RESEARCH PAPER

Clinical evaluation of ayurvedic intervention in ekkakushtha with refrence to Chronic Plaque Psoriasis : A Case Report

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Abstract

Background: Within classical Ayurvedic literature, skin disorders are comprehensively categorized under *Kushtha Roga*. Psoriasis is a chronic, immune-mediated inflammatory skin condition that exhibits close clinical alignment with *Ekkakushtha*. Clinically, *Ekkakushtha* is defined by key manifestations such as *Aswedanam* (absence of perspiration), *Mahavastu* (widespread cutaneous involvement), and *Matsyashakalopama* (shiny, fish scale–like desquamation), predominantly arising from a vitiation of *Vata* and *Kapha Dosha*. Although grouped under *Kshudra Kushtha*, the condition places a heavy burden on the patient's physical health and psychosocial well-being.

Case Summary: This report details the clinical course of a 53-year-old male who presented with chronic, generalized cutaneous lesions along with severe itching and flaky scales. The patient had previously undergone multiple courses of conventional allopathic management, yielding only transient improvement, and subsequently sought holistic Ayurvedic intervention. Following a thorough clinical assessment, the case was diagnosed as *Ekkakushtha* (psoriasis).

Therapeutic Intervention: To clear metabolic toxins, mitigate the cumulative adverse effects of prior therapies, and prepare the physiological channels, the patient was initially administered *Deepana* and *Pachana* therapies for one week along with *Koshtha Shuddhi* for 15 days. This was followed by a core two-month intervention protocol comprising internal administration of *Bhallatakadya Ghanvati* paired with topical application of *Somraji Taila*.

Results: Post-treatment evaluations demonstrated substantial clinical relief, highlighted by a notable decrease in pruritus, scaling, erythema, and plaque induration across the lower back and bilateral lower limbs. Furthermore, the patient experienced marked enhancements in daily functioning and overall quality of life.

Conclusion: This case highlights that a structured protocol integrating preliminary metabolic clearing (*Deepana-Pachana* and *Koshtha Shuddhi*) with targeted internal and external ayurvedic interventions (*Bhallatakadya Ghanvati* and *Somraji Taila*) can offer a safe and viable therapeutic approach for managing chronic plaque psoriasis (*Ekkakushtha*), helping to suppress disease exacerbations and improve clinical outcomes.

Keywords: Ekkakushtha , Chronic plaque psoriasis , Deepan-pachan , Koshtha shuddhi , Bhallatakadya Ghanvati , Somraji tail .

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Introduction

Psoriasis is a chronic, immune-mediated inflammatory skin condition driven by abnormal keratinocyte proliferation and immune cell infiltration, typically manifesting as well-demarcated erythematous plaques covered by silvery-white scales. In classical Ayurveda, this presentation closely correlates with *Ekakustha*, a prominent subtype of *Kshudra Kushtha* defined by classical features such as *Matsya-shakalopama* (fish-like scaling), *Aswedanam* (anhidrosis), and extensive cutaneous involvement. The foundational etiopathology involves a severe vitiation of the *Tridosha*—predominantly *Vata* and *Kapha*—which subsequently compromises vital *Dhatus* including *Rasa*, *Rakta*, *Mamsa*, and *Lasika*, leading to microcirculatory channel obstruction (*Srothorodha*)

and the accumulation of endogenous toxins (*Ama*). To address this complex clinical picture for the 53-year-old male patient—who sought holistic care following transient improvements from prior conventional therapies—a comprehensive Ayurvedic treatment strategy is employed: initial *Deepana* and *Pachana* therapies alongside *Kostha Shuddhi* to clear metabolic toxins and prepare the physiological channels, setting the foundation for the core intervention protocol consisting of internal administration of *Bhallatakadya Ghanvati* and the targeted topical application of *Somraji Taila* to reduce plaque thickness, alleviate pruritus, and restore long-term doshic equilibrium**.**

Patient Information

A 57-year-old male presented with chronic, generalized cutaneous manifestations, including severe pruritus, scaling, and xerosis, of an 8-year duration. The clinical course was marked by frequent relapses and remissions, with prior conventional allopathic interventions offering only temporary relief. Furthermore, discontinuation of allopathic medication consistently triggered a marked exacerbation of symptoms. Due to the recurrent and persistent nature of the pathology despite standard conventional therapy, the patient sought a comprehensive Ayurvedic evaluation and holistic management protocol.

Aim & Objective: To evaluate the efficacy of Bhallatakadya Ghanvati & Somraji Tail 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 Ayurved College, Raipur (Chhattisgarh).

Case Report: -Basic information of the patient

S.No.	Demographic Details	
1.	OPD No.	20240005920
2.	Age/Sex	57 Yr/M
3.	Religion	Hindu
4.	Socioeconomic Status	Middle Income Group
5.	Education	Uneducated
6.	Marital Status	Married
7.	Occupation	Business man
8.	Type of living	Single
9.	Habitation	Urban

Chief Complaints

Chronic, generalized cutaneous lesions accompanied by severe pruritus, flaky scales, and dry skin along with severe itching persisting for the past 8 years with a recurrent and relapsing course.

History of Present Illness

A 57-year-old male businessman apparently was in normal health 8 years ago, when he gradually developed generalized cutaneous lesions associated with severe itching, dry skin, and thick flaky scales. The patient reports a chronic, recurrent, and relapsing clinical course.

He had previously sought conventional allopathic treatment, which provided only temporary symptomatic relief. He observed that the discontinuation of allopathic medications consistently triggered a more severe aggravation of his symptoms. Due to the persistent, recurrent, and relapsing nature of the pathology despite standard conventional therapy, the patient has now approached for comprehensive Ayurvedic evaluation and holistic management.

Personal History:

Appetite- Reduced
Bowel- Constipated
Stool Consistency-Malabaddhata
Micturition- Regular
Habit-Coffee 2 times a day
Diet- Vegetarian
Sleep- Disturbed
Allergy- Not yet detected
Addiction- Nil
Exercise- Irregular

Medical History:

No history of Hypertension, Diabetes mellitus, Thyroid disorders or any chronic or acute disorders

Family History:

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

General Examination:

Pulse Rate- 78/min
Blood Pressure- 130/70mmhg
Temp- Afebrile
Respiratory Rate- 18/min
Tongue- Coated
Oedema – Absent
Lymphadenopathy- Absent
Cyanosis and clubbing of nails-Absent
Pallor-Absent

Systemic Examination :

Central nervous system- No abnormality found
Cardiovascular system- No abnormality found
Respiratory system- No abnormality found
Gastrointestinal system examinations -No abnormality found

Asthavidha Pariksha

1. Nadi (Pulse) – 77 b/m
2. Mutra (Urine)- 4-5 times/day
3. Mala (Stool) – 1-2 times/day
4. Jihva (Tongue)- Uncoated
5. Shabda (Voice)- Clear
6. Sparsh (Touch)- Anushna-sheet
7. Drika (Eyes)- Normal
8. Aakriti(General Appearance)- Madhyam

Dashvidha Pariksha

1. Prakriti- Vaat pittaj
2. Vikriti- Kapha vaataj

3. Saar- Madhyam
4. Samhanan-Madhyam
5. Pramaan- Hrisva
6. Satmya- Pravar
7. Satva- Pravar
8. Aahar Shakti- Madhyam
9. Vihar Shakti- Avara
10. Vaya- Vriddha

Integumentary System Examination:

Site of lesion – Bilateral lower limb and lower back
Mode of spread – Centripetal
Nature of lesion – Generalized cutaneous lesions accompanied by severe pruritus, flaky scales, and dry skin
Margination – Well demarcated body
Itching – Present
Surface characteristic's- Rough dry with scales
Distribution- Symmetrical, bilateral.
Auspitz sign – Positive
Koebner phenomenon-Positive
Candle grease sign-Positive

Diagnosis:

Diagnosis was made based on clinical findings such as Aswedanam (absence or reduced sweating), Mahavastu (involvement of a large area of the skin), and Matsyashakalopama (lesions resembling fish scales with a shiny appearance) along with positive Auspitz sign, positive Koebner phenomenon and positive candle grease sign.

Treatment Protocol

Deepan-pachan&Shaman-Stepwise plans as follows

S.No.	Therapy	Drug with Dose	Days
1.	Deepan Pachan	Sanjeevani vati 2 BD	7 Days
2.	Kostha & Shroto Shuddhi	Haritakyaadoi Yog 5gm HS	15 Days
3.	Shaman	Bhallatakadya Ghanvati 2 QID Somraji Tail for local application	60 Days

The patient was given shaman chikitsa as follows:
1.Sanjeevani Vati 2 tab twice a day after meal
2. Phaltrikaadi Kwaath 30ml BD empty stomach
3. Haritakyaadi Yog 5gm at night with lukewarm water
4. Bhallatakadya Ghanvati 2 tab four times a day after meal
5. Somraji Tail for local application twice a day

Nidana Parivarjana- Patient was advised to avoid excessive sour, salty, spicy, oily food , fermented food, new rice, curd, paneer, cheese, excessive sugar intake, incompatible food (like milk with fish), viruddha aahar, red meat, milk, alcohol, carbonated drinks as well as avoid supressing urges, staying up late night, day sleeping and contact with irritants.

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.	Aswedanam (Anhydrosis)	Absent	Occasionally in small amounts on small patches	Sweating all over	Spread over each and every rash
2.	Mahavastu (Extent of lesions)	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.	Shalka Nissaran (Scaling)	Absent	Scaling in 16-28 days	Scaling 6-15 days	Scaling in 1-7 days
4.	Twak Vaivarnya (Deep black reddish discolouration)	Absent	Discoloration of brown colour	Discolloration of black and redcolour	Discolloration of black colour
5.	Parushta (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.	Kandu (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.	Sraav (Secretion)	Absent	sometimes in small quantities	In moderate amounts	Excessive and foul smelling (causing wetting of clothes)
8.	Daah (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.	Aswedanam (Anhydrosis)	1	0	0
2.	Mahavastu (Extent of lesions)	1	1	1
3.	Shalka Nissaran (Scaling)	3	0	0
4.	Twak Vaivarnya (Deep black reddish discolouration)	2	1	1
5.	Parushta (Dryness of skin)	3	1	0
6.	Kandu (Itching)	3	0	0
7.	Sraav (Secretion)	0	0	0
8.	Daah (Burning sensation)	1	0	0
9.	Auspitz Sign	2	1	0
10.	Koebner Phenomenon	1	0	0
11.	Candle Grease Sign	2	0	0

Figure of before treatment

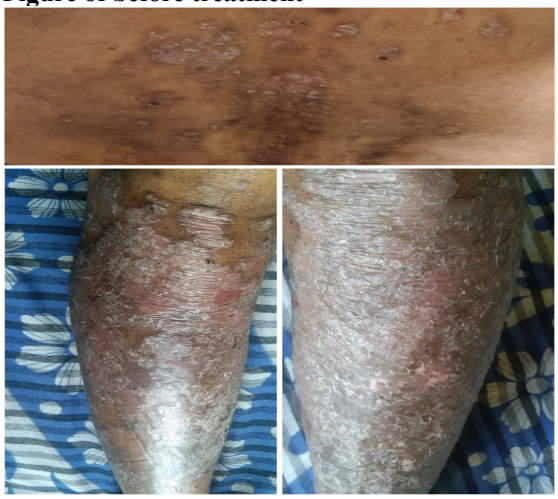


Figure after 30 days of treatment

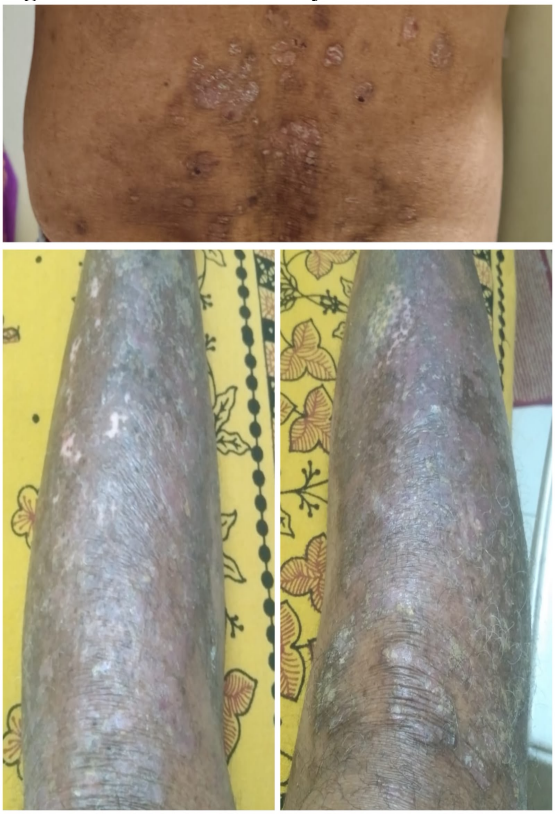


Figure after 60 days of treatment



Result

The administration of the trial therapeutic regimen demonstrated significant clinical efficacy, reflected by progressive amelioration of subjective symptoms and objective dermatological parameters throughout the treatment course.

- Symptom Reduction: The patient reported a notable and early decrease in *kandu* (itching) and *daha* (burning sensation) within the initial weeks of therapy. Concurrently, significant improvements were observed in skin texture, characterized by a marked reduction in *xerosis* (dryness), scaling, and *vaivarnya* (discoloration/erythema).
- Lesion Regression: Photographic documentation and physical evaluations at successive follow-up intervals demonstrated a progressive flattening of raised plaques,and clearance of generalized cutaneous lesions.
- Secondary Health Outcomes: Alongside dermatological recovery, the patient noted a substantial improvement in overall quality of life, specifically reporting restored sleep patterns secondary to the alleviation of intractable nocturnal pruritus.
- Clinical Course Stability: Following the completion of *Shamana Aushadhi* administration, the therapeutic interventions yielded sustained samprapti vighatan along with relief in symptoms without acute exacerbation or adverse cutaneous reactions during the observation period.

Discussion

Ekkakushtha is a chronic dermatological disorder that closely correlates with plaque psoriasis in modern medical science. According to Ayurvedic principles, it is characterized predominantly by *Vata* and *Kapha dosha* involvement, along with *Rakta dhatu* as the primary *Dushya*. The chronicity, recurrent relapses, and resistance to standard therapies often stem from deep-seated tissue pathology (*Dhatugata vyadhi*) driven by persistent *Agnimandya* (impaired digestive fire) and the continuous production of *Ama* (endotoxins/metabolic byproducts).

In the presented case, the patient's 8-year history of treatment resistance and severe rebound phenomena upon discontinuing conventional allopathic medications highlights the limitations of purely symptomatic or suppressive approaches. The formulation strategy adopted in this case focused on a multi-pronged Ayurvedic framework: *Deepana-Pachana* (restoring digestive fire and metabolizing toxins), *Kshodhana/Shodhana* (systemic purification), *Kushthaghna* (anti-dermatosis), and *Kandughna* (anti-pruritic) actions, aimed at achieving *Samprapti Vighatana* (disruption of the disease pathogenesis).

1. Role of Systemic and Internal Pharmacotherapy

- Bhallatakadya Ghanvati: *Bhallataka* (*Semecarpus anacardium*) is widely acclaimed in Ayurvedic classics for its potent *Ushna virya*, *Lekhana* (scraping/reducing plaque thickness), and deep-seated *Kushthaghna* properties. By

virtue of its dominant *Katu* and *Tikta rasa* and penetrating attributes, it effectively combats chronic *Kapha* obstruction (*Srotorodha*) and pacifies aggravated *Vata*. It stimulates systemic *Agni*, digests residual *Ama*, and helps clear inflammatory substrates responsible for chronic cutaneous lesions.

- Somraji Taila: Applied topically and synergistically, *Somraji* (*Psoralea corylifolia* / *Bakuci* based oil preparation) acts as a premier local therapeutic agent for *Kushtha*. Its active constituents provide localized *Snehana*, alleviate severe *Rukshata* (dryness) and scaling, restore epidermal barrier function, and directly suppress intractable *Kandu* (itching) and erythema.

2. Pathogenetic Disruption (*Samprapti Vighatana*)

The clinical improvement observed in this patient—specifically the rapid reduction of pruritus, flattening of plaques, and mitigation of scaling—can be mechanistically explained through the alignment of drug properties (*Dravya guna*) with the disease pathology (*Dosha-Dushya sammurchhana*):

- Correction of Tissue Metabolism: By addressing *Agnimandya* at the tissue level (*Dhatvagni mandya*), the therapy halted the continuous generation of inflammatory intermediaries.
- Pacification of *Vata* and *Kapha*: The *Ushna virya* and *Katu-Tikta rasa* profile counteracted the cold, dry, and thick nature of *Vata* and *Kapha*, leading to a reduction in skin induration, scaling, and hyperkeratosis.
- Purification of *Rakta Dhatu*: Ingredients possessing *Rakta-prasadana* and *Kushthaghna* properties cleansed the vitiated blood, effectively diminishing cutaneous inflammation, burning sensations (*Daha*), and discoloration (*Vaivarnya*).

3. Prevention of Relapse and Long-Term Outcomes

A notable clinical observation in this case was the absence of the rebound phenomenon—a common drawback previously experienced by the patient upon discontinuing allopathic therapies. The holistic nature of the Ayurvedic protocol not only provided symptomatic remission but also targeted the root cause by re-establishing physiological balance and tissue resilience. Consequently, the patient achieved sustained clinical recovery, enhanced skin texture, and a marked improvement in overall quality of life without adverse events.

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