

# A Case Study of Scalp Psoriasis managed with Ayurvedic principles

## Case Report

**Varshida J Marwadi<sup>1\*</sup>, Vaidehi V Raole<sup>2</sup>, Dinesh Patil<sup>3</sup>**

1. Assistant Professor, 2. Professor and HOD, Department of Kriya Sharir,  
3. Associate Professor, Department of Panchakarma,  
Parul Institute of Ayurved & Research, Vadodara. Gujarat. India.

## Abstract

Psoriasis is a persistent, visible skin disorder that has a significant impact on a person's physical and psychological well-being. It is one of the most pressing concerns of social significance. Skin disorders are widespread as a result of a changed lifestyle, lack of physical activity, unsanitary habits, mental stress, and overeating. It is tough to treat because of its high recurrence; it is an auto-immune, non-contagious condition that is extremely difficult to cure, according to modern medicine. According to Ayurveda, all skin disorders are grouped together under the term '*Kushtha*'. Despite the fact that the heading is the same for all skin disorders, there is further division and naming of skin diseases based on the *doshas* involved, which play an important part in determining the disease's treatment path. Scalp psoriasis is clinically similar to *Eka Kushtha*, which is referenced in the *Samhitas*. A case study of Scalp Psoriasis managed with *Ayurvedic* principles *Shodhana Chikitsa* is presented in this paper. In this study, a 25-year-old male patient with scalp psoriasis was treated, who presented with symptoms of dandruff like flaking, silvery white scales, reddish plaque, and severe itching. *Ekakushtha* (Scalp psoriasis) was diagnosed, and the patient was treated with both external and internal drugs, including *Vaman* (therapeutic vomiting) and *Shamanachikitsa* (palliative treatment). During treatment, the patient noticed a significant reduction in symptoms. In this case study, *Vaman karma* followed by palliative treatment was found to be a more effective treatment choice for Scalp Psoriasis.

**Keywords:** *Ekakushtha*, Scalp psoriasis, Psoriasis, *Kushtha*, *Shodhana Chikitsa*, *Vamana Karma*, Auto immune diseases.

## Introduction

Psoriasis is an auto-immune disease manifested by atypical, dry, itchy, and scaly patches. This condition can be presented in a variety of ways, ranging from a minor patchy localized presentation to an extensive spread over the body, including the scalp, palms, and sole. Psoriasis is a skin disorder that affects a person on both physical and psychological levels since it is visible to others, unlike other medical conditions. A chronic form of the same makes it much more difficult to deal with, as it can have a negative impact on one's social life. It's a frequent dermatological issue that affects the public at large, with a prevalence rate of 0.44% to 2.8% in India (1).

In Ayurveda, skin disorders are described as *TwakVikaras* or *Kushtha*, and there are 18 of them (2) (7). Psoriasis, according to Ayurvedic literature, is similar to *Ekakushtha*, one of the 18 varieties of *Kushtha*. *Kushtha* is caused by the vitiation of *Tridosha*, which is followed by the affliction of four *Dhatus* (major structural components of the body): *Twak(skin)*,

*Rakta(blood)*, *Mamsa* (muscle tissue), and *Lasika* (watery component of the skin) (3). In the *Charaka Samhita*, *Acharya Charaka* briefly explained *Nidana* (diagnosis), *Purvarupa* (premonitory symptoms), *Rupa* (signs and symptoms of the disease), and *Chikitsa* (treatment). Etiological factors include *Mithyahara* (unwholesome food) and *Mithyavihara* (unwholesome activities), *virudhahara* (Incompatible food), not appropriately following the regime after any Panchakarma procedure, suppression of natural urges, disrespecting persons who are supposed to be worshipped and respected, and so on (4)(8). The cardinal symptoms of *Ekakushtha* are *Aswedana* (Lack of sweating), *Mahavastu* (wide skin lesion), and *Matsyashakalopamam* (Looks like the scales of fish) (5). *Vaman karma* was chosen for the present case study, followed by *shaman chikitsa* for one month, because *Ekakushtha* is a *kaphapradhanavyadhi* that developed due to *SantarpanjanyaNidana* (over nutritive etiological factors). It showed to be a better treatment option with considerable improvement.

## Case Presentation

A 25-year-old male patient registered by the O.P.D and I.P.D. number 21020506 / 213614 on the date of 09/12/2021, came to the O.P.D no. 105 of Parul Ayurveda Hospital, Parul University and got admitted in the Panchakarma I.P.D ward. He presented himself with the following Complaints.

### \* Corresponding Author:

#### **Varshida J Marwadi**

Assistant Professor,  
Department of Kriya Sharir,  
Parul Institute of Ayurved & Research, Vadodara.  
Gujarat. India.  
Email Id: [varshidamarwadi789@gmail.com](mailto:varshidamarwadi789@gmail.com)

### Chief Complaints with Duration

Irregular dandruff like flaking, silvery white scales, reddish plaque and severe itching on scalp for two years.

### Other Complaints

Irregular bowel habits and indigestion some times.

### History of present illness

The patient was asymptomatic 2 years back. Since then, patient have been suffering from Irregular dandruff like flaking, silvery white scales, reddish plaque and severe itching on scalp. The patient had taken therapy from a variety of pathies, but due to recurrence, he turned to Ayurvedic remedies.

### Personal history

He eats non-vegetarian foods, fish, fermented food recipes like dhosa and dhokla, and used dairy products almost every day. His sleep pattern was also disrupted due to job-related work load.

- **Past History:** No any past illness.
- **Family History:** No any family History of such illness.
- **Medicinal History:** Use of steroids locally as well as orally.
- **Surgical History:** No any operative done till date.
- **Allergy:** No known history of allergy to any medicine.
- **Centre of study:** Parul Ayurveda Hospital, Parul University, Waghodiya, Vadodara, Gujarat
- **Simple random single case study.**

**Table 1: Showing Personal History**

Appetite	Normal
Bowel	Irregular (constipated sometimes)
Micturition	Normal (5-6 –day/Night)
Sleep	Disturbed
Diet	Non-veg
Addiction	Tea – 3-4 times a day

**Table 2: Showing General Physical Examination**

BP	130/80 mm of Hg
PR	76/min
RR	19/min
Tongue	Coated
Temperature	98.2°F
Body Built	Medium
Pallor	Absent
Icterus	
Cyanosis	
Clubbing	

**Table 3: Showing Ashtavidha Pariksha**

Nadi (Pulse)	76/min
Mutra (Micturition)	5-6 times – day/Night
Mala (Bowel)	Vibandha (Sometimes)
Jivha (Tongue)	Liptha (coated)

Shabda	Prakrita
Sparsha	Ruksha (Twak)
Druk	Prakrita
Akriti	Madhyam

**Table 4: Showing DashavidhaPariksha**

Prakriti	Vata kapha
Vikriti	Tridosha ,Twak, Rakta,
Sara	Asthi Sara
Samhanana	Madhyam
Pramana	Madhyam
Satva	Madhyam
Satmya	Shad Rasa satmya
Ahara shakti	Abhyavarana Shakti – Uttama
Vyayama Shakti	Madhyam
Vaya	Yuva

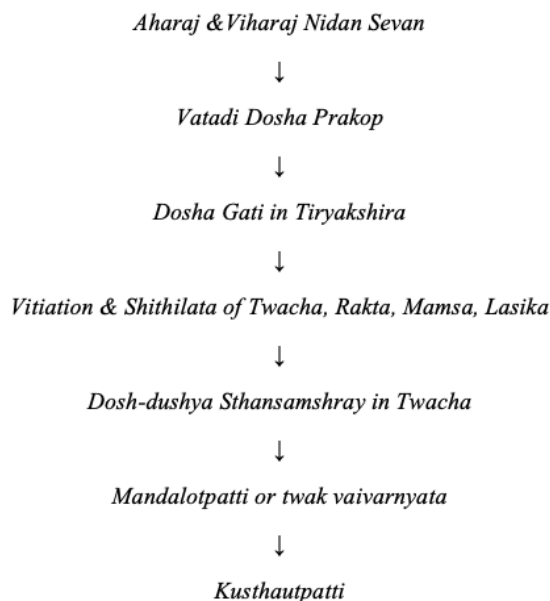
**Table 5: Showing Systemic Examination**

Respiratory System	Lung fields are clear, Air entry is good
Cardiovascular System	S1S2 clear, No Murmurs
Gastrointestinal Tract	P/A- Soft, Normal bowel sounds, No Organomegaly.
Central Nervous System	Conscious and oriented

**Table 6: Showing Samprapti Ghataka**

Dosha	Tridosha( VataKapha Pradhan)
Dushya	Twak , Rakta , Mamsa , Lasika
Adhithana	Twak , Mamsa
Srotas	RaktavahaSrotas
Agni	Mandagni
Ama	Sama
Srotodushti	Sanga
SadhyaAsadhyata	KruchhaSadhya
Rogamarga	BahyaRogamarga

### Samprapti :



**Table 7: Comparison of Eka Kushta and Psoriasis**

Aswedana	Lack of sweating
Mahavastu	extended skin lesion
Matsyashakalopamam	Looks like the scales of fish

### Skin Examination:

**1. Inspection:** Irregular dandruff like flaking, silvery white scales, reddish plaque on scalp

- Site: entire scalp, majorly along hairline, back of the neck and around ears
- Size: 0.5 to 1cm
- Shape: Irregular
- Color- silvery white scales
- Lesions- Reddish plaque, Dry skin

### 2. Palpation

- Temperature- Warm
- Texture- Rough

### 3. Signs:

- Candle Greece Sign- Positive
- Auspitz Sign- Positive

### Assessment criteria

#### 1) Subjective criteria

##### a) Aswedanam (Lack of sweating)

- Normal Sweating 0
- Mild Sweating 1
- Mild Sweating on exercise 2
- No Sweating after exercise 3

##### b) Mahavastu (Big size lesion)

- No lesion on Scalp 0
- Lesion on partial part of Scalp 1
- Lesion on most part of Scalp 2
- Lesion on whole part of Scalp 3

##### c) Matsyashakalopamam (Scaling)

- No scaling 0
- Mild scaling from all lesions 1
- Moderate scaling from all lesions 2
- Severe scaling from all lesions 3

#### 2) Objective criteria:

**a. Candle grease sign:** When a Psoriatic lesion is scratch with a sharp edge like scales or knife, a candle grease- like scale can be repeatedly produced.

- Absent 0
- Improved 1
- Present 2

**b. Auspitz Sign:** On complete removal of the scales, a red, moist surface is seen. On further scarping, punctate bleeding points are seen.

- Absent 0
- Improved 1
- Present 2

Based on the clinical presentation, it was diagnosed as scalp psoriasis (*Eka kushta*) and treated on the line of treatment of *kushta* (6). Because the associated symptoms pointed to an aggravated state of *kapha dosha*, *Samshodhan* (*vamana karma*) and *Sanshamana* were scheduled correspondingly.

### Plan of treatment

*Shodhanchikitsa* (*vamana karma*) followed by *shaman chikitsa*.

**Table 8: Showing treatment schedule**

1. Examination and initial assessment of the patient			
2. Explanation of do's and don'ts to the patient			
3. <i>Deepanapachana</i> 9/12/2021 - <i>Panchatiktakashay</i> 50ml BD <i>Anulomaka</i> : <i>Trivrutachurna</i> 3gm + <i>JatamamsiChurna</i> 1gm with hot water at night			
10/12/2021 - <i>Panchatiktakashay</i> 50ml BD <i>Anulomaka</i> : <i>Trivrutachurna</i> 3gm + <i>JatamamsiChurna</i> 1gm with hot water at night			
11/12/2021 - <i>Panchatiktakashay</i> 50ml BD <i>Anulomaka</i> : <i>Trivrutachurna</i> 3gm + <i>JatamamsiChurna</i> 1gm with hot water at night			
4. <i>Snehapana</i> - <i>Shodhanartha Snehapana</i> with <i>Panchatiktaghrita</i>			
Date	Dose	<i>Snehapana kala</i>	<i>Kshudha Kala</i>
12/12/2021	30ml	7:40 AM	1:10 PM
13/12/2021	50 ml	7:30 AM	1:30 PM
14/12/2021	90 ml	7:30 AM	2:30 PM
15/12/2021	100 ml	7:35 AM	4:00 PM
16/12/2021	120 ml	7:45 AM	5:00 PM
5. <i>Vishramakala</i> on 17/12/2021			
<ul style="list-style-type: none"> <li>· <i>Sarvanga Abhyanga</i> with <i>NimbaTaila</i> followed by <i>SarvangaBhaspaSweda</i></li> <li>· <i>Kaphotkleshaka</i> Diet- Dahi, milk, sweet dish</li> </ul>			
6. <i>Vaman karma</i> on 18/12/2021			
<ul style="list-style-type: none"> <li>· <i>Vaman Yoga</i>- <i>Madanaphala Pippali Churna</i> 6 gm + <i>Saindhava</i> 2 gm + <i>Madhu</i> (quantity sufficient)</li> <li>· Milk - 2500 ml</li> <li>· <i>YashtimadhuPhanta</i> -3500 ml</li> <li>· <i>Lavanodaka</i> -2000 ml</li> </ul>			
7. Inferences after <i>VamanKarma</i> : -			
<i>Vegiki</i> (number of emetics) - 6 <i>Maniki</i> (measurement) Input - 8750 ml <i>Maniki</i> (measurement) output - 9000 ml <i>Antiki</i> (procedural Inference) - <i>PittantikVaman</i> <i>Laingiki</i> (symptoms) - <i>SamyakShuddhilakshanas</i> present Type of <i>Shuddhi</i> - <i>MadhyamShuddhi</i> <i>Paschatkarma</i> - Hands and face washed with Luke warm water. <i>Dhumapana</i> was given with <i>Haridradivarti</i> .			
8. <i>Samsarjana karma</i> - <i>MadhyamShuddhi</i> was attained, hence <i>Samsarjana karma</i> 19/12/2021 to 23/12/2021 Advised for 5 days.			
9. <i>Shaman chikitsa</i> for one complete month			

**Table 9: Shamanachikitsa**

Sr.No	Drugs	Dose
1	<i>ArogyavardhiniVati</i> 125 mg	2 tabs BD After food
2	<i>Gandhakrasayana</i> 125 mg	2 tabs BD After food
3	<i>Mahatiktaka Ghrit</i>	5ml BD Before food
4	<i>Trivrutachurna</i> 3gm + <i>JatamamsiChurna</i> 1gm	with hot water at night
5	<i>Madhuyashtadi Tail</i>	Local Application



**Table 10: Outcome of the Treatment**

Sign and symptom	Before treatment	After treatment
<i>Aswedanam</i> (absence of sweating)	1	0
<i>Mahavastu</i>	2	1
<i>Matsyashakalopamam</i>	3	0
Candle grease sign	2	0
Auspitz sign	2	0

#### Before treatment



#### After Treatment



## Results and Discussion

The patient had started improving during treatment& at end of 12 days, the reddish patches all over the scalp, scaling of scalp nearly get disappear. In present case study patient got complete relief from symptoms of *Ekakushtha* (Psoriasis).

Psoriasis is a persistent skin condition that is widely seen in today's medical practices. In today's modern medical system, it is commonly regarded as an incurable disease. Topical applications (corticosteroids ointments), light therapy, vitamin A derivative, anti-inflammatory drug therapy, stress management, petroleum jelly, ultraviolet light therapy, moisturizer, and other treatments are available in modern science, but they can be toxic to the liver, kidneys, and other vital organs of the body (9)(10). The treatment of such disorders with Ayurveda yields promising outcomes and cures.

#### Probable Mode of Action of Dipana – Pachan

*Ama* has to be removed in order for the *Shithila doshas* (lax doshas) to be detached from the *dhatu*s, therefore *deepanapachan* was undertaken to digest the *Ama* (toxic by product of incomplete digestion.), resulting in *Nirama Dosha* (*dosha* not associated with *Ama*) and an increase in *Agni* (*digestive factor*).

#### Probable mode of action of *Snehapana*

During their circulation in the body, vitiated *doshas* become deposited in the channels, causing disease. When consumed internally, *Sneha* reaches the *srotamsi* and acts as a solvent, dissolving the morbid

components of obstructions, allowing *Srotorodha* to be removed, one of the most important phases in the *SampraptiVighatana* (destruction of pathogenesis). *Abhyanga* and *Swedana* help in the liquefaction and disintegration of the *Dosha*. All of these preparations contribute in moving the *Dosha* from *Shakha* to *Koshtha*.

#### Probable mechanism of action of *Vaman Karma*

The current case was thoroughly examined and determined to be a case of psoriasis that resembled *Ekakushtha*, a *VataKaphaja* type of *tridosha* imbalance, for which we planned to administer *shaman chikitsa* (pacifying treatment) only after *Samshodhan* to ensure better absorption of the *shaman* medication because the bodily channels (*Strotasa*) are more absorptive for drugs after *Samshodhanchikitsa* (detoxification therapy).

The most recommended treatment for *Kapha-Pradhana Vikara* (*kapha* predominant diseases) is *vaman* (therapeutic vomiting). *Vaman* is performed before *Virechan* (purgation therapy) because *Virechan* can only be performed easily if *Kapha* is eradicated by *Vaman Karma*. If *Virechan* is performed before *Vaman*, however, it will increase *Kapha Dosha* and cover *Agni*, making it difficult to perform *Virechan* (purgation therapy).

*Vamana karma* is performed early in the morning, specifically in *Kaphaja kala*, using *Madanphala*, *Saindhava*, and *Madhu*, after the *BahyaSnehan* and *Swedana*. *Madanphala*, which is *anapaayitwat* (does not cause complications), *tikta*, and *Madhur* in *rasa*, and is *laghu*, *ruksha*, and *ushna* in *guna*, is a better emetic agent in *kapha* exacerbated conditions like *Kushtha* (skin disease), *Anaha* (distention of abdomen), *Shoth* (oedema), *Pratishyaya* (coryza), and so on. *Madhu* does the *kaphavilayana* action with the help of *Saindhavilavana*. *Vamanopaga YashtimadhuPhanta* was used to speed up and maintain the emetic action of *Madanphala*, as it is *vata-pitta* pacifying, helps in the proper and easy expulsion of *Apakva pitta dosha*, and its *Madhur rasa* alleviates irritation in the buckle cavity caused by impending *Vegas* and *katu pitta*. By removing *Dushitakapha* (vitiated *kapha*) along with *Apakva pitta*, the pathogenesis of *Ekakushtha* was terminated.

#### Mode of action of *Shaman chikitsa*

*Kitibha Kustha* is *raktapradoshaj vyadhi* (disease caused by vitiated blood), primarily *Vaat-Kapha Pradhan*. For *shaman chikitsa* (pacifying treatment), medications with *kusthaghna* (anti-dermatosis) and *kandughna* (anti-pruritic) qualities, which act on *rakta dhatu* (blood), are chosen. *Arogyavardhini vati*, *Mahatiktaka Ghrit*, *Gandhakrasayana*, all have *tikta ras pradhan* (bitter taste dominant), and *kapha pitta hara* (*kapha pitta* alleviating) properties.

There are many ingredients in *Arogyavardhini vati*, such as *Nimba*, *katuki* and *Triphala*, which acts as a *raktashodhak* (blood purifier) (11). It is having Anti-inflammatory, Anti-pruritic and Analgesic properties (12). It also has an outstanding degree of free radical scavenging activity in comparison to vitamin C (13). *Mahatiktaka Ghrit* has *tikta rasa* (bitter taste), *ushna*

*virya* (hot potency) helps in *Rasa* and *Raktaprasadana* (improving quality of *rasa* & *rakta*) by pacifying vitiated Kapha & Pitta doshas and has *rasayana* (rejuvenation) properties due to main ingredient amalaki (14). *Gandhak* (sulfur) has *Kushthaghna* (anti-dermatosis) property. It is also having *Garavishahar* (anti-poisonous) and *Rasayana* (rejuvenation) properties which helps to cure the causes of skin diseases (15). *Trivruta churna* is having *Krimighna* (antimicrobial) and anti-inflammatory property. It eliminates the body wastes easily and helps in purifying *Raktadhatu* (blood) (16).

*Jatamamsi* is having *tikta rasa* (bitter taste), *ushna virya* (hot potency) & *kandughna* (anti-pruritic) in action. In Sanskrit it is called as *Kantiprada* means which improves complexion and luster of skin (17).

*Madhuyashtadi Tail* used as external application, it contains *yashtimadhu* which acts as anti-inflammatory, anti-pruritic, anti-ulcerogenic & promotes healing. It provides moisturizing effects and reduces dryness of skin (18).

Though *Shaman chikitsa* (pacifying treatment) is helpful in reducing *Eka kushta* symptoms, it takes longer time and also risk of relapse is more. In addition of preventing disease relapse and reducing symptoms more quickly, *Shodhana Karma* (detoxification therapy) helps in the removal of *doshas* at their root cause.

## Conclusion

Based on the findings of this case, it can be stated that *Shodhana Karma* (detoxification therapy) has a significant role in the treatment of psoriasis. The usage of the above-mentioned treatment on a regular basis can help in the successful management of disease. *Eka kushta* has a tendency towards relapsing, and *Ayurveda* has an effective treatment to combat this.

## Conflict of interest

All co-authors have seen and agree with the contents of the manuscript, and the authors declare that they have no conflict of interest.

## References

1. Dogra S, Yadav S. Psoriasis in India: prevalence and pattern. Indian J Dermatol Venereol Leprol. Nov-Dec, 2010; 76(6): 595-601.
2. Shukla Vidhyadhar, Ravidattatripathi, Charaksamhita of Agnivesha, Volume II, Chikitsasthana 7/13, Varanasi, Chaukhambha Samskrit Pratisthan, 2006, 182p.
3. Shukla Vidhyadhar, Ravidattatripathi, Charaksamhita of Agnivesha, Volume II, Chikitsasthana 7/9, Varanasi, Chaukhambha Samskrit Pratisthan, 2006, 182p.
4. Shukla Vidhyadhar, Ravidattatripathi, Charaksamhita of Agnivesha, Volume II, Chikitsasthana 7/4-8, Varanasi, Chaukhambha Samskrit Pratisthan, 2006, 181p.

5. Shukla Vidhyadhar, Ravidattatripathi, Charaksamhita of Agnivesha, Volume II, Chikitsasthana, 7/20, Varanasi, Chaukhambha samskrit Pratisthan, 2006, 184p.
6. Shastri Kashinath, Gorakhnathchaturvedi, Charaksamhita of Agnivesha with elaborated vidyotinihindicommentry, Volume II, Chikitsasthan, 7/39, Varanasi; Chaukhambha Bharati Academy, 2007, 255p.
7. Sharma P V. Susruta Samhita of Acharya Susruta with English translation of text and Dalhana's commentary along with critical notes, NidanaSthan, 5/5, Varanasi; Chaukhambha Visvabharati; 2004, 37p.
8. Sharma P V. Susruta Samhita of Acharya Susruta with English translation of text and Dalhana's commentary along with critical notes, ChikitsaSthan, 9/3, Varanasi; Chaukhambha Visvabharati, 2004, 358p.
9. Fiore M, Leone S, Maraolo AE, Berti E, Damiani G. Liver Illness and Psoriatic Patients. BioMed Research International. February, 2018, 6(6): 3140983
10. <https://www.healthline.com/health/psoriasis/liver-disease#1> dated 20-11-2023 time 16:50 IST
11. Priyavrata S, Guruprasad S. Dhanvantari Nighantu of Priyavrata Sharma, 2nd edition. Varanasi; Chaukhambha Orientalia, 1988, 59–60p.
12. Rashid H, Gafur M A, Sadik G, Rahman A. Antibacterial and cytotoxic activities of extracts and isolated compounds of Ipomoea turpethum. Pakistan journal of Biological Sciences, November, 2002; 5(5): 597-599.
13. Sarashetti Revansiddppa, Simpi C.C, Sandeep N.M., Kanthi V.G. Screening of free radical scavenging activity of Arogyavardhini vati. International journal of Research in Ayurveda & Pharmacy, August, 2013; 4(4): 555-559.
14. Mishra Bramhashankar, Bhaishajya Ratnavali of Govindadasasen, 1st edition, Vol III, 54/257-260, New Delhi, Chaukhamba Sanskrit Bhavan, 2006, 82p.
15. Shastri Kashinath, Rasatarangini of Sadanand Sharma, 8th Reprint edition, 8/36, Varanasi; Motilal Banarasisdas, 2012, 181p.
16. Talekar MT, Mandal SK, Sharma RR. Clinical evaluation of *Trivruta* powder (*Operculina turpethum* Linn.) and *Aragvadha Patra Lepa* (paste of leaves of *Cassia fistula* Linn.) in the management of *Vicharchika* (eczema). An International Quarterly Journal of Research in Ayurveda. Jan-March, 2018; 39(1): 9-15.
17. Shastri J.L.N. Dravyaguna vigyana of Shastri J.L.N. 1st edition, Volume II, Varanasi, Chaukhambha orientalia, 2014, 290p.
18. Das D, Agarwal SK, Chandola HM. Protective effect of Yashtimadhu (*Glycyrrhiza glabra*) against side effects of radiation/chemotherapy in head and neck malignancies. An International Quarterly Journal of Research in Ayurveda. April 2011; 32(2): 196-9.