

A case report of the synergistic efficacy of Chandrashakladi vatak and Navak kashaya siddha tail in the management of psoriasis: A robust clinical experimental study

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ABSTRACT

In Ayurveda, all dermatological disorders are described under the broad classification of Kustha Roga. Psoriasis is a common chronic inflammatory skin disorder and is closely comparable to Ekakustha as described in Ayurvedic texts. Ekakustha is characterized by features such as Aswedanam (absence of sweating), Mahavastu (extensive involvement of skin), and Matsyashakalopama (fish scale-like lesions with a shiny appearance), with predominance of Vata and Kapha Dosha. Although categorized under Kshudra Kustha, the disease significantly affects both physical and psychological well-being. This case report presents a 56-year-old female patient with a two-year history of large, pruritic, erythematous plaques with diffuse dry scaling involving most parts of the body. The patient had previously received irregular allopathic treatment from multiple dermatologists without significant relief. Based on clinical evaluation, the condition was diagnosed as psoriasis (Ekakustha). The patient was treated with Deepana-Pachana followed by Shamana Chikitsa, using Chandrashakladvatak internally and Navakkashaya Siddha Taila for external application for a duration of eight weeks. Clinical assessment before and after treatment revealed marked improvement in symptoms such as itching, scaling, erythema, and indurated plaques over the trunk and extremities. Additionally, significant improvement in psychological well-being and quality of life was observed. The findings suggest that Deepana-Pachana and Shamana Chikitsa, particularly the combination of Chandrashakladvatak and Navakkashaya Siddha Taila, may be effective in the management of psoriasis (Ekakustha) and may help in reducing disease activity and preventing further progression.

Keywords: Ayurveda, Chandrashakladvatak, Navakkashaya Siddha Taila, Psoriasis, Ekakustha.

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INTRODUCTION

The skin is the largest protective organ of the body and serves as an important indicator of an individual's overall health. Evidence suggests that skin-related disorders adversely affect not only physical health but also the mental

well-being of the affected person. Psoriasis is a chronic inflammatory disease characterized by an unpredictable course with alternating periods of remission and relapse. Clinically, it presents at typical sites as well-defined, erythematous, indurated papules and plaques covered with

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silvery, shiny scales. the exact etiology of psoriasis remains unclear; however, it is widely considered to have an autoimmune basis with genetic predisposition, and it may be triggered by sustained injury to the skin. Several factors are known to aggravate the condition, including psychological stress, withdrawal of systemic corticosteroids, excessive alcohol intake, and smoking. the chronic and recurrent nature of psoriasis continues to make its management challenging. ayurvedic classics do not describe a single disease entity that directly corresponds to modern psoriasis. Instead, conditions such as *Kitibha* and *Ekakushtha* are often correlated with it based on clinical similarity. *Kitibha* does not prominently exhibit scaling; however, features such as *Shyava Varna* (dark discoloration) and *Khara Sparsha* (rough texture) are commonly observed. In contrast, *Ekakushtha* is characterized by classical signs such as *Aswedanam* (diminished sweating), *Mahavastu* (extensive involvement), and *Matsyashakalopama Avastha* (fish-scale-like appearance), which closely resemble the clinical presentation of psoriasis. Therefore, *Ekakushtha* has been considered the most appropriate Ayurvedic analogue of psoriasis in the present research work. In *Kushtha*, the primary underlying pathology is often *Agnimandya*, particularly *Jatharagni Mandya*, which leads to the formation of *ama* and subsequently *amavisha*. Over time, impairment of both digestive fire (*Jatharagnimandya*) and tissue metabolism (*Dhatvagnimandya*) contributes to reduced *VyadhiKshamatva* (disease resistance), thereby creating a favourable condition for the development and persistence of chronic skin disorders. Therefore, *Deepana-Pachana* therapy was employed in this case to enhance *Agni*, digest *ama*, and arrest further progression of the disease process.

Patient information

A 56-year-old female homemaker presented with complaints of large, intensely pruritic, erythematous plaques associated with diffuse dry scaling and swelling in her both feet, involving most areas of the body for the past two years. The lesions were chronic in nature with intermittent exacerbations, and the patient reported a significant impact on daily activities due to persistent itching and visible skin changes. She had previously sought consultation from multiple dermatology specialists and had received allopathic management intermittently, including topical medications and immunosuppressive therapy. Although she experienced temporary symptomatic relief, the improvement was not sustained. The patient reported recurrence of symptoms soon after discontinuation or irregular use of treatment, with reappearance and gradual progression of lesions over time. Owing to the recurrent and relapsing course despite conventional therapy, she approached for further evaluation and management.

Aim and objective: To evaluate the efficacy of *chandrashakladvatak & navakkashaya* siddha taila in the management of *ekakushtha* w.s.r. to psoriasis.

Place of study: The present case study was conducted at the *Kayachikitsa* OPD of *Khudadad Dungaji Government*

Ayurvedic Hospital, Government Ayurvedic College, Raipur (Chhattisgarh).

Case Report: -Basic information of the patient

S.no	Demographic details	
1.	OPD no	20240047459
2.	Age/Sex	56/f
3.	Religion	Hindu
4.	Socioeconomic status	Middle income group
5.	Education	Uneducated
6.	Marital Status	Married
7.	Occupation	Housewife
8.	Type of living	Single
9.	Habitation	Rural

Chief Complaints

Itchy skin with red rashes on all over lower and upper limb as well as abdomen with lesion scattered across over whole body, and also reported abdominal bloating and a sense of fullness, along with constipation.

History of Present Illness

The patient had been asymptomatic until six months prior, after which she developed sudden onset redness associated with intense itching, which progressively spread over the entire body. She sought treatment at multiple allopathic hospitals and was prescribed steroids and anti-allergic medications. However, she did not experience significant relief; rather, the pruritus and erythema persisted and continued to worsen gradually. In addition, she complained of abdominal bloating, a persistent sensation of fullness, and constipation and swelling. Owing to the persistence and progression of symptoms despite conventional management, she ultimately reported to the *Kayachikitsa* OPD of the *Government Ayurvedic College and Hospital, Raipur*, for further evaluation and treatment.

Personal History:

Appetite- Reduced
 Bowel- Constipated
 Stool Consistency-*Malabaddhata*
 Micturition- Regular
 Habit-Tea 2 times a day
 Diet- Mixed
 Sleep- Adequate; Day Sleep- Present
 Allergy- Not yet detected
 Addiction- Nil
 Exercise- Regular

Medical History:

Patient is known case of Hypertension

Family History:

Father- Dead
 Mother- Dead
 Husband- Alive
 Children-Alive
 No family history of psoriasis or arthritis

General Examination

Pulse Rate- 74/min
 Blood Pressure- 140/80mmhg
 Temp- 98^of
 Respiratory Rate- 20/min
 Tongue- Clear
 Oedema in leg- Present
 Lymphadenopathy- Absent
 Cyanosis and clubbing of nails-Absent
 Pallor-Absent

Systemic examination

Central nervous system cardiovascular system respiratory system and gastrointestinal system examinations were shown no abnormality

Integumentary system examination

Site of lesion – Both limb
 Mode of spread – Centripetal

Nature of lesion – Erythematous papule and red rashes on body, erythematous patches with slight blackish in colour
 Margination – Well demarcated body
 Itching – present
 Surface characteristic's- rough dry with scales
 Distribution- Symmetrical, bilateral, scattered all over body
 Auspitz sign – positive
 Koebner phenomenon-positive
 Candle grease sign-positive

Diagnosis

Diagnosis was made based on clinical findings such as *Asvedanam* (absence or reduced sweating), *Mahavastu* (involvement of a large area of the skin), and *Matsyashakalopama* (lesions resembling fish scales with a shiny appearance).

Treatment Protocol

Deepan-pachan&Shaman-Stepwise plans as follows

S.no	Therapy	Drug	Days
1.	Deepan-pachan	Tab Sanjeevani vati 2bd Guduchyadikashay 30ml Bd (empty stomach)	07
2	Abhyang	Navakkashay siddha tail	60
3.	Shaman	Chandrashakladi Vatak 2tab TDS	60
4.	Kosthasuddhi and Vata anuloman	Triphalachurna 5gm HS with luke warm water	15

The patient was given shaman chikitsa as follows:

- 1 Sanjeevani vati 250 mg tab twice daily
- 2 Guduchyadi Kashay 30 ml twice daily
- 3 Navak Kashay siddha tail 10 ml apply twice a day
- 4 Chandrashakladi vatak 500 mg 2 tab thrice daily
- 5 Triphalachurna 1 tsf at night with lukewarm water

Nidana parivarjana- Patient was advised to avoid *Guru*, *Viruddhaahara*, *Amla rasa*, *Dahi*, Fish meat, *Tila & Gud* (jaggery), Excessive milk products etc.

Assessment criteria

Assessment was done based on the grading given for subjective parameters

S.no	Symptoms	Grade 0	Grade 1	Grade 2	Grade 3
1.	<i>Aswednam</i> (Anhydrosis)	Absent	Occasionally in small amounts on small patches	sweating all over	Spread over each and every rash
2.	<i>Mahavastu</i> (Extent of lesion)	Absent	Present on partial parts of the body (arms, legs, neck, head, and back)	Present on most parts of the body (arms, legs, neck, head and back)	present throughout the body
3.	<i>Shalk nissaran</i> (Scaling)	Absent	Scaling in 16-28 days	Scaling in 06-15 days	Scaling in 01-07 days
4.	<i>Twakvaivarnya</i> (Deep black reddish discoloration)	Absent	Discoloration of brown colour	Discoloration of black and red colour	Discoloration of black colour
5.	<i>Parushta</i> (Dryness of skin)	Absent	Lines in the skin when scratched with a finger	excessive roughness resulting in flaking	Extreme dryness that causes cracking of the skin

6.	<i>Kandu</i> (Itching)	Absent	Slightly/Sometimes (daily work not affected)	Moderate (tolerable and does not affect daily activities)	Severe and frequent (affecting daily activities and lifestyle)
7.	<i>Strav</i> (Secretion)	Absent	sometimes in small quantities	in moderate amounts	Excessive and foul smelling (causing wetting of clothes)
8.	<i>Daah</i> (Burning sensation)	Absent	Small amounts occasionally (does not affect daily activities)	Moderate (tolerable and does not affect daily activities)	More (daily work and sleep affected)
9.	Auspitz Sign	Absent	it used to happen earlier, not now	occurs in small quantities	occurs in large quantities
10.	Koebner phenomenon	Absent	it used to happen earlier, not now	occurs in small quantities	occurs in large quantities
11.	Candle grease sign	Absent	it used to happen earlier, not now	occurs in small quantities	occurs in large quantities

Observation Table

Observation was done based on the clinical features and grading's was given accordingly

S. no	Clinical feature	Before Treatment	After treatment	After follow up
1.	<i>Aswednam</i> (Anhydrosis)	3	0	0
2.	<i>Mahavastu</i> (Extent of lesion)	3	1	1
3.	<i>Shalk nissaran</i> (Scaling)	3	0	0
4.	<i>Twakvaivarnya</i> (Deep black reddish discoloration)	2	0	0
5.	<i>Parushta</i> (Dryness of skin)	2	1	0
6.	<i>Kandu</i> (Itching)	2	0	0
7.	<i>Strav</i> (Secretion)	0	0	0
8.	<i>Daah</i> (Burning sensation)	0	0	0
9.	Auspitz Sign	2	0	0
10.	Koebner phenomenon	2	0	0
11.	Candle grease sign	3	0	0

Figures of before treatment



Figures after 30 days of treatment



Figures after 60 days of treatment



RESULT

The selected therapeutic regimen was found to be clinically effective, producing early symptomatic relief. Following

treatment, cutaneous erythema was markedly reduced, and a significant decrease in scaling was also observed. Other associated symptoms, including *daha*(burning sensation), *vaivarnya* (discoloration), *kandu* (itching), showed notable

improvement. The patient also reported better sleep quality after initiation of therapy. Clinical photographs of the affected areas were taken at baseline and subsequently at each follow-up visit to document the course of improvement, and the findings were recorded accordingly. Comparison of pre- and post-treatment observations demonstrated considerable regression of skin lesions. Furthermore, after administration of *Shamana Aushadhi*, measurable improvements were observed in key parameters such as itching, scaling, extent of lesions, skin dryness, and overall lesion severity.

DISCUSSION

Ekakushtha is chronic disease where the main Dosha involved is *vatakapha* and *raktadosha*. In *Ekakushtha*, *Deepana-Pachana* forms the fundamental stage of management because the disease often originates and persists due to *Agnimandya* and *Ama* formation. *Sanjeevani Vati* acts as a potent *amapachaka* and *agnidipaka*, helping to digest toxic metabolites and clear *srotorodha*, thereby reducing the internal substrate responsible for chronic skin pathology. *Guduchyadi Kwath* complements this action by supporting digestion along with *raktaprasadana* and *kledasamana*, which are essential in *kushtha* where *doṣa-duṣhya* involvement is deep and long-standing. Conceptually, *Ama* can be correlated with metabolic toxicity and oxidative inflammatory burden, wherein free radicals play a role in chronic inflammation and delayed healing. By reducing *ama* and improving metabolic fire, these drugs may indirectly lower oxidative stress and inflammatory activity. *Guduchi* holds special importance due to its *rasayana* nature, immunomodulatory influence, and antioxidant potential, making it particularly valuable in chronic recurrent disorders like *Ekakushtha* for improving tissue resilience and reducing relapse. Most of the ingredients of *Chandrashakaladi Vatak* possess *Vata-Kapha shamaka* properties and are predominantly *Ushna Virya* in nature. In terms of *Rasa*, the formulation is mainly dominated by *Katu* and *Tikta* (pungent and bitter) tastes. Owing to its *Tikta-Katu* predominance and *Ushna Virya*, it acts as a *Deepana-Pachana* (digestive and appetizer), supports *Agni-deepana* (enhancement of digestive fire), and facilitates *Kapha-shoshana* (absorption/reduction of excessive mucus). As the disease is *Vata-Kapha pradhana* with *Raktaja* involvement, this formulation may contribute to breaking the pathogenesis (*Sampraptivighatana*) and reducing disease activity. Its ingredients collectively contribute to skin healing: *Chitraka* and *Bhallataka* strengthen *Agni* and clear *Ama*; *Haridra*, *Bakuchi* and *Tuvraka* act as *Kushthaghna-Kandughna* and support lesion resolution; *Vidanga* provides *Krimighna* support reducing itching; while *Triphala* components (*Haritaki*, *Vibhitaki*, *Amalaki*) promote *Koshthashuddhi*, *Vatanulomana*, *Rasayana* and *Rakta* support. Overall, it reduces itching (*kandu*), scaling, dryness, erythema, plaque thickness, and improves quality of life in *Ekakushtha*. Similarly, most of the ingredients of *Navak Kashaya Siddha Taila* are described as *Kapha-Pitta shamaka* with *Ushna Virya*. The formulation is chiefly composed of *Katu*, *Tikta*, and

Kashaya rasa (pungent, bitter, and astringent tastes). Due to this *Rasa* profile along with *Ushna Virya*, it is expected to act as a *Kapha-Pitta shamaka*, while also aiding *Rakta shodhana* (blood purification). Drugs such as *Nimba*, *Patola*, *Manjistha* and *Kutki* helps in reducing *Rakta-Pitta* vitiation, thereby decreasing redness, burning and inflammatory changes. *Haridra* contributes strong *Kushthaghna*, *Kandughna* and *Shothaghna* actions, while *Vacha* supports *Kapha-lekhana* and reduces plaque thickening and itching. The inclusion of *Haritaki*, *Vibhitaki* and *Amalaki* provides supportive *Rasayana* and tissue-healing effects, improving skin texture and helping in chronicity. Being *taila*-based, it offers local *snehana*, reduces *rukshata*, improves barrier function, and produces measurable relief in itching, scaling, lesion extent and dryness, thus improving overall lesion severity in *Ekakushtha*. Many of the components exhibit anti-inflammatory and antimicrobial actions, which may support symptomatic relief and improving the overall texture and appearance of the skin in *Ekakushtha*. *Triphala Churna* was administered based on the patient's strength (*Bala*) and bowel status (*Koshtha*). *Triphala* is known to promote *Koshthashuddhi* (bowel cleansing), assist in *Rakta prasadana/shodhana* (purification and improvement of blood quality), and facilitate *Vatanulomana*. These actions collectively contribute to improvement in associated symptoms, particularly pruritus, while supporting systemic purification and restoration of balance.

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