

AYURVEDIC MANAGEMENT OF PSORIASIS (EKAKUSHTHA)

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Abstract: Psoriasis is a chronic, recurrent inflammatory skin disorder that significantly affects quality of life and often shows limited response to long-term conventional therapy. Ayurveda describes such conditions under *Kushtha*, where vitiation of *Dosha* (especially *Vata* and *Kapha*) and *Rakta* is predominant. The present case report highlights the role of *Virechan Karma* followed by *Shaman Chikitsa* in the management of chronic psoriasis.

A 45-year-old female patient presented to the Panchakarma O.P.D. of Jay Jalaram Ayurvedic Hospital on 05/12/2025 with complaints of well-demarcated erythematous lesions on both feet, extensive scaling with skin shedding on rubbing, severe itching and burning occasionally leading to bleeding, and a disease duration of 10 years. The patient had a history of modern medical treatment with only temporary relief and repeated recurrences. On examination, involvement of extensor surfaces was noted and Auspitz's sign was positive, suggestive of psoriasis. General health was good, though mild psychological stress in the form of over-thinking was observed. No significant past medical history was present.

Based on clinical findings, an Ayurvedic treatment protocol comprising *Shodhan* and *Shaman* therapy was planned. After explaining the need and benefits of purification therapy, *Virechan Karma* was selected as the primary *Shodhan* procedure. Prior to *Virechan*, *Purvakarma* including *Deepan-Pachan* with *Trikatu Churna* 3gm twice a day for 5 days, *Snehapan* with *Pancha Tikta Ghrita* in *vardhmana kram* for 7 days, and *Abhyang-Swedan* was performed. *Virechan* was induced using 70gm *Trivrita Leha* , achieving *Madhyam Shuddhi*, followed by *Pashchatkarma* with proper *Samsarjan Krama*. Subsequently, *Shaman Chikitsa* with *Pancha Tikta Ghrita Guggulu* thrice a day, *Aarogyavardhini Rasa* thrice a day was advised along with dietary and lifestyle modifications.

The patient showed marked improvement in erythema, scaling, itching, and burning, with no recurrence observed during follow-up after 15 days. This case demonstrates that *Virechan* followed by appropriate *Shaman* therapy can be an effective and sustainable approach in chronic psoriasis management.

KEYWORDS: Psoriasis, *Kushtha*, *Virechan*, *Kshudrakushta*, *shodhan*, *shamana*

I. INTRODUCTION

Now days, with modernization and westernization, habits of eating unhealthy likes – junk foods, cold drinks, tobacco, alcohol, *Viruddhaahar* (*Lavanayukta Krushara*) with milk, sour fruits with milk, fermented food products, etc.) and *Vihaara* (use of A.C. rooms, changing work shifts, late night awakenings, *Diwaswapna*, *Vegodharana*, etc.), lack of exercise and hygiene, mental stress, etc., are inseparable part of human life which is resulting in and causing many life style disorders like Diabetes mellitus, Hypertension, Skin disorders etc. Among these “*Ekakushtha*” is a commonly found entity.

Now a days, the skin diseases are very common. These may be found in any age, gender, etc. The patients of skin diseases always experience physical, emotional & socio-economic embarrassment in the society. Psoriasis is a challenging problem globally. In near about 125 million people worldwide, 2 to 3 percentage of total population have

psoriasis, according to the World Psoriasis Day consortium.ⁱ

The prevalence of Psoriasis in India is estimated to be

between 0.44% and 2.8 %.

In Ayurveda, skin diseases have been discussed under the heading of “*Kushtha*” which is divided into “*Maha Kushtha*” and “*Kshudra*

Kushtha”.ⁱⁱ “*Ekakushtha*” is considered as one of the *Kshudra Kushtha*. Ayurvedic classics have considered each type of *Kushtha* to be abnormality of “*Tridoshaja*” manifestation. Their *Doshika* identity can be established on the basis of dominancy of *Dosha-Dushyas* in the *Samprapti*. The dominancy of *Doshas* in *Ekakushtha* is *Vata and Kapha*ⁱⁱⁱ. *Ayurvedic* text does not have direct reference towards a single disease which can be compared with the modern disease “psoriasis”.

Ekakushtha consists signs and symptoms as *Aswedanam*,

Mahavastu and Matsyashakalopam. These *Lakshanas* can be

compared with psoriasis (silvery scaling) and

hence it has been taken as the analogue to psoriasis in the present research work. Psoriasis is a chronic, non-infective inflammatory dermatitis characterized by well demarcated Erythematous plaques topped by silvery scales. In this case patient suffering from lesions on both feet with red demarcated, severe itching along with extensive scaling of skin.

The introduction of paper contains the nature of research work, purpose of work, and the contribution of this paper. It contains the references of the previous work done. This template is in Word document, provides authors with most of the formatting specifications required by the author for preparation of their research paper.

II. MAJOR FORMAT GUIDELINES

MATERIAL AND METHODS

❖ **INCLUSION CRITERIA:**

- Age between 18 to 60 years.
- Patient of either gender.
- Signs and symptoms of disease according to *Ayurvedic* texts and Modern science.
- *Snehapana Yogya* persons as per *Ayurvedic* classic.
- *Virechana Yogya* persons as per *Ayurvedic* classic.

❖ **EXCLUSION CRITERIA:**

- Age below than 18 year and more than 60 years.
- Known case of Diseases like uncontrolled DM, AIDS, STD, TB, Heart diseases and other disorders. which lead to fatal condition for the patients.
- *Virechana Ayogya* persons as per *Ayurvedic* classics.
- Other concomitant skin diseases occurring with *Ekakushtha* or allergic reaction of any other disease.

STUDY DESIGN:

- **Study type:** A single case study
- **Purpose:** Treatment
- **Masking:** Open label
- **End point:** Efficacy

KARMA	PROCEDURE	DRUG & DOSE	DURATION
Purva Karma	<i>Deepana</i> and <i>Pachana</i>	<i>Trikatu Churna</i> - 6 gms per day (3 gms twice a day) with warm water	5 Days (Till the appearance of <i>Samyak Deepana</i> and <i>Pachana Lakshana</i> observed).
	<i>Snehapana</i>	<i>PANCHATIKA -GHRITA</i> was given in 30 ml as starting dose. <i>Ghratapana</i> was continued in <i>Vardhamana Krama</i> till 180ml (As per <i>Aatura- Koshtha</i> and <i>Agni</i>) <i>Anupana: Ushnodaka</i> Diet: Light diet (<i>Drava</i> ,	7 Days (Till the the appearance of <i>Samyak Snigdha Lakshana</i>).

		<p><i>Ushna, Anabhishyandi,</i> <i>Pramanataha,</i> <i>Natisnigdha,</i> <i>Asankirna)</i></p> <p>Time: <i>Naishe Jeerne Anne</i> (early morning empty stomach)</p>	
	<p><i>Sarvanga Abhyanga</i> and <i>Bashpa Swedana</i></p>	<p><i>Tila Taila</i> (for <i>Abhyanga</i>) In the morning of <i>Vishrama Kala</i> after the completion of <i>Abhyantara Snehapana</i>.,</p>	3 Days
<p><i>Pradhna Karma</i></p>	<p><i>Virechan Karma</i></p>	<p><i>Virechana yoga: Trivrut Leha</i> – 70gm as per <i>Prakruti</i> of the patient.</p> <p>After, <i>Abhyanga</i> and <i>Swedana</i> procedure was done, followed by administration of <i>Virechana Yoga</i>. Vitals of patient like BP and Pulse was taken before administering the <i>Virechana Yoga</i>, and in between <i>Virechan Vegas</i>.</p>	1 Day
<p><i>Pashchata Karma</i></p>	<p><i>Samsarjana Krama</i></p>	<p>After 1 <i>Muhurtha</i> of rest.</p> <p>By observing <i>Virechana</i> process, the nature of <i>Shuddhi</i> was decided. i.e <i>Madhyama shuddhi</i></p> <p>The <i>Samsarjana Krama</i> was advised for 5 days according to the type of <i>Shuddhi</i>.</p>	5 days

CASE REVIEW

A 45-year-old female came to the Panchakarma O.P.D. of Jay Jalaram ayurvedic Hospital at 05/12/2025. she presented herself with the following symptoms,

- Lesions on both feet, area with red demarcation.
- Extensive scaling of skin and falling of skin on rubbing.
- Severe itching as well as burning which would rarely result into bleeding.
- Suffering from the last 10 years.
- She Had taken modern treatment with limited improvement and recurrence.

On proper examination, all the extensor surfaces were affected and Auspitz's sign was found positive⁹. His overall physical status was good with some findings of over-thinking which was developed gradually after the lesions of disease spread on his body. No any previous Medical history. Based on the above case findings an Ayurvedic treatment protocol was designed comprising of Shodhan and Shaman treatment in the form of Apunarbhava Chikitsa.

Treatment Protocol

The patient was first explained the need of Shodhan therapy i.e. Virechan and was administered Virechan first followed by Shaman treatment. The details are as follows,

Virechan Therapy

This was administered in 3 stages as,

- *Purvakarma*
- *Pradhankarma*
- *Pashchatkarma*

Purvakarma - (05/12/2025 to 19/12/2025)

All the modern as well as Ayurvedic medicines were stopped before the commencement of this karma. This forms the initial part which is followed by the prime therapy of Virechan. It comprises of Deepan-pachan, Snehan and Abhyang-Swedana. Deepan-pachan was done with Trikatu Churna 3gms thrice a day for 5 days. During this period, he was also given Erand bhrust haritakai 2 tablets at night for proper bowel evacuation in the morning. This purvakarma improves the digestive power of the patient in turn which helps in proper digestion of the Snehan which will be done later. Snehan was done with Pancha Tikta ghrith which was gradually increased from 30ml on the 1st day to 180ml on the 7th day respectively. After obtaining the Samyak Sneha Lakshana, Snehan was stopped. She was advised Abhyang with Til taila and Atap Sweda was given for 3 days. Some aggravation in burning as well as itching was seen during this period especially on the 2nd rest day. A strict diet regimen was also followed by the patient during this time of Purvakarma. The patient being admitted in the hospital, all vitals were checked twice in daily rounds.

Emergency medicines like Kutaj ghanavati and Shankh vati were kept at hand if needed in any conditions.

Pradhankarma – (19/12/2025)

Abhyang was done on the Virechan day with Tila taila in the morning. Virechan yoga in the form of Trivrita Leha 70gms was administered empty stomach in pittaj kala (at 07:00 a.m.) Patient was advised to have sips of water in between to continue the motions and prevent any possible adverse effects arising from continuous Virechan vegas. Observations were noted in the form of a table as below,

TIME	Vega	Consistency	Blood Pressure & PULSE Rate
09.00am	2	Semiliquid	110/70 mm of Hg, P- 80/min
10.30am	2	Liquid	110/60 mm of Hg, P- 78/min
10.45am	3	Liquid	120/80 mm of Hg, P- 82/min
11.10am	2	Liquid	120/90 mm of Hg, P- 85/min
01.00pm	1	Liquid	110/80 mm of Hg, P- 75/min
02.15pm	2	Liquid	120/800 mm of Hg, P- 72/min

Pashchatkarma – (19/12/2025 to 23/12/2025)

This patient was kept admitted till the Samsarjan Krama of 5 days considering the shodhan as Madhyam Shuddhi i.e. moderate cleansing was finished. she was advised rest and diet only in the form Rice gruel in the form of Manda, Peya, Yavagu and Vilepi in gradual successions. He was advised thin Krishara on the day of discharge and advised to follow light diet and rest for few more days.

Post Observation therapy & Advice

After the Virechan therapy which took 16 days in total, the patient experience considerable improvement in his erythematous patches. Though the improvement was not so prominent in the first 3 days post Virechan, it gradually improved on the 4th and 5th day of Samsarjan Krama. The patient was advised to have Panchtikta Ghrith Guggula 250 mg thrice a day, Aarogyavardhini rasa 250 mg thrice a day for a period of 15 days. Some dietary modifications like avoiding excess salt, sour taste, fast food, Chinese food, pickles etc. and behavioural corrections like avoiding day sleep were advised to the patient. she showed marked improvement in the lesions and has no signs of recurrence since then.

Sansarjan kram is a systematic and gradual dietary regimen prescribed in Ayurveda to Restore Digestive strength (Agni) after Shodhana Therapies. In this case Sansarjan kram followed as below:

Days	Pratah Kala	Sayam Kala
1 st day	-	Peya
2 nd day	Peya	Vilepi
3 rd day	Vilepi	Akrut Yush
4 th day	Akrut Yush	Krut Yush
5 th day	Krut Yush	Samanya Bhojan

❖ CRITERIA FOR ASSESSMENT:

The efficacy of treatment was assessed on the basis of the following objective and Subjective criteria.

❖ **GRADATION OF SYMPTOMS OF EKAKUSHTA (AS PER WHO SCORING):**

1. MATSYASHAKLOPAMAM (scaling):

1	No scaling	0
2	Mild scaling by rubbing/by itching (scaling from some lesions)	1
3	Moderate scaling by rubbing/by itching (from all lesions)	2
4	Severe scaling by rubbing/by itching (from all lesions)	3
5	Scaling without rubbing/by itching (from all lesions)	4

2. ASWEDANAM (Anhydrosis):

1	Normal	0
2	Improvement	1
3	Present in few lesions	2
4	Present in all lesions	3
5	<i>Aswedanam</i> in lesion and uninvolved skin	4

3. MAHAVASTU (Extent of lesion):

1	No lesions on <i>Mahasthanam</i>	0
2	Lesions on partial part of hand, leg, neck, scalp, back	1
3	Lesions on most part of hand, leg, neck, scalp, trunk, back	2
4	Lesions on whole part of <i>Mahasthanam</i> (vast area)	3
5	Lesions on whole body	4

4. KRUSHNA ARUNA VARNA (Deep black reddish discoloration):

1	Normal discoloration	0
2	Near to normal this looks like normal colour to distant observer.	1
3	Reddish discoloration	2
4	Slight black reddish discoloration	3

5	<i>Krushna Varna</i>	4
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5. SRAVA (Secretion)

1	No <i>srava</i>	0
2	Mild <i>srava</i>	1
3	Moderate <i>srava</i>	2
4	Severe <i>srava</i>	3

6. KANDU (Itching)

1	No itching	0
2	Mild itching	1
3	Moderate in frequent	2
4	Severe itching	3
5	Severe itching disturbing sleep & activity	4

7. RUKSHATA (Dryness)

1	No line on scrubbing with nail	0
2	Faint line on scrubbing by nail	1
3	Line & even words can be written on scrubbing by nail	2
4	Excessive <i>Rukshata</i> leading to <i>Kandu</i>	3
5	<i>Rukshata</i> leading to crack formation	4

8. MANDAL (ERYTHEMA)

1	Normal skin	0
2	Faint of near to normal	1
3	Blanching + red colour	2
4	No blanching+red colour	3
5	Red colour+subcutaneous	4

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9.CANDLE GREASE SIGN:

1	Absent	0
2	Improvement	1
3	Present	2

10.AUSPITZ SIGN:

1	Absent	0
2	Improvement	1
3	Present	2

11.KOEBNER PHENOMENON:

1	Absent	0
2	Improvement	1
3	Present	2

Observation

Sr. No.	Chief complains	Before	After
1.	<i>Aswedanama</i>	3	1
2.	<i>Mahavastu</i>	1	0
3	<i>Mastyashakalopamam</i>	3	1
4	<i>Krushna aruna varna</i>	2	0
5	<i>Strava</i>	2	0
6	<i>Kandu</i>	3	1
7	<i>Rukshata</i>	3	1
8	<i>Mandal</i>	4	1

BEFORE

AFTER



DISCUSSION

Mode of Action of *Trivṛt* (*Operculina turpethum*) for Virechana in *Eka Kuṣṭha*

1. *Eka Kuṣṭha* is described as a **Vāta–Kapha pradhāna Kuṣṭha** with involvement of *Pitta* and *Rakta*, manifesting as *Asvedanam*, *Mahāvastu* and *Matsyaśakalopama* lakṣaṇas (A.H. Nidāna Sthāna, Kuṣṭha Nidāna).
2. Ācārya Caraka has clearly mentioned **Virechana as the prime Śodhana therapy in Kuṣṭha**, especially when *Pitta* and *Rakta* are vitiated (*Kuṣṭheṣu virecanam śreṣṭham* – C.S. Cikitsā Sthāna 7).
3. *Trivṛt* is described as a **Sukha Virecaka dravya**, suitable for repeated and controlled purgation (*Trivṛt sukham virecayet* – C.S. Kalpa Sthāna, Virecana Kalpa).
4. The **Tikta and Kaṭu rasa** of *Trivṛt* help in *Āma pācana* and *Kapha–Pitta śamana*, which is essential in *Kuṣṭha* management as Tikta rasa is considered *Kuṣṭhaghna* (*Tiktaṃ kuṣṭhaghnam* – C.S. Sūtra Sthāna 26).
5. Its **Laghu, Rūkṣa, and Tikṣṇa guṇas** facilitate deep penetration into tissues and promote **Srotoshodhana**, especially of *Raktavaha* and *Svedavaha srotas* (C.S. Vimāna Sthāna 5).
6. The **Uṣṇa vīrya** of *Trivṛt* causes *Doṣa viśyandana* and mobilization from *Śākhā* to *Koṣṭha*, which is a prerequisite for effective Virechana (A.H. Sūtra Sthāna 18).
7. By expelling **vitiated Pitta and Rakta**, *Trivṛt* alleviates symptoms like *dāha*, *rāga*, and *srāva*, which are cardinal features of *Eka Kuṣṭha* (C.S. Cikitsā Sthāna 7).
8. Virechana also helps in **Vāta anulomana** by clearing *Srotorodha*, thereby reducing dryness, scaling, and roughness (*Rūkṣatā*) seen in *Eka Kuṣṭha* (A.H. Sūtra Sthāna 13).
9. Elimination of *Bahu Doṣa* through *Trivṛt* corrects **Jatharagni and Dhatvagni**, which is essential in chronic and recurrent disorders like *Kuṣṭha* (C.S. Cikitsā Sthāna 15).

Ācārya Caraka emphasizes that proper Śodhana prevents recurrence of disease (*Śuddhe doṣe na punarbhavaḥ* – C.S. Sūtra Sthāna 16), supporting the role of Trivṛt-based Virechana as **Apunarbhava Chikitsa** in Eka Kuṣṭha.

Thus, Trivṛt Avleha acts by Doṣa nirharana, Rakta śodhana, Srotoshodhana and Samprāpti vighatana, making it an ideal Virechana drug in the Ayurvedic management of Eka Kuṣṭha.

Internal Medications Panchatikta ghrit Guggulu

This is a very potent drug indicated exclusively by Chakradutta in Kushtha Adhikar¹⁴. He advises to use it in Visham and Atiprabala Vata along with Kushtha disease which is deeply seated in Sandhi, Asthi and Majja. Psoriatic arthritis is a very common complication

III. CONCLUSION

Psoriasis (Eka Kuṣṭha) is a chronic, relapsing inflammatory skin disorder that significantly affects the physical, psychological, and social well-being of patients. Contemporary management often provides only temporary relief with frequent recurrences. Ayurveda describes Eka Kuṣṭha under Kṣudra Kuṣṭha with predominance of Vāta and Kāpha Doṣa along with involvement of Pitta and Rakta, and emphasizes Śodhana therapy as the principal line of treatment.

In the present case study, Virechana Karma using Trivṛt Leha after proper Pūrvakarma produced Madhyama Śuddhi and resulted in significant clinical improvement. Marked reduction was observed in scaling (Matsyaśakalopama), erythema (Maṇḍala), itching (Kandu), dryness (Rūkṣatā), discoloration (Kṛṣṇa Aruṇa Varṇa), and Srāva. The positive response suggests effective Doṣa Nirharana, Rakta Śodhana, and Samprāpti Vighatana through Virechana. Subsequent Śamana Cikitsā with Pañcatikta Ghṛta Guggulu and Ārogyavardhinī Rasa further stabilized the condition and helped prevent recurrence.

This case demonstrates that Virechana followed by appropriate internal medication and strict dietary–lifestyle modifications can provide sustainable and safe management in chronic psoriasis. The principle of Apunarbhava Cikitsā through proper Śodhana appears to be effective in preventing relapse.

Although this is a single case study, the encouraging outcome highlights the need for larger clinical trials to scientifically validate the efficacy of Virechana Karma in the management of Eka Kuṣṭha (Psoriasis).

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