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Advancing Dermatological Care through Panchakarma treatment in *Ekakushtha* w.s.r. Psoriasis: A Case Report

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ABSTRACT:

Ayurvedic standpoint, psoriasis corresponds to *Ekakushtha*, a condition rooted in the pathogenesis involving the vitiation of the three *Doshas (Vata, Pitta,* and *Kapha)* along with specific *Dushyas* (tissues). This multifaceted involvement contributes to the complexity of its treatment, requiring a holistic and individualized approach to restore systemic and dermatological balance. *Acharya Charaka* underscores *Panchakarma* therapy as a fundamental strategy for managing *Kushtha*, highlighting its role in expelling vitiated *Doshas* and promoting systemic restoration. A case report highlights the management of *Ekakusthe* (Psoriasis) in a 27-year-old male. The patient presented with one year history of symptoms like *Aswedanam* (Absence of sweating), *Mahavastu* (Big size lesions), *Matsyashakalopamam* (Scaling) and *Daha* (burning sensation). Patient treated with Ayurvedic treatment involved *Panchakarma* procedures like *Vamana Virechana*, *Yogabasti*, and *Shamana* with *Kaishora Guggulu* and *Manjisthadi Kwatha* for 60 days. Patient cured completely without reporting any adverse effect. The therapies resulted in the complete resolution of clinical symptoms. Visual documentation of the patient's progress, evidenced by comparative images, demonstrated the effectiveness of the treatment.

Keywords: *Ekakushtha*, Psoriasis, *Shodhana* and *Shamana Aushadha.*

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INTRODUCTION:

Psoriasis is a non-infectious, long-lasting autoimmune disease characterized by patches of abnormal skin disorder seen in daily practice. Psoriasis is a chronic systemic inflammatory skin disorder prevailing in 2%–3% individuals worldwide. [1] The prevalence of Psoriasis in India ranges between 0.44% and 2.8% [2]. It can occur at any age, although it most commonly appears for the first time between the ages of 15 and 25 years. There are certain direct or indirect predisposition factors such as prolong use of some drugs like, beta blockers, chloroquine, and steroids. [3] Familial occurrence of Psoriasis suggests its genetic predisposition. Other factors such as seasonal changes, alcohol, hypocalcaemia, and some infections can also trigger Psoriasis [4]. Psychological stress is one of the major triggering factors in the exacerbation of the disease. These triggering factors lead to activation of Plasmacytoid dendritic cells which in turns stimulate T helper cells to secrete Tumour Necrosis Factor alpha (TNF-α), IL-23, and IL-12. These cytokines then activate the keratinocytes and leads to the manifestation of the disease. [5]

Psoriasis is a skin disorder characterized by erythromatous; swollen skin lesions covered with silvery white scales. The involvement of *Vata* results in dry silvery or blackish plaques of psoriasis. It is characterized by sharply demarcated lesions commonly located at trunk, scalp, and extensor surfaces of limbs. [6] Although, the death rate of this disease is very low but it has significant impact on the quality of life. [7]. Modern medical science treats psoriasis with PUVA and corticosteroids. But the therapy gives serious side effects like liver & kidney failure; bone marrow depletion etc. there is no any satisfactory result is seen. Hence, alternate treatment is required for Psoriasis patients.

The word '*Kushtha'* is a broad term which includes almost all skin disorders. Commentator *Arundatta* mentioned that *Kushtha* is the one which causes vitiation as well as discoloration of the skin. Treating various types of *Kushtha* is challenging but *Ayurveda* has given remedy for such a burning disease. Now a day's people are gradually turning towards *Ayurveda* for safe and complete cure of disease, especially in skin problem. In Ayurvedic management of *Kushtha, Shodhana* therapy is indicated as main line of the treatment. *Charak Samhita* has highlighted the role of *Panchakarma* therapy in the treatment of *Kushtha.* [8]

PATIENT INFORMATION:

A 27-year-old male with psoriasis presented to the Panchakarma outpatient department, Dr. Subhash Ayurveda Research Institute, Junagadh, Gujrat, on June 1, 2024, with complaints of scaling, burning sensation, and dryness, exacerbated during winter over the past year. The condition, worsening over three months, manifested as reddish scaly lesions spreading from the face and upper limbs to the trunk, back, and eventually the entire body. He had previously undergone one year of allopathic medicine that is methotrexate 25 mg once a week and he got temporary relief in itching and redness, but recurring episodes prompted him to seek Ayurvedic care.

Clinical findings:

The patient exhibited erythematous plaques on the face, upper limbs, trunk, back, and eventually the entire body, accompanied by itching and burning sensations. Clinical examination revealed positive Auspitz and Candle grease signs, while no evidence of psoriatic arthritis or nail bed involvement was observed.

General examinations:

Body temperature (97.6 °F), Pulse (88/min), and Blood Pressure (118/86) were within normal limit.

Systemic examinations:

In systemic examination, respiratory and cardiovascular system found normal. The patient was restless due to itching and burning sensation over psoriatic lesions.

TIMELINE:

Therapeutic intervention was maintained for approximately three months. Concurrently, a strict dietary regimen was adhered to for duration of six months. Following the cessation of active treatment, monitoring protocols were implemented to assess the recurrence of psoriasis.

Diagnosis assessment:

Routine haematological investigations revealed results within normal physiological limits. Consequently, the diagnosis of psoriasis was established, based on clinical manifestations, the anatomical distribution of cutaneous lesions, and the presence of a positive Auspitz and Candle grease sign.

THERAPEUTIC INTERVENTIONS:

Oral and topical modern medications were discontinued. The involvement of *pitta* and *kapha dosha* was identified based on clinical symptoms, including *daha* (burning sensation), *kandu* (itching), *raktavarnata* (redness), and the characteristics of skin lesions. The pathological progression was attributed to vitiated *pitta* and *kapha dosha*. Details of prescribed internal and external medications are presented in Table 1.

Results:

Before and after treatment changes of symptoms are mentioned in Table 2, as well as in figure -1 and figure-2.

Table 1: Treatment Schedule and Duration

Date	**Modality**	**Drug**	**Dose**				***Anupana***	**Time of Administration**	**Duration**
01/06/2024	*Deepan-Pachan*	*Trikatu Churna*	4 to 6 grams				Luke warm water	Thrice a day before meal	3 days
04/06/2024 to 08/06/2024	*Shodhanarth Snehapana*	*Panchatikta-ghrita*	**Day**	**Morning**	**Evening**	**Total**	Luke warm water (If	Morning 7-7:30 am and Evening7-7:30 am	5 days
			1st	40ml	40ml	80 ml			
			2nd	70 ml	70 ml	140			

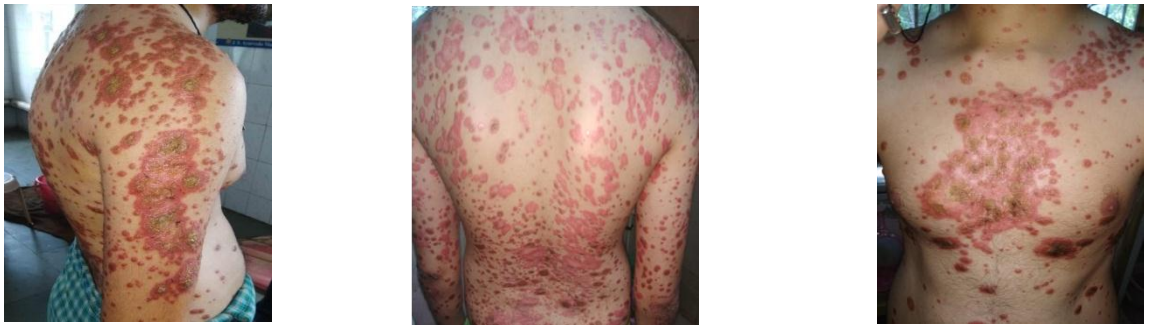
						ml	required)		
			3rd	100 ml	100 ml	200 ml			
			4th	130 ml	130 ml	260 ml			
			5th	150 ml	150 ml	300 ml			
09/06/2024	*Sarvanga Abhyanga & Sarvanga Bashpa Swedana*	*Jatyadi Taila & Nimba Patra Bashpa Swedana*	Q.S.				-	-	1 days
10/06/2024	*Vamana Karma*	*Akanthpana* with milk	1750 ml					Morning 7 am	1 day
		Madanaphala Pippali + Honey (Q.S.)	4 gm						
		Yastimadhu Phanta	5600 ml						
11/06/2024	*Samsarjana - krama*	Post therapy–dietetic regimen for revival	–				When patient feels hunger sensation after completion of *Vamana karma*	-	5 days
16/06/2024	*Shodhanartha Snehapana*	*Panchatikta-ghrita*	**Day**	**Morning**	**Evening**	**Total**	Luke warm water (If required)	Morning 7-7:30 am and Evening 7-7:30 am	4 days
			1st	40ml	40ml	80 ml			
			2nd	70 ml	70 ml	140 ml			
			3rd	100 ml	100 ml	200 ml			
			4th	130 ml	130 ml	260 ml			
20/06/2024	*Sarvanga Abhyanga*	*Jatyadi Taila &*	Q. S.				-	-	3 days

	& *Sarvanga Bashpa Swedana*	*Nimba Patra Bashpa Swedana*				
23/07/2024	*Virechana Karma*	*Dindayala Churna+Eranda Taila with warm water*	6 gms+50 ml	-	Morning 10 am	1 day
24/07/2024	*Samsarjana-krama*	Post therapy-dietetic regimen for revival	-	When patient feels hunger sensation after completion of *Vamana karma*	-	5 days
29/06/2024 - 06/07/2024	***Yogabasti*** *Anuvasana Basti*	*Jatyadi Taila*	*60* ml			8 days
	Asthapana Basti	*Madhu*	30 ml			
		Saindhava	*5* gm			
		Jatyadi Taila	30 ml			
		Putoyavani Kalka	15 gm			
		Pathyadi Kwatha	240 ml			
07/07/2024	*Sahmana Chikitsa*	*Kaishora Guggulu*	3 tabs	Warm water	Thrice a day after meal	60 days
		Manjisthadi Kwatha	40 ml	-	Twice a day before meal	

Table-2: Criteria for the assessment

Symptoms	Before treatment	After treatment
Aswedanam (Absence of sweating)	Plaques - Present at the trunk region	Absent
Mahavastu (Big size lesions)	Present	Absent

Matsyashakalopamam (Scaling)	Present	Absent
Candle grease sign	Present	Absent
Auspitz sign	Present	Absent



Fiure-1: Psoriasis Before Treatment

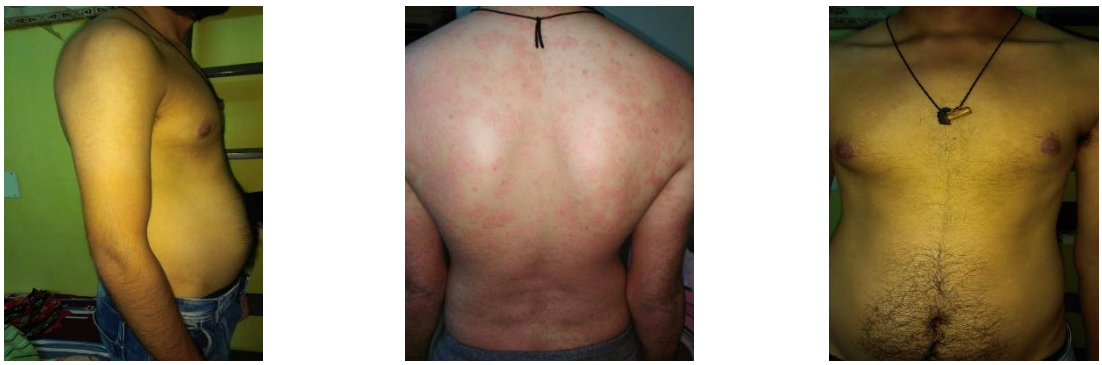


Figure-2: Complete resolution of patches After Treatment

DISCUSSION:

Panchatikta ghrita [9]contains *Vasa*, *Nimb, Patola, Guduchi* & *Kantakari* having *Tikta Rasa, Kandughna* & *Kusthaghna* property. According to modern research *Vasa* having anti-ulcer property, *Nimba* having antimicrobial, *Guduchi* having Immunomodulator, Anti-oxidant, Anti-inflammatory, *Patola* having Anti-inflammatory, Immunomodulator, Hepatoprotective and *Kantakari* having Antihistaminic, Anti-inflammatory and Cytotoxic action so breaks pathology. The patches of Psoriasis are dry & Scaly, *Snehapana* provides proper moisture to it resulting in slowing of rapid turnover of epithelium which has excellent *Vatashamaka* and *Rakta shodhaka* property and also help in *Vranashodhana, Vranaropana* so used in various skin disorders.

Vaman Karma and *Virechana Karma*, performed following *Sarvanga Svedana*, facilitate the removal of obstructions in the *Srotas* via the *Sroto Shodhaka* process. *Vamana* expels *Kapha dosha*, alleviating itching, enhancing metabolic activity, optimizing digestion, and eliminating accumulated metabolic waste. It is particularly beneficial in *Kapha*-dominant conditions like Psoriasis, reducing relapse by addressing root causes such as *Doshas* and *Shithila Dhatu*. Acting at a microcellular level, *Vamana* eliminates *vitiated doshas*, promoting systemic detoxification and physiological homeostasis. *Virechana* complements this by ensuring the thorough

evacuation of residual *doshas*, further supporting recovery and relapse prevention.

In this case, *Basti* therapy demonstrated significant efficacy in mitigating the severity of dermal lesions, promoting the exfoliation of necrotic skin, and alleviating systemic symptoms such as body ache and heaviness. Notably, no new lesions were observed during the course of *Basti* administration, highlighting its therapeutic potential in managing dermatological conditions. [10]

Kaishora guggulu is indicated in *Kushtha*-skin disorder with secretions and *Vrana* (non healing wounds). [11] It helps to improve digestion hence indicated in *Mandagni*. It has antibacterial, anti-inflammatory, anti-oxidant, anti-microbial property which helps in treating wounds. It is good blood purifier therefore, corrects *Raktadushthi* (vitiation of blood) and having *Rasayana* property (anti-ageing).

Manjishtha Kvatha is prescribed in the management of *Kustha Chikitsa,* as documented in *Vrindamadhava*. [12] Its therapeutic properties include functioning as a potent *Raktashodhak* (hematological purifier), exhibiting *Kaphaghna* activity (kapha-alleviating mechanism), and demonstrating *Kushtha Nashak* efficacy (targeting dermal pathologies). These attributes reinforce its role in addressing dermatological conditions through Ayurvedic principles.

Main contains of *jatyadi taila* is neem *patra*, *jatipatra* and *patolpatra*. *Neem* is *kandughna* (alleviate itching), [13] *Jati* has *kusthaghna* (alleviate skin diseases) *vranashodha* (wound cleaning property), *vranaropak* (wound healing property). [14]

FOLLOW-UP AND OUTCOME:

Upon completion of the therapeutic regimen, follow-up assessments confirmed the complete resolution of psoriatic lesions, along with the absence of all associated signs and symptoms like itching, scaling and burning. No adverse events were observed during the course of treatment. Comparative photographs of the affected areas, captured prior to and of treatment, are presented in Figure 1. All photographs were obtained with the informed consent of the patient, ensuring ethical compliance and transparency in the documentation process.

Patient perspective:

The patient reported his experience with Ayurvedic treatment in his native Gujarati language. Upon presentation, he exhibited severe pruritus (itching), a burning sensation, and heightened stress levels. Following the completion of the Ayurvedic treatment protocol, all clinical symptoms were successfully alleviated, with the patient achieving complete symptomatic relief.

CONCLUSION:

The Ayurvedic intervention demonstrated promising outcomes, achieving complete remission of symptoms in a Psoriasis (*Ekakushtha*) patient with a one-year disease duration. While this case highlights the potential of Ayurvedic treatment as an alternative for patients unresponsive to conventional therapies, extensive longitudinal studies with larger cohorts are imperative to validate these findings and establish definitive conclusions.

Informed Consent:

Patient consent was obtained for the use of photographs and prior to the submission of the case report for publication.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

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