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Clinical Evaluation of *Shodhana* and *Shamana Chikitsa* in the management of *Ekakushtha* (Plaque Psoriasis): A Case Report.

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ABSTRACT:
Ekakustha, a subtype of *Kshudra Kushta* described in Ayurveda, is predominantly associated with vitiation of *Vata* and *Kapha Doshas* and clinically resembles plaque psoriasis. Psoriasis is a chronic immune-mediated inflammatory skin disorder characterized by erythematous scaly plaques and recurrent exacerbations that significantly affect quality of life. A 39-year-old male presented to the *Panchakarma* Outpatient Department with erythematous scaly lesions over the elbows, knees, hands, and feet associated with dryness, scaling, and occasional nocturnal joint pain. The patient had a history of *Shitapitta* for 10 years and worsening symptoms following psychological stress during the COVID-19 period. Previous Allopathic and Homoeopathic treatments provided only temporary relief. The patient was treated with a combined *Ayurvedic* approach involving *Shamana Chikitsa* and *Shodhana* procedures including *Vicharana Snehapana*, *Vamana Karma*, *Virechana Karma*, and *Raktamokshana*, followed by *Samsarjana Krama*. Significant reduction in scaling, dryness, erythema, and lesion progression was observed. Approximately 72.34% clinical improvement was achieved with no recurrence during follow-up.This case demonstrates that combined *Shodhana* and *Shamana Chikitsa* may provide substantial symptomatic relief and sustained improvement in chronic plaque psoriasis correlated with *Ekakustha*

INTRODUCTION:
Psoriasis is a chronic, recurrent inflammatory skin disorder requiring long-term management. Therapeutic decisions are generally based on disease severity, extent of body surface involvement, associated comorbidities, and impact on quality of life. Psoriasis affects nearly 1–3% of the global population and represents a considerable public health burden.[1]

Clinically, psoriasis is characterized by sharply demarcated erythematous plaques covered with silvery-white scales, commonly affecting extensor surfaces, scalp, and lumbosacral region. Plaque psoriasis is the most common clinical subtype.[2] Although the exact etiology remains unclear, psoriasis is widely recognized as an immune-mediated disorder involving abnormal T-cell activation and inflammatory cytokine pathways.

In Ayurveda, psoriasis can be correlated with *Ekakustha*, a subtype of *Kushtha* predominantly involving *Vata* and *Kapha* Doshas. Classical *Ayurvedic* texts describe *Ekakustha* with features such as *Aswedana* (absence of sweating), *Mahavastu* (extensive lesions), *Matsya Shakalopama* (fish-scale-like appearance),[3] and *Aruna Varna* (reddish discolouration).[4] The causative factors include *Viruddha* Ahara (incompatible diet), *Vega Dharana* (suppression of natural urges), *Divaswapna* (daytime sleep), and improper lifestyle practices.[5]
This case report highlights the role of combined *Shodhana* and *Shamana Chikitsa* in the management of chronic plaque psoriasis correlated with Ekakustha.

Patient Information:
Demographic Details:
- Age: 39 years
- Sex: Male
- Address: Kalkawane
- OPD No.: 25/G38633
- Department: Panchakarma OPD
- Date of Examination: 14/11/2025

Chief Complaints:
- Erythematous scaly lesions over elbows, knees, hands, and feet
- Dryness and scaling
- Nocturnal pain in finger joints
- Previous itching and burning sensation

Medical and Treatment History:
The patient had a history of *Shitapitta* for approximately 10 years and was taking tablet Levocet intermittently for symptomatic relief. He reported considerable work-related psychological stress during the COVID-19 pandemic, after which scaly erythematous lesions gradually developed over multiple body regions since 2021.
The patient had previously undergone allopathic treatment for two years and homoeopathic treatment for one year without satisfactory improvement.

Relevant Lifestyle and Psychosocial History:
History of work-related stress during COVID-19 period was present. The patient also reported disturbed sleep and irregular lifestyle habits.

Clinical Findings:
Purvaroopa (Prodromal Features):
Clinical features resembling *Shitapitta* including *Mandala* (erythematous patches), *Kandu* (itching), and *Rukshata* (dryness) were observed in mild form before complete manifestation of the disease.

Roopa (Clinical Features)
1. *Sarvanga Twak Dushti* with *Araktavarni Mandala*
2. *Rukshata* (dryness) ++
3. Previous *Atisweda* followed by *Asweda*
4. Nocturnal pain in finger joints

General Physical Examination
- Blood Pressure – 110/80 mmHg
- Pulse – 78/min
- *Kshudha*(Apetite) – *Prakrita(Normal)*
- *Nidra*(Sleep) – *Khandita (Disturbed)*
- *Agni(Digestive Fire)* – *Mandya*

***Ashtavidha Pariksha* (Ayurvedic Assessment)**
- *Nadi – Vata-Kaphaja*

- *Mutra – Samyaka*
- *Mala – Samyaka*
- *Jivha – Nirama*
- *Shabda – Spashta*
- *Sparsha – Khara*
- *Drik – Prakrita*
- *Akruti – Madhyama*

Local Examination

- *Kandu* (itching) – absent at present
- *Daha* (burning sensation) – previously present
- *Strava* (Discharge) – absent
- Margins – blackish and defined
- *Rukshata(*Dryness*)* – ++
- Scaling – +++
- *Varna* (Colour)– *Araktavarni* patches with blackish margins

Timeline

The treatment extended over approximately five months, beginning with internal medications, followed by purification therapies, and concluding with maintenance treatment. The assessment was done before treatment, after treatment and after follow-up to evaluate the efficacy of treatment and Original photographs are provided here

[TABLE 1]

Duration/Date	Intervention	Clinical Observation
2021	Onset of lesions	Progressive scaly patches over body
Nov-25	Presentation at Panchakarma OPD	Moderate-to-severe lesions
Initial phase	*Shamana* therapy initiated	Reduction in itching and erythema
Pre-*Shodhana*	*Deepana-Pachana* and *Snehapana*	Improvement in digestion and dryness
Jan-26	*Vamana Karma*	Reduction in lesion spread
Jan-26	*Virechana Karma*	Reduction in erythema and scaling
Later phase	*Raktamokshana* and internal medications	No new lesions
Follow-up	Maintenance therapy	Sustained clinical improvement

Before treatment images [image 1,image2,image 3,image 4,image 5, image 6]
Follow up images [image 7, image 8]

Diagnostic Assessment:

Diagnostic Methods:

Diagnosis was established based on clinical presentation, *Ayurvedic* examination, chronic relapsing history, and characteristic lesion morphology.

Differential Diagnosis

1. *Ekakustha*
2. *Kitibha Kushtha*
3. *Mandala Kushtha*
4. *Sidhma Kushtha*

Final Diagnosis:

Based on the presence of *Aswedana*, *Matsya Shakalopama*, extensive dry scaly lesions, and *Vata-Kapha* predominance, the condition was diagnosed as *Ekakustha* corresponding to plaque psoriasis.

Samprapti Ghataka

- *Dosha – Vata-Kapha*
- *Dushya – Rasa, Rakta, Meda*
- *Srotas – Rasavaha, Raktavaha, Medovaha*
- *Rogadhisthana – Twak*
- *Agni – Manda*

- *Vyadhi Swabhava – Chirakari and Punarbhu*

Diagnostic Challenges:
No major diagnostic challenges were encountered due to the classical clinical presentation.

Therapeutic Intervention:
Treatment Principles:
Treatment was planned according to principles of *Nidana Parivarjana*, *Samprapti Vighatana*, repeated *Shodhana*, *Shamana* therapy, and dietary regulation.

Shamana Chikitsa
[TABLE 2]

Medication	Therapeutic Purpose
Panchatikta Ghrita Guggulu	*Kushtaghna* and *Tridoshahara,*
Mahamanjishthadi Kwatha	*Rakta Prasadana*
Kaishora Guggulu	*Anti-inflammatory action,* Acts on *Vata and Rakta dosha*
Aragwadh Kapila Vati	Bowel regulation, *Kushthaghna*
Panchanimba churna	
External Taila application	Reduction in dryness and scaling

Shodhana Chikitsa:
Deepana Pachan:
Shankha Vati and other *Aushadhi* was used for *Deepana–Pachana*. In Psoriasis, the *Doshas* are localized in *Twak* with impaired *Agni*; hence, such therapy before *Snehapana* helps in *Ama Pachana* and restores digestive balance.

Snehapana – Done with the *Panchagavya ghrut* and *Mahatikta ghruta.*
Mahatikta ghruta- Tikta Rasa, Madhura Vipaka and Ushna Virya.(properties)
It has properties like, *Raktashodhaka* (Blood purifier), *Kushtaghna* (which cures skin diseases), *Kandughna* (decreases itching sensation) and *Varnya* (improves Complexion). 10
Panchgavya ghruta – Dehashuddhikara, Kaphaghna which means balances Kapha dosha, effectively works as Kandughna. [11]

Virechana –
Following *Abhyanga* and *Swedana*, *Virechana* was administered using *Trivrit Lehyam*, producing a smooth and effective purgation. This procedure helps eliminate accumulated Doshas from the *Koshta*, addressing the root pathology and thereby reducing the likelihood of recurrence.

Vamana-
Following *Virechana*, the *Vamana* procedure done with *Madanphal Phant* as a *Vamak yoga* and *Yashtimadhu kwath* as *Vamanopaga Dravya.*

Samsarjan krama –
After *Shodhana* digestive fire gets weaks, so, Samsarjana Krama helps to restore to digestive fire.

Raktamokshana
Approximately 100 ml bloodletting was performed.

Dietary and Lifestyle Advice
The patient was advised to avoid incompatible diet, daytime sleep, stress-triggering factors, and maintain personal hygiene.

10. Follow-up and Outcomes
Clinical Outcomes
Clinical improvement was gradual and progressive throughout the treatment period. Mild reduction in itching, erythema, and discomfort was observed after the initial phase of *Shamana Chikitsa*. During the pre-*Shodhana* phase, *Deepana-Pachana* and *Snehapana* helped improve digestive capacity and reduced lesion dryness.

Following *Vamana Karma* and *Virechana Karma*, marked reduction in scaling, erythema, and lesion spread was observed, with cessation of new lesion formation. Subsequent *Raktamokshana* and maintenance *Shamana* therapy further improved skin texture and pigmentation, resulting in sustained symptomatic relief during follow-up.

Approximately 50–60% symptomatic relief was observed after initial therapy, while nearly 72.34% overall improvement was achieved after completion of combined *Shodhana* and *Shamana Chikitsa.*
[Image 9,Image 10, Image 11, Image 12]

PASI Score Assessment[6]
The Psoriasis Area Severity Index (PASI) was used for assessment of disease severity before and after treatment.

[TABLE 3]

Plaque characterisic	Lesion Severity score	Area involved for each body region affected i.e. Area score	Amount of body surface area represented by the region
1.Erythema 2.Induratio n/thickness 3.Scaling	0- None 1- Mild 2- Moderate 3- Severe 4- Very severe	0- 0% 1- 1-9% 2- 10-29% 3- 30-49% 4- 50-69% 5- 70-89% 6- 90-100%	0.1- Head and neck 0.2- Upper limbs 0.3- Trunk 0.4- Lower limbs

PASI Formula
1. Head and Neck – 0.1 (EH + IH + SH) AH
2. Upper Limbs – 0.2 (EU + IU + SU) AU
3. Trunk – 0.3 (ET + IT + ST) AT
4. Lower Limbs – 0.4 (EL + IL + SL) AL

PASI Score = H + U + T + L

Follow-up Findings
- No new lesions developed during follow-up
- Complete relief from itching and dryness
- Sustained improvement in erythema and scaling
- Improvement in overall quality of life and sleep pattern

Adherence and Tolerability:
The patient adhered well to the prescribed treatment protocol, dietary restrictions, and lifestyle modifications. No adverse events or complications were reported during the treatment or follow-up period.

DISCUSSION:

Correlation between *Ekakustha* and Psoriasis:
Ekakustha is considered a *Vata-Kapha* predominant disorder involving *Twak* and *Rakta* and shows close resemblance to plaque psoriasis.[7] *Kushta* disorders are described as *Tridoshaja* in nature, and management should be planned according to *Dosha* predominance and disease chronicity.[8]

Rationale of Treatment:
In the present case, the chronic relapsing course and extensive lesion involvement suggested deep-seated *Dosha-Dushya Sammurchana* requiring comprehensive management rather than symptomatic treatment alone. *Ayurvedic* classics recommend repeated *Shodhana*, *Snehana*, *Swedana*, *Raktamokshana*, and *Shamana* therapies in *Kushtha Roga*.[9]

Therapeutic Significance of Shodhana:
Deepana-Pachana was administered initially to improve *Agni* and digest *Ama* before purification therapies. *Snehapana* with *Panchagavya* Ghrita and *Mahatikta Ghrita* helped facilitate Dosha *Utkleshana* while providing *Kushtaghna* and *Raktashodhaka* effects.[10,11]
Vamana and *Virechana* are principal therapies for *Kapha* and *Pitta* predominant disorders and may help eliminate

accumulated *Doshas* from the body. *Raktamokshana* contributed to reduction in erythema and inflammatory manifestations.

Role of Shamana Therapy:
Panchatikta Ghrita Guggulu and *Panchnimba Churna*[15] possess *Kushtaghna, Kandughna*, and *Tridoshahara* properties which may have contributed to symptomatic improvement.[13],

Clinical Outcome:
The outcome was supported by significant reduction in PASI score, absence of new lesions, and sustained clinical improvement during follow-up.

[TABLE 4]

Parameter	Score
Initial PASI Score	47
Final PASI Score	13
Absolute Reduction	34
Percentage Improvement	**72.34%**

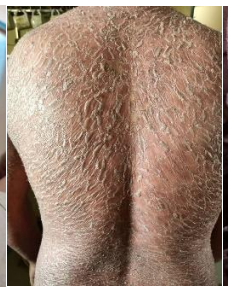
Patient Perspective
The patient reported considerable improvement in scaling, dryness, and overall skin appearance following treatment. Improvement in sleep quality, confidence, and daily comfort was also noted. The patient expressed satisfaction with the *Ayurvedic* management and follow-up outcomes.

Informed Consent
Informed consent was obtained from the patient for publication of this case report and accompanying clinical images.

CONCLUSION:
The combined approach of *Shodhana* and *Shamana Chikitsa* demonstrated significant clinical improvement in chronic plaque psoriasis correlated with *Ekakustha*. Marked reduction in scaling, erythema, dryness, and lesion progression along with absence of recurrence during follow-up suggests the potential effectiveness of Ayurvedic management in chronic skin disorders. Further large-scale clinical studies are required to validate these findings scientifically.

BEFORE TREATMENT.


Image 1: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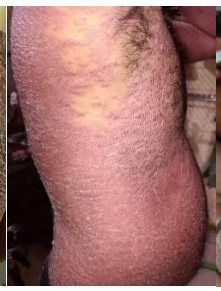
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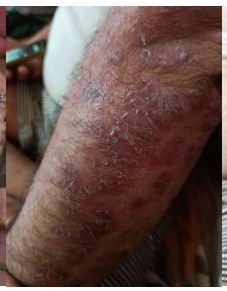
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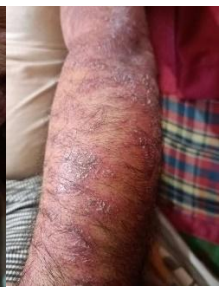
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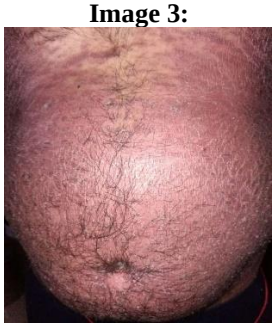


Image 6:

FOLLOW UP

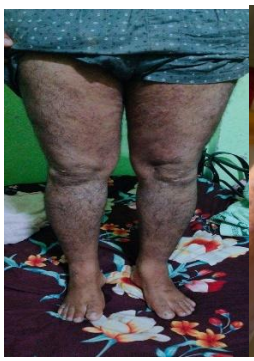
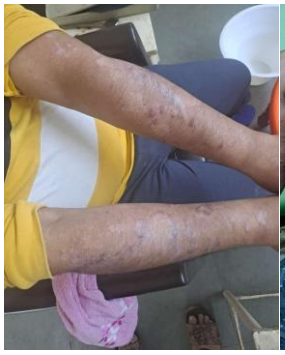


Image 7


Image 8

After Treatment: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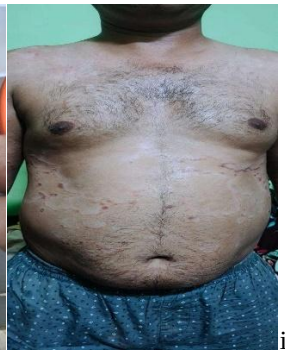
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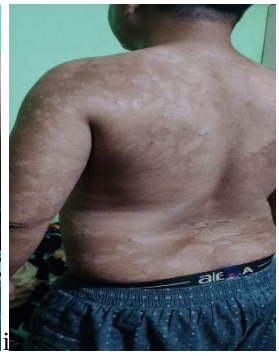
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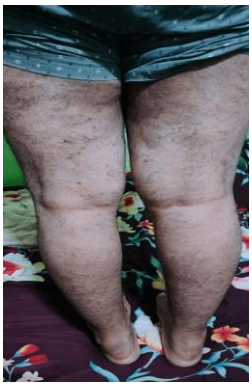
Image 12

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