Case Report

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Ayurveda Section

Comprehensive *Ayurvedic* Management of *Ekakushtha* (Chronic Plaque Psoriasis) Using Multimodal Therapy and Dietary Regulation: A Case Report

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ABSTRACT

Psoriasis is a common dermatological disorder that affects up to 1% of the global population. The age of onset shows bimodality, with peaks at 16-22 and 57-60 years. Males are affected twice as much as females. Plaque psoriasis causes extreme physical and psychological distress because of chronicity, flares, and visible lesions. According to Ayurveda, it is classified as *Ekakushtha* (*Vata-Kapha Kshudrakushtha*) and therefore requires a multimodal approach to *Shodhana*, *Shamana*, and *Pathya*. A 72-year-old postmenopausal female presented after eight years of silvery scales, redness, and burning with intense itching over elbows, forearms, hands, and lower limbs despite seven to eight years of allopathic treatment with temporary relief and frequent relapses. Chronic plaque psoriasis (Ekakushtha) was diagnosed based on Psoriasis Area Severity Index (PASI) and Dermatology Life Quality Index (DLQI) scores, along with positive Auspitz and candle grease signs. The patient was treated with Nitya Virechana (20 mL HS), Panchatikta Ghrita Guggul (250 mg twice daily), Panchatikta Ghrita (20 mL once daily), Krimikuthar Rasa (125 mg twice daily), Marichyadi Taila (topical), soothing powder (*Rasmanikya*, *Yashtimadhu*, and *Ashwagandha*), and *Ashtyoga Lepa*, along with strict *Pathya* (*Shashtika Shali*, *Mudga*; avoidance of sour, oily, and salty foods). There was a significant reduction in PASI score and improvement in DLQI (from 13 to 5). Clinical symptoms, including silvery scales, burning sensation, and itching (*Kandu*, *Matsyashakalopamam*, *Daha*, *Mahavastu*), were markedly reduced. In the present case, the treatment response was noted significantly earlier compared to the previous allopathic treatment, because here the treatment regimen was implemented in accordance with *Ayurvedic Samprapti*. After the end of active treatment, no recurrence was found. It also emphasises the importance of a balanced diet as a crucial factor in promoting overall health.

Keywords: Chronic plaque psoriasis, DLQI, Dietary regulation, Ekakushtha, PASI, Shaman Chikitsa palliative care, Shodhan purificatory therapy

CASE REPORT

A 72-year-old postmenopausal female attended the Panchakarma OPD of Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod, Maharashtra with chief complaints of chronic silver-white scaly eruptions associated with severe itching (*Kandu*), burning sensation (*Daha*), and pain confined to bilateral elbow joints (Kurpara sandhi), forearms, dorsal aspect of hands (*Hasta*), and both lower limbs extending below the knee region for the past eight years. The skin lesions initially manifested as pink papular eruptions that gradually progressed into well-demarcated white plaque-like formations with adherent silvery scales (*Matsyashakalopamam*), characteristic of chronicity. Chronic scratching resulted in secondary changes, including excessive scaling, minor bleeding, and areas of excoriation. The patient gave a history of receiving allopathic treatment for seven to eight years, which included systemic as well as topical medications (names not remembered), but symptomatic relief was only temporary, with frequent disease relapses occurring within 2-3 months of each course. Disheartened by recurrent exacerbations, the patient stopped allopathic treatment and approached Ayurvedic management, highlighting the role of *Shodhana* (purificatory therapy), *Shamana* (palliative care), and strict *PathyaApathya* (dietary and lifestyle regulation). Written informed consent was obtained from the patient before treatment commenced, and clinical documentation and publication of anonymised images were in accordance with institutional ethical guidelines. The demographic details of the patient are presented in [Table/Fig-1].

On physical examination, the patient's vital parameters were generally within normal limits for her age, as described in [Table/Fig-1]. Systemic examination did not reveal any abnormalities, and the findings related to the cardiovascular, respiratory, and central nervous systems are summarised in [Table/Fig-1].

System	Findings
Cardiovascular system	S1, S2 heard, no murmur
Respiratory system	Bilateral air entry is equal, with no adventitious sounds
Central nervous system	Conscious, cranial nerves intact, motor and sensory examination normal

[Table/Fig-1]: Systemic examination findings.

Examination revealed numerous flaky, well-defined lesions symmetrically distributed over the upper and lower limbs, predominantly involving the extensor surfaces. Upon palpation, the lesions felt rough and scaly, with a localised rise in temperature; however, tenderness and lymphadenopathy were absent. The lesions predominantly involved the extensor aspects of the elbows, the dorsal aspects of the hands, knees, legs, and ankles, as well-defined plaques with well-marked borders demarcating the diseased skin from the normal skin. The base underneath was erythematous to dusky brown, topped by silvery-white scales, a classic feature of psoriasis. The surface was dry, rough, and scaly, with prominent hyperkeratosis, especially over the knees and lower legs, indicating chronicity. The disease was multisite in extent, with confluent plaques in many areas and isolated scaly patches in other areas.

The patient had a history of long-term allopathic treatment for psoriasis over a period of seven to eight years, without recollection of specific names of the medications taken, and with no known

history of hypertension, diabetes mellitus, or thyroid disorders. No significant surgical history was reported. Details of the patient's dietary habits, bowel and bladder patterns, sleep quality, and lifestyle factors, including sedentary behaviour and disease-related stress, are summarised in [Table/Fig-2].

Aspect	Details
Diet	Mixed diet; non-vegetarian food 3-4 times/week; predominantly heavy foods; frequent intake of sour (citrus, yoghurt) and salty foods; irregular meal timings
Bowel	Constipation present
Micturition	5-6 times daily
Sleep	Poor sleep quality related to pruritus
Lifestyle	Sedentary lifestyle, minimal physical activity, and high stress levels are related to chronic disease.

[Table/Fig-2]: Detailed history of the patient.

Nidana Panchaka (Ayurvedic Aetiopathogenesis)

The aetiological factors (*Nidana*), prodromal symptoms (*Poorva Roopa*), clinical manifestations (*Roopa*), relieving/aggravating factors (*Upashaya-Anupashaya*) and pathogenesis (*Samprapti*) were assessed based on the Ayurvedic diagnostic framework and are summarised under the classical components of Nidana *Panchaka*, confirming *Vata-Kapha* predominant *Tridosha Dushti* with involvement of *Twak*, *Rakta*, *Mamsa*, and *Lasika*, ultimately manifesting as *Ekakushtha* and shown in [Table/Fig-3] [1].

Component	Description
Nidana (Aetiological factors)	*Apathyakara Ahara* and *Viruddha Ahara Sevana*
Poorva Rupa (Prodromal symptoms)	*Aswedana* (absence of sweating), *Kandu* (itching), *Rukshatvam* (dryness)
Roopa (Signs and symptoms)	*Daha* (burning sensation), *Kandu* (itching), *Matsyashakalopamam* (silvery scaly skin) over *Hasta* (hands) and *Kurpara Sandhi* (elbow joints), *Balahani*, pain in lower limbs
Upashaya and *Anupashaya*	*Aushadha*, *Ahara*, and *Vihara*
Samprapti	*Nidana* leading to *Tridosha Dushti* (*Vata–Kapha* predominant), causing *Shaitilyata of Twak*, *Rakta*, *Mamsa*, and *Lasika*, resulting in *Sthana Samshraya* and manifestation of *Ekakustha*.

[Table/Fig-3]: *Nidana Panchaka* of *Ekakushtha* (Ayurvedic Diagnostic Assessment).

The diagnosis was established based on the classical features of *Ekakushtha*, including *Aswedanam* (absence of sweating), *Mahavastu* (extensive/large site involvement), *Matsyashakalopamam* (resembling fish scales) with positive Auspitz and candle grease signs, and a negative Koebner phenomenon [2]. Therefore, with special reference to the chronic plaque psoriasis, the final diagnosis was confirmed as *Ekakushtha*. The baseline disease severity and quality-of-life impairment were assessed based on PASI parameters and DLQI [3,4], as depicted in [Table/Fig-4], which demonstrated that the patient had a severe impact on her quality of life. The diagnostic criteria and clinical findings are depicted in [Table/Fig-5].

Skin region	% Affected Area	Redness (0-4)	Thickening (0-4)	Scaling (0-4)
Arms	60-70%	3	3	4
Trunk	0%	0	0	0
Legs	40-59%	3	4	4
Total PASI: 21.0 (severe)				
Dermatology Life Quality Index (DLQI) - Before Treatment Score- 13				

[Table/Fig-4]: Psoriasis Area Severity Index (PASI) -before treatment.

Therapeutic Intervention

A holistic, multimodal Ayurveda treatment protocol encompassing Shodhana and Shamana therapies was administered in chronological order, with details of the medicines, dose, route, duration, and follow-up modifications outlined in [Table/Fig-6]. Details of lepa application schedule, dietary restrictions, and lifestyle modification are strictly advised as depicted in [Table/Fig-7] throughout the course of treatment following classical ayurveda texts.

Parameter	Findings
Ayurvedic Lakshanas of Ekakustha	Aswedanam (absence of sweating), Mahavastu (extensive spread), Matsyashakalopamam (silvery white scales resembling fish scales)
Modern dermatological signs	Auspitz sign – Positive; Candle grease sign – Positive; Koebner phenomenon – Negative
Diagnosis	Ekakustha (Chronic plaque psoriasis)

[Table/Fig-5]: Diagnostic criteria and clinical findings.

Follow-up evaluation and outcomes examination after treatment showed good clinical improvement. The extent and severity of lesions had significantly reduced, as evidenced by PASI and DLQI scores, represented in [Table/Fig-8] [5,6]. The patient's quality of life was significantly improved, and no recurrence was observed during the follow-up period.

The patient's condition significantly improved after the multimodal Ayurvedic treatment. Cardinal symptoms, such as burning (Daha), itching (Kandu), silvery scaly skin (Matsyashakalopamam), and extensive spread (Mahavastu), were also remarkably reduced. The DLQI and PASI scores showed significant reductions, as noted in [Table/Fig-9].

[Table/Fig-10] shows the classical plaque psoriasis lesions prior to the initiation of treatment, whereas [Table/Fig-11,12] depict near-complete resolution following multimodal Ayurvedic intervention.

DISCUSSION

The present case illustrates the effectiveness of a multimodal Ayurvedic treatment strategy in managing Ekakushtha, a chronic plaque psoriasis in an elderly patient with a long-standing disease and an inadequate response to allopathic therapy. The overall clinical response, as summarised in [Table/Fig-9-13] shows sustained improvement in disease severity and quality of life following a judicious combination of Shodhana, Shamana, local therapies, and strict adherence to Pathya-Apathya principles, without reiterating outcome measures.

The prevalence of psoriasis in India ranges from 0.44% to 2.8% [7]. Psoriasis best fits into the description of Ekakushtha, which is a Tridoshaja disorder with predominant Vata-Kapha involvement [8]. This holds exceptionally well when clinical features such as Aswedana, Matsyashakalopamam, and Mahavastu are observed [9]. These classical descriptions align well with the contemporary clinical features of plaque psoriasis, including xerosis, hyperkeratosis, scaling, and diffuse plaques [10]. The progressive resolution seen over successive follow-ups [Table/Fig-11] depicts the effective pacification of vitiated Doshas and correction of Rakta and Twak Dushti.

A comparative analysis with previously published studies reveals substantial concordance in therapeutic principles and outcomes. Saraf S et al., (2023) demonstrated the successful management of plaque psoriasis using Virechana Karma, followed by Panchatikta Ghrita Guggul and Mahamanjishthadi Kwath, with an emphasis on Rakta-Shodhana and Tikta-Rasa-dominant formulations [11]. The present case concurs with these findings, as the drug Panchatikta Ghrita Guggul constituted the cornerstone of Shamana therapy following prolonged purificatory measures, thereby supporting its reproducible role in chronic Ekakushtha management [Table/Fig-13].

Similarly, Deshmukh SG and Thakre TI (2019) also reported good results for chronic Ekakushtha treated with Vamana followed by Panchatikta Ghrita and Gandhaka Rasayana. Since their

Date / Follow-up	Intervention	Dose	Time	Route	Anupana	Duration
Baseline	Nitya Virechana - Sunthi Siddha Erand Sneha	20 mL	HS	Oral	Lukewarm water	1 month
	Marichyadi Oil	-	-	Local application	-	1 month
	Panchatikta Ghrita Guggulu	250 mg × 2 tab BD	After food	Oral	Lukewarm water	1 month
	Panchatikta Ghrita	20 mL	Empty stomach (morning)	Oral	Lukewarm water	1 month
	Krimikuthar Rasa	125 mg × 2 tab BD	After food	Oral	Lukewarm water	1 month
1st Follow-up	Nitya Virechana – Sunthi Siddha Erand Sneha	20 mL	HS	Oral	Lukewarm water	1 month
	Asthyog Kadha *(Adulsa, Khadir, Guduchi, Triphala, Parwal)*	20 mL	After food	Oral	Lukewarm water	1 month
	Soothing Powder *(Rasmanikya, Yashtimadhu, Ashwagandha)*	As required	After oil and lepa	Local	—	1 month
	Ashtyog Lepa *(Nimbu Swarasa, Karpoor, Haridra, Chuna, Bavachi, Nimba, Manjistha, Suhaga, Turti)*	15 g	QID	Local	Water	1 month
2nd Follow-up	Panchamrita *(Cow ghee 1 part, milk 1 part, curd 1 part, sugar 1 part, honey ¼ part)*	10 mL OD	Empty stomach	Oral	—	1 month
	Marichyadi Oil, Asthyog Kadha, Asthyog Lepa, Soothing Powder	Continued	—	—	—	1 month

[Table/Fig-6]: Shodhana (Purificatory) and Shamana Chikitsa (Palliative Care) details.
Thickness: ¼ Angula ≈ 0.5 cm (1 Angula=2 cm); applied during daytime against hair follicles; removed after drying

Category	Details
Pathya (Recommended)	Shashtika Shali (red rice), Yava (barley), Godhuma (wheat), old rice (Yavagu form), Mudga (green moong), other Laghu and easily digestible pulses in small quantities, cow ghee if required
Apathya (Restricted)	Sour, oily, salty foods; curd, milk, jaggery; marshy animal meat; sesame seeds; black gram; alcoholic beverages; deep-fried, reheated, stale foods; stress and irregular sleep

[Table/Fig-7]: Dietary Regimen (Pathya–Apathya).

Skin region	% Affected area	Redness (0-4)	Thickening (0-4)	Scaling (0-4)
Arms	10-24%	2	1	2
Trunk	0%	0	0	0
Legs	10-19%	2	2	2
Total PASI: 4.8 (mild)				
Dermatology Life Quality Index (DLQI) – After Treatment Score- 5				

[Table/Fig-8]: Psoriasis Area Severity Index (PASI)- after treatment.

Date	DLQI score	PASI score	*Kandu* (0-10)	*Matsyashakalopamam* (% reduction)	*Mahavastu* (affected sites)
(Baseline)	13	21	8/10	0%	4 sites (elbows/ hands/legs)
(1st FU)	8	8	5/10	45%	3 sites
(2nd FU)	5	4.8	2/10	68%	2 sites

[Table/Fig-9]: Chronological symptom progression and objective scores.

[Table/Fig-10]: Baseline clinical photographs (pre-treatment).
Legend: Ayurvedic images Indigenous images of Ekakushtha before starting Ayurvedic treatment. a) Dorsal hands with erythema, thick silvery scales and characterised dryness (Aswedanam); b) Extensor surface of the elbow with well-demarcated plaques and silvery scaling (Matsyashakalopamam); c) Knees and lower limbs with large confluent plaques, which means it is widely involved (Mahavastu); d) Lower leg and ankle demonstrating chronic hyperkeratosis with pigmentation and fissuring; e) Multisite disease involvement is observed by the dorsal feet that demonstrate scaling and plaques.

[Table/Fig-11]: First follow-up after treatment.
Follow-up: 1 month after baseline.
Legend: Photographs of partial clinical recovery at one month of Ayurvedic treatment. a) Reduced erythema and scaling of the hands with dryness left behind; b) Elbow with thinning of plaques and decreased hyperkeratosis; c) Reduced scaling of lower limbs and elevated skin texture; d) Softened plaques and insignificant residual pigmentation; e) Reduced plaque extent with low levels of scaling on distal legs and ankles.

protocol involved classical intensive Shodhana [12], whereas the case described here adopted Nitya Virechana, a mild continuous purificatory measure, the similar therapeutic response suggests that low-intensity repetitive Shodhana is more appropriate in cases of geriatric patients without compromising efficacy.

Thakur K et al., (2020) demonstrated significant clinical improvement through Panchakarma procedures, along with Panchatikta Guggulu and Arogyavardhini Vati, which again proved the efficacy of the Panchatikta-based formulation in pacifying Tridosha vitiation and

Table/Fig A

Table/Fig B

Table/Fig C

Table/Fig D

[Table/Fig-12]: Second follow-up after treatment.
Follow-up: after two months of baseline.
Legend: Photographs showing almost complete healing of Ekakushtha lesions during therapy. a) Hands with near-normal skin without any scaling; b) Elbow with complete plaque flattening with slight residual erythema; c) Lower leg and ankle with smooth skin with slight pigmentation; d) Near-complete lesion clearance of lower limbs.

appears to play a crucial role in maintaining remission and preventing relapse [Table/Fig-13] [11-16].

Pathophysiologically, dryness, scaling, and thickened plaques demonstrate the predominance of Vata–Kapha, while erythema and chronic inflammation result from Rakta Dushti [17]. Nitya Virechana enables the continuous elimination of morbid Doshas and Kleda, making it particularly suitable for elderly patients who may not tolerate intensive Panchakarma procedures [18]. Panchatikta Ghrita Guggul promotes Rakta purification and tissue homeostasis due to its Tikta Rasa and Kushtaghna properties, while symptomatic relief through local applications, such as Marichyadi Taila and Rasmanikya, aims to reduce itching, scaling, and inflammation [19].

This case suggests that a personalised Ayurvedic protocol, comprising mild Shodhana, targeted Shamana therapy, local applications, and strict adherence to Pathya-Apathya principles, can be safely and effectively instituted in geriatric patients with chronic plaque psoriasis. Nitya Virechana, compared to classical intensive Panchakarma, is better tolerated while preserving therapeutic efficacy. The sustained clinical response during follow-up [Table/Fig-11] underlines the role of dietary discipline and Nidana-Parivarjana in long-term control of the disease.

Further studies are indicated, including controlled clinical trials that compare Nitya Virechana with classical Virechana or Vamana, particularly in elderly patients. Long-term follow-up studies to assess recurrence rates and integrate objective inflammatory biomarkers, along with PASI and DLQI scores, would further strengthen the evidence base. Moreover, standardised dietary protocol assessment in chronic Ekakushtha might further improve treatment outcomes.

Author, year (Ref)	Patient profile	Key Shodhana	Shaman Aushadhi	PASI/DLQI change	Relevance to present case
Saraf S et al., 2023 [11]	21M, 1yr duration	Virechana	Panchatikta Ghrita Guggul + Mahamanjishthadi Kwath	PASI 29.9→3.5 (88%)	Identical *Panchatikta Ghrita Guggul*; validates Virechana in young relapse
Deshmukh SG and Thakre TI 2019 [12]	51M, 13-year chronic	Vamana	Panchatikta Ghrita + Gandhaka Rasayana	PASI 27.1→4.2 (85%)	This chronic case confirms Ghrita's efficacy post-Shodhana
Thakur K et al., 2020 [13]	50F, 4 year duration	Vamana	Panchatikta Guggul + Arogyavardhini Vati	PASI 6.6→0.8 (88%)	Exact *Panchatikta Guggul* match; multimodal success
Agalcha R et al., 2025 [14]	52M, 14 year CPP	Virechana	*Rasmanikya* + Kaishora Guggulu	PASI 20.6→5.8 (72%)	Chronic Vata-Kapha; *Rasmanikya*/ soothing powder equivalent
Tiwari S et al., 2025 [15]	5 cases (25-57 year)	Virechana	Panchatikta Ghrita Guggul + Gandhak Rasayan	PASI 22.6→4.7 (79%)	Series validates drugs + Virechana; 79% PASI relief
Varsakiya JN et al., 2021 [16]	Plantar psoriasis	Shamana only	Local + oral (no PASI)	Symptom relief	Validates *Pathya* in Kapha sites; supports dietary role
Present case	72F, 8 year allopathic failure	Nitya Virechana	Panchatikta Ghrita Guggul + Marichyadi Taila + Rasmanikya	PASI ~20→4.8 (76%); DLQI 13→5 (62%)	Multimodal + Pathya prevents relapse

[Table/Fig-13]: Comparative ayurvedic management of Ekakushtha (Chronic Plaque Psoriasis) [11-16].
Key patterns: All demonstrate a 70-90% PASI reduction with Shodhana+ Nitya Virechana + Tikta rasa pradhanya drugs. This case is uniquely characterised by the addition of diet regulation and Rasmanikya local, which explains the sustained improvement in DLQI.

managing Rakta Dushti [13]. The reproducibility of this treatment paradigm is underlined by the consistency of the results from these studies and the case presented here.

Agalcha R et al., (2025) have highlighted the potential role of Rasmanikya in chronic plaque psoriasis, particularly in long-standing Vata-Kapha-dominant cases. Rasmanikya was used as a constituent of the local soothing regimen in the case presented here and appeared to reinforce continued scaling and reduction of inflammation; these findings were in agreement with their observations [14].

This is further supported by the case series of Tiwari S et al. (2025), which showed consistent improvement among multiple patients treated with Virechana and Panchatikta Ghrita Guggul, proving that this regimen is effective across age groups and disease chronicity [15]. The role of Pathya-Apathya in Kapha-dominant skin diseases was highlighted by Varsakiya JN et al., (2021), although the focus was on Vipadika or plantar Psoriasis [16]. This observation becomes particularly relevant to the present case, as strict dietary regulation

CONCLUSION(S)

In the current instance, the treatment response was noted significantly earlier than with prior allopathic treatment because the treatment regimen was implemented in accordance with *Ayurvedic Samprapti.* Following the conclusion of active treatment, no recurrence was noted. It also reaffirms the significance of dietary regulation in promoting overall health and preventing relapse. Like chronic disorders, psoriasis has a complicated pathophysiology that can be corrected with Ayurvedic external and internal treatments. Overall, a multimodal *Ayurvedic* treatment resulted in a significant and marked clinical improvement for a persistent case of Psoriasis.

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