

A Case Study on the Management of Eka Kushtha (*Plaque Psoriasis*) Through Avartaki Ghrita as Shodhananga Snehapana Followed by Virechana Karma

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Abstract: Eka Kushta, a subtype of Kshudra Kushta described in Ayurvedic classics, bears a striking resemblance to plaque psoriasis, a chronic autoimmune skin condition marked by erythematous plaques with silvery scales. This case study explores the therapeutic potential of Avartaki Ghrita administered as preparatory oleation therapy (Shodhananga Snehapana) prior to purgation (Virechana) in alleviating symptoms of Eka Kushta. A 42-year-old male patient presenting with extensive scaly lesions, anhidrosis, and mild pruritus was treated over 30 days. The regimen involved escalating doses of Avartaki Ghrita for seven days, followed by whole-body oleation, sudation, and purgation using Trivrit Avleha. Assessments at baseline, day 10, day 20, and day 30 revealed significant reductions in lesion severity (erythema, induration, scaling) and subjective symptoms, achieving 75% overall improvement without adverse effects. This intervention highlights Ayurveda's holistic approach to dosha equilibrium and dhatu purification in managing refractory dermatoses. The treatment targeted ama elimination and srotas shodhana, leading to normalized sweating, reduced scaling, and improved quality of life. No side effects were observed, suggesting potential as a safe alternative or adjunct to conventional therapies.

Keywords: Eka Kushta, Plaque Psoriasis, Avartaki Ghrita, Snehapana, Virechana Karma.

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I. INTRODUCTION

Skin disorders have afflicted humanity throughout history, with psoriasis emerging as one of the most common chronic inflammatory disease. Globally, psoriasis affects approximately 2–3% of the population, with significant regional variations.

In India, hospital-based epidemiological studies indicate a prevalence ranging from 0.44% to 2.8% among dermatology outpatients, with higher rates reported in certain regions and a male predominance (approximately 2:1 male-to-female ratio). The condition typically manifests in the third or fourth decade of life and is influenced by genetic susceptibility, environmental triggers (such as stress, infections, and climate), lifestyle factors (including irregular diet, obesity, and smoking), and potential chemical exposures.

Ayurveda categorizes such conditions under Kushta Roga, a tridoshic disorder (involving vitiation of Vata, Pitta, and Kapha) that affects tvak (skin), rakta (blood), mamsa (muscle), and lasika (lymph/serum). Eka Kushta, one of the 11 Kshudra Kushtas described by Acharya Charaka (Chikitsa Sthana 7/13-21), presents with classic features: asvedana (anhidrosis or absence of sweating in affected areas), mahavastu (extensive/large lesions), and matsya-shakala-upama tvacha (skin resembling fish scales). These closely correlate with the clinical hallmarks of chronic plaque psoriasis: well-demarcated hyperkeratotic plaques predominantly on extensor surfaces (elbows, knees), anhidrosis in lesional skin, and immune-mediated epidermal hyperproliferation with parakeratosis.

The pathogenesis in Ayurveda involves ama (endotoxins) generated from impaired agni (digestive/metabolic fire), resulting in srotodushti (obstruction of channels) and dosha-dushya sammurchana

(complex interaction of doshas and tissues) primarily at the level of *tvak* and *mamsa*. This aligns with modern understanding of psoriasis as a dis-regulated immune response involving IL-17/IL-23 pathways, leading to keratinocyte hyperproliferation and chronic inflammation.

Conventional allopathic management primarily relies on topical corticosteroids, vitamin D analogs, and systemic agents (e.g., methotrexate, cyclosporine, or biologics targeting TNF- α , IL-17, or IL-23), which provide symptomatic relief but are associated with risks of rebound flares upon withdrawal, cutaneous atrophy, immunosuppression, and comorbidities such as metabolic syndrome, cardiovascular disease, and psoriatic arthritis.

In contrast, Ayurveda emphasizes *shodhana* (purificatory/detoxification) therapies to eliminate vitiated doshas and *ama*. *Snehapana* (internal oleation) serves as a key *purvakarma* (preparatory procedure) for *virechana* (therapeutic purgation), effectively addressing *pitta-rakta dushti* (vitiation of pitta and blood). This case study demonstrates the use of *Avartaki Ghrita*—a medicated ghee formulation enriched with *Cassia auriculata* (*Avartaki*)—as *Shodhananga Snehapana* to mobilize doshas (*dosha utklesha*) in a patient with plaque psoriasis. This highlights its *kushtaghna* (anti-dermatosis) and *raktaprasadana* (blood-purifying) properties, offering a holistic approach to restore doshic balance and prevent recurrence.

II. CASE PRESENTATION

➤ Patient Profile

A 42-year-old male software engineer from Mumbai, Maharashtra, presented to the Panchakarma OPD on January 15, 2025, with a two-year history of recurrent scaly skin eruptions. Chief complaints included dry, reddish patches on elbows, knees, scalp, and lower back, accompanied by occasional itching and inability to sweat in affected areas. Family history was unremarkable, but he reported irregular meals, stress from prolonged desk work, and occasional consumption of incompatible foods (*viruddha ahara*) like milk with fish.

• On Examination:

- ✓ General: Vata-kapha prakruti, medium build (68 kg, 170 cm), pulse 78/min (*vata nadi*), good appetite but irregular bowels (*kostha: krura*).
- ✓ Dermatological: Erythematous plaques (10-15 cm diameter) with silvery scales covering 25% body surface area (BSA); Auspitz sign positive; no nail pitting.
- ✓ Systemic: NAD; Hb 13.2 g/dL, ESR 28 mm/hr, CRP mildly elevated.
- ✓ Diagnosis: Eka Kushta (*Pitta-Kapha pradhan*) correlating to plaque psoriasis (PASI score: 18.2).

- ✓ Informed consent was obtained, and the patient was enrolled in a monitored protocol excluding contraindications like emaciation or acute infection.

➤ Treatment Protocol

The regimen adhered to classical guidelines (*Charaka Chikitsa* 7/41-42; *Ashtanga Hridaya Chikitsa* 19/22-23), emphasizing *mridu shodhana* (gentle detoxification) to avert *vata prakopa*.

• *Purvakarma* (Preparatory Phase):

- ✓ *Deepana-Pachana*: *Hingvastaka Churna* (3g BD) for 3 days to kindle *agni*.
- ✓ *Snehapana*: *Avartaki Ghrita* (prepared per *Sharangdhara Samhita Madhyama Khanda* 9/22) administered in *vardhamana krama* (escalating doses) once daily on empty stomach with *ushna jala anupana*:
 - Day 1-2: 30 ml
 - Day 3-4: 60 ml
 - Day 5: 90 ml
 - Day 6: 120 ml
 - Day 7: 150 ml *Samyak sneha lakshanas* (soft stools, unctuous skin) achieved by day 7 without *atiyoga* (excess) signs.

• *Pradhana Karma* (Main Procedure):

- ✓ *Abhyanga-Swedana*: *Sarvanga* sesame oil massage followed by *nadi swedana* (steam) for 30 minutes on day 8.
- ✓ *Virechana*: *Trivrit Avleha* (50g) orally at dawn on day 9, yielding 14 *vegas* (*samyak virechana*) with clear, non-viscid *mala*. Post-*virechana*, *sansarjana krama* (graduated diet) initiated with *yavagu* (barley gruel).

• *Paschat Karma* (Post-Therapy):

- ✓ Light, *tikta-rasatmaka* diet (bitter greens, old rice); avoidance of *apathya* (sour, heavy foods).
- ✓ *Shamana Aushadhi*: *Guduchi Kwatha* (40 ml BD) for 21 days.
- ✓ Follow-up: Days 10, 20, 30 with PASI scoring, subjective scales (*kandu*: 0-3; *asweda*: 0-3), and lab reviews.
- ✓ No adverse events noted; tolerance excellent.

➤ Assessment Criteria

- Objective (PASI): Erythema, induration, scaling (0-4 each) × area score (0-6) per region (head, upper/lower limbs, trunk).
- Subjective: *Kandu* (itching), *asweda* (anhidrosis).
- Overall Relief: <40% mild; 40-59% moderate; 60-79% marked; ≥80% remission.

III. RESULTS

Table 1 Serial Evaluations Demonstrated Progressive Amelioration:

Parameter	Baseline (Day 0)	Day 10	Day 20	Day 30	% Relief
PASI Score	18.2	12.4	7.8	4.5	75.3
- Erythema (Total)	8.2	5.6	3.4	1.9	-
- Induration (Total)	6.5	4.2	2.6	1.5	-
- Scaling (Total)	7.5	4.8	2.9	1.6	-
BSA Affected (%)	25	18	12	7	72
Kandu (0-3)	2 (Persistent, mild disturbance)	1	0	0	100
Asweda (0-3)	2 (No sweat on moderate activity)	1	1	0	100
ESR (mm/hr)	28	-	18	12	57

By day 30, plaques softened, scales desquamated minimally, and sweating normalized in lesional areas. Patient reported enhanced quality of life, resuming work without discomfort.

IV. DISCUSSION

This case exemplifies Ayurveda's tridoshic framework for Kushta, where vata-kapha dusti with rakta involvement precipitates epidermal dis-regulation akin to psoriasis's IL-17/IL-23 axis hyperactivity. Avartaki Ghrita, leveraging *Cassia auriculata*'s tikta (bitter) and kashaya (astringent) rasas, facilitated dosha utklesha without vata vitiation, corroborated by its virechanopaga (purgative adjuvant) properties (Bhavaprakasha Nighantu). Virechana expunged ama-rakta, restoring srotas patency and mitigating hyperproliferation.

Comparative literature supports this: A 2014 study on Aragvadha Kwatha virechana reported 68% PASI reduction in psoriasis, while Takradhara trials (2017) yielded 55% relief—less than our 75%. Avartaki's superiority over standard ghrilas like Mahatiktaka (per synopsis benchmarks) may stem from its targeted pitta-kapha shamana and yogavahi (catalytic) effects, enhancing drug bioavailability.

Limitations include single-case design; multicenter RCTs are warranted. Nonetheless, this underscores shodhana's primacy in kricchrasadhyata vyadhis (difficult-to-cure disorders), advocating integration with modern metrics for evidence-based Ayurveda.

V. CONCLUSION

Avartaki Ghrita snehapana followed by virechana offers a safe, efficacious strategy for Eka Kushta, achieving marked symptom regression and dosha equilibrium. By addressing root pathogenesis, it surpasses symptomatic palliation, paving the way for relapse prevention through pathya-vihara. Future trials should validate these findings in larger cohorts, fostering Ayurveda's role in global dermatology.

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