambehalad, Vidanga, Karanja and Bakuchi Kwatha Dhavana

Used for local washing of lesions.

Ambehalad (Curcuma amada)

Anti-inflammatory and antioxidant.

Vidanga: Kledahara and Krimighna.

Karanja: Kandughna and Kushthaghna.

Reduces itching and scaling.

Bakuchi:Promotes healthy skin regeneration.Supports normalization of pigmentation.

Rasapanchak and Karma :

Drug	Rasa	Guna	Vira	Vipak	Prabhav	Karma
Ajamodadi vati	Katu, Tikta	Laghu, Ruksha	Ushna	Katu	Amapachana	Deepana, Pachana, Kaphahara
Arogyavardhini Vati	Tikta, Katu	Laghu, Ruksha	Ushna	Katu	Yakrut-Uttejaka	Deepana, Pachana, Raktashodhaka, Kushthaghna
Aragwadg kapila churna	Kashaya, Madhura, Amla, Katu, Tikta	Laghu, Sara	Ushna	Madhura	Mridu Virechaka	Anulomana, Vatanulomana, Rechana
Triphala	Predominantly Kashaya	Laghu, Ruksha	Ushna	Madhura	Rasayana	Anulomana, Chakshushya, Raktashodhana
Bakuchi	Tikta, Katu	Laghu, Ruksha	Ushna	Katu	Kushthaghna	Kusthaghna, Kandughna, Kledahara
Musta	Tikta, Katu, Kashaya	Laghu, Ruksha	Sheeta	Katu	Grahi	Deepana, Pachana, Amapachana
Vidanga	Katu, Kashaya	Laghu, Ruksha, Tikshna	Ushna	Katu	Krimighna	Krimighna, Kledahara, Deepana
Guduchi	Tikta, Kashaya	Laghu, Snigdha	Ushna	Madhura	Rasayana	Tridoshaghna, Raktashodhaka, Immunomodulator
Ambehalad	Tikta, Katu	Laghu, Ruksha	Ushna	Katu	Shothahara	Kandughna, Vranaropana, Shothahara
Karanja	Tikta, Katu, Kashaya	Laghu, Tikshna	Ushna	Katu	Kushthaghna	Kandughna, Krimighna, Kushthaghna
Jeevantyadi Malahara	Madhura, Tikta (Predominant)	Snigdha, Mridu	Sheeta	Madhura	Vranaropana	Twachya, Daha-Shamana, Ropana
psoracare Oil	Tikta, Katu (Predominant)	Snigdha, Tikshna	Ushna	Katu	Psoriasis-specific action	Kandughna, Kusthaghna, Kledahara
Abhayadi modak +ak pills	Madhura, Kashaya, Tikta	Laghu, Sara	Ushna	Madhura	Mridu Virechaka	Rechana, Anulomana, Kaphapittahara, Kushthaghna, Malashodhaka

Classical References

1. Kushtha Chikitsa and Virechana Charaka Samhita, Chikitsa Sthana 7 (Kushtha Chikitsa Adhyaya)

"वमनं विरेचनं चैव रक्तमोक्षणमेव च । कुष्ठिनां शस्यते नित्यं दोषाणां शोधनं प्रति ॥"

Reference: Charaka Samhita, Chikitsa Sthana 7/39–40, Chakrapani Commentary, Chaukhamba Prakashan, Varanasi.

Utility: Establishes the importance of Shodhana, especially Virechana, in Kushtha.

2. Role of Snehapana

Charaka Samhita, Sutra Sthana 13 (Snehadhyaya)

Reference: Charaka Samhita, Sutra Sthana 13/13–16.

Utility: Explains liquefaction and mobilization of Doshas from Shakha to Koshtha before Shodhana.

3. Swedana Karma

Charaka Samhita, Sutra Sthana 14 (Swedadhyaya)

Reference: Charaka Samhita, Sutra Sthana 14/3–8.

Utility: Describes Srotoshodhana, Dosha Vilayana and facilitation of Dosha elimination.

4. Virechana Karma

Ashtanga Hridaya, Sutra Sthana 18

Reference: Ashtanga Hridaya, Sutra Sthana 18/25–30.

Utility: Explains elimination of Pitta-Kapha Dosha and purification of Rakta.

Drug References

Arogyavardhini Vati

Reference: Rasaratna Samuccaya, 20th Chapter.

API Part-I, Government of India, Ministry of AYUSH.

Actions:Deepana,Pachana,Raktashodhana,Kushtha ghna

Gandharva Haritaki

Reference: Bhaishajya Ratnavali, Udararoga Chikitsa.

Actions:Anulomana,Mridu Rechana,Vatanulomana

Triphala

Reference: Bhavaprakasha Nighantu, Haritakyadi Varga.

Actions:Rasayana,Chakshushya,Anulomana,Rakta prasadana

Bakuchi:Reference: Bhavaprakasha Nighantu, Haritakyadi Varga.

"कुष्ठघ्नी"

Actions:Kushthaghna,Kandughna,Kledahara

Guduchi

Reference: Bhavaprakasha Nighantu, Guduchyadi Varga.

"त्रिदोषघ्नी रसायनी"

Actions:Rasayana,Tridoshaghna,Raktashodhaka

Musta

Reference: Bhavaprakasha Nighantu, Karpuradi Varga.

Actions:Deepana,Pachana,Amapachana

Vidanga

Reference: Bhavaprakasha Nighantu, Haritakyadi Varga.

Actions:Krimighna,Kledahara,Deepana

Karanja

Reference: Dhanvantari Nighantu, Guduchyadi Varga.

Actions:Kushthaghna,Kandughna,Krimighna

Modern References for Immunomodulatory and Anti-inflammatory Actions

Guduchi

Upadhyay AK, Kumar K, Kumar A, Mishra HS. Tinospora cordifolia (Guduchi): Pharmacological Review. International Journal of Ayurveda Research. 2010;1(2):112-121.

Bakuchi

Khushboo PS, Jadhav VM, Kadam VJ. Psoralea corylifolia Linn.: A Review. Pharmacognosy Reviews. 2010;4(7):69–76.

Triphala

Peterson CT et al. Triphala: Traditional Ayurvedic formulation and modern evidence. Journal of Alternative and Complementary Medicine. 2017.

Reference for Rasapanchaka

Bhavaprakasha Nighantu

Haritakyadi Varga

Guduchyadi Varga

Karpuradi Varga

Dhanvantari Nighantu

Kaiyadeva Nighantu