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Case Report

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Remission of Ekakushtha (Psoriasis) Through an Integrated Ayurvedic Treatment Strategy: A Case Report

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ABSTRACT

Psoriasis is a chronic, immune-mediated skin disease with raised red plaques covered by silvery scales, and it often relapses. In Ayurveda (Indian traditional system of medicine), its features closely match *Ekakushtha (a variety of major/minor skin disease clinically correlated with psoriasis, specially plaque psoriasis), Kshudra Kushtha* (minor skin disease) with predominance of *Vata* (bio-energy of movement) and *Kapha* (bio-energy of structure). A 25-year-old man presented with relapsed silvery-white scaly plaques on the scalp, back, chest and abdomen for 1.5 years, with itching, a coated tongue and constipation. Over about 45 days he received external therapies, *Snehapana* (internal oleation with medicated ghee) followed by *Virechana* (therapeutic purgation), five sittings of *Jalaukavacharana* (leech therapy), and a second *Snehapana* followed by *Vamana* (therapeutic emesis), along with oral and local herbal medicines and a fixed diet plan. Itching stopped, scales and thick plaques cleared, and scalp dryness, redness and tongue coating subsided. At follow-up, the plaques had cleared, leaving only faded marks, and no new complaint was reported. No serious adverse event occurred. This case suggests that a planned combination of *Shodhana* (bio-purification), *Shamana* (palliative) therapy and diet control may give good short-term relief in chronic plaque psoriasis. Larger studies with standard scores and longer follow-up are needed.

INTRODUCTION

Psoriasis is a chronic, immune-mediated skin disease. The skin cells (keratinocytes) multiply and move upward much faster than normal, so thick plaques with white or silvery scales form on the skin. Common sites are the scalp, elbows, knees, back and trunk. The disease affects about 2% of people worldwide.[1] In India, hospital-based studies report a prevalence of 0.44% to 2.8%.[2] Psoriasis is not only a skin problem, as it is linked with joint disease, fatty liver, high blood lipids, heart disease and low mood.[3,4] Its effect on quality of life is as great as that of other major long-term diseases.[5] Modern treatment controls the disease well, but relapse is common once treatment stops.

The exact cause of psoriasis is not fully known. It results from an interaction between genetic risk, such as the human leukocyte antigen (HLA)-Cw6 allele, and an overactive immune response. Dendritic cells and T-helper 17 (Th17) and T-helper 1 cells release interleukin (IL)-23, IL-17 and tumour necrosis factor-alpha. These signals make keratinocytes renew in about three to five days instead of the usual 28 days, so dead cells pile up as scales. Mental stress, throat infection, skin injury (Koebner phenomenon), cold and dry weather, smoking, alcohol, obesity and drugs such as beta-blockers, lithium and antimalarials can start or worsen the disease. [3]A high salt intake can push the immune system toward Th17 activity, and obesity and poor gut health are linked with more severe disease.[6-8]

In Ayurveda (Indian traditional system of medicine), all chronic skin diseases are grouped under *Kushtha*

(skin disease). The features of plaque psoriasis best match *Ekakushtha* (a skin disease with large, dry, fish-scale-like patches) and, in some cases, *Kitibha* (a skin disease with dark, rough and hard patches). Both are types of *Kshudra Kushtha* (minor skin disease) with predominance of *Vata* (bio-energy of movement) and *Kapha* (bio-energy of structure and cohesion). *Charaka Samhita* (the classical text of internal medicine) describes *Ekakushtha* as a lesion with *Asvedana* (absence of sweating) at the site, spread over a *Mahavastu* (large area) and covered with *Matsya Shakalopama* (scales like those of a fish).[9] *Kitibha* is described as dark in color, rough and hard to touch.[10]

The classical causes of *Kushtha* are *Viruddha Ahara* (incompatible food combinations), such as milk with fish; excess of heavy, oily, sour or salty food; excess of new grains, curd, fish, jaggery and sesame; eating before the previous meal is digested; suppression of natural urges, especially vomiting; heavy exercise or sun exposure soon after a full meal; entering cold water just after exposure to heat or fear; day sleep; errors during or after *Panchakarma* (five bio-purification procedures); and mental and moral factors such as stress, anger, fear and *Papakarma* (unrighteous acts).[11] These causes weaken *Agni* (digestive and metabolic fire) and produce *Ama* (undigested metabolic waste). *Ama*, together with the vitiated *Dosha* (body humors), including *Pitta* (bio-energy of metabolism and heat), blocks the *Srotas* (body channels) of *Rasa* (plasma) and *Rakta* (blood) and settles in the skin. The classics state that vitiated *Dosha* are the root of all diseases and that diseases arise when *Agni* is weak.[12,13]

This report describes a patient with relapsed chronic plaque psoriasis (*Ekakushtha)* successfully managed through a structured, multi-stage Ayurvedic intervention. The treatment protocol comprised *Nidana Parivarjana* (etiological avoidance), *Deepana-Pachana* (digestive and metabolic optimization), and *Shodhana* (bio-purification therapies), which included *Vamana* (therapeutic emesis), *Virechana* (therapeutic purgation), *Raktamokshana* (bloodletting), and *Basti* (medicated enema). This comprehensive regimen was followed by *Shamana* (palliative therapy) and strict dietary regulations (*Pathya-Apathya).* The reporting of this case strictly adheres to the CAse REport (CARE) guidelines.[14]

PATIENT INFORMATION

A 25-year-old man visited the outpatient department (OPD) of a tertiary care Ayurvedic hospital in North India on 29 December 2025. He complained of silvery-white scaly patches on the scalp and back for about 1.5 years, with itching over the patches that came and went over the same period. About 1.5 years earlier, red itchy patches had suddenly appeared over his body. Over time, they became thick and chronic, were covered with silvery-white scales and spread to the chest, abdomen, arms and legs. He had earlier taken Ayurvedic treatment and medicines from a tertiary care hospital of modern medicine for about two months, but the exact medicines were not recorded. All lesions cleared after that treatment, but in September 2025 all the patches came back.

He had no history of diabetes, high blood pressure or thyroid disease, and no current steroid or immunosuppressive drug was recorded at admission. Family history was not recorded. His appetite was normal, sleep was sound and urine was normal. He was constipated at the first visit, and his bowel was regular by the time of admission. Diet habits, addictions and work stress were not recorded in detail. Constipation and a thick white-coated tongue at the first visit pointed to *Agnimandya* (weak digestive fire) and *Ama.* The physician advised him to stop milk products and high-salt food, as these were considered likely triggers. He was treated on an OPD basis from 29 December 2025 and in the day-care *Panchakarma* unit from 7 January to 9 February 2026, with a follow-up visit on 13 February 2026.

CLINICAL FINDINGS

On general examination on 7 January 2026, blood pressure (BP) was 130/80 mm Hg, pulse was 85 to 88 per minute, temperature was 97.2°F, peripheral oxygen saturation (SpO_2) was 100% and weight was 65.35 kg. He was conscious and oriented. Heart sounds were normal, the chest had normal air entry on both sides, and the abdomen was soft and non-tender.

On skin examination, there were many well-defined, round to oval, red, raised plaques covered with thick silvery-white scales. They were spread over the upper and lower back, chest, abdomen, both flanks and the left arm near the elbow. Their size varied from papules of a few millimeters to plaques of about 4 to 5 cm, and some plaques had joined together. On the scalp, thick white scaling was present on both sides over the temporal and parietal areas, extending behind the ears and down to the beard area in front of the ears [Figure 1].

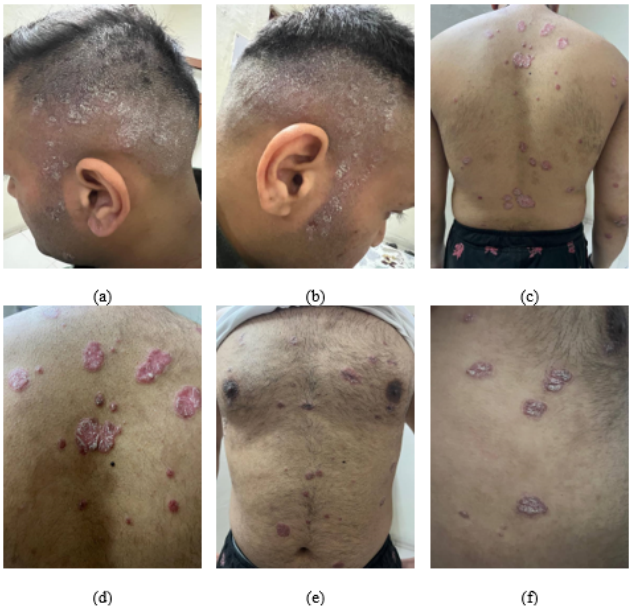


Figure 1: Lesions before treatment: (a) scalp, left side; (b) scalp, right side; (c) back; (d) upper back, close view; (e) chest and abdomen; (f) side of trunk, close view

The findings of *Ashtavidha Pariksha* (eight-fold examination) and *Dashavidha Pariksha* (ten-fold examination) are given in Table 1. The tongue had a white coating, showing the *Sama* (associated with *Ama*) state, and the skin over the patches was rough, dry and raised. *Prakriti* (body constitution) was *Pitta-Vata*, and *Vikriti* (present disease state) was *Vata-Kapha* with involvement of *Pitta* and *Rakta*.

Table 1: *Ashtavidha Pariksha* (eight-fold examination) and *Dashavidha Pariksha* (ten-fold examination)

Examination	Finding
Nadi (pulse)	*Pitta-Kapha* at the OPD; *Pitta-Vata* during the day-care stay
Mala (stool)	Constipation at first visit; regular from admission
Mutra (urine)	Normal
Jihwa (tongue)	White coating (*Sama*, with *Ama*)
Shabda (voice)	Normal
Sparsha (touch)	Rough, dry and raised over the patches
Drika (eyes)	Normal
Akriti (build)	Normal (medium build)
Prakriti (constitution)	*Pitta-Vata*
Vikriti (disease state)	*Vata-Kapha* with *Pitta-Rakta* involvement
Sara (tissue quality), *Samhanana* (body compactness), *Pramana* (body measurements), *Satmya* (adaptability), *Satva* (mental strength)	*Madhyama* (average), based on clinical judgment; not graded formally
Aharashakti (digestive capacity) and *Vyayamashakti* (exercise capacity)	*Madhyama* (average)
Vaya (age)	*Yuva* (young adult)

OPD: Outpatient department

TIMELINE

The disease began around mid-2024, cleared after earlier treatment and relapsed in September 2025. Treatment started at the first OPD visit on 29 December 2025 with oral medicines and diet advice. The day-care phase from 7 January to 9 February 2026 included preparatory therapies, *Virechana* on 18 January, five sittings of leech therapy and *Vamana* on 9 February. The patient was reviewed on 13 February 2026. The timeline of events is given in Table 2.

DIAGNOSTIC ASSESSMENT

The diagnosis of chronic plaque psoriasis was made on clinical grounds. The signs were well-defined red plaques with silvery scales, typical sites (scalp and back), a long course with relapse, and itching that came and went. No skin biopsy, potassium hydroxide (KOH) mount or blood test was done. Seborrheic dermatitis, tinea corporis, pityriasis rosea, lichen planus and nummular eczema were considered and judged less likely for the reasons given in Table 3. No standard severity score was recorded, and the main diagnostic challenge was the lack of laboratory confirmation.

On the Ayurvedic side, dry plaques with *Asvedana*, wide spread (*Mahavastu*) and fish-scale-like scaling (*Matsya Shakalopama*) led to the diagnosis of *Ekakushtha*. Rough, hard patches on the scalp also showed some features of *Kitibha*. *Charaka* states that seven substances are involved in every type of *Kushtha* (*Saptaka Dravya Sangraha*, the group of seven), namely the three *Dosha* and four *Dushya* (affected body tissues): *Twak* (skin), *Rakta*, *Mamsa* (muscle tissue) and *Lasika* (lymph).[15] The *Samprapti Ghataka* (components of the disease process) in this patient are listed in Table 4.

In brief, wrong diet, wrong habits and stress caused *Agnimandya* and the formation of *Ama*. *Ama* mixed with the vitiated *Vata*, *Pitta* and *Kapha* and traveled through the channels of *Rasa* and *Rakta*, where it caused *Sanga* (obstruction). It then settled in *Twak*, *Rakta*, *Mamsa* and *Lasika* (*Sthana Samshraya*, localization) and produced raised, red, itchy plaques with silvery scales, that is, *Ekakushtha*. The disease was judged

Table 2: Timeline of events

Date	Event
About mid-2024	Sudden red itchy patches; later thick silvery scaly plaques on scalp and back
2024-2025	Earlier treatment (*Ayurvedic* and modern medicine) for about two months; lesions cleared
September 2025	All patches came back (relapse)
29 December 2025	First OPD visit; oral medicines and diet started; day-care *Panchakarma* advised
7-11 January 2026	External therapies and *Basti* (preparatory and *Deepana-Pachana* phase)
12-16 January 2026	*Snehapana* with *Panchatikta Ghrita* (30 to 150 ml); leech therapy on 12 and 15 January
17 January 2026	*Abhyanga*, *Swedana* and *Shirodhara* (rest day before *Virechana*)
18 January 2026	*Virechana* (13 *Vega*), followed by *Samsarjana Krama* for five days
23 and 26 January 2026	Leech therapy
29 January-5 February 2026	External therapies (*Lepa*, *Avagaha Sweda*, *Nimba Patra Pottali Sweda*, *Parisheka*); *Chitrakadi Vati* and *Amlapitta Nashaka* tablet added
6-8 February 2026	Leech therapy (6 February); *Snehapana* with *Triphala Ghrita* (30, 60 and 90 ml)
9 February 2026	*Vamana* (about 12 *Vega*)
13 February 2026	Follow-up: patches cleared, no itching; *Shamana* medicines for 30 days

OPD: Outpatient department

Table 3: Differential diagnosis

Condition	Reason it was considered less likely
Seborrheic dermatitis	Scales were dry, thick and silvery, not greasy and yellow; plaques were also present on the trunk
Tinea corporis	Lesions were many and symmetrical, with silvery scale and no active scaly border with central clearing
Pityriasis rosea	No herald patch; long course of 1.5 years with relapse
Lichen planus	No violet, flat-topped papules; no mouth lesions recorded
Nummular eczema	Plaques were dry with thick silvery scale rather than wet, crusted patches

Table 4: *Samprapti Ghataka* (components of the disease process) in this patient

Component	Finding in this patient
Dosha (body humors)	*Tridosha* (all three *Dosha*); *Vata* (dryness, scaling) and *Kapha* (thick plaques, itching) leading; *Pitta* (redness) associated
Dushya (affected tissues)	*Twak* (skin) and *Rasa* (plasma), *Rakta* (blood), *Mamsa* (muscle tissue), *Lasika* (lymph)
Agni (digestive fire)	*Jatharagni Mandya* (weak digestive fire) and *Dhatvagni Mandya* (weak tissue metabolism): coated tongue, constipation
Ama (undigested metabolic waste)	*Sama* (with *Ama*) state at start: white-coated tongue
Srotas (channels)	*Rasavaha*, *Raktavaha*, *Mamsavaha* and *Swedavaha Srotas* (channels of plasma, blood, muscle and sweat)
Srotodushti (type of channel vitiation)	*Sanga* (obstruction)
Udbhavasthana (site of origin)	*Amashaya* (stomach) and *Pakvashaya* (large intestine)
Adhishthana (site of manifestation)	*Twak* (skin)
Rogamarga (disease pathway)	*Bahya* (external pathway)
Vyakta Lakshana (manifest signs)	Silvery scaly plaques, itching, redness, dryness
Sadhya-Asadhyata (prognosis)	*Kricchra Sadhya* (difficult to cure): long course and relapse

Kricchra Sadhya (difficult to cure) because of its long course and relapse.

THERAPEUTIC INTERVENTION

The treatment followed the classical order of *Samprapti Vighatana* (breaking the disease process): avoidance of the cause, correction of digestion, preparation of the body, removal of the *Dosha* and then calming of what remained. Charaka advises medicated ghee in *Vata*-dominant *Kushtha*, *Vamana* in *Kapha*-dominant *Kushtha*, and bloodletting and *Virechana* in *Pitta*-dominant *Kushtha*.[16] As all three *Dosha* were involved in this patient, these measures were used one after another. Charaka also advises repeating *Shodhana* in *Kushtha* at set intervals, namely Vamana every fortnight, Virechana every month and bloodletting every six months.[17] The day-wise *Panchakarma* schedule is given in Table 5.

From 7 to 11 January 2026, the patient received preparatory and *Deepana-Pachana* therapies. These were hot water immersion; *Hrid Pichu* and *Udara Pichu* (warm medicated oil pads over the chest and abdomen); *Abhyanga* (therapeutic oil massage); *Shirodhara* (con-

Table 5: Day-wise *Panchakarma* (bio-purification) schedule

Date (2026)	Procedures done	Purpose
7 January	HWI*, *Hrid Pichu* and *Udara Pichu* (warm oil pads on chest and abdomen), *Abhyanga* (oil massage), *Shirodhara* (oil pouring on forehead), *Matra Basti* (small-dose oil enema)	Soften the *Dosha*; improve circulation; calm the mind
8-9 January	NPPS†, HWI, *Shirodhara*, *Nabhi Basti* (warm oil over navel), *Matra Basti*	Induce sweating and open *Srotas* (channels); reduce *Ama* and itching; normalize *Vata* and bowel
10 January	HWI, NPPS, *Shirodhara*, *Nabhi Basti*, *Matra Basti*, *Kashaya Basti* (decoction enema)	*Vata Anulomana* (downward movement of *Vata*); relieve constipation; clear *Ama*
11 January	HWI, full-body NPPS, *Shirodhara*, *Nabhi Basti*	Correct *Samana Vata* and *Pachaka Pitta* (digestive sub-types)
12 January	*Jalaukavacharana* (leech therapy), first sitting; *Snehapana* day 1	*Raktamokshana* (bloodletting); start internal oleation
12-16 January	*Snehapana* with *Panchatikta Ghrita*: 30, 60, 90, 120 and 150 ml	*Abhyantara Snehana* (internal oleation) before *Virechana*
15 January	*Jalaukavacharana*, second sitting	*Raktamokshana*
17 January	*Abhyanga*, *Swedana* (sudation), *Shirodhara* with *Brahmi Taila*	*Vishrama* (rest) day; pacify *Vata-Pitta*; calm the mind and improve sleep
18 January	*Abhyanga*, *Swedana*, then *Virechana* (therapeutic purgation)	Remove *Pitta* and *Rakta Dosha*
18-22 January	*Samsarjana Krama* (graded diet), five days	Restore *Agni* after *Virechana*
23 January	*Jalaukavacharana*, third sitting	*Raktamokshana*
26 January	*Jalaukavacharana*, fourth sitting	*Raktamokshana*
29 January	*Abhyanga*, HWI, full-body *Lepa* (herbal paste), *Shirodhara*	Improve local circulation; induce sweating
30 January	*Abhyanga*, *Shirodhara*, *Avagaha Sweda* (tub sudation), *Matra Basti* (60 ml)	Relieve dryness; open *Srotas*; move *Kapha* from the periphery to the gut
31 January-2 February	NPPS, HWI, *Shirodhara*, *Nabhi Basti*, *Avagaha Sweda*	Expel *Dosha* through sweating
3 February	HWI, NPPS, *Shirodhara*, *Nabhi Basti*	Expel *Dosha* through sweating
4 February	HWI, NPPS, *Shirodhara*, *Abhyanga*	Soften scales; relieve dryness
5 February	HWI, NPPS, *Shirodhara*, *Abhyanga*, *Parisheka* (pouring of medicated liquid)	Cool and soothe the skin
6 February	*Jalaukavacharana*, fifth sitting; *Snehapana* day 1	*Raktamokshana*; start oleation for *Vamana*
6-8 February	*Snehapana* with *Triphala Ghrita*: 30, 60 and 90 ml; *Abhyanga* and *Swedana* for one hour each morning	*Abhyantara Snehana* before *Vamana*
9 February	*Abhyanga*, *Swedana*, then *Vamana* (therapeutic emesis)	Remove *Kapha Dosha*

**HWI: Hot water immersion; †NPPS:* Nimba Patra Pottali Sweda *(fomentation with boluses of neem leaves)*

tinuous pouring of medicated oil on the forehead) with *Brahmi Taila* (oil medicated with *Bacopa monnieri* (Linn.) Pennell); *Nimba Patra Pottali Sweda* (fomentation with boluses of neem leaves); *Nabhi Basti* (pooling of warm oil over the navel); *Matra Basti* (small-dose oil enema); and one *Kashaya Basti* (decoction enema). These aimed to soften the *Dosha*, open the channels by sweating, bring *Vata* back to its normal downward course, relieve constipation, and correct *Samana Vata* and *Pachaka Pitta* (the sub-types of *Vata* and *Pitta* that govern digestion).

Snehapana (internal oleation with medicated ghee) with *Panchatikta Ghrita* (ghee medicated with five bitter herbs) was given in increasing doses of 30, 60, 90, 120 and 150 ml from 12 to 16 January 2026. During this period there was no nausea, weakness or body ache. Appetite, sleep, urine and stool remained normal, and the tongue became clear by 15 January. After a *Vishrama* (rest) day with *Abhyanga*, *Swedana* (sudation) and *Shirodhara* on 17 January, *Virechana* was given on 18 January as per the hospital protocol. Thirteen *Vega* (bouts) were recorded between 8:38 AM and 2:00 PM without any complication, and *Samsarjana Krama* (graded diet regimen) was followed for five days [Table 6].

Jalaukavacharana (leech therapy) was done in five sittings, on 12, 15, 23 and 26 January and 6 February 2026, over the affected skin and the remaining plaques, following the method described in *Sushruta Samhita* (the classical text of surgery).[18] From 29 January to 5 February 2026, external therapies were continued. These included full-body *Lepa* (application of

Table 6: Record of *Virechana* (therapeutic purgation) and *Vamana* (therapeutic emesis)

Parameter	*Virechana* (18 January 2026)	*Vamana* (9 February 2026)
Preceding *Snehapana*	*Panchatikta Ghrita*, 30 to 150 ml over five days	*Triphala Ghrita*, 30 to 90 ml over three days
Purvakarma (pre-procedure)	*Abhyanga* and *Swedana*	*Abhyanga* and *Swedana* (6:30-6:55 AM)
Vital signs before	Pulse 93/min, SpO_2 99%, temperature 96°F, weight 66 kg	BP 110/70 mm Hg, pulse 86/min, SpO_2 98%; *Nadi* (pulse) *Pitta-Vata*
Drugs given	*Virechana* drug as per hospital protocol (name not recorded on the chart)	*Dugdhapana*: five glasses of milk (7:25 AM); *Vamaka Dravya* (*Madanaphala*, *Vacha*, *Pippali*) (7:35 AM); *Yashtimadhu Phanta*: nine glasses (7:40 AM); *Lavanodaka*: about 16 glasses (7:57 AM)
First and last bout	8:38 AM and 2:00 PM	During milk intake; procedure ended at 8:40 AM
Total *Vega* (bouts)	13	About 12 (three during milk intake, six after *Yashtimadhu Phanta*, three after *Lavanodaka*)
Vaigiki Shuddhi (grade by bouts)	*Avara* (minimum)	*Pravara* (best)
Nature of output	Yellow at first, then bright yellow and dark brown, then light yellow liquid; last one whitish and watery	Not recorded
Vital signs during and after	BP 110/80 mm Hg, pulse 80-90/min, SpO_2 97-98%, weight 65.5 kg	BP 120/80, 140/90 and 120/80 mm Hg; pulse 117, 128 and 110/min; SpO_2 96-98%
Complications	None; no gastric upset	None; heart rate rose during bouts and settled by the end
Paschat Karma (post-procedure care)	*Samsarjana Krama* for five days	*Dhumapana* (medicated smoke inhalation) at 8:35 AM

BP: Blood pressure; SpO_2: Peripheral oxygen saturation

medicated herbal paste), *Avagaha Sweda* (sudation by sitting in a tub of warm decoction), *Nimba Patra Pottali Sweda*, *Matra Basti*, *Nabhi Basti* and *Parisheka* (pouring of medicated liquid over the skin).

Snehapana with *Triphala Ghrita* (ghee medicated with three fruits) was then given in doses of 30, 60 and 90 ml from 6 to 8 February 2026, with *Abhyanga* and *Swedana* each morning. *Vamana* was done on 9 February 2026 after *Abhyanga* and *Swedana*. The patient drank five glasses of milk (*Dugdhapana*), followed by a *Vamaka Dravya* (emetic drug) made of *Madanaphala* (*Randia dumetorum* (Retz.) Poir.), *Vacha* (*Acorus calamus* Linn.) and *Pippali* (*Piper longum* Linn.), nine glasses of *Yashtimadhu Phanta* (hot infusion of licorice) and about 16 glasses of *Lavanodaka* (salt water). About 12 *Vega* were recorded, and the procedure ended with *Dhumapana* (medicated smoke inhalation) at 8:40 AM. Heart rate rose to 128 per minute during the bouts and settled to 110 per minute by the end, BP ranged from 110/70 to 140/90 mm Hg, and no complication occurred [Table 6].

Oral and local medicines were given in three phases: from the first OPD visit, during the day-care stay, and for 30 days after the follow-up visit. Their composition, with full botanical names, dose and duration are given in Table 7. The properties and role of the main herbs, based on *Bhavaprakasha Nighantu* (classical text on medicinal plants) and *Bhaishajya Ratnavali* (classical text on formulations), are given in Table 8.[19,20] The physician advised green vegetable juice, fiber-rich millets and fresh fruits, and asked the patient to avoid all milk products and high-salt food. During *Snehapana*, he took warm water and light, warm, freshly cooked food only after the ghee was digested. The full *Pathya* (advised diet and lifestyle) and *Apathya* (diet and lifestyle to avoid) are given in Table 9.

FOLLOW-UP AND OUTCOMES

All the changes are reported as they were written in the daily case notes [Table 10]. Itching reduced by 10 January 2026. A short flare of itching over the whole body occurred on 18 January after *Snehapana* and *Virechana*, but itching was absent on the patches by 23 January and fully absent from 31 January. Scaling and thick plaques were still present on 17 January. The body patches healed by 2 February, and the back patches improved by 6 February. Scalp dryness reduced from 4 February, the tongue was clean from 4 February, and the bowel remained clear after admission.

At the follow-up visit on 13 February 2026, the physician recorded that the patches had cleared, with no itching and no new complaint. Light and dark marks (post-

Table 7: Oral and local medicines

Medicine	Main ingredients	Dose and time	Period
Phase 1: From the first OPD visit (29 December 2025)			
Rakta Prasadana (blood-purifying) syrup	*Khadira* bark (*Senegalia catechu* (L.f.) P.J.H.Hurter & Mabb.), *Bakuchi* (*Psoralea corylifolia* Linn.), *Devadaru* (*Cedrus deodara* (Roxb. ex D.Don) G.Don), *Daruharidra* (*Berberis aristata* DC.)	20 ml twice a day after meals	From 29 December 2025
Yakrit (liver) Tonic syrup	*Rakta Punarnava* (*Boerhavia diffusa* Linn.), *Shveta Punarnava* (*Boerhavia verticillata* Poir.), *Bala* (*Sida cordifolia* Linn.), *Atibala* (*Abutilon indicum* (Linn.) Sweet), *Guduchi* (*Tinospora cordifolia* (Willd.) Miers ex Hook.f. & Thomson), *Patha* (*Cissampelos pareira* Linn.), *Vasa* (*Adhatoda vasica* Nees), *Chitraka* (*Plumbago zeylanica* Linn.), *Musta* (*Cyperus rotundus* Linn.), *Yavani* (*Trachyspermum ammi* (Linn.) Sprague), *Shunthi* (*Zingiber officinale* Roscoe), *Maricha* (*Piper nigrum* Linn.), *Lavanga* (*Syzygium aromaticum* (Linn.) Merr. & L.M.Perry), *Methika* (*Trigonella foenum-graecum* Linn.), *Shveta Jiraka* (*Cuminum cyminum* Linn.)	20 ml twice a day after meals	From 29 December 2025
Dr. Liver tablet	*Bhumyamalaki* (*Phyllanthus niruri* Linn.), *Punarnava* (*Boerhavia diffusa* Linn.), *Bhringaraja* (*Eclipta alba* (Linn.) Hassk.), *Guduchi* (*Tinospora cordifolia* (Willd.) Miers ex Hook.f. & Thomson), *Haritaki* (*Terminalia chebula* Retz.), *Kiratatikta* (*Swertia chirata* Buch.-Ham. ex Wall.)	One tablet twice a day after meals	From 29 December 2025
PLS Shot	*Amalaki* (*Emblica officinalis* Gaertn.), *Aragvadha* (*Cassia fistula* Linn.), *Bibhitaki* (*Terminalia bellirica* (Gaertn.) Roxb.), *Swarnapatri* (*Cassia angustifolia* Vahl), *Haritaki* (*Terminalia chebula* Retz.), *Yavani* (*Trachyspermum ammi* (Linn.) Sprague)	Once every seventh day at bedtime	Not recorded
PLS granule	*Haritaki* (*Terminalia chebula* Retz.), *Bibhitaki* (*Terminalia bellirica* (Gaertn.) Roxb.), *Amalaki* (*Emblica officinalis* Gaertn.), *Guduchi* (*Tinospora cordifolia* (Willd.) Miers ex Hook.f. & Thomson), *Swarnapatri* (*Cassia angustifolia* Vahl), *Aragvadha* (*Cassia fistula* Linn.), *Yavani* (*Trachyspermum ammi* (Linn.) Sprague), *Mishreya* (*Foeniculum vulgare* Mill.), *Bilva* (*Aegle marmelos* (Linn.) Correa), *Shunthi* (*Zingiber officinale* Roscoe)	Half teaspoon at night (days 1-6)	From 29 December 2025
Phase 2: Added during the day-care stay			
Chitrakadi Vati (classical digestive tablet)	*Chitraka* (*Plumbago zeylanica* Linn.), *Pippali* fruit and *Pippalimoola* root (*Piper longum* Linn.), *Chavya* (*Piper chaba* Hunter), *Shunthi* (*Zingiber officinale* Roscoe), *Maricha* (*Piper nigrum* Linn.), *Hingu* (*Ferula asafoetida* Linn.), *Ajamoda* (*Trachyspermum roxburghianum* (DC.) H.Wolff), *Panchalavana* (five salts), processed in *Dadima* (*Punica granatum* Linn.) juice	Two tablets twice a day	From 29 January 2026
Amlapitta Nashaka (anti-hyperacidity) tablet	*Yashtimadhu* (*Glycyrrhiza glabra* Linn.), *Pudina* (*Mentha piperita* Linn.), *Hingu* (*Ferula asafoetida* Linn.), *Chitraka* (*Plumbago zeylanica* Linn.), *Jiraka* (*Cuminum cyminum* Linn.), *Vidanga* (*Embelia ribes* Burm.f.), *Yavani* (*Trachyspermum ammi* (Linn.) Sprague), *Maricha* (*Piper nigrum* Linn.), *Pippali* (*Piper longum* Linn.), *Shunthi* (*Zingiber officinale* Roscoe), *Amalaki* (*Emblica officinalis* Gaertn.), *Bibhitaki* (*Terminalia bellirica* (Gaertn.) Roxb.), *Haritaki* (*Terminalia chebula* Retz.), *Shankha Bhasma* (conch shell calx), *Lavanga* (*Syzygium aromaticum* (Linn.) Merr. & L.M.Perry)	One tablet twice a day before meals	From 31 January 2026
Phase 3: At follow-up (13 February 2026), for 30 days			
Dr. Liver tablet	As above	One tablet twice a day after meals	30 days
Arogya Vati (polyherbal tablet)	*Amalaki* (*Emblica officinalis* Gaertn.), *Bibhitaki* (*Terminalia bellirica* (Gaertn.) Roxb.), *Haritaki* (*Terminalia chebula* Retz.), *Chitraka* (*Plumbago zeylanica* Linn.), *Katuki* (*Picrorhiza kurroa* Royle ex Benth.), *Nimba Patra* (leaves of *Azadirachta indica* A.Juss.), *Shuddha Shilajit* (purified asphaltum), *Vatsanabha* (*Aconitum ferox* Wall. ex Ser.)	One tablet twice a day after meals	30 days
Rakta Prasadana syrup	As above	20 ml twice a day after meals	30 days
Charmahara Yoga (skin-healing powder)	*Haridrakhanda* (classical turmeric preparation), *Shuddha Raal* (purified resin of *Shorea robusta* Gaertn.f.), *Jaharmohra Pishti* (purified serpentine, magnesium silicate), *Kamadugha Rasa* (classical calcium-based preparation), *Mukta Shukti Pishti* (pearl oyster shell powder), *Vamshalochana* (bamboo manna of *Bambusa arundinacea* (Retz.) Willd.)	Half teaspoon twice a day after meals	30 days
Psoro oil (local)	Herbs in *Narikela Taila* (coconut oil) and *Sarshapa Taila* (mustard oil): *Haridra* (*Curcuma longa* Linn.), *Sariva* (*Hemidesmus indicus* (Linn.) R.Br.), *Nimba* (*Azadirachta indica* A.Juss.), *Yashtimadhu* (*Glycyrrhiza glabra* Linn.), *Kumari* (*Aloe vera* (Linn.) Burm.f.), *Vamshalochana* (*Bambusa arundinacea* (Retz.) Willd.)	Apply on patches	30 days
PLS Kit	As above (PLS granule)	One dose at night	30 days

OPD: Outpatient department

Table 9: *Pathya* (advised) and *Apathya* (to avoid) diet and lifestyle

Type	Advice
Pathya advised by the physician (29 December 2025)	Green vegetable juice; fiber-rich millets; fresh fruits
Apathya advised by the physician (29 December 2025)	All milk products; high-salt food
During *Snehapana*	Warm water to drink; light, warm, freshly cooked food only after the ghee is digested
After *Virechana*	*Samsarjana Krama* for five days: thin rice gruel (*Peya*) first, then thicker gruel (*Vilepi*), then soup (*Yusha*), then normal light food, step by step
General food advice	Avoid *Viruddha Ahara* (incompatible food, such as milk with fish), refined wheat products, packaged food and excess tea and coffee; use millets such as foxtail, barnyard, browntop, little and kodo millet; cook in steel vessels with mustard oil; low-salt food; no food after 7 PM; one day of light fasting each week
Lifestyle	Avoid a sedentary lifestyle; slow walk for 10 minutes after meals; 30-minute barefoot walk; *Vajrasana* (kneeling posture) after meals
Mind and sleep	Daily meditation; avoid stress; six to eight hours of sleep at night; avoid day sleep

inflammatory changes) remained where the plaques had been [Figure 2]. The exact dates of the after-treatment photographs were not recorded. *Shamana* medicines were continued for 30 days.

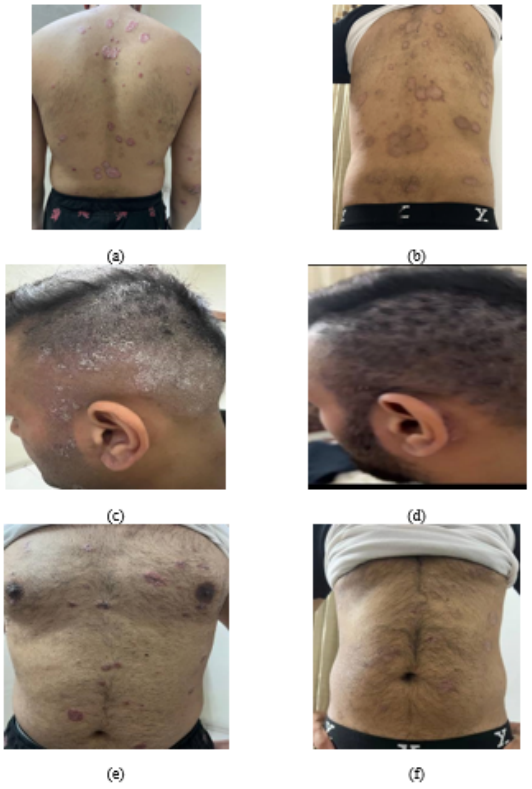


Figure 2: Before and after treatment: (a) back before; (b) back after; (c) scalp before; (d) scalp after; (e) abdomen before; (f) abdomen after. Faded post-inflammatory marks remain at the sites of the plaques

Throughout the stay, BP stayed between 110/70 and 130/90 mm Hg, pulse between 76 and 103 per minute, temperature between 96.0°F and 98.9°F, and SpO_2 between 96% and 100%. The daily pain score was zero to one out of ten, and weight ranged from 63.6 to 66.0 kg. Two adverse events were noted. A short flare of itching came after *Snehapana* and *Virechana* (18 January), and a red rash with mild oozing from the neck patches came after the full-body *Lepa* (31 January to 2 February). Both settled within a few days with *Amlapitta Nashaka* (anti-hyperacidity) tablets and continued therapy. No serious adverse event occurred.

DISCUSSION

A 25-year-old man with relapsed chronic plaque psoriasis received about 45 days of integrated *Ayurvedic* (based on Indian traditional medicine) care. It combined *Panchakarma* (five bio-purification procedures), namely *Virechana* (therapeutic purgation), *Vamana* (therapeutic emesis) and five sittings of *Jalaukavacharana* (leech therapy) with many external therapies, along with liver- and blood-focused oral medicines and a strict diet. At the end, itching had stopped, scaling and thick plaques had cleared, scalp dryness had eased and the tongue was clean. Only flat, faded marks remained, and there were no serious side effects.

Table 8: Properties and role of the main herbs

Herb	Key properties	Role in this case
Rakta and *Shveta Punarnava*	*Tikta*, *Kashaya*, *Madhura Rasa*; *Ushna Virya*	Reduce inflammation; clear *Ama* through the urine
Bala and *Atibala*	*Madhura Rasa*; *Sheeta Virya*	Pacify *Vata*; counter dryness and scaling; *Balya* (strengthening) to the skin
Patha	*Tikta*, *Katu Rasa*; *Ushna Virya*	*Kushthaghna* (anti-skin disease); relieves stubborn itching
Vasa	*Tikta*, *Kashaya Rasa*; *Sheeta Virya*	Cools *Rakta*; reduces redness and burning
Musta	*Tikta*, *Katu*, *Kashaya Rasa*; *Sheeta Virya*	Dries excess moisture; reduces oozing, itching and scaling
Shunthi	*Katu Rasa*; *Ushna Virya*	Digests *Ama*; improves circulation
Khadira	*Tikta*, *Kashaya Rasa*; *Sheeta Virya*	Best herb for *Kushtha*; dries *Kleda* (excess moisture); purifies *Rakta*
Bakuchi	*Katu*, *Tikta Rasa*; *Ushna Virya*	*Kushthaghna*; acts on *Kapha-Vata* in the skin
Daruharidra	*Tikta*, *Kashaya Rasa*; *Ushna Virya*	Reduces itching; supports liver and blood
Devadaru	*Tikta Rasa*; *Ushna Virya*; *Snigdha* (unctuous)	Relieves *Vata-Kapha* without drying the skin
Bhumyamalaki and *Bhringaraja*	*Tikta Rasa*; liver tonic	Support *Yakrit* (liver), the root of blood-carrying channels
Guduchi	*Tikta*, *Kashaya Rasa*; *Rasayana* (rejuvenative)	Balances all three *Dosha*; immune balance
Katuki and *Kiratatikta*	Very bitter; *Bhedana* (purgative)	Clear *Pitta* and *Ama*; reduce itching
Chitraka	*Katu Rasa*; *Ushna Virya*	Strong *Deepana* and *Pachana*; corrects *Agni*
Haridra (in *Haridrakhanda*)	*Tikta*, *Katu Rasa*; *Ushna Virya*	Reduces itching and inflammation
Kamadugha Rasa and *Mukta Shukti*	*Sheeta* (cooling); calcium-based	Calm *Pitta*, burning and redness
Sariva, *Yashtimadhu* and *Kumari* (in oil)	*Madhura Rasa*; *Sheeta Virya*; *Snigdha*	Soothe and moisten dry, scaly skin
Triphala, *Swarnapatri* and *Aragvadha*	*Anulomana* (aid downward movement); *Rechana* (laxative)	Keep the bowel clear; prevent *Ama* build-up

Rasa*: Taste;* Virya*: Potency;* Tikta*: Bitter;* Katu*: Pungent;* Kashaya*: Astringent;* Madhura*: Sweet;* Ushna*: Hot;* Sheeta*: Cold. Properties are based on* Bhavaprakasha Nighantu *and* Bhaishajya Ratnavali

The response came in steps. Itching and redness fell first, within four days of external therapy and gut cleansing. The flare of itching on 18 January is a known event during *Shodhana* (bio-purification). Ghee and heat bring the *Dosha* (body humors) out of the tissues into the circulation before they are expelled, a process called *Utklesha* (provocation of *Dosha*). After *Virechana* and repeated leech therapy, the plaques flattened and the scales cleared. The scalp, where plaques were thickest, improved last. The red rash and oozing after *Lepa* (medicated paste) suggest skin irritation from the paste, which settled on its own. This shows that topical pastes should first be tried on a small area in sensitive skin. A weight loss of about 1.5 kg is expected with *Shodhana* and a light diet.

Ekakushtha (psoriasis-like skin disease) is a *Kushtha* (skin disease) dominated by *Vata* (bio-energy of movement) and *Kapha* (bio-energy of structure), but signs of *Pitta* (bio-energy of metabolism) and *Rakta* (blood), such as redness and a reddish tongue, were also clear in this patient. In line with *Charaka*,[16] *Snehapana* (internal oleation) addressed *Vata*, *Virechana* and *Jalaukavacharana* addressed *Pitta* and *Rakta*, and *Vamana* addressed *Kapha*. *Charaka* states that *Dosha* removed by *Shodhana* do not return easily, unlike those controlled only by fasting and digestive measures.[21] *Vagbhata* advises that the body be prepared with digestive, appetizing, oleation and sudation measures before *Shodhana* is done at the proper time.[22] *Kushtha* therefore needs repeated cleansing,[17] which is important here because the patient had relapsed once after earlier treatment.

Charaka grades the purification by the number of bouts, termed *Vaigiki Shuddhi* (purification assessed by bouts). Four, six and eight bouts in *Vamana*, and ten, 20 and 30 bouts in *Virechana*, indicate *Avara* (minimum), *Madhyama* (moderate) and *Pravara* (best) purification, respectively.[23] In this patient, *Vamana* produced about 12 bouts, which is *Pravara*, whereas *Virechana* produced 13 bouts, which is *Avara*. Even so, the clinical response after *Virechana* was clear. As *Vamana* was done near the end of the stay, its effect would show mainly in the follow-up period.

The white-coated tongue and constipation at the start showed *Ama* (undigested metabolic waste). *Deepana-Pachana* (appetizing and digestive measures)

Table 10: Change in signs and symptoms

Feature	Baseline (29 December-7 January)	Middle phase (10-26 January)	Late phase (29 January-6 February)	Follow-up (13 February)
Itching	Present, on and off	Reduced by 10 January; flare over whole body on 18 January (more on back and abdomen); absent on patches by 23 January	Absent on 29 January; brief itching after therapy on 30 January; absent from 31 January	Absent
Scaling and plaques	Thick silvery plaques on scalp, back, chest, abdomen and arms	Still present on 17 January; reddish-white patches on head, back, abdomen and legs on 23 January	Head patches improved and body patches healed (2 February); back patches improved (6 February)	Patches cleared
Redness	Present	Reduced on 10 January	Red rash after *Lepa* (31 January-2 February); red patches on hands (4 February); reduced by 6 February	Not reported
Scalp dryness	Marked	Present	Relief from 4 February; reduced on 5-6 February	Not reported
Neck	Not reported	Not reported	Oozing and mild watery discharge with pain and stiffness (31 January-2 February); relief by 5 February	No complaint
Tongue	White-coated	Not coated from 8 January; clear by 15 January; reddish on 18 January	Mildly coated (2 February); clear from 4 February	Clean
Bowel	Constipated	Regular	Regular	Regular
Weight	65.35 kg	64.5-66.0 kg	63.6-65.45 kg	Not recorded

with external *Sweda* (sudation), *Basti* (medicated enema), PLS Kit and liver herbs cleared the tongue within a week and made the body fit for *Snehapana*. *Chitrakadi Vati* (classical digestive tablet) was later added to keep *Agni* (digestive fire) strong after *Shodhana*. *Yakrit* (liver) is the root of *Raktavaha Srotas* (blood-carrying channels). Most oral medicines (Dr. Liver tablet, *Arogya Vati*, *Rakta Prasadana* syrup and *Yakrit* Tonic syrup) act on *Yakrit* and *Rakta*, which fits the view that *Kushtha* is a disease of *Rakta Dushti* (vitiation of blood). *Khadira* (*Senegalia catechu* (L.f.) P.J.H.Hurter & Mabb.), the main herb of *Rakta Prasadana* syrup, is named by *Charaka* as the best drug for *Kushtha*.[24]

Nimba Patra Pottali Sweda (fomentation with neem leaf boluses), *Avagaha Sweda* (tub sudation), *Abhyanga* (oil massage) and *Parisheka* (pouring of medicated liquid) softened the hard scales and opened the sweat channels. This acts directly against *Asvedana* (absence of sweating). *Shirodhara* (pouring of oil on the forehead) and *Matra Basti* (small-dose oil enema) calmed *Vata* and the mind, which helps because stress is a known trigger.

Published evidence suggests some possible mechanisms. Curcumin, the active part of *Haridra* (*Curcuma longa* Linn.), lowered serum IL-22 and improved psoriasis when added to standard care in a controlled trial.[25] Neem compounds show anti-inflammatory and antioxidant actions,[26] and *Guduchi* (*Tinospora cordifolia* (Willd.) Miers ex Hook.f. & Thomson) has immune-modulating effects.[27] *Bakuchi* (*Psoralea corylifolia* Linn.) contains psoralens, the same compounds used with ultraviolet light in psoralen plus ultraviolet A (PUVA) therapy to slow keratinocyte growth.[28] *Aloe vera* cream cleared plaques better than placebo in a double-blind trial.[29] Leech saliva contains hirudin and other substances that reduce clotting and inflammation and improve local blood flow,[30] which may explain the softening of plaques after *Jalaukavacharana*.

Gut bacteria influence skin inflammation, and gut imbalance is reported in psoriasis.[8] Purgation, high-fiber food and *Anulomana* (herbs that aid downward movement in the gut) may improve gut health, in line with the *Ayurvedic* concept of *Agni* and *Ama*. Fatty liver is more common and more severe in people with psoriasis, [4] so liver-protecting herbs may lower the overall inflammatory load, though this needs direct study. High salt pushes T cells toward the Th17 type, [6] and expert groups advise weight control and a healthy diet in psoriasis, [7] which supports the low-salt advice given here. *Shirodhara* lowered anxiety and changed stress-related markers in a clinical study, [31] and less stress may lower the chance of flares. These mechanisms come from studies on single herbs or sin-

gle procedures and have not been proven for this exact combination.

This report has several limitations. It is a single case, so the result cannot be generalized. No standard score such as PASI, [32] body surface area or Dermatology Life Quality Index was recorded before or after treatment. No blood tests, skin biopsy, KOH mount or imaging were done. A complete blood count, inflammatory markers, liver and kidney function tests, lipid profile and fasting blood sugar would have helped to check safety during *Shodhana* and mineral-based medicines and to screen for the metabolic problems linked with psoriasis, [3] and an abdominal ultrasound could have looked for fatty liver.[4] The dates of the clinical photographs were not recorded, and fewer after-treatment views are available than baseline views. Many treatments were given together, so it is not possible to say which one helped most. Follow-up was short, only four days after *Vamana*, so the risk of long-term relapse is not known. The *Virechana* drug was not written on the chart, and *Samyak Snigdha Lakshana* (signs of proper oleation) and *Antiki Shuddhi* (end-point of purification) were not documented.

Even so, this case suggests that a planned order of *Deepana-Pachana*, *Snehapana*, *Virechana*, *Raktamokshana* (bloodletting) and *Vamana*, along with *Shamana* (palliative) medicines and diet, may be a useful option in relapsed plaque psoriasis. Patients should be told in advance that short flares of itching may occur during *Shodhana*, so that they do not lose hope, and topical pastes should first be tested on a small patch of skin. Future cases should record PASI, photographs on fixed dates, basic blood tests and at least 6 to 12 months of follow-up. Repeated *Shodhana* at set intervals with diet control, as advised by *Charaka* for *Kushtha*, may help to prevent relapse. In conclusion, the integrated plan gave clear short-term relief in this patient, without serious side effects, and supports the classical view that *Kushtha* needs both cleansing and calming treatment. Well-designed studies with standard scores and long follow-up are needed to confirm these findings.

PATIENT PERSPECTIVE

The patient rated every therapy session as excellent on the daily feedback form. He reported relief from itching and scalp dryness.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained the appropriate patient consent form. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published and that due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Nil.

CONFLICTS OF INTEREST

There are no conflicts of interest.

DECLARATION OF USE OF GENERATIVE AI

The authors used an AI-assisted tool (Claude, Anthropic) only for language editing and for restructuring the manuscript as per the CARE guidelines and the journal format. No AI tool was used to generate clinical data, to collect or analyze data, or to create images or graphical elements. The authors reviewed and edited all content and take full responsibility for the manuscript.

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