

1 **Role of *Kosthashodhana* with *Shamana Chikitsa* in the management of *Eka-Kustha*** 2 **(Psoriasis) - A Case Report**

4 **Abstract**

5 **Introduction:** Psoriasis is a chronic immune-mediated inflammatory, proliferative skin
6 disorder that affects individuals across all age group, but its manifestation in order adults
7 poses unique challenges. In this population, age-related changes in skin physiology, multiple
8 comorbidities, and polypharmacy may influence both disease expression and therapeutic
9 choices. Clinical presentation in the elderly can be atypical and is often complicated by
10 fragile skin, reduced healing capacity, and increased susceptibility to adverse drug reaction.
11 According to the Ayurveda symptoms of the *Eka-Kustha*, which is a *Vata-Kapha* dominant
12 *KshudraKushtha*, which can be correlate with Psoriasis in modern. A 72 years male patient
13 suffered from erythematous plaques on all over body (mainly bilateral lower limb, bilateral
14 upper limb, Scalp region, and nape of neck) associated with severe itching, burning sensation,
15 blood discharge from lesion and silvery scales on all over body along with sleep disturbance
16 and generalized weakness since 10 years undergoing various allopathic treatment without
17 sustained relief. *Deepana-Pachana* drugs treated him, *Kosthashodhana* along with *Shaman*
18 *Chikitsa*. **Conclusion:** Following the Ayurvedic regimen. The patient experienced marked
19 improvement in all the symptoms after 21 days of treatment. The psoriasis area and severity
20 index (PASI) scores were used to assess severity of disease, which showed marked
21 improvement after treatment.

22 **Key words:** *Eka-Kustha*, Psoriasis, *Kosthashodhana*, *Shamana Chikitsa* Ayurveda.

23 **Introduction:**

24 Psoriasis is significant and common dermatological disease in the geriatric population. An
25 epidemiological study found that psoriasis ranked sixed among the most common
26 dermatological problems in the geriatric population. Geriatric psoriasis refers to psoriasis
27 occurring in older adults, typically defined as those aged 60 or 65 and above. Psoriasis is a
28 multifactorial, chronic replacing inflammatory skin disease characterized by erythematous,
29 scaly, and pruritic plaques, commonly affecting the extensor areas of the extremities in the
30 elderly population ^[1]. It affects approximately 0.5%-3% of the general population making it a
31 global health burden. The exact aetiology is unknown but it is considered to be an

autoimmune disease mediated by T-lymphocytes. It has a strong psychosocial impact, interfering with patient's quality of life. ^[2]

The development of the disease involves multiple factors, including genetic factors, epigenetic changes, the immune system, microbiota, and environmental factors. The most common presentation of psoriasis is vulgaris psoriasis, which is characterized by erythematous, scaly and well-demarcated pruritic plaques on the extensor areas of the extremities. Another important aspect in psoriasis patients is the presence of comorbidities, such as psoriatic arthritic , diseases, and metabolic syndrome, psychiatric disorder are more frequent in geriatric psoriasis as compared adults ^[3]. In Ayurveda, Psoriasis can be correlated to *Eka-Kustha*, which is a type of *Vata-Kapha* predominant manifestation characterized by symptoms such as *Aswedanam* (does not sweat), *Mahavastu* (broadly spreads all over the body), *MatsyaShakalopamam* (resembles “fish from” scaling in the skin), and becomes black and pink in color caused by vitiation of *Vata* and *KaphaDoshas*. Classic explained the *Hetu* (causative factors) of *Eka-Kustha* as consumption of *Viruddhahara* (disordered dieting-incompatibility), following *Diwaswapna* (day time sleep) and *Papkarma* (indulgence in sinful acts), etc. This case report is an attempt to manage a case of *Eka-Kustha* through Ayurveda approaches ^[4]. The present study observed the efficacy *Kosthashodhana* followed by *Shamanatherapy* in the patient with clinical symptoms of psoriasis.

Case Report

A 72-year-old male patient apparently normal before 10 years. Then he suffered from erythematous plaques on bilateral lower and upper limb, scalp region, nape of neck associated with severe itching, burning sensation, blood discharge from lesions and silvery scales on all over the body, along with sleep disturbance and generalized weakness since ten years undergoing various allopathic treatment without sustained relief. Then he came to the *Kayachikitsa* outpatient department. He was admitted on date 07/10/2024 further Ayurvedic treatment in *Kayachikitsa* indoor patient department, ITRA, Jamnagar.

He was a known case of type 2 diabetes since twenty years, hypertension since two years for which was taking advised allopathic medication regularly (tablet losartan 50mg od after food and tablet metformin 500mg od after food). No drug allergy or previous surgery was reported. No history of alcohol, smoking, or any other drugs was found.

Ashtaviddha Pariksha:

- 63 • *Nadi* – *Vata Pradhana kaphaja*
- 64 • *Mutra* – frequency 7-8 times a day, normal colour (pale yellow)
- 65 • *Mala* – twice a day – Semisolid
- 66 • *Jivha* – *Sama*, lipt (white, coated)
- 67 • *Shabda* – Speech and hearing was normal
- 68 • *Sparsha* – *Ruksha* (Dry skin at the site of lesion)
- 69 • *Drik* – Normal
- 70 • *Aakriti* – *Madhyam* (Height – 147cm and Weight – 51 kg BMI 23.6kg/ m² was
- 71 normal).

72 **On examination:**

73 The Patients' general state was anxious and poor appetite. Vitals were normal (Pulse rate-76
74 beats per minute, Respiratory rate – 20 breathes per minute, Blood pressure – 122/80
75 mm/hg). General examination, pallor, icterus, clubbing, cyanosis and lymphadenopathy was
76 absent.

77 *Dashavidha Pariksha* (tenfold examination) was *Vata Pradhana Pitta Prakriti*, *Vikruti* in
78 *Kapha*, *Vata*, *Pitta* and *Rakta*, *Sama Samhanana* and *Pramana*, *Sarva Rasa Satmya* with
79 *Madhyama Vyayama Shakti* and *Bala*, and *Vridhastha*.

80 **Integumentary system examination:**

81 Site – Bilateral upper limb and lower limb, back region, scalp region, nape of neck.

82 Colour – Reddish patches with white scales.

83 Size – Patches and plaques of varying size

84 Consistency – Thick

85 Distribution – Bilateral symmetrical and scattered all over body.

86 Primary Lesions – Erythematous patches and plaques covered with white scales.

87 Sign – Auspitz sign, present

88 ***Nidana Panchaka:***

Nidana –*Divaswap*(daytime sleep)-1/2 hrs/day after meal, *ViruddhaharaSevana* (Consumption of milk and salty snacks at the same time) and *Rakta Dushtika*Ahara-vihara (overindulging in sour foods like pickles and curd, prolonged exposures to direct sunlight).

Samprapti: *Dosha* – *Kapha*, *Vata*, *Pitta* and *Rakta*

Dushya – *Rasa Dhatu*, *Rakta Dhatu*

Agni – *Mandagni*: *Aam* – *Jatharagni* and *Dhatvagni Janya*

Srotas – *Rasavaha*, *Raktavaha*

Adhisthana – *Twaka*

Rogamarga – *Bahya*

Swabhava – *Chirakari* (chronic)

Sadhyasadhyata – *Kricchrasadhya* (difficult to treat)

Purvarupa– *Kandu* (itching), *Rukshtyam* (dryness).

Rupa – *Aswedanam* (Absence of sweating), *Twaka* similar to *Matsya Shakalopamam* (resembles to the scales of fish) on *hasta* (hands), *Pada*(foot), and *Greeva Pradesh* (scalp region).

Upashaya– *Bahya Shita Sparsha* and *Abhyanga* (improvement on wet cold sponging and oil application)

Anupashaya– *Ushna Sparsha* (increased symptoms in work in hot and humid climates).

Diagnosis Assessment:

By Examination the clinical appearance, nature of skin lesions and positive Auspitz sign, the diagnosis of plaque psoriasis was validated. *Kandu* (itching), scaling *Rakta Varnata* (redness), *Daha* (burning sensation), and the involvement of *Kapha*, *Vata*, *Pitta* and *Rakta* determined in this case and the Ayurvedic classics for *KushthaRoga* and *NidanaParivarjana*, *PrakritiVighatana*, repeated *Shodhana*, *Shamana*, *lepa*. Hence, in this case *Kosthashodhana* along with *Shaman Chikitsa* was selected for present.

Therapeutic interventions:

The patient was first put on *Deepana-Pachana*, *Kosthashodhana* with Ayurvedic oral medication (Table no. 1) and along with the daily external application of *Gandhaka*

Malharato the affected area. He was advised to avoid dietary restrictions (avoid excessive sour, salty and spicy substances), advised to avoid day sleep, and suggested to maintain personal hygiene.

Outcome and Follow up:

The patient was close observation in In-patient department of ITRA for 21 days and no side effect was reported. The basic assessment was done using the Psoriasis Area Severity Index (PASI) score that was found to be 34.3. Routine laboratory investigation were done on October 08, 2024 and in which complete blood count, liver function, and renal function test were found to be within normal limits. Ayurvedic treatment were started on October 08, 2024 and *Shaman Chikitsa* was started after *Kosthashodhana*. The patient noted a good improvement since there was a reduction in the erythematous plaque on all over the body, scaling of the skin, itching and burning sensation on his bilateral upper and lower limb, scalp region and nape of neck and reduction in Absolute Eosinophil Counts (AEC) from 1418 cells/mL (08/10/2024) to 534 cells/mL (09/11/2024) and improvement was assessed on basis of PASI score (Table no.4).

Table No.1: Time line of the case:







Date	Clinical events	Interventions/procedures	Outcome
08/10/2024	<i>Deepana-Pachana</i>	<i>Avipattikar Churna</i> 3 gm twice a day before meal with <i>Anupana</i> of <i>Koshna Jala</i> and <i>Aampachana Vati</i> 2 <i>Vati</i> thrice after meal	Appetite was improved
10/10/2024	<i>Kosthashodhana</i> after <i>Sarvang Abhyanga</i> with <i>BalaTaila</i> and <i>BashpaSwedana</i>	<i>Trivrittavaleha</i> 30gm with 80 ml <i>Triphala Kwatha</i> <i>Vaigiki Shudhhi</i> – 7 <i>Vega</i>	Not relief in symptoms
10/10/2024 To 12/10/2024	<i>Sansarjana karma</i>	3 days as per <i>Shudhhi</i>	Mild relief in itching and erythema , burning sensation

13/10/2024 To 27/10/2024	<i>Shaman Aushadhi</i> was started	<i>Manjisthadi Kwatha</i> 40ml twice a day before meal <i>Kaishor Guggulu</i> 2 tablet thrice a day after meal with warm water Combination of <i>Arogyavardhini Rasa</i> 500mg and <i>Triphala Churna</i> 3gm, <i>Sariva Churna</i> 1gm twice a day after meal with warm water <i>Trivrittavaleha</i> 5 gm HS at night after meal with <i>KoshnaJala</i> <i>Dushivishari Gutika</i> 1 Vati twice a day after meal was given along with <i>GandhakaMalhara</i> for local application	Moderate relief in itching and erythema, burning sensation
28/10/2024	Patient was discharged	<i>Manjisthadi Kwatha</i> 40ml twice a day before meal <i>Kaishor Guggulu</i> 2 tablet thrice a day after meal with warm water Combination of <i>Arogyavardhini rasa</i> 500mg and <i>Triphala Churna</i> 3gm, <i>Sariva Churna</i> 1gm twice a day after meal with warm water	Moderate relief in itching and erythema, burning sensation

		<p><i>Trivrittavaleha</i> 5 gm HS at night after meal with <i>KoshnaJala</i></p> <p><i>Dushivishari Gutika</i> 1 Vati twice a day after meal was given along with <i>GandhakaMalhara</i> for local application</p>	
04/11/2024	<p>Follow up 1</p> <p>No fresh complaints</p>	<p><i>Manjisthadi Kwatha</i> 40ml twice a day before meal</p> <p><i>Kaishor Guggulu</i> 2 tab thrice a day after meal with warm water</p> <p>Combination of <i>Arogyavardhini rasa</i> 500mg and <i>Triphala Churna</i> 3gm, <i>Sariva Churna</i> 1gm twice a day after meal with warm water</p> <p><i>Trivrittavaleha</i> 5 gm HS at night after meal with <i>KoshnaJala</i></p> <p><i>Dushivishari Gutika</i> 1 Vati twice a day after meal was given along with <i>GandhakaMalhara</i> for local application</p>	<p>Moderate relief in itching and erythema, burning sensation</p>
11/11/2024	<p>Follow up 2</p> <p>No fresh complaints</p>	<p>Same treatment continued</p>	<p>Moderate relief in itching and erythema, burning sensation</p>

18/11/2024	Follow up 3 No fresh complaints	Same treatment continued	Moderate relief in itching and erythema, burning sensation
28/11/2024	Follow up 4 No fresh complaints	Same treatment continued	Moderate relief in itching and erythema, burning sensation

134 **Result: Table No 2: Images of Patient before and after treatment:**

			
Before Treatment			
Figure 1.A	Figure 2.A	Figure 3.A	Figure 4.A
			
After Treatment			
Figure 1.B	Figure 2.B	Figure 3.B	Figure 4.B

135 **Table No.3: Showing the PASI score calculation and grading:**

Plaque characteristic	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/redness	0- None	0- 0%	0.1- Head and neck
2. Induration/thickness	1- Mild	1- 1-9%	0.2- Upper limbs
	2- Moderate	2- 10-29%	0.3- Trunk
	3- Severe	3- 30-49%	

3. Desquamation/scaling	4- Very severe	4- 50-69% 5- 70-89% 6- 90-100%	0.4- Lower limbs
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136 **Table No. 4: PASI Score Before and After Treatment:**

	Head			Arms			Trunk			Legs		
	BT	AT	V1	BT	AT	V1	BT	AT	V1	BT	AT	V1
Erythema	3	2	1	3	1	1	2	1	0	3	1	0
Induration	3	2	2	3	1	2	2	1	2	3	1	0
Scaling	3	2	2	2	1	1	2	1	1	3	1	0
Area %	70-89	70-89	<10	50-69	30-49	<10	30-49	10-29	0	70-89	30-49	0
Total Score	34.3	10.2	1.5	34.3	10.2	1.5	34.3	10.2	1.5	34.3	10.2	0

137 **BT: Before treatment; AT: After treatment; V1: First visit**

138 **Discussion:**

139 The main causative factors in the manifestation of pathology of *Eka-Kustha* are *Vata-*
140 *KaphaPradhana Tridosha* that vitiates *Twaka, Rakta, Mansa*, and *Ambu*. Consumption of
141 *Nidana* (etiology) leads to simultaneous vitiation of *Doshas* and *Shaithilyata* (laxity) in
142 *Dhatus* (*Twaka, Rakta, Mansa* and *Lasika*). Vitiating *Doshas* further affect *Shithila Dhatus*
143 (looseness of *Dhatu*) leading to the manifestation of *Kushtha*^[5]. In the present case, an
144 unwholesome diet (milk and salt, curd in excess and excessive salty and sour food item) and
145 sleeping during the day time by the patient might triggered the vitiation of *Doshas* that
146 possibly lead to the manifestation of *Eka-Kustha*. Exact Mechanism of such pathogenesis in
147 modern term needs to be understood. Based on the involved *Dosha* and *Dushya*, *Vata-Kapha*
148 *Shamaka* (Pacifying *Vata- Kapha*) treatment was given along with *Pathyadiet* including light
149 easily digestible food, vegetables having bitter taste such as *Neem* leaves and pulses such as
150 *Moonga* and old cereals.^[6]

Probable mode of Action for interventions:

Deepana-Pachana because this patient had, ongoing *Nidana Sevana Agnimandya* was there *Avipattikar Churna* (*pitta Shamaka* properties) and *Aampachana Vati* before meals improves digestive power by regulating *Agni* and aiding in *Ama* digestion by its *Tikta Rasa*, *Ushna Virya* and *Deepana, Amulomana* properties.^[7]

Kosthashodhana Karma after *Abhyanga* and *Swedana*, *Kosthashodhana* was administered using *Trivrita Avaleha*, known for inducing *Sukha Virechana* (painless and effective purgation), which was required in this case. *Kosthashodhana karma* eliminates accumulated *Doshas* from *Koshtha*. The use of *Trivrittavaleha* in *Eka-Kustha* offers a classical yet practical detox approach, supporting *Dosha Shodhana* and reducing dermatological symptoms by its *Tikta Madhura Rasa*, *Ushna Veerya* and *Shodhana* attributes.^[8]

Manjisthadi Kwatha, composed of herbs like *Manjistha*, *Triphala*, *Katuki*, *Vacha*, *Devadaru*, *Nimba* etc., possesses *Kashaya*, *Tikta* and *Katu Rasa* along with *Laghu*, *Ruksha Guna* and *Ushna Veerya*. These attributes make it effective in *Pitta-Kapha Shamana*, *Agnideepana*, *Rakta Shodhana*, and *Srotoshodhaka* and as a *Kushtagna*. It contains maximum phenols and antioxidants. Through these actions, it helps break the pathological process of *Eka-Kustha* supporting both systemic detoxification and symptom relief.^[9]

Kaishor Guggulu experts its effect in *Eka-Kustha* through *Rakta Shodhana*, *Aampachana* and *Tridosha Shamana*. Herbs like *Guduchi*, *Triphala* and *Guggulu* purify the blood, boost metabolism and reduce inflammation. Its *Katu-Tikta Rasa* and *Ushna Veerya* relieve itching, scaling and discoloration. Additionally, its ant allergic, antibacterial, and detoxifying properties support long term disease control and prevent recurrence.^[10]

Dushivishari Gutika was used to eliminate toxins in a patient with chronic exposure to heat and chemical substances. The formulations contain ingredients with *Vishagna*, *Kushtagna*, *Deepana*, *Rasayana* and *Shothahara* properties. Herbs like *Pippli*, *Ela*, and *Kushta* support *Agni* at a cellular level through *Deepana Pachana* actions. Components such as *Jatamansi*, *Chandan*, *Gairika* and *Tagara* act as blood purifiers and counter *Dooshivisha*.^[11]

Arogyavardhini Rasa^[12], when combined with *Triphala*, offers a synergistic effect in managing *Eka-Kustha*. It acts through *Deepana*, *Pachana*, *Rakta Shodhana* and *Lekhana* properties, correcting *Agni*, removing *Ama*, and purifying the blood. Key ingredients like *Tamra Bhama*, *Katuki* and *Shuddha Parada* enhance liver function and metabolism along

with *Dosha Sanghata Bhedana*, aiding in skin detoxification *Triphala*^[13] supports bowel regulation and further assist in *Rasa-Rakta Shudhhi* with antioxidant and anti-inflammatory properties. ***Gandhaka Malhara*** is an Ayurvedic medicine. It is an ointment used to treat skin diseases: Reference: Rasa Tarangini 8/63-65, AFI, Vol II, 9

Conclusion

The classical approach of *Kosthashodhana* followed by targeted *Shamana Aushadhi* offers a holistic and sustainable treatment for *Eka-Kustha*, This protocol not only eliminates deep-seated *Doshas* and *Dooshivisha* but also restores *Agni*, purifies *Rakta Dhatu*, and alleviates symptoms like itching, scaling, and discolouration. By addressing the root cause and preventing recurrence, this integrated Ayurvedic line of management proves both effective and clinically relevant for chronic skin disorders like *Eka-Kustha*.

Patient consent details

Authors declare that they have obtained patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understand that her name and initials will not be published and due efforts will be made to conceal her identity.

Conflict of Interest – The authors declare no conflicts of interest.

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