



"THERAPEUTIC EFFECT OF VIRECHANOTTARA GUDA BHALLATAKA RASAYANA AND VIDANGADI LEPA IN THE MANAGEMENT OF EKAKUSHTA W.S.R PLAQUE PSORIASIS": A CASE SERIES

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ABSTRACT **Background:** Kushta is described by Acharya Charaka among the Ashtomahagada and encompasses a broad spectrum of dermatological disorders. Ekakushta, a subtype of Kshudra Kushta shares considerable clinical similarity with plaque psoriasis. a chronic, relapsing and immune-mediated inflammatory skin disorder. Plaque psoriasis is the most common clinical form of psoriasis and may significantly impair quality of life due to cosmetic concerns, social stigma, and psychological distress. Its global prevalence is estimated to range from 0.2% to 4.8%, affecting more than 100 million individuals worldwide according to the World Health Organization (WHO). Changes in lifestyle, dietary patterns and environmental factors may contribute to its increasing burden. Despite advances in contemporary medicine long-term management remains challenging and systemic therapies such as methotrexate may be associated with adverse effects, including bone marrow suppression and hepatotoxicity with prolonged use. Therefore, there is a need to explore safe and sustainable therapeutic approaches. **Objective:** To evaluate the efficacy of Virechanottara Guda Bhallataka rasayana and Vidangadi lepa in managing Ekakushta (Plaque psoriasis). **Methodology:** Prospective, open-label, uncontrolled, incidental case series study. 5 subjects diagnosed with Ekakushta (Plaque psoriasis) were treated with Deepana pachana with Amrutadi kashaya, Virechana with Trivruttadi yoga, Guda Bhallataka lehya as Vyadhipratyanika Rasayana and Vidangadi lepa. **Result:** The intervention demonstrated significant improvement in all assessed subjective parameters (Aswedanam, Mahavastu, Matsyashakalopama, and Kandu) and a significant reduction in the objective parameter, the Psoriasis Area and Severity Index (PASI) score. **Conclusion:** The combination of Guda Bhallataka Lehya and Vidangadi Lepa demonstrated significant therapeutic efficacy in the management of Ekakushta (plaque psoriasis).

KEYWORDS : Ekakushta, Plaque Psoriasis, Virechana, Guda Bhallataka Rasayana, Vidangadi Lepa.

INTRODUCTION

Ekakushta is classified among the *Kshudra Kushtas* and is predominantly associated with Vata-Kapha Dosha. Its characteristic features include *Aswedanam*, *Mahavastu* and *Matsyashakalopama*¹ with clinical similarities to plaque psoriasis which typically presents as well-demarcated erythematous plaques covered with silvery-white scales.

Plaque psoriasis is a chronic, relapsing, multifactorial inflammatory skin disorder involving abnormal keratinocyte proliferation and immune dysregulation. Its pathogenesis is influenced by genetic, environmental, and immunological factors. Lesions commonly involve the scalp, elbows, knees, lumbosacral region and intergluteal cleft and glans penis². The reported global prevalence ranges from 0.2% to 4.8%³ with considerable geographic variation and the disease substantially affects patient's quality of life. Psoriatic arthritis may occur in a proportion of affected individuals and represents an important systemic complication⁴.

Despite advances in modern therapy, long-term treatment may be associated with adverse effects, particularly with certain systemic immunosuppressive agents⁵. This highlights the need for safe and sustainable therapeutic approaches.

In Ayurveda, *Kushta* is described as a *Rakta Pradoshaja Vikara*⁶ and *Virechana* followed by *Shamana Aushadhi-Lepa* containing *Kushtahara Dravyas* According to involvement of dosha-dushya is an established therapeutic approach. The present study therefore focuses on the clinical assessment of therapeutic effect of *Virechanottara Guda Bhallataka Rasayana*⁷ and *Vidangadi Lepa*⁸ on *lakshana* of *Ekakushta* and PASI SCORE in patients clinically diagnosed with plaque psoriasis.

Aim

To explore the Ayurvedic interpretation of *Ekakushta* and thereby adopt the Ayurvedic way of healing in the management of Plaque psoriasis.

Objectives of the Study

To evaluate the efficacy of *Virechanottara Guda Bhallataka Rasayana* and *Vidangadi lepa* in the management of *Ekakushta* (Plaque psoriasis).

MATERIALS AND METHODS

Source of Drug: Drugs are brought from Gurukul pharmacy Pune Maharashtra, Kajarekar Pharmacy and KLE Pharmacy Belagavi.

Sample Size - Total number of subjects – 5.

2) Inclusion Criteria

- Patients fulfilling the criteria of diagnosis of *Ekakushta* (Plaque Psoriasis) with no restrictions of gender and religion
- Patients between the age group of 18-70 years.
- Patients who are fit for *virechana*.
- Patient who sign the informed consent form.

3) Exclusion Criteria

- Lactating and pregnant women.
- Subject suffering from chronic systemic diseases.

Case Report 1: A 46-year-old unmarried male patient presented to the Kayachikitsa OPD of Taranath Government Ayurveda Medical College and Hospital, Ballari, with complaints of large, blackish, dry, silvery scaly lesion over back, abdomen, extensor surface of elbow joint, anterior surface of lower limb, scalp with sever itching, burning sensation since 20 years. Associated with multiple joint pain (> elbow joint) and depressive mood. (anil kumar)

Case Report 2: A 41-year-old unmarried male patient presented to the Kayachikitsa OPD of Taranath Government Ayurveda Medical College and Hospital, Ballari, with complaints of erythematous, dry, silvery scaly lesion over extensor surface of elbow joint and anterior surface lower limb with sever itching since 10 years. Associated with Anxiety and depressive mood. (sudarshana)

Case Report 3: A 45-year-old married male patient presented to the Kayachikitsa OPD of Taranath Government Ayurveda Medical College and Hospital, Ballari, with complaints of dry, thick, silvery scaly lesion over extensor surface of elbow joint and anterior surface lower limb with itching since 10 years. Associated with Agnimandya and constipation. Having alcohol and tobacco addiction. (pampan gouda)

Case Report 4: A 63-year-old married male patient presented to the Kayachikitsa OPD of Taranath Government Ayurveda Medical College and Hospital, Ballari, with complaints of large, thick, dry, silvery scaly lesion over back, abdomen with sever itching, burning sensation since 10 years. Associated with agnimandya, aruchi, multiple joint pain, joint stiffness. K/C/O HTN and DM2 on medication. (anantashetty)

Case Report 5: A 28-year-old married female patient presented to the Kayachikitsa OPD of Taranath Government Ayurveda Medical College and Hospital, Ballari, with complaints of erythematous, silvery scaly lesion over back, extensor surface of elbow and lower limb with sever itching, burning sensation since 8 months. Associated with constipation, anxiety and depressive mood. (Jareena)

Intervention

Table No.1 Showing Intervention

TREATMENT	MEDICINE	DOSAGE	DURATION
DEEPANA PACHANA	Amrutadi Kashaya ⁹	15ml with 60ml ushnodaka BD before food	For 5 days 1st day to 5thday
SNEHAPANA	Murchita tila taila ¹⁰	30ml (test dose)6th day then in Arohan krama for next 5days with sukhoshna jala anupana till samyaka Sneha siddhi lakshana.	For 6 days 6th day to 11th day
ABHYANGA & SWEDANA	Sarvanga abhyanga with Murchita tila taila for 30 minutes followed by Mrudu Bashpa Sweda for 15 minutes		For 3 days 12th day to 14th day
VIRECHANA KARMA	Trivrutyadi churna ¹¹ with thripkala Kashaya at morning (7 am) on empty stomach	Trivrutta 3 gm + Danti moola churna 3 gm with 100ml thripkala Kashaya	15th day
RASAYANA	Guda Bhallataka Rasayana	5 gm BD with sheeta jala Anupana after food.	For 30 days 16th day to 45th day
LEPA	Vidangadi lepa	Once a day Thickness as Pradeha ¹² Application at Morning Duration- removed from the place of application before dry up.	For 30days (16th day to 45th day)

Assessment Criteria

Table no.7 Showing Grading for Subjective Parameters

SYMPTOMS	SEVERITY	GRADE
1) ASWEDANA	No sweating	Grade 4
	No sweating on lesions after exercise	Grade 3
	Mild sweating on lesions after exercise	Grade 2
	Mild sweating	Grade 1
	Normal sweating	Grade 0
2) KANDU	Intolerance and disturbing physical and social activities	Grade 4
	Distracting patients sleep	Grade 3
	Itches but do not disturb patient's attention	Grade 2
	Itches but controllable	Grade 1
	No itching	Grade 0
3) MAHAVASTU	All over the body	Grade4
	More than 10 cm with multiple lesion	Grade3
	Lesion 5-10 cm	Grade2
	Lesion 1-4cm	Grade1
	No lesion	Grade0
4) MATSYASHAKAL-OPAMAM	Very thick extensive covering the entire lesion	Grade4
	Severe-thick scales covering most of the lesion	Grade3

Moderate-more evident scales covering part of the lesion	Grade2
Less noticeable-mostly at lesion periphery	Grade1
No scale	Grade0

Objective Parameters

Pasi Score¹³

Results:

Table No.8 Showing Result of Intervention on Subjective And Objective Parameter

Subjective and Objective Parameter	Case report 1		Case report 2		Case report 3		Case report 4		Case report 5	
	BT	AF	BT	AF	BT	AF	BT	AF	BT	AF
ASWEDANAM	4	1	4	1	3	1	4	2	3	1
MAHAVASTU	3	3	3	1	3	2	3	2	3	1
MATSYA-SHAKALOPAM	3	0	3	1	3	1	3	1	3	0
KANDU	3	0	2	0	3	0	4	0	4	0
PASI SCORE	17.4	6.1	10.2	2.8	14.4	3.6	13	6.8	24.8	4.1

DISCUSSION

Eka → means one or single or *pradhana* Thus, Ekakushta literally means a distinct or singular type of skin disorder. It has unique features that differentiate it from other types of *Kushta* like *Asweadana*, *Mahavastu*, *Mantsyashakalopam* lesion.

Though classified under *Kshudra Kushta*, *Ekakushta* is a clinically significant disorder that is often extensive and chronic in nature. *Kushta* is considered a *Santarpanajanya* and *Raktadushtijanya* *Vyadhi* involving *Tridosha* vitiation along with the *Dushyas* -*Rasa*, *Rakta*, *Mamsa* and *Lasika* collectively referred to as *Saptako Dravya Sangraha*. According to the *Charaka Samhita*, *Ekakushta* is predominantly *Kaphavataj* in nature, whereas the *Sushruta Samhita* describes it as *Kapha* predominant; however, all types of *Kushta* are essentially *Tridoshaja* and manifest according to the predominance of the vitiated *Dosha* and *Dushya* involved. Therefore, assessment and management should be based on the *Taratama Bhava* of *Doshas*, involvement of *Dhatus* and *Malas*, *Vyadhi Avastha*, and *Rogi Bala*. *Ekakushta* is considered a *Krichrasadhy* and *Chirakari Vyadhi*, which may be attributed to the vitiated *Kapha Gunas* such as *Sthira*, *Picchila*, and *Snigdha* along with *Ama*, leading to firm adherence of the *Doshas* to the *Dhatus* and *Srotas* thereby contributing to the chronicity and difficulty in management.

In the modern era *Ekakushta* can correlate with plaque psoriasis one among the global major health problem since time immemorial.

Psoriasis is an autoimmune, complex, multifactorial, noninfectious, chronic inflammatory relapsing skin disease characterized by erythematous plaques with silvery scales. Hyperproliferation of keratinocytes in epidermis and accelerated cell turnover rate can be attributed to be the activity of Vata i.e., *Vayoho Vibhajanam*, but in excess. This is responsible for scaling. The effect of *Prakupita Pitta*, *Rasadushti*, *Raktadushti*, *Lasikadushti* can be understood in terms of deregulated inflammatory process with the production of TNF-α, Interleukin 12, Interferon gamma during the flares of psoriasis. Erythema results due to vascular engorgement of the superficial blood capillaries of the skin. This can be correlated to the *Dushti* of *Raktavaha Srotas* by Vata.

Psoriasis has various variants among these; plaque psoriasis can be correlated with *Ekakushta*. other variant such as erythrodermic psoriasis has pittaavata dominancy, guttate psoriasis can correlate with *Alasaka kushta* having *krimija nidana* (staphylococcus infection) and palmoplantar psoriasis with *vipadika*.

So, psoriasis in Ayurveda come under broad spectrum of umbrella in various type of kushta.

Mode of Action

Amrutadi Kashaya

This formulation contains *Amruta* (*guduchi*), *Erandamoola*, *Vasa*, *shudha Bakuchi* and *Haritaki*. *Deepana-Pachana* is considered the primary therapeutic intervention to correct *Agnimandya* and *Ama*, thereby facilitating the action of subsequent medicines. It is *Tridoshahara*, *Deepana-Pachana*, *Kledahara*, *Shothahara*, *Kushtaghna* and *Twachya*. It clears *Ama*, balances *Doshas*, purifies *rasa-rakta dhatu*, supports *Agnibala*.

Virechana

In *Kushtha Samprapti*, aggravated *Doshas* undergo *Vimargagamana* from *Koshtha* to *Shakha* and become lodged in *Rasa*, *Rakta*, *Mamsa*, *Laseeka* and *Swedavaha Srotas*, where they attain *Leenatva* and produce *Srotorodha*. Hence, repeated *Shodhana* is advocated in *Sushruta Samhita* to eliminate the *Leena Dosh* and restore *Srotas* integrity.

Virechana primarily eliminates aggravated *Pitta* through *Adhobhaga* and facilitates *Vatamulomana*. Due to the *Ashraya-Ashrayi Bhava* between *Pitta* and *Rakta*, it also contributes to the correction of *Raktadushti*. In *Vatakaphaja Kushta*, reduction of *Kapha*-induced *Sanga* and *Kleda* helps relieve *Srotorodha* and restore normal *Vata Gati*. By addressing *Dosha*, *Sanga*, *Ama* and *Kleda*, *Virechana* helps interrupt the *Dosha-Dushya* interaction and supports restoration of *Agni* and *Srotas*.

Snehapana, an essential *Poorvakarma* before *Virechana*, includes *Abhyantara Snehapana* and *Bahya Abhyanga*, performed with *Murchita Tila Taila*. Its *Sukshma*, *Ushna*, *Sara*, *Vyavayi*, *Drava*, and *Snigdha Gunas* facilitate deep penetration into the *Srotas* and mobilization of *Leena Doshas*. *murchana samskara* alleviates the *Amadosha* of *tila taila* and also improve the therapeutics efficacy ("*tailam sanyogasamskarat sarvarogapahama*"...*ch.su.27/286-287*).

Tila taila is described as "*Marutaghna na cha shlesmavardhanam*", it means it pacifies *Vata* without increasing *Kapha dosha*. According to *Charaka Samhita taila* is indicated in *pravridha shlemameda Avastha*, *shitula*, *vatavyadhi*, *krimikoshta* and *krurakoshti* (*cha.su.13/44-46*) which indicates that *taila* along with *vata* also pacifies *kapha*, reduces *meda* and has *krimihara*, *vibandhahara* action. Due its *Sukshma*, *ushna*, *vyavayi guna* it goes in *Sukshma srotas* and removes the *leena dosha* from *srotas*. The process of *murchana* is essential and should be followed to remove *amadosha* of *taila*. the ingredients used for *murchana* has its own therapeutic effect. *Manjishtha*, the principal drug in *Murchana*, is *Pittakaphashamaka*, *Raktaprasadaka*, *Varnya*, *Kushthagha*, *Vishaghna*, *Shothahara* and *Vranaropaka*. Its *Tikta*, *Katu* and *Ruksha Guna* help mitigate the *Amadosha* of *Tila Taila*. Overall, the formulation exhibits *Tridoshahara* activity, predominantly *Vatakaphahara* and *Raktaprasadaka* effects.

Trivruttadi yoga contains *Trivrutta* and *Danti* as a main *dravya* and *Triphala kashaya* as *Anupana*. this *yoga* is used for the purpose of *virechana*. in ayurvedic classic these *yoga* is mentioned specifically for *kushta*.

Trivrutta is *Kaphapittahara*, *Sukhavirechaka*, *Kushtashophavinashani* and *Danti* is *Tikshna*, *Kaphavatahara*, *Bhedani*, *Rechana*, *Meho-udaropam*. in combination of both *dravya* acts *tridoshahara*, *kledahara* removes *utkleshita dosha* through *Adhoamarga*. *Triphala kashaya* acts as a *virechanopaga*.

Guda Bhallataka Rasayana

It contains *shudha Bhallataka*, *shudha Bakuchi*, *Vidanga* and *Guda*. It mainly acts as *vatakaphahara*, *kushtagna*, *krimihara*, *kandugna*, *Rasayana* and also it improves *Agni* and enhances *Pachana Karma*, thereby promoting *Ama Pachana*. *Bhallataka* is *Tikshna*, *ushna*, *chedana*, *bhedana* so acts *kaphavatahamaka*. removes *kapha*, *kleda* and *Ama* from *Sukshma srotas*. also have *balya* and *rasayana* action. *Bhallataka* (*Semecarpus anacardium*) works by modulating immune activity, reducing inflammation and protecting against oxidative stress. Its resinous compounds and biflavonoids help suppress abnormal T-cell activation and cytokine release, which drive keratinocyte overgrowth in psoriatic lesions. By inhibiting inflammatory mediators, it reduces redness, scaling and joint pain, while its antioxidant effect supports *rasa-rakta shuddhi*. *Bhallataka* is *ushna*, *tikshna*, *kaphahara* does the *srotoshodhana* ("*kaphajo na sa rogosti na vibandoasti kaschana yam na bhallataka hanyat....*" *Cha chi 1,2nd pada/19*).

Psoriasis is an immune-mediated disorder in which impaired immune tolerance leads to inappropriate recognition of self-antigens. From an Ayurvedic perspective, this may be conceptually correlated with impairment of *Dhi*, *Dhriti*, and *Smriti* at cellular level which are responsible for proper discrimination, retention and regulation of physiological functions. *Bhallataka* is described as "*Shigramedhagni-varadhanam*" (*Cha. Chi. 1/2/19*) Hence, it may be hypothesized that *Bhallataka* supports *Dhi*, *Dhriti*, and *Smriti* at the cellular functional level and may thereby contribute to restoration of immune regulation and tolerance in autoimmune conditions such as psoriasis.

Bakuchi have *Katu* and *Tikta Rasa* with *Ushna*, *Laghu*, and *Ruksha Guna*, which helps to pacify *Kapha Dosha*. It is described as *Twachya*, *Kushthagha*, *Shothahara*, *Krimighna*, and *Rasayana*. Its bioactive constituent psoralen helps to regulate keratinocyte proliferation and normalize epidermal turnover. its anti-inflammatory, antioxidant and immunomodulatory activities may support the management of psoriatic lesions.

Vidanga have *Katu Rasa* with *Laghu*, *Ruksha* and *Tikshna Guna* which helps to pacify *Kapha-Vata*. It is characterized by *Krimighna*, *Kandughna*, *Kushthagha*, *Vishaghna*, *Varnya*, and *Rasayana* properties. Its major bioactive constituent embelin exhibits anti-inflammatory, antioxidant and antimicrobial activities thereby supporting skin health, reducing irritation and the risk of secondary microbial infection.

Vidangadi Lepa

It contains *Vidanga*, *Haritaki*, *shudha Bakuchi*, *Sarshapa*, *Karanja beej*, *Haridra*, *Saindhava* and *Gomutra*. The formulation acts locally on psoriatic lesions and helps to reduce itching, scaling and plaque thickness through its *Kaphavatahara*, *Shothahara*, *Kandughna*, *Kushthagha*, *Varnaprasadana*, *Krimighna* and *Kledahara* properties. Approximately 87% of the ingredients possess *Katu-tikta Rasa*, supporting *Kapha Shamaka* and *Kledahara* actions, while 87% possess *Ushna Virya*, contributing to *Vata-Kapha Shamaka* effects. About 62% of the ingredients have *Laghu-Ruksha Guna*, facilitating local *Kledashoshana*, whereas 38% possess *Snigdha Guna*, which helps mitigate *Vata* aggravation. Collectively, these properties may contribute to *Kledashoshana*, *Lekhana*, *Kandughna*, and *Ropana* actions.

Vidanga contributes *Krimighna* activity and may help minimize secondary microbial complications. *Bakuchi* containing psoralene and related furanocoumarins, has pharmacological activities relevant to keratinocyte regulation, inflammation and oxidative stress. *Sarshapa* with *Ushna Virya* and *Tikshna Guna* may facilitate local *Kapha Vilayana* and improve circulation, thereby helping reduce itching and scaling. *Karanja*, through *Kushthagha*, *Kandughna* and *Vranaropaka* properties and bioactive constituents such as *karanjin* and *pongamol*, contributes antimicrobial and anti-inflammatory effects. *Haridra* supports *Kandughna* and *Vranaropaka* activity through its established anti-inflammatory and antimicrobial properties.

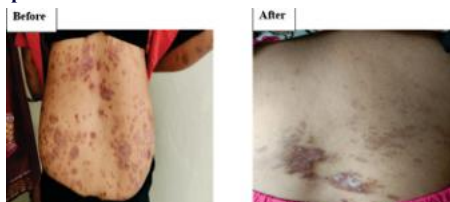
Saindhava Lavana, owing to its *Sukshma* and *Vyavayi Guna*, may facilitate deeper penetration of the formulation and through its *Lekhana* property assist in reducing hyperkeratotic scaling. *Gomutra* having *Katu-Tikta Rasa*, *Laghu*, *Tikshna*, *Ushna*, and *Ruksha Guna*, contributes *Kledahara*, *Kandughna*, and *Krimighna* actions; its *Kshara* property may further assist in reducing the thickness of hyperkeratotic plaques. Thus, the synergistic actions of the ingredients may collectively support reduction of scaling, pruritus, plaque thickness, and local inflammation in *Plaque psoriasis*.

CONCLUSION

The present case series indicates that the integrated Ayurvedic treatment protocol comprising *Deepana-Pachana*, *Virechana*, *Guda Bhallataka Rasayana*, and *Vidangadi Lepa* produced a favourable clinical response in patients with *Ekakushta* (plaque psoriasis). Improvement in the cardinal clinical features *Asvedanam*, *Mahavastu*, *Matsyashakalopama* and *Kandu* along with reduction in *PASI* scores, suggests improvement in both subjective disease manifestations and objective disease severity. The therapeutic response may be attributed to the complementary systemic and local actions of *Shodhana*, *Rasayana*, and *Lepa*, including *Agni Deepana*, *Ama-Kleda Pachana*, *Dosha Shodhana*, *Kledashoshana* and local *Kandughna* and *Ropana* effects. Overall, the findings support the therapeutic potential of this multimodal Ayurvedic protocol as a promising approach for the management of plaque psoriasis.

Case Report 1



**Case Report 2****Case Report 3****Case Report 4****Case Report 5****REFERENCES**

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