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Original Research Paper

Ayurveda

ROLE OF VIRECHANA KARMA IN THE MANAGEMENT OF EKA KUSHTHA (SCALP PSORIASIS): A SINGLE CASE STUDY

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ABSTRACT Ekakustha, a subtype of Kshudra Kustha described in Ayurveda, shares close clinical resemblance with psoriasis and is characterized by dry, scaly plaques, erythema, and chronic relapsing nature. This case study aimed to evaluate the efficacy of an Ayurvedic treatment protocol in the management of Ekakustha (scalp psoriasis). A 21-year-old male patient presented with scalp psoriasis and was treated with a two-phase Ayurvedic regimen. Initially, Virechana Karma was administered as Shodhana Chikitsa, followed by Shamana Chikitsa consisting of internal medications including Arogyavardhini Rasa and Gandhaka Rasayana. Supportive therapies such as Shiro Abhyanga were also advised. Clinical outcomes were assessed using the Psoriasis Scalp Severity Index (PSSI) along with subjective assessment based on Ayurvedic clinical parameters. Following treatment, the PSSI score showed a significant reduction from 32 to 2, indicating marked clinical improvement. Scalp skin texture improved substantially, and no recurrence was observed during the follow-up period. The findings suggest that an Ayurvedic treatment approach combining Virechana Karma, internal medications, and supportive therapy may effectively reduce disease severity and improve quality of life in patients with Ekakustha (scalp psoriasis). Individualized Ayurvedic management demonstrated promising outcomes in this chronic dermatological condition.

KEYWORDS : Ekakustha, Psoriasis, Scalp Psoriasis, Virechana Karma, Panchakarma, PSSI

INTRODUCTION

Skin disorders constitute a significant group of chronic diseases that affect both physical health and quality of life. In Ayurveda, Kustha encompasses a broad spectrum of dermatological conditions and is classified into Mahakustha and Kshudra Kustha. Among these, Eka Kustha is described as a subtype of Kshudra Kustha and is characterized by classical features such as Aswedanam (absence of sweating), Mahavastu (extensive lesions), and Matsya Shakalopama (skin resembling fish scales), indicating predominance of Vata and Kapha Doshas.

Eka Kustha shows close clinical resemblance to psoriasis, a chronic, immune-mediated, non-infectious inflammatory skin disorder characterized by erythematous, well-demarcated plaques covered with silvery-white scales. Psoriasis commonly affects the scalp, elbows, knees, nails, and extensor surfaces and follows a relapsing–remitting course. The prevalence of psoriasis in India has been reported to range from approximately 0.44% to 2.8%, making it an important public health concern.

Although modern management provides symptomatic relief through topical agents, systemic therapy, and biologics, recurrence and long-term disease burden remain considerable. Ayurveda adopts a holistic approach for the management of Eka Kustha, focusing on correcting the underlying Dosha imbalance and improving tissue health rather than only suppressing symptoms.

The Ayurvedic management of Eka Kustha involves both Shodhana (bio-purification) and Shamana (palliative therapy). Among Shodhana procedures, Snehapana with medicated ghee is administered to prepare the body and facilitate Dosha Utkleshana, followed by Virechana Karma (therapeutic purgation), which is considered beneficial in eliminating vitiated Pitta and Rakta and restoring systemic balance. Internal medications and supportive external therapies further contribute to reducing symptoms such as scaling, itching, erythema, and plaque formation.

The present case study evaluates the effectiveness of an Ayurvedic treatment protocol comprising Virechana Karma, internal medications, and supportive therapies in the management of scalp psoriasis (Eka Kustha), with clinical assessment based on the Psoriasis Scalp Severity Index (PSSI).

Patient History

A 21-year-old male presented to the OPD of Global Ayurveda Hospital with complaints of reddish, itchy, and scaly patches over the scalp for 3 years, aggravated over the last 2 months. Symptoms included severe itching and powdery scaling. He had previously received allopathic treatment, including antihistamines and topical steroids, for 12 months without satisfactory relief. Due to worsening symptoms, he sought Ayurvedic treatment and was admitted for further management. Based on clinical findings, the condition was diagnosed as Eka Kustha (scalp psoriasis).

History of Past Illness

No any past history was found associated with present complaint.

Personal History

Diet - vegetarian, with fewer green leafy vegetables and low fibre, and who indulges in spicy and sweet foods.
Addiction –Tobacco
Sleep – Good
Bowel - constipation on and off
Micturition –Normal

Systemic Examination

- Cardiovascular System – S1, S2 sounds heard, no abnormality detected.
- Respiratory System – NVBS heard, no abnormality detected.
- Gastrointestinal System – Normal bowel sound heard, rigidity/guarding: absent, no organomegaly detected.

Integumentary System

- Multiple irregular thick, crusted sores over scalp.
- There are no other lesions were found on other side of body part.

Sign

1. Candle Grease Sign- Positive
2. Auspitz Sign- Positive
3. Koebner's phenomenon – Absent

Diagnosis and Assessment

The patient was a known case of scalp psoriasis and presented with irregular erythematous scaly plaques over the scalp associated with severe itching and powdery scaling. Clinical examination revealed positive Auspitz sign and Candle Grease sign, supporting the diagnosis of psoriasis.

Differential diagnosis was carried out among Mandala-kustha, Vicharchika, and Visphotaka. Mandala-kustha was excluded due to the absence of blackish-red circular lesions, Vicharchika due to the absence of discharge, and Visphotaka due to the absence of blister formation.

From an Ayurvedic perspective, the lesions exhibited features of Matsya Shakalopama (fish scale-like appearance), Aswedana (absence of sweating), and rough, scaly plaques indicating predominance of Vata and Kapha Dosha. Based on these classical features, the condition was diagnosed as Ekakustha with clinical correlation to scalp psoriasis.

Table 1. General Examination

Pallor – Absent	Blood Pressure – 110/70mmHg
Icterus – Absent	Temperature – 98.7 0 F
Oedema – Absent	Pulse – 80/min.
Clubbing – Absent	Respiratory rate – 18/min
Lymphadenopathy - Absent	

Table 2. Inspection

Shape of the lesions	Irregular
Colour	Reddish
Edges of the lesions	Not raised
Surface of the lesions	Thick silvery scales

Table 3. Ashtavidha Pariksha

Nadi	Pittaja
Mala	Regular
Mutra	Prakruta
Jihwa	Lipta
Shabda	Prakruta
Sparsha	Khara
Drik	Prakruta
Akriti	Madhyama

Table 4. Dashavidha Pariksha

Prakriti	Vata-pitta
Vikriti	Kaphapradhana tridosha
Sara	Madhyama
Samhanana	Madhyama
Satmya	Madhur Ras
Satva	Uttam
Vyayama Shakti	Uttam
Ahara Shakti	Abhyavaharana shakti – Uttam Jarana Shakti – Uttam
Pramana	Height – 170cm Weight – 64kg
Vaya	Madhyam

Table 5. Investigations

Hb	13.5 gms%
ESR	12 mm
RBS	98 mg/dl

Table 6. Treatment Plan:

1.	Dipana – Pachana for 3 days with Trikatu Churna
2.	Snehapana with Panchatikta Ghrita Day-1 -30ml Day-2 -60ml Day-3 -90ml Day-4 -120ml Day-5 -150ml
3.	Vishramakala for 2 days (Sarvanga Abhyanga with Brihat Dantapala Taila followed by Bashpa swedana)
4.	Virechana Karma with Trivruta Avaleha
	Samsarjana Krama for 5 days

Table 7. Showing Evaluation of Samyak Virechana Karma

Virechana Karma	
Virechana Yoga	Trivruta Avaleha – 60gms
Vaigiki	15
Maniki	-
Aantiki	Kaphanta
Laingiki	Lightness in body and mild fatigue

Table 8. Shamana Aushadha (Internal Medications)

Sr. no.	Name	Dosage	Duration
1.	Arogyavardhini Rasa	2 tab. TDS After food	2 months
2.	Gandhaka Rasayana	2 tab. TDS After food	2 months
3.	Brihat Dantapala Taila	Local	2 months

Assessment Criteria of Clinical Features

Parameters of the scalp Psoriasis – PSSI evaluated before and treatment.

PSSI Methodology

The Psoriasis Scalp Severity Index (PSSI) assesses erythema, induration, desquamation (0–4 each), and scalp area involvement (0–6). PSSI = (Erythema + Induration + Desquamation) × Area Score.

Baseline PSSI

Parameter	Score
Erythema	3
Induration	2
Desquamation	3
Area involvement (50–69%)	4

Baseline PSSI = (3 + 2 + 3) × 4 = 32

Post-treatment PSSI

Parameter	Score
Erythema	1
Induration	0
Desquamation	1
Area involvement (<10%)	1

Post-treatment PSSI = (1 + 0 + 1) × 1 = 2

Outcome

Percentage improvement = ((32 - 2) / 32) × 100 = 93.75%

DISCUSSION

Ayurveda offers a holistic and systematic approach for managing chronic skin disorders such as Ekakustha, which shows close clinical resemblance to psoriasis. Ekakustha is included under Kustha Roga and is characterized by chronicity and predominance of Vata, Kapha, and Rakta Dushti, indicating a Bahudosha Avastha. Therefore, Shodhana Chikitsa is considered an important line of management to eliminate accumulated Doshas and interrupt disease progression.

In the present case of scalp psoriasis (Ekakustha), a treatment protocol comprising Virechana Karma followed by Shamana Chikitsa was administered based on assessment of Dosha, Dushya, Srotas, and disease stage. Virechana was selected to eliminate vitiated Pitta and Kapha, helping reduce inflammation, erythema, scaling, and itching.

Following Shodhana, internal medications including Arogyavardhini Rasa and Gandhaka Rasayana were prescribed to support Raktashodhana, Agnideepana, and Rasayana effects. Supportive therapy such as Shiro Abhyanga with Brihat Dantapala Taila was used to reduce scalp dryness and itching.

The treatment demonstrated significant clinical improvement with reduction in PSSI score and improvement in scalp texture

without recurrence during follow-up. This case highlights the Ayurvedic principle of Samprapti Vighatana, where elimination of vitiated Doshas along with restorative therapy may contribute to effective management of chronic dermatological disorders such as Ekakustha.

Deepana - Pachana

Deepana and Pachana, were administered to kindle Agni and digest any existing Ama, ensuring the patient's metabolic system was ready for Snehapana. This step was crucial in preventing complications during the oleation phase and maximizing the absorption of Ghrita. Here we have chosen Trikatu churna as it is effective for both Amapachana and Kushthaghna.

Shodhanartha Snehapana

Shodhanartha Snehapana with Panchatikta Ghrita was administered as Purvakarma prior to Virechana Karma. It facilitates the mobilization of vitiated Doshas from Shakha to Kostha, enabling effective elimination through Shodhana. The Tikta Dravyas present in Panchatikta Ghrita help pacify Kapha and Pitta Dosha and support Rakta Shodhana. Ghrita, owing to its Yogavahi property, enhances deeper tissue penetration and therapeutic action. Its Snigdha Guna helps reduce excessive dryness and scaling, softens thickened plaques, and improves scalp texture. Thus, Panchatikta Ghrita Snehapana served as an effective preparatory procedure for Virechana and contributed to reducing the clinical manifestations of Eka Kustha (scalp psoriasis).

Virechana karma

Virechana is the main treatment protocol for Pitta and disorders arising from Dushita Rakta, making it highly effective in Pitta-predominant skin diseases like eczema, psoriasis, etc. Since the liver (Yakrit) is a seat of Pitta, and Rakta is closely related to Pitta, Virechana helps cleanse the liver and improve blood quality. This reduces skin inflammation, redness, burning sensations, and pigmentation. Chronic skin conditions often involve Ama, especially in the Raktavaha and Rasavaha Srotas. Virechana helps in expelling thisAma, restoring the srotas integrity. Virechana reduces Pitta and systemic inflammation, offering significant relief in burning, itching, and rashes. By removing Pitta and Rakta impurities, Virechana contributes to clearer skin, improved complexion, and reduced blemishes. It helps in balancing Bhrajaka Pitta. Virechana increases the bioavailability of oral and topical medications by cleansing internal pathways.

Abhyanga

Abhyanga with Brihat Dantapala Taila plays a vital supportive role in Ekakustha Chikitsa by reducing Kandu, Rukshata, and Srotorodha, enhancing Rakta Shuddhi, and promoting skin healing. It complements Shodhana and Rasayana therapies, making it an integral part of holistic management.

Arogyavardhini Rasa

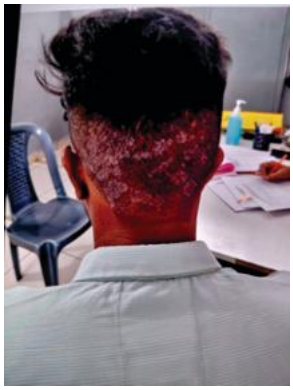
Arogyavardhini Rasa is a potent, multi-acting herbo-mineral formulation beneficial in Ekakustha due to its Raktashodhana, Agnideepana, Yakrituttejana, and Kusthaghna properties. It purifies the blood, enhances liver function, reduces inflammation, and promotes proper Dhatu metabolism, making it a cornerstone in the Shamana Chikitsa of chronic skin diseases.

Gandhak Rasayana

Gandhak Rasayana is a cornerstone Rasayana in Ekakustha Chikitsa, offering potent Kusthaghna, Raktashodhana, and Vyadhikshamatva vardhaka effects. It not only aids in deep tissue purification and skin rejuvenation but also supports long-term remission and prevents recurrence after Shodhana therapies.

CONCLUSION

This case highlights the potential role of classical Ayurvedic management in Ekakustha (scalp psoriasis). An individualized treatment approach based on Dosha Pareeksha, Rogibala, and disease stage, incorporating Shodhana, supportive local therapy, and internal medications, resulted in marked symptomatic improvement and enhanced quality of life. Significant reduction in disease severity with no recurrence during follow-up suggests that a comprehensive Ayurvedic approach may be beneficial in managing chronic inflammatory skin disorders by addressing both disease manifestations and underlying pathological factors.



Before Treatment

After Treatment

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