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Clinical management of Psoriasis (*Eka Kushtha*) through Ayurvedic interventions: A case study highlighting the efficacy of *Shila Sindura* and Integrative Therapies

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ABSTRACT

Background: Psoriasis, a chronic autoimmune condition, manifests as erythemato-squamous lesions with significant physical and psychological distress. In Ayurveda, psoriasis can be correlated with *Eka Kushtha*, primarily caused by vitiated *Vata* and *Kapha Doshas*. This case study evaluates the efficacy of an Ayurvedic intervention comprising *Shila Sindura*, *Bakuchi Rasayana*, and adjunct therapies in the management of *Eka Kushtha* (psoriasis). **Case Presentation:** A 20-year-old male presented with an 8-year history of extensive red and white scaly plaques affecting his feet, knees, hands, elbows, and upper back. Symptoms included severe itching, burning sensations, and joint stiffness. Despite prior treatments, recurrence persisted. Clinical assessment using the Psoriasis Area and Severity Index (PASI) revealed a baseline score of 26.4. **Treatment Protocol:** The patient underwent a one-month Ayurvedic regimen consisting of *Shila Sindura* (250 mg BD), *Bakuchi Rasayana* (750 mg BD), and *Avipattikara Churna* (3 g BD). External applications included *Gandhaka Malahara* and *Jatyadi Taila*. Dietary modifications and lifestyle adjustments were emphasized to complement treatment. **Out Comes:** Follow-up assessments demonstrated significant clinical improvement, with the PASI score decreasing from 26.4 to 1.0 after two months. Marked reductions in erythema, scaling, and plaque thickness were observed across all body regions. Hematological and biochemical parameters remained stable, with minor fluctuations in renal and hepatic markers, warranting continued monitoring. **Conclusion:** This case study highlights the potential of Ayurvedic management for psoriasis, emphasizing systemic detoxification, dosha balancing, and localized care. Future controlled clinical trials are recommended to validate these findings and further explore the mechanisms of action.

Key words: *Shila Sindura, Bakuchi Rasayana, Ayurveda, Eka Kushtha, Psoriasis*

INTRODUCTION

Psoriasis is a disease which affects the skin and joints, commonly represented by red scaly patches to appear on the skin. It is a papulo-squamous disorder of the skin, characterized by sharply defined erythemato-squamous lesions. They vary in size from pinpoint to large plaques. At times, it may manifest as localized or generalized pustular eruption. The scaly patches caused by psoriasis, called psoriatic plaques, are areas of inflammation and excessive skin production. Skin rapidly accumulates at these sites and takes a silvery-white appearance. The eruption is usually symmetrical and most commonly affects elbows, knees, scalp, nails and the sacral regions.[1] There is a growing number of population-based studies providing worldwide prevalence estimates of psoriasis. Prevalence of psoriasis varies in different parts of the world. According to published reports, prevalence in different populations varies from 0% to 11.8%.[2] It is difficult to say what *Eka Kushtha* is in terms of Modern Science. There is no specific disease in modern science, which can exactly be correlated with *Eka Kushtha.* But features of *Eka Kushtha* very closely match the

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description of psoriasis. Hence, *Eka Kushtha* can be compared with psoriasis. *Eka Kushtha* is categorized under *Kshudra Kushtha* in all classical Ayurvedic texts and is characterized by the predominance of *Vata* and *Kapha* doshas. The etiological factors for *Eka Kushtha* are consistent with those of *Kushtha* and include dietary irregularities such as the consumption of *Viruddha Ahara* (incompatible foods), excessive intake of *Drava* (liquids), *Snigdha* (unctuous), *Guru Ahara* (heavy foods), *Navanna* (freshly harvested grains), and suppression of natural urges, particularly vomiting. Additionally, psychological factors such as engaging in unethical activities and harbouring negative mental attitudes (*Manovritti*) are considered contributory.[3] *Acharya Charaka* described the clinical features of *Eka Kushtha* as *Aswedanam* (absence of sweating), *Mahavastu* (extensive lesions), and *Matsyashakalopamam* (scaling resembling fish skin). *Acharya Sushruta* further noted symptoms such as *Krishna-Aruna Varnata* (blackish-red discoloration). The pathological process involves the vitiation of *Tridosha*, predominantly *Vata* and *Kapha*, which, through *Tiryakvahini Siras* (oblique channels), localize in the external pathways (*Bahya Rogamarga*) such as the skin (*Twacha*), blood (*Rakta*), muscle tissue (*Mamsa*), and lymphatic system (*Lasika*), resulting in the manifestation of the disease. The primary treatment strategy involves repeated *Samshodhana* (detoxification) therapies combined with *Samshamana* (pacification) measures. Both internal (*Antah Parimarjan*) and external (*Bahi Parimarjan*) therapeutic approaches are emphasized for managing *Kushtha Roga*. Due to the indulgence of various *Nidanas* simultaneous aggravation of *Doshas* in general and *Vata-Kapha* in particular (in *Eka Kushtha*) and the production of *Aama* with *Dhatu Shaithilyata* occur. Then the vitiated Doshas along with *Aama*, move through *Tiryaka Sira* and get settled in to the *Twaka* and *Mamsa* along with vitiated *Rakta* and *Lasika*. This causes obstruction in *Rasavaha, Raktavaha,* and *Swedavaha Srotas* producing the symptoms like *Aswedana, Twak Vaivarnyama, Mahavastum* etc. If Kushtha is not treated at this stage it further progress to the deeper *Dhatus*.[4]

Case Presentation

A 20-year-old male student of engineering visited the Department of Rasashastra and Bhaishajya Kalpana at the ITRA Campus, Jamnagar, Gujarat, India, with an - year history of red and white scaly, thickened patches on his bilateral feet up- to the knee, hands along with elbow, and upper back. These patches were associated with severe itching, burning sensations, and gradual enlargement. Although the patient had undergone various treatments, he discontinued them due to symptom recurrence after stopping the medications. Seeking a sustainable solution, he approached the Ayurvedic ITRA hospital for conservative care.

History of Present Illness

The patient's medical history revealed excessive fasting and physical exertion before the symptoms began. He also lived in a saline region at Dwarka. Patient also had the history of severe sweating, hyperacidity and constipation. The symptoms, particularly itching and redness of the patches worsened with sun exposure, wind, cloudy weather, and during winter, accompanied by increased joint stiffness, especially in the knees and fingers.

Family History: Negative for HTN, DM and any skin diseases.

Clinical Examination: CVS: 80/min, RRR, normal S1 S2 sound, no murmur RS: B/L air entry clear with clear breath sounds

Examination findings included the following:

During *Astavidha Pariksha*; *Nadi* (~pulse) was *Pitta-Kaphaja*; *Jihva* (~tongue) was *Sama*/ coated; *Mala* (~stool) hard stool passed; *Mutra* (urine) was of light-yellow coloured; *Shabda*(speech), *Sparsa*(touch), *Drika*(eyesight), *Akriti* were found normal. Prakriti (~constitution) of patient was *Kapha-Pitta*, *Vikriti*(~pathogenesis) was *Pitta-Kaphaja*, *Samhana*(~body composition): medium and *Vyayam Shakti* (~exercise capacity) was *Pravar*, *Jarana Shakti*(~digestion capacity), *Ahara Shakti*, *Satva*, *Satyama*, *Bala*(strength) was found *Pravar*, *Agni* (~metabolism) was *Vishamagni* (~altered) during *Dashvidha Pariksha*.

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Criteria for assessment of *Ekakushtha* (psoriasis):

The patient was evaluated using the Psoriasis Area and Severity Index (PASI)[5] score to assess the presenting symptoms (Table No 1). Also, the Haematological and biochemistry parameters were done before and after treatment.

Morphology: The lesions were well-defined, dry, rough, raised, and light purple in color. Distribution: The patches were widely distributed. Pattern: Scattered patches with a generalized distribution. Associated Conditions: There were no signs of other cutaneous disorders such as alopecia areata, halo nevus, atopic dermatitis, malignant melanoma, or morphoea. Clinical Signs: Auspitz sign was negative, while the candle grease sign was positive.

Treatment Protocol

The patient was prescribed *Shila Sindura* (250 mg) along with *Bakuchi Rasayana* (750 mg) and to be taken twice daily for one month.[6] Additionally, *Avipattikara Churna* (3 g) was given as an internal medication. For external application, *Gandhaka Malahara* and *Jatyadi Taila* were advised.

Follow Up

The grading of symptoms before and after treatment is summarized in Table 2. Patients underwent a one-month regimen of *Rasoushadhi*s treatment, followed by a two-month course of *Avipattikara Churna* (3 g BD, taken before meals). This internal therapy was complemented with the external application of *Gandhaka Malahara* and *Jatyadi Taila* to enhance the treatment's effectiveness. Follow-up assessments were conducted every 15 days over the two-month period to monitor progress. Notably, the Psoriasis Area and Severity Index (PASI) showed a remarkable improvement, decreasing from 26.4 before treatment (BT) to 1.00 after treatment (AT), indicating significant clinical efficacy

RESULT

In the posterior upper trunk part showed erythema decreased significantly from 2 (BT) to 1 (AT), indicating a marked reduction in redness. Induration/Thickness showed a notable improvement, dropping from 3 to 1, reflecting a decrease in the thickness and firmness of plaques. Scaling reduced from 3 to 0, demonstrating complete resolution of flaky skin in this region. Area Score improved from 5 to 1, suggesting a substantial reduction in the affected area. In the upper limbs erythema significantly decreased from 3 (BT) to 0 (AT) Induration/Thickness showed complete improvement, reducing from 2 to 0. Scaling disappeared entirely, with scores dropping from 3 (BT) to 0 (AT). Area Score also showed complete improvement, reducing from 4 (BT) to 0 (AT). In the lower limbs erythema decreased significantly from 3 to 1, reflecting reduced redness. Induration/ Thickness improved, with scores dropping from 3 to 0, indicating softer and less thickened plaques. Scaling was completely resolved, decreasing from 3 to 0. Area Score improved significantly, reducing from 6 to 2, though some affected area remained**.** Across all regions, there was consistent improvement in all plaque characteristics. The treatment led to reductions in erythema, induration/thickness, and scaling, with some regions (e.g., upper limbs) showing complete resolution. The area score improvements further emphasize the effectiveness of the intervention in reducing the extent of plaques. Diabetic Profile showed No significant changes in blood sugar levels, indicating stable glycemic control. Lipid Profile showed Positive changes, especially the reduction in LDL cholesterol, suggesting improved lipid metabolism and potentially lower cardiovascular risk. Renal Profile showed urea and uric acid levels increased slightly, which may suggest some renal stress or dehydration, though creatinine levels have improved. Hepatic Profile showed Liver function appears stable with minor fluctuations in bilirubin, enzymes, and protein levels, none of which are alarming. Overall, the patient's profile shows minor improvements in lipid and renal markers, with stable liver function and glycaemic control. Some mild changes in renal and hepatic markers may warrant closer monitoring to ensure optimal treatment outcomes. Most of the parameters remained stable and within normal ranges, indicating no significant adverse effects or major physiological changes due to treatment. The increase in eosinophils and AEC could indicate a mild allergic or

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immune-modulatory effect of the treatment. Stable Hb, RBC indices, and platelet count suggest no hematological toxicity or impact on bone marrow function.

Discussion

Psoriasis, a chronic autoimmune condition characterized by hyperproliferation of keratinocytes and inflammation, is often associated with significant physical and psychological distress. Conventional treatments, while effective in managing symptoms, can sometimes lead to adverse effects or recurrence upon discontinuation. Ayurveda offers a holistic approach to managing psoriasis by addressing the root cause of the condition, aiming to balance the body's Doshas (*Vata*, *Pitta*, and *Kapha*), detoxify the system, and enhance overall immunity. In the Ayurvedic framework, psoriasis can be correlated with *Kitibha Kushta* or *Ekakushtha*, which primarily involve imbalances in *Vata* and *Kapha Doshas*, with secondary involvement of *Pitta*. The treatment protocol emphasizes both internal and external interventions to address systemic imbalances and localized symptoms. Internal medications such as *Shila Sindura*, a potent herbo-mineral preparation, and *Bakuchi Rasayana* are traditionally used to improve immunity and purify the blood.[7] These formulations work by pacifying the vitiated *Doshas*, especially *Kapha* and *Vata*, while supporting skin regeneration. The addition of *Avipattikara Churna* aids in maintaining digestive health, which is crucial in Ayurveda as improper digestion (*Ama*) is considered a contributing factor to Psoriasis.[8] Topical treatments like *Gandhaka Malahara* and *Jatyadi Taila* are widely used in Ayurvedic practice for their anti-inflammatory, antimicrobial, and wound-healing properties. These formulations help soothe dry, scaly patches, reduce redness, and promote skin rejuvenation.[9] Ayurveda emphasizes the importance of dietary and lifestyle changes in managing Psoriasis. Avoiding aggravating foods (e.g., spicy, oily, and fermented items), incorporating anti-inflammatory herbs, and adopting stress-reducing practices like *Yoga* and meditation are integral components of treatment. These interventions help minimize recurrences and support long-term remission. Studies and clinical observations suggest that Ayurvedic management can significantly reduce the severity of Psoriasis symptoms, as indicated by improvements in PASI scores and patient-reported outcomes. The holistic approach not only addresses physical symptoms but also improves mental well-being, offering a comprehensive strategy for managing this challenging condition. However, integrating Ayurvedic management with modern dermatological insights could further optimize treatment outcomes.[10]

Conclusion

This case study demonstrates the potential efficacy of Ayurvedic treatment in managing psoriasis (*Ekakushtha*). The intervention protocol, including *Shila Sindura*, *Bakuchi Rasayana*, *Avipattikara Churna*, and external applications like *Gandhaka Malahara* and *Jatyadi Taila*, significantly reduced the severity of symptoms, as reflected in the improvement of the PASI score from 26.4 to 1.00. Notable improvements were observed in erythema, induration/thickness, scaling, and the extent of affected areas across all body regions. These results suggest a strong anti-inflammatory and skin-rejuvenating effect of the Ayurvedic regimen. Additionally, the patient's stable hematological and biochemical parameters, along with improvements in lipid profiles, indicate minimal adverse effects and systemic benefits. The slight increase in eosinophils and renal markers warrants monitoring but does not compromise the safety profile. The holistic approach in Ayurveda, focusing on systemic detoxification, dietary modifications, and dosha balancing, highlights its utility as a complementary or alternative treatment for chronic autoimmune skin disorders. However, to establish the broader applicability of these findings, further controlled clinical trials are needed to validate the observed outcomes and explore mechanisms of action.

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