

## ***A CASE STUDY- EKA KUSHTHA (PSORIASIS) TREATED WITH AYURVEDIC TREATMENT***

**Pranit Hanumantrao Patil**

Assistant Professor, R.J.V.S., Bhaisaheb Sawant, Ayurvedic Medical College, Sawantwadi,  
Dist.Sindhudurg, Maharashtra, India

**Email:** [pranit.patil2950@gmail.com](mailto:pranit.patil2950@gmail.com)

### **ABSTRACT**

Skin is vital organ of human body, it is the largest organ of the integumentary system, guards the underlying muscles, bones, ligaments and internal organs, seat of complexion, conscientious for ones personality, which maintains beauty, provides identity in society, envelopes internal vital organs, protect us from exterior invasion. Psoriasis is one the most dreadful dermatological condition. Psoriasis is a fairly common skin condition and is estimated to affect approximately 1%-3% of the U.S. population. It currently affects roughly 7.5 million to 8.5 million people in the U.S. It is seen worldwide in about 125 million people. People with psoriasis often feel prejudiced against due to the commonly held incorrect belief that psoriasis is contagious. Psychological distress can lead to significant depression and social isolation; a high rate of thoughts about suicide has been associated with psoriasis. Many tools exist to measure the quality of life of patients with psoriasis and other dermatological disorders. Clinical research has indicated individuals often experience a diminished quality of life. In this case study *Ayurvedic* treatment which shown extreme results, signs & symptoms of disease vanished without recurrence even after 6 months without medications used by me. Here more number of patients required to rich up to any conclusion, but with this case it can be stated this treatment is a hope for long standing Psoriasis with conventional medicaments.

**Keywords:** Psoriasis, Ayurvedic, integumentary system, skin, dermatological disorders

### **INTRODUCTION**

Skin is vital organ of human body, it is the largest organ of the integumentary system, guards the underlying muscles, bones, ligaments and internal organs, seat of complexion,

conscientious for ones personality, which maintains beauty, provides identity in society, envelopes internal vital organs, protect us from exterior invasion. Skin plays an impor-

tant immunity role in protecting the body against pathogens and excessive water loss. Its other functions are insulation, temperature regulation, sensation, synthesis of vitamin D, and the protection of vitamin B folates. Number of skin disease increased markedly nowadays because of changed work culture, heavy workload, faulty food habits, lack of exercise, changed life style & increased intensity of pollution. Psoriasis is one the most dreadful dermatological condition. Psoriasis is a fairly common skin condition and is estimated to affect approximately 1%-3% of the U.S. population. It currently affects roughly 7.5 million to 8.5 million people in the U.S. It is seen worldwide in about 125 million people. Interestingly, African Americans have about half the rate of psoriasis as Caucasians<sup>1</sup>. Psoriasis is a common autoimmune dermatological disorder in India with prevalence varies from 0.44 to 2.8 %<sup>2</sup>.

Psoriasis is known to have a negative impact on the quality of life of both the affected person and the individual's family members. Depending on the severity and location of outbreaks, individuals may experience significant physical discomfort and some disability. Itching and pain can interfere with basic functions, such as self-care and sleep. Participation in sporting activities, certain occupations, and caring for family members can become difficult activities for those with plaques located on their hands and feet. Plaques on the scalp can be particularly embarrassing; as flaky plaque in the hair can be mistaken for dandruff. Individuals with psoriasis may feel self-conscious about their appearance and have a poor self-image that stems from fear of public rejection and psychosexual concerns. Psoriasis has been associated with low self-esteem and

depression is more common among those with the condition. People with psoriasis often feel prejudiced against due to the commonly held incorrect belief that psoriasis is contagious. Psychological distress can lead to significant depression and social isolation; a high rate of thoughts about suicide has been associated with psoriasis<sup>3</sup>. Many tools exist to measure the quality of life of patients with psoriasis and other dermatological disorders. Clinical research has indicated individuals often experience a diminished quality of life. Children with psoriasis may encounter bullying. Several conditions are associated with psoriasis; these occur more frequently in older people. Nearly half of individuals with psoriasis over the age of 65 have at least three co morbidities, and two-thirds have at least two co morbidities.

All the skin diseases in *Ayurveda* have been discussed under the broad heading of “*Kushtha*”, which are further divided in *Mahakushtha & Ksudra Kushtha*<sup>4</sup>. In present study Psoriasis has been taken as *Eka Kushtha*. Clinical features of *Eka Kushtha* described by *Acharya Charaka* are very much similar to that of Psoriasis and the features explained by *Acharya Kashyapa* represent remission, relapse and seasonal variation which are present in Psoriasis<sup>5</sup>.

### **Clinical Features of *Eka Kushtha* (Psoriasis)**

*Aswedanam Mahavastu Yasyamatsyahakalopamam | Tadekkushtham.....*<sup>6</sup>

*Aswedanam* (absence of sweating), *Mahavastu* (extensive lesions on body), *Matsyashakalopam* (resembles scales of fish) are features of *Eka Kushtha*. *Eka Kushtha* is a condition having dominancy of *Vata & Kapha Dosha*<sup>7</sup>. All *Acharyas* have emphasized on the *Shodhana therapy* in the management of *Eka Kushtha*.

As per pathophysiology of disease, vitiated Vata along with Kapha hampers normal physiological functions of dermatome i.e. sweating, perception of touch stage by stage. As Vata is having Yogavahi property, it functions according to associated Dosha i.e. Kapha in this particular disease. Kushtha is Raktapradoshaja Vikara<sup>8</sup>. Psoriasis is a non- infectious,

inflammatory disease of the skin, characterized by well defined erythematous plaques with large, adherent, silvery scales. The eruption is usually symmetrical and clinically Psoriasis most frequently affects the skin of the elbows, knees, scalp, nails, lumbosacral areas, intergluteal cleft and glans penis<sup>9</sup>.

#### Factors involved in Samprapti of Eka Kushtha (Psoriasis)<sup>10</sup>

- Doshas : Vata, Pitta, Kapha
- Dushyas : Twak, Rakta, Mamsa, Lasika
- Agni : Jatharaagni, Dhatvaagni, Bhrajakagni
- Aam : Dhatwaagni-Maandya-Janya
- Strotodushti : Atipravrutti, Sanga, Siraagranthi & Vimaarga Gamana
- UdbhavaSthana : Twaka
- Rogamarga : Shakhagata Rogamarga

#### CASE REPORT

A case report as follow:

A 37 year old male patient occupationally Class 2 officer residing in Konkan region approached in my clinic for Ayurvedic treatment with chief complaint of –

1. Silver colored patches on Right and left elbow region round shaped 3 cm in radius, Right and left shin region measuring 20 cm in length and 6 cm in width on right and 16 cm in length and 4.5 cm in width on left, on right knee round shaped 3.5 cm in radius
2. Itching in patches
3. Scaling from patches

**Family History** of Kushtha Absent

#### Laboratory Investigation

- CBC, ESR, Urine routine and microscopic all were within normal limits.
- C.B.C.- Date 05/06/2015

Patient had above complaints since 8 year.

#### History of Present illness:

The patient was normal before 8 years. Then he started to have reddish patches Right and left elbow region, Right and left shin region gradually it turns in silvery with scaling and itching in these patches. Patient took treatment for this from skin specialist, allopathic doctors, Ayurvedic, Homeopathic doctors but did not get relief, and then he came to my clinic Maauli Ayurved Clinic, Kolhapur, for further management.

HB 12.9 g/dl, WBC 4.6 (10<sup>3</sup>/μL), RBC 4.15 (10E<sup>6</sup>/μL), HCT 40%, MCV 67, MCHC 34, Platelet count 254000 /μL, Neutrophils- 58%, Lymphocytes-32%, Monocytes 5%, Eosinophils 5%, Basophils 0%, ESR – 15 mm/hr

• **URINE ROUTINE & MICROSCOPIC** Date 05/06/2015

VOLUME - 40 ml, Colour - Pale Yellow, Appearance – Clear, Specific Gravity - 1.010, pH - 6.9, Protein - Absent, Sugar - Absent, Urine Ketone – Absent, Bile Salt – Absent, Bile Pigment – Absent, Pus Cell - 1-2/hpf, RBC-NIL, Epithelial Cells – 1-2/hpf, Crystals - Nil

• **ECG-** Normal

• **Physical Examination**

**Vitals**

Temperature - 98.6 °f,  
Pulse - 74/min  
R.R. - 20/min  
B.P. - 130/80 mm of Hg

**Systemic Examination**

Respiratory System - Normal  
Cardio Vascular System - Normal  
Central Nervous System - Normal  
Per Abdomen - Normal

• **Local Examination**

▪ **Skin Inspection**

Silvery white colored, scaly patches on Right and left elbow region, Right and left shin region

• **Palpation**

Patches were felt dry with rough surface, normal in temperature, firm, minimally elevated from skin surface.

• **Auspitz sign** : Present

• **PASI SCORE**<sup>11</sup> : 16.2

**MATERIALS & METHODS:**

treatment planned after proper counseling and written consent as,

**TREATMENT GIVEN**

Considering therapeutic guideline and deep seated nature of disease of prolonged duration

**Table 1:** Showing treatment given to Patient and its duration

| Sr | Treatment Given                                             | Duration |
|----|-------------------------------------------------------------|----------|
| 1  | <i>Aam Pachan</i> and <i>Agni Deepan</i>                    | 5 Days   |
| 2  | <i>Abhayantara Snehapana</i> with <i>Mahatiktaka Ghrita</i> | 7 Days   |
| 3  | <i>Vamana Karma</i>                                         | 1 Day    |
| 4  | <i>Sansarjana Krama</i> of 1 weak and 1 weak Normal Diet    | 15 Days  |
| 5  | <i>Abhayantara Snehapana</i> with <i>Mahatiktaka Ghrita</i> | 7 Days   |
| 6  | <i>Virechana Karma</i>                                      | 1 Day    |
| 7  | <i>Samsarjana Krama</i> of 1Weak                            | 7 Days   |
| 8  | <i>Abhyantara Oushadha &amp; Lepa</i>                       | 30 Days  |

**1. Aam Pachan and Agni Deepan**

After examination and *Agniparikshana*, *Aam Laxana* found on *Jeevha* and *Jaranashakti*

was hampered, to combat this *Aam Pachan* and *Agni Deepan* processed with employing *Langhana*, only Rice and *Mudga Yusha* etc.

light food given at meals on excessive hunger. *Sutshekhara Vati*<sup>12</sup> 4 Tablets twice daily, before Meal given with *Koshna Jala* as *Anupana*, for 5 days. This procedure got completed in 5 Days.

## 2. *Abhayantara Snehapana with Mahatiktaka Ghrita*<sup>13</sup>

After *Aam Pachana*, *Abhayantara Snehapana* conducted with *Mahatiktaka Ghrita*. For *Abhayantara Snehapana*, *Hrasiyasi Matra*<sup>14</sup> (Progressively increased Dose) taken. Dose started with 40 ml *Accha Pana* of *Ghrita*<sup>15</sup> in liquid state of lukewarm temperature, which was digested in 2 Hours, *Koshna Jala* only provided to drink intermittently on *Utklesh Avastha*. On completion of *Sneha Pachana*, light food given to patient. On 2<sup>nd</sup> Day Dose of *Ghrita* was 80 ml and it should get digested in 3 hours. On 3<sup>rd</sup> Day Dose increased to 120 ml and was digested in 4 Hours. Same dose maintained for 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> day. On 4<sup>th</sup> day it was digested in 5 hours, on 5<sup>th</sup> day in 6 hours and on 6<sup>th</sup> day in 9 Hours but no *Samyaka Snigdha Laxana* found so on 7<sup>th</sup> day 240 ml dose of *Ghrita* given which took 24 Hours for digestion. This *Abhayantara Snehapana* conducted as per guidelines given in classics.

## 3. *Vamana Karma*

After completion of *Abhayantara Snehapana* on 8<sup>th</sup> day *Kapha Utkleshaka Aahara* was given and *Bahya Snehana* with *Mahatiktaka Ghrita* and *Swedana* with *Bala Moola Kwatha Bashpa*<sup>16</sup> employed. On 9<sup>th</sup> Day *Vamana Karma* took place. For this, initially Milk 250 ml given orally. Then *Yashtimadhu Fanta* has given as *Aakanthapana* approximately 1750 ml. After that *Madanaphala* 3 grams + *Vacha* 2 Grams + *Saindhava* 1 gram + *Madhu* semi-

solid paste given<sup>17</sup>, One *Antarnakhamushthi Matra*<sup>18</sup> (approximately 150 grams) of *Madanaphala* quoted in *Charaka Samhita* for *Vamana* but now a days that much quantity cause severe irritation, weakness and *Dosha* not removed out clearly so dose manipulated. *Vamana Vega* started after 1 hour. *Kapha Dosha* was clearly visible in vomits. Patient had 9 Vegas total and end with *Pittadarshana*. Whole procedure was carried out as per guidelines given in classics. After *Vamana Karma*, Psoriasis affected part color changes from silvery white to pinkish red so patient and relative's faith on me raised up.

## 4. *Sansarjana Krama of 1 week and 1 week Normal Diet*

After completion of *Vamana*, *Sansarjana Krama*<sup>19</sup> adopted, On 1<sup>st</sup> day in evening *Peya* given, on 2<sup>nd</sup> day *Peya* for 2 times, on 3<sup>rd</sup> day *Vilepi* given for two times, on 4<sup>th</sup> day in Morning *Vilepi* and in evening *Akruta Yusha* given, on 5<sup>th</sup> day *Kruta Yusha* for 2 times, on 6<sup>th</sup> day *Akruta Mamsarasa* (Mutton soup) given considering increased intensity of Digestive fire, and in evening *Kruta Mamsarasa* given same repeated on 7<sup>th</sup> day Morning and in evening Normal diet given to patient. That period was difficult to patient in absentia of food and deranged body work capacity nothing to eat rule. Patients relative often ask what kind of treatment going on, no food is there but course completed uneventfully following guidelines given in classics. After 1 week of *Sansarjana Krama* again 1 week normal diet was given no medicine given during that period.

## 5. *Abhayantara Snehapana with Mahatiktaka Ghrita*

After *Vamana Karma*, again *Abhayantara Snehapana* conducted with *Mahatiktaka Ghrita* with same *Hrasiyasi Matra* (Progressively increased Dose) taken. Dose started with 40 ml *Accha Pana* of *Ghrita* in Liquid state of lukewarm temperature. Which was digested in 2.5 Hours, On 2<sup>nd</sup> Day Dose of *Ghrita* was 80 ml and Digested in 3 hours. On 3<sup>rd</sup> Day Dose increased to 120 ml and was digested in 5 Hours. Same dose maintained for 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> day. On 4<sup>th</sup> day it was digested in 5 hours, on 5<sup>th</sup> day in 7 hours and on 6<sup>th</sup> day in 9 Hours but no *Samyaka Snigdha Laxana* found so on 7<sup>th</sup> day 240 ml dose of *Ghrita* given which took 24 Hours for digestion. This *Abhayantara Snehapana* conducted as per guidelines given in classics.

## 6. *Virechana Karma*

After *Samyaka Snehapana*, *Samyaka Snigdhalaxana* of patient 3 day gap given. Patient advised to consume chicken soup, mutton soup

etc plenty of watery substances. *Bahya Snehana* with *Mahatiktaka Ghrita* and *Swedana* with *Bala Moola Kwatha Bashpa* given on 1<sup>st</sup> and 2<sup>nd</sup> day gap not employed on third day. On 4<sup>th</sup> day *Virechana* conducted. At 6 A.M. *Shyama Trivrutta Avaleha*<sup>20</sup> 10 grams churned with 1 glass of warm Milk. Considering *Pitta Dushti Shyama Trivrutta Avaleha* taken for *Virechana*. *Trivrutta* considered as best *Virechana* Drug, for removal of Vitiated *Pitta Dosha*<sup>21</sup>. Vega Started at 10 A.M. initially *Mala* wiped out in 1<sup>st</sup> and 2<sup>nd</sup>vega, then *Pitta Dosha* Vega tend to come. *Sukhoshna Jala*, *Sharbat* of *Sukhoshna Jala* given during procedure. Total 33 Vega occurred in whole day which show best *Virechana* result. On 33<sup>rd</sup>Vega 10 ml blood seen in stool but after that it was subsided so no *Stambhana* measures employed. Patient felt extreme weakness on *Virechana* day which was common. Whole procedure was uneventful and as per textual guidelines.

**Table 2:** Showing *Shodhana Parikshana*<sup>22</sup>

| Sr | Pariksha                              | Vamana             | Virechana       |
|----|---------------------------------------|--------------------|-----------------|
| 1  | Antiki (End of Procedure)             | Pitta, Vayu        | Kapha Vayu      |
| 2  | Vaigiki (Number of Vegas)             | 9 Vega             | 33 Vega         |
| 3  | Maniki (Measure of Dosha removed out) | 1.5 Prastha Approx | 4 PrasthaApprox |

## 7. *Sansarjana Krama*

On successful completion of *Virechana Karma*, *Sansarjana Krama* adopted for *Jatharagni Vardhana* as after *Vamana* for enhancement of digestive capacity. During this period patient went to Mumbai for mandatory office work, following rules of *Sansarjana Krama* but results were not altered. After completion of *Sansarjana Krama* Psoriasis affected part

turns from pinkish to normal skin color, scaling, itching completely stopped.

## 8. *Abhyantaraoushadha and Lepa*

After completion of *Shodhan Karma*, *Abhyantara Oushadha* given for 30 days, and *Lepa* applied on Psoriasis affected part

- *Sutshekhara Vati* -1Tablet Twice Daily Before Meal

- Aarogyavardhini Vati<sup>23</sup> - 2 Tablets Before Dinner
- Anupana -Koshna Jala
- Lepa of Khalkhapari + Yashadapushpa + Yashtimadhu+ Shatadhuta Ghrita<sup>24</sup> twice daily for 20-25 minutes till it dries and later it washed off with warm water.

**Table 3:** Follow up Assessment Chart

| Sr | Chief Complaints                 | B.T. | After Vamana | After Virechana | A.T. |
|----|----------------------------------|------|--------------|-----------------|------|
| 1  | Twak Daran (Scaling)             | 4    | 2            | 1               | 0    |
| 2  | Rukshata (Dryness)               | 3    | 2            | 1               | 0    |
| 3  | Raga (Erythma)                   | 1    | 2            | 2               | 0    |
| 4  | Kandu(Itching)                   | 2    | 1            | 1               | 0    |
| 5  | Bahalatva (EpithemicThicckening) | 2    | 2            | 1               | 0    |
| 6  | Auspitz's Sign                   | 2    | 1            | 1               | 1    |
| 7  | Pasi Score                       | 16.2 | 8.4          | 5.4             | 0.4  |

**Table 4:** Gradation of assessment of Signs and Symptoms of Psoriasis<sup>25</sup>

| 1. Scaling (Twak Daran )            |                                       |       | 2. Dryness (Rukshata) |                                                           |       |
|-------------------------------------|---------------------------------------|-------|-----------------------|-----------------------------------------------------------|-------|
| Sr                                  |                                       | Score | Sr                    |                                                           | Score |
| 1                                   | No scaling                            | 0     | 1                     | No line on scrubbing with nail                            | 0     |
| 2                                   | Mild scaling by rubbing /itching      | 1     | 2                     | Faint line on scrubbing by nail                           | 1     |
| 3                                   | Moderate scaling by rubbing / itching | 2     | 3                     | Lining and even words can be written on scrubbing by nail | 2     |
| 4                                   | Severe scaling by rubbing / itching   | 3     | 4                     | Excessive dryness leading to itching                      | 3     |
| 5                                   | Scaling without rubbing / by itching  | 4     | 5                     | Dryness leading to crack formation                        | 4     |
| 3. Erythema (Raga)                  |                                       |       | 4. Itching (Kandu)    |                                                           |       |
| Sr                                  |                                       | Score | Sr                    |                                                           | Score |
| 1                                   | Normal skin                           | 0     | 1                     | No itching                                                | 0     |
| 2                                   | Faint or near to normal               | 1     | 2                     | Mild or occasional itching                                | 1     |
| 3                                   | Blanching + Red color                 | 2     | 3                     | Moderate (tolerable) in frequent                          | 2     |
| 4                                   | No blanching + Red color              | 3     | 4                     | Very severe itching                                       | 3     |
| 5                                   | Red color + Subcutaneous              |       |                       |                                                           |       |
| 5. Epithemic Thickening (Bahalatva) |                                       |       | 6. Auspitz's Sign     |                                                           |       |
| Sr                                  |                                       | Score | Sr                    |                                                           | Score |
| 1                                   | No Thickening                         | 0     | 1                     | Absent                                                    | 0     |
| 2                                   | Mild Thickening                       | 1     | 2                     | Improvement                                               | 1     |
| 3                                   | Moderate Thickening                   | 2     | 3                     | Present                                                   | 2     |
| 4                                   | Very Thick                            | 3     |                       |                                                           |       |
| 5                                   | Very Thick with indurations           | 4     |                       |                                                           |       |
| 7. PASI Score                       |                                       |       |                       |                                                           |       |
| Sr                                  |                                       | Score |                       |                                                           |       |
| 1                                   | Score Before Treatment                |       |                       |                                                           |       |
| 2                                   | Score After Treatment                 |       |                       |                                                           |       |

## DISCUSSION

*Kushtha* is *Shodhan Saadhya Roga*<sup>26</sup> hence in its management *Acharya* told to employ *Panchakarma* (Purificatory measures) frequently<sup>27</sup>. In present Case study I utilized *Aam Pachana*, *Vamana*, *Virechana* and *Shamana Chikitsa* for management of disease.

### 1. *Aam Pachana and Agni Deepan*

Before initiation of Purificatory measures, *Aam Pachana* and *Agni Deepan* are important. The basic role of *Agni* in body is to disintegrate the food into simplest possible components to make it easy for assimilation. This occurs at Gastrointestinal Tract and at the cellular level. Due to *Dhatwagni Mandhya* and *Bhutagnimandhya*, there is production and accumulation of *Aam*<sup>28</sup> which cause *Strotorodha* (blockage of body channels) by its *Guru*, *Abhishyandi*, and *Picchila* properties so nutrition of body parts congested. For its execution I employed *Langhana*, *Koshna Jala Sevana*, *Sutashekhara Vati* which act on *Aam* and *Agni* producing Lightness in body, removal of *Strotorodha* and *Agnivardhana*.

### 2. *Abhyantara Snehapana with Mahatiktaka Ghrita*

Before employing *Panchakarma*, *Snehana-Swedana* is mandatory.

“*Snehoanilam Hanti Mrudu Karoti | Deham Malanam Vinihanti Sangam ||*

*Snigdhasya Sookshmeshvayaneshuleenam | Swedastu Dosham Nayati Dravatvam*”<sup>29</sup>

*Snehapana* pacifies *Vata*, brings softness in body parts, *Mala* accumulated, stagnated in body parts get loosened, *Swedana* cause liquefaction of *Doshas*. *Dosha* get *Anuloma Gati* and brought towards *Koshtha*. *Mahatiktaka Ghrita* used in this clinical study for *Abhyantara Snehapana* having superior *Kushthaghna* properties and *Kapha-Pittahara Guna* so it bring vitiated *Doshas* to *Koshtha*, pacifies *Vata* by *Sneha Guna*.

### 3. *Vamana and Virechana Karma*

In *Kushtha* there is predominance of *Kapha* which in turn manifest *Kleda* production in body which is of *Snigdha*, *Picchila*, and *Sandra Guna*. Appropriate utilization of *Vamana*, *Virechana Karma* removes bodily vitiated *Kapha*, *Pitta Dosha*, and *Kleda* from body cause *Samprapti Bhanga* and makes body disease free.

### 4. *Abhyantara Oushadha and Lepa*

*Sutshekhara Vati*, *Aarogyavardhini Vati* given for maintenance of bodily *Pitta*, *Vayu* and *Kapha Dosha*. *Lepa* of *Khalkhapari*, *Yashadapushpa*, *Yashtimadhu*, *Shatadhuta Ghrita* applied. It is also *Anubhut Yoga* having *Kushthaghna* Property. It act on *Bhrajakagni* and *Twakastha Kapha Dosha* and helps to improve discoloration of skin. *Shatadhuta Ghrita* acts as *Pitta Vataghna* acting on *Daha*, *Raga*, *Kandu*, and *Rukshata*.

**Table 5:** Analysis of *Eka Kushtha (Psoriasis) Laxana* on *Anshansha Kalpana*

| Sr | <i>Eka Kushtha Laxana</i><br>(Psoriasis symptoms) | <i>Dosha</i> | <i>Anshansha Kalpana</i> | <i>Dushya</i>      | <i>Strotodushti</i>   |
|----|---------------------------------------------------|--------------|--------------------------|--------------------|-----------------------|
| 1  | <i>Twak Daran</i> (Scaling)                       | <i>Vata</i>  | <i>Ruksha, Chala</i>     | <i>Rasa</i>        | <i>Atipravrutti</i>   |
| 2  | <i>Rukshata/Kharata</i> (Dryness)                 | <i>Vata</i>  | <i>Ruksha</i>            | <i>Rasa</i>        | <i>Atipravrutti</i>   |
| 3  | <i>Raag</i> (Erythema)                            | <i>Pitta</i> | <i>Ushna</i>             | <i>Rakta</i>       | <i>Sanga</i>          |
| 4  | <i>Kandu</i> (Itching)                            | <i>Kapha</i> | <i>Sheeta</i>            | <i>Rasa</i>        | <i>Sanga</i>          |
| 5  | <i>Utshedha</i> (Induration)                      | <i>Kapha</i> | <i>Sthira, Guru</i>      | <i>Twak, Mamsa</i> | <i>Sanga+A.Pravr.</i> |
| 6  | <i>Paristrava</i> (Discharge)                     | <i>Pitta</i> | <i>Sara, Drava</i>       | <i>Rasa, Rakta</i> | <i>Atipravrutti</i>   |

## CONCLUSION

Ayurvedic treatment shown excellent results in this case, signs & symptoms of disease relapsed totally without recurrence even after 6 months without medications. Patient suffered from disease since last 8 years taken treatment of different doctors recurring and relapsing, patient left hope of its betterment but this long standing treatment works and provided resultant output to get rid from psoriasis. Here more number of patients required to rich up to any conclusion, but with this case it can be stated this treatment is a hope for long standing Psoriasis with conventional medicaments.

## Acknowledgement

Sincere gratitude to my teacher Dr. Dilkhush Tamboli who taught me *Ayurveda* without his direction I was unable to understand *Ayurveda* and to provide treatment to patients.

## REFERENCES

1. [http://www.medicinenet.com/psoriasis/article.htm#psoriasis\\_facts](http://www.medicinenet.com/psoriasis/article.htm#psoriasis_facts)
2. [http://www.medicinenet.com/psoriasis/article.htm#psoriasis\\_facts](http://www.medicinenet.com/psoriasis/article.htm#psoriasis_facts)
3. <https://en.wikipedia.org/wiki/Psoriasis>
4. Charaka Samhita Chikitsasthana 7/3 Vd.Y.G.Joshi - Vaidyamitra Publication 2008
5. Kashyap Samhita Khilsthana 3/4 Choukhamba Sanskrit Series 1952
6. Charaka Samhita Chikitsasthana 7/21 Vd. Y.G. Joshi - Vaidyamitra Publication 2008
7. Charaka Samhita Chikitsasthana 7/29 Vd. Y.G. Joshi - Vaidyamitra Publication 2008
8. Charaka Samhita Sutrasthana 28/11 Vd.Y.G.Joshi - Vaidyamitra Publication 2008
9. [http://www.medicinenet.com/psoriasis/article.htm#psoriasis\\_facts](http://www.medicinenet.com/psoriasis/article.htm#psoriasis_facts)
10. Kayachikitsa Chapter Kushtha Vd.Y.G. Joshi - Vaidyamitra Publication 2008
11. PASI Calculator <http://pasi.corti.li/>
12. Ayurvedeeya Oushadhigunadharmashastra- Part 2/110- Vd Gangadharashastri Gune Choukhamba Sanskrit Pratishtan 2014
13. Charaka Samhita Chikitsasthana 7/150 Vd.Y.G.Joshi - Vaidyamitra Publication 2008
14. Ashatanga Hrudayam Sutrasthana 16/17,18 Dr.A.M.Kunte Choukhamba Publication 2010
15. Charaka Samhita Sutrasthana 13/26 Vd.Y.G.Joshi - Vaidyamitra Publication 2008
16. Chakradatta 22/82 Sadananda Sharma-Meherchand Lachamandas Publication 2010

17. Ayurvedeeya Panchakarma Vignana- Chapter 5 Page 115 Vd.Y.G.Joshi –Pune Sahitya Vitarana Publication 2005
18. Charaka Samhita Kalpasthana 1/14 Vd.Y.G.Joshi - Vaidyamitra Publication 2008
19. Charaka Samhita Siddhisthana 1/10 Vd.Y.G.Joshi - Vaidyamitra Publication 2008
20. Charaka Samhita Kalpasthana 7/23 Vd.Y.G.Joshi - Vaidyamitra Publication 2008
21. Charaka Samhita Kalpasthana 7/10 Vd.Y.G.Joshi - Vaidyamitra Publication 2008
22. Ayurvedeeya Panchakarma Vignana- Chapter 5 Page 115 Vd.Y.G.Joshi – Pune Sahitya Vitarana Publication 2005
23. Ayurvedeeya Oushadhigunadharmashastra- Part 2/10- Vd Gangadharashastri Gune Choukhamba Sanskrit Pratishthan 2014
24. Nivadak Rugna Chikitsa- Ekakushtha (Psoriasis)- Indrayani Sahitya Publication 2009
25. IAMJ: A Case Report: Patient Having Psoriasis Treated With Ayurvedic Therapeutics And Medicines Got Encouraging Result - Shivaranjani J Kantharia, SN Gupta, K.B.Patel IAMJ: Volume 4; Issue 02; February -2016
26. Charaka Samhita Chikitsasthana 7/150 Vd. Y.G. Joshi - Vaidyamitra Publication 2008
27. Charaka Samhita Chikitsasthana 7/41 Vd.Y.G.Joshi - Vaidyamitra Publication 2008
28. Madhavnidan with Madhukosha commentary page no.460 by Yadunandan Upadhyay,Chaukhamba Prakashan Varanasi 2008
29. Charaka Samhita Siddhisthana 1/6 Vd.Y.G.Joshi - Vaidyamitra Publication 2008

**PHOTOGRAPHS**  
**Before Treatment**



**After Vamana**



**After Virechana**



**After 1 month treatment**



**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Pranit Hanumantrao Patil: A Case Study- Eka Kushtha (Psoriasis) Treated With Ayurvedic Treatment. International Ayurvedic Medical Journal {online} 2017 {cited September, 2017} Available from: [http://www.iamj.in/posts/images/upload/3687\\_3697.pdf](http://www.iamj.in/posts/images/upload/3687_3697.pdf)