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Management of Psoriasis on the Basis of Ayurveda Principles - A Case Report

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ABSTRACT

Psoriasis is an autoimmune dermatological disease which is clinically characterized by erythematous, sharply demarcated papules and rounded plaques, covered by silvery micaceous scale. In *Ayurveda*, all skin disorders are covered under the heading of *Kustha*. *Ekkustha* can be compared to psoriasis based on its signs and symptoms. A female patient with complaints of blackish red scaly patches on almost whole of the body with itching and severe burning sensation is studied. *Deepana-Pachana (Panchkol Churna)* followed with *Virechana Karma (Trivrita Avleha)* along with *Shaman Yoga (Patolkaturohiniadi Kasaya 40ml, Avipattikar Churna 5gm, combination of Kamdudha Rasa 250mg, Sutshekhara Rasa 250mg and Shatavari Churna 3grams)* and *Jivantyadi Yamak* and a combination of *Multani, Gulabjal, Jaiphal* and *Manjishtha* for local application was given. Though, *Ekkustha* is a disease having dominancy of vitiated *Vata* and *Kapha Dosha*. In *Kapha* dominant skin diseases, *Vamana* is indicated as a *Shodhan Karma* but in the present case *Pitta* was found as a dominant *Dosha*. So line of treatment was to subside *Pitta Dosha*. After two months of the treatment, a significant response in various signs and symptoms were found. There was no remission of the disease even after six months.

KEYWORDS

Ekkustha; Psoriasis; Shamanyoga; Virechana



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INTRODUCTION

Psoriasis is an autoimmune dermatological diseases affecting up to 2.5% of the world population in which erythematous, sharply demarcated papules and rounded plaques, lined by silvery micaceous scale¹ are found on body. The reported prevalence of Psoriasis in countries is between 0.09% and 11.4%². In modern science, psoriasis is treated mostly by corticosteroids but the steroids have side effects like hepatotoxicity and nephrotoxicity. The disease not only affects the patient physically but also disturbs mentally, as the appearance is very critical. In *Ayurveda*, all skin diseases are lined beneath the term *Kustha Roga*. Vitiated *Dosha* cause abnormal colour of skin and produce degenerative changes called *Kustha*³. *Kustha* is produced by the vitiation of seven factors i.e. three *Dosha* and four *Dushaya*. Due to *Ahitakara Nidana Sevana*, first these three *Dosha Vata, Pitta* and *Kapha* get

vitiating and that they additionally vitiate *Twak, Rakta, Lasika* and *Mamsa*⁴. In the classics, *Kustha* is classed into *Maha Kustha* and *Kshudra Kustha*. Though, *Ekkustha* is a disease having dominancy of *Vata* and *Kapha Dosha*. In *Kapha* Dominant skin diseases *Vamana* is indicated as a *Shodhan Karma* but in the present case *Pitta* was found as a dominant *Dosha*. So line of treatment was to subside *Pitta Dosha*.

PATIENT INFORMATION:-

A Hindu, married female patient of age 45 came for consultation at the outpatient department of the National Institute of Ayurveda on 15/12/2017 having the complaints of blackish red scaly patches on palm, back and sole of the foot (**Figure 1-3**) with having complains of itching and severe burning sensation since last one year with associated symptoms of insomnia and palpitations.



Figure 1 showing erythematous plaques on the posterior surface of right forearm



Figure 2 showing black patches on sole of right foot



Figure 3 showing macules on the Palmar surface of both hands



Patient was advised for *Panchkarma* procedure in the indoor patient department of the institute. History of present illness uncovered that the patient was normal 1 year back. All of a sudden, she suffered with severe burning sensation and mild itching on her body. Gradually, she also got black patches on the skin. Personal history uncovered that the patient is a vegetarian with reduced appetite, disturbed sleep and having frequency of micturition 5-6 times per day and having history of constipation. There was no any relevant family history of skin diseases.

Clinical Findings:-

Physical examination showed extensive non uniform blackish scaly patches on sole

of foot, macules on palmar surface of hand, plaques on back, arm and thigh.

TIMELINE:-

A detail of case study and follow up is given in (Table 1)

PATIENT CONSENT:-

Written permission for publication of this case study had been obtained from the patient.

DIAGNOSTIC FOCUS AND ASSESMENT:-

On 16/12/2017, histopathology examination was advised and it discovered epidermis with marked acanthosis, hyperkeratosis and elongation of rete ridges. Granular layer was 2-3 cells in

Table 1 Details of case study and follow-up

Year	Incidence/intervention
2016	Mild itching and burning sensation
2016-2017	Black patches on the skin appear and there was severe burning sensation on her body. Patient consulted local practitioners and advised conservative treatment but had no relief
15 Dec. 2017	Patient visited O.P.D. of national institute of Ayurveda, Jaipur for these problems and was advised for <i>Virechana Karma</i> . So, She was admitted in I.P.D. of institute.
16 Dec.2017	Histopathology report was advised. Acanthosis and vascular proliferation in histopathology report confirmed the diagnosis of Psoriasis.
23 Dec. 2017	Hb, ESR, CBC, Serum bilirubin both direct and indirect, serum glutamic oxaloacetic transaminase (SGOT), alkaline phosphatase, blood urea, Serum glutamic pyruvic transaminase (SGPT), serum creatinine, total lipid profile and urine examination were investigated. These were within limit.
Dec. 2017-Jan 2018	<i>Virechana Karma</i> was done. Ayurvedic oral drugs were also prescribed during this <i>Panchkarma</i> procedure.
Jan 2018-Feb 2018	<i>Shaman Aushadhis</i> were continued.

thickness. Dermis and papillary dermis showed perivascular infiltration by lymphocytes (Figure 4). On 23/12/2017, haemogram and urine examination were advised. Haemogram report revealed Haemoglobin 12.8%, TLC 6700th/ul, ESR

12 mm/hr, Neutrophils 63%, Lymphocytes 20%, Eosinophils 11%, Monocytes 06%, Basophils 00%, TRBC 4.09 mill/ul, TPLC 2.62 Lac/ul, PCV 38.5%, MCV 94.2, MCH 31.3pg, MCHC 33.2 g/dl%, RBS 80.0mg%, S.cholesrol 210.0mg/dl, S. triglyceride



152.0mg/dl, HDL 49.0mg/dl, LDL 130.6 mg/dl, VLDL 30.4 mg/dl, S. total bilirubin 0.5 mg/dl, direct bilirubin 0.2 mg/dl, indirect bilirubin 0.3 mg/dl, SGOT 27.0 U/L, SGPT 24.0 U/L, Alkaline Phosphatase 181.0 U/L, RA Factor ,CRP, ASO titre all these three were negative.& urine examination report was -colour- pale yellow, Ph 6.0, Sp Gr 1.025, Sugar Nil, Protein Nil, Epithelial cells 1-2, WBC 0-1, Crystals, casts, RBC, Bact flora all were nil (Figure5). Acanthosis and vascular proliferation in histopathology report confirmed the diagnosis of Psoriasis⁵.

NATIONAL INSTITUTE OF AYURVEDA, JAIPUR CENTRAL LAB			
Lab No	23555	IPD/OPD	4614
Bed No	40	Date	23-Dec-17
Day No	11	Payment	Free/Ipd
Patient Name	Munni Devi	Age	50
Sex	F	Referral by	
Haematology			
G Hb	12.8	Normal Value	11-16 %
Hematocrit	37.00	Normal Value	37-47 %
TLC	6700	Normal Value	4-10 (x10 ⁹ /L)
ESR	12	Normal Value	0-20 mm/hr
Neutrophils	63	Normal Value	50-70 %
Lymphocytes	20	Normal Value	20-40 %
Eosinophils	11	Normal Value	0-5 %
Monocytes	36	Normal Value	2-10 %
Basophils	00	Normal Value	0-1 %
TRBC	4.09	Normal Value	3.50-5.50 (x10 ¹² /L)
TRPL	2.82	Normal Value	1.00-3.00 (x10 ¹² /L)
TEC		Normal Value	4500/L
VEC		Normal Value	
PCV	38.5	Normal Value	37-54 %
MCV	94.2	Normal Value	80-100 fL
MCH	31.3	Normal Value	27-34.0 pg
MCHC	33.2	Normal Value	32-36.0 g/dL
CT		Normal Value	6-11 min
BT		Normal Value	<5 min
Parasites		Normal Value	
Bio-Chemistry			
FBS	80.0	Normal Value	60-110 mg/dl
FBSS		Normal Value	<140 mg/dl
FBSS		Normal Value	<140 mg/dl
BLU		Normal Value	<21 mg/dl
S Urea	27.0	Normal Value	10-50 mg %
S Creatinine	1.0	Normal Value	0.6-1.5 mg/dl
S Uric-Acid		Normal Value	4.2-5.5 mg/dl
S Cholesterol	210.0	Normal Value	120-200 mg/dl
S Triglycerid	152.0	Normal Value	60-165 mg/dl
HDL	49.0	Normal Value	35-85 mg/dl
LDL	130.6	Normal Value	60-165 mg/dl
VLDL	30.4	Normal Value	25-60 %
Total Protein		Normal Value	6-8 gms/dl
Albumin		Normal Value	3.5-5.5 g/dl
AG Ratio		Normal Value	1-2:1
S T Bilirubin	0.5	Normal Value	0.2-1.0 mg/dl
D Bilirubin	0.2	Normal Value	0-1.0 mg/dl
I Bilirubin	0.3	Normal Value	0.2-0.9 mg/dl
SGOT	27.0	Normal Value	<37 U/L
SGPT	24.0	Normal Value	<42 U/L
Alkaline Phosphatase	181.0	Normal Value	64-308 U/L
Manteroux Test After 72 hrs.			
MT Erythro		Normal Value	
Induration		Normal Value	
Serum AFB		Normal Value	
Urine		Normal Value	
App Colour		Normal Value	Pale Yellow
Ph		Normal Value	6.0
Sp Gr		Normal Value	1.025
Sugar		Normal Value	Nil
Protein		Normal Value	Nil
Ep Cells		Normal Value	1-2
WBC		Normal Value	0-1
Crystals		Normal Value	Nil
Casts		Normal Value	Nil
RBC		Normal Value	Nil
Bact Flora		Normal Value	Nil
Others		Normal Value	Nil
Stool			
Ova		Normal Value	
Cyst		Normal Value	
Occult Blood		Normal Value	
Parasites (no)		Normal Value	
WBC (Stool)		Normal Value	
Other		Normal Value	
Peripheral Blood Smear			
RA Factor		Normal Value	Negative
CRP		Normal Value	Negative
ASLO Titre		Normal Value	Negative
HBs Ag		Normal Value	Negative
VDRL		Normal Value	
HIV		Normal Value	
Blood Group		Normal Value	
Group		Normal Value	
Fib		Normal Value	
HCC (Pregnant)		Normal Value	
Widal Titre		Normal Value	
Serum		Normal Value	
Thyroid Test		Normal Value	
T3		Normal Value	0.8-2.1 ng/ml
T4		Normal Value	5-13 ug/dl
TSH		Normal Value	0.5-5.5 uIU/ml
Interpretations			
Technician		Consultant	
Dr. Sona Goyal (M.D. Pathology) Pathologist			
Note - Results are subject to normal fluctuations. Please correlate clinically. Not valid for medico-legal purpose. Reference Range depends on reagent used and provided by the company.			

K.K DIAGNOSTIC CENTER			
KHAWAS JI KA RASTA NEAR HAWA MAHAL JAIPUR 0141 - 2600934, 3237997			
Name	MRS. MUNNI DEVI	Age	48 Yrs
Sex	F	Date	16/12/2017
Lab No	38	Ref. Dr.	Dr. KUMAR DR. SUNIL (NIA)
Rec. No.	1718-9957		
HISTOPATHOLOGY EXAMINATION			
HISTOPATHOLOGY REPORT			
SAMPLE - SKIN BIOPSY			
GROSS EXA :-			
SPECIMEN CONSISTS OF SINGLE, LINEAR, GRAYISH WHITE SOFT TISSUE PIECE MEASURING 1.0 X 0.4 cm IN SIZE. ENTIRE TISSUE IS GIVEN IN ONE BLOCK.			
MICROSCOPIC EXA.			
SECTION SHOWS EPIDERMIS WITH MARKED ACANTHOSIS, HYPERKERATOSIS ELONGATION OF RETE RIDGES. THE GRANULAR LAYER IS 2-3 CELLS IN THICKNESS. DERMIS AND PAPILLARY DERMIS SHOWS PERIVASCULAR INFILTRATION BY LYMPHOCYTES.			
# EVERY TEST NEEDS TO BE CORRELATED AND INTERPRETED CLINICALLY. IN CASE OF ANY QUERY TEST MAY BE REPEATED			
PATHOLOGIST PROF. U B SHARMA M.D. PATHOLOGY, EX PROF. S.M.S. MEDICAL COLLEGE, JAIPUR.			
** End of Report **			

Fig 4 Histopathology report

THERAPEUTIC INTERVENTION:-

Patient was treated on the principle of management of *Kushtha Roga*. Orally,

Fig 5 Haematogram and Urine report

Panchkola Churna 3gm twice a day was given for three days. After three day *Panchtikta Ghrita* was advised in the morning for next five days with increasing doses with *Sahpan* (adjuvant) of *Koshn Jal* (lukewarm water). After 5 days of *Ghritapana Samyak Snehapana Lakshanas* were seen. Then *Sarvang Snehana, Swedana* was done for next two days. On third day after *Snehpana, Virechana* was done with *Trivrita Avleha* (15gm) (Table No. 2). Eight *Virechana Vega* happened during 12 hours. *Mala, Pitta, Kapha* comes in stool. Pulse rate and blood pressure after *Virechana* was within normal limit. *Sansarjana Karma* (dietary schedule) was advised to follow for 3 days after *Virechana Karma*. (Table No.3)



Table 2 showing days and dosage of medicines given for *Virechana Karma*

Days of treatment	Drug used	Dose
1 st to 3 rd Day	<i>Panchkol Churna</i>	3gm twice a day
4 th Day	<i>Panchtikta Ghrita</i>	30 ml
5 th Day	<i>Panchtikta Ghrita</i>	60 ml
6 th Day	<i>Panchtikta Ghrita</i>	90 ml
7 th Day	<i>Panchtikta Ghrita</i>	120 ml
8 th Day	<i>Panchtikta Ghrita</i>	150 ml
9 th Day- 10 th Day	<i>Dashmool Tail and Kwath</i>	---
11 th Day	<i>Trivrita Avleha</i>	15gm

Following oral medications were administered for next 2 months:-A combination of *Kamdudha Rasa* (250mg), *Sutshekhar Rasa* (250mg) and *Shatavari Churna* (3gm) was given twice a day along with *Patolkaturohinyadi Kasaya* 40 ml mixed with equal quantity of water and along with these medicines *Avipattikar Churna* (5gm) was administered 12 hourly. *Jivantyadi Yamak* & a paste of *Multani*, *Gulabjal*, *Jaiphal* and *Manjishta* were advised for local application (**Table No. 4**).

FOLLOW-UP AND OUTCOMES:-

Table 4 Days and dosage of *Shaman* treatment after *Virechana Karma*

Name of the Drug used	Dose	Route of administration
Kamdhudha Rasa+ Sutshekhar Rasa + Shatavari Churna	250mg+250mg+3gm twice a day	Oral
<i>Patolkaturohinyadi Kasaya</i>	40 ml twice a day	Oral
<i>Avipattikar Churna</i>	5gm twice a day	Oral
<i>Jivantyadi Yamak</i>	-	Local application
<i>Multani+Gulabjal+Jaiphal and Manjishta</i>	-	Local application

Aswedanam (absence of sweat), *Mahavastu* (covers a large area) and

Just after *Virechana Karma* completes, patient got mild relief in burning sensation. The patient was on follow-up on every fifteen days till two months. Gradually macules, plaques and patches started disappearing and there was relief in burning sensation and itching during follow up. After two month of treatment, patient got complete relief. (**Figure 6-8**) There is no reoccurrence of disease even after six months. As per rule of nine, spread of psoriasis was 90%, after 15 days of treatment it was 75%, then it gradually decreases and after two month of treatment it was zero.

Table 3 *Sansarjana Karma*

Days	Morning	Evening
11 th Day	-	<i>Peya</i>
12 th Day	<i>Vilepi</i>	<i>Akrit Yush</i>
13 th day	<i>Krit Yush</i>	<i>Normal diet</i>

(Dietary Schedule) advised for 3 days

DISCUSSION

Ekkustha is one among *Kshudra Kustha* and can be compared with psoriasis because of similar signs and symptoms as

Matsyashaklopamam (resembles as scaly skin of fish)⁶. *Kustha* in which skin



becomes of black and reddish colour is known as *Ekkustha*⁷ in *Ayurveda*. The line



Figure 6 showing no plaques on posterior surface of both forearm



Figure 7 showing no black patches on sole of right foot



Figure 8 showing no macules on palmar surface of both hand

of treatment for *Kustha* in *Ayurveda* literature is *Samsodhan* and *Saman Aushadhis*. In pathogenesis of all *Kustha*, there is involvement of all three *Dosha*, however classification of *Kustha* is done on the premise of predominance of particular *Dosha* vitiated. The patient was diagnosed as a case of *Ekakustha*. Though, *Ekkustha* is a disease having dominance of *Vata* and *Kapha* *Dosha*⁸. In *Kapha* Dominant skin diseases *Vamana* is indicated as a *Shodhan Karma*. But *Aacharya Charaka* while describing *Kustha* treatment very firstly has

mentioned that all *Kustha* are *Tridoshaja* in nature and should be treated according to dominance of *Dosha*. First treat the dominant *Dosha* then rest of the vitiated *Dosha* should be treated⁹. In the present case patient had symptoms of mainly vitiated *Pitta* *Dosha* i.e. severe burning sensation on whole of the body along with *Vata* & *Kapha* *Dosha* i.e. itching and scaling of skin. *Virechana* and *Pitta Shamaka* treatment was advised for vitiated *Pitta* *Dosha* first. (**Table no.5**)

Table 5 Ingredients, properties and action of the drugs given.

Drug	Ingredients	Properties and action
<i>Panchkol Churna</i> ¹⁰	<i>Peepala</i> (<i>Piper longum</i>), <i>Peepala Mula</i> (<i>Piper longum</i>), <i>Chavya</i> (<i>Piper retrofractum</i>), <i>Chitrakamula</i> (<i>Plumbago zeylanica</i>), <i>Sunthi</i> (<i>Zingiber officinale</i>)	<i>Deepana Pachana Karma</i>
<i>Panchatikta Ghrita</i> ¹¹	<i>Neem</i> (<i>Azadirachta indica</i>), <i>Patola</i> (<i>Trichosanthes dioica</i>), <i>Kateri</i> (<i>Solanum indicum</i>), <i>Vasa</i> (<i>Adhatoda vasica</i>), <i>Giloya</i> (<i>Tinospora cordifolia</i>), <i>Amalaki</i> (<i>Emblica officinalis</i>),	<i>Ushna, Tikshna, Vyavayi, Vikasi, Katu, Tikta Rasa</i> and <i>Katu Vipaka</i> , useful in <i>Kustha, Vattapittakapha Vikara, Dustha Rakta Vikara</i> .



	<i>Haritaki</i> (Terminalia chebula) and <i>Baheda</i> (Terminalia bellirica), <i>Goghrita</i> (cow ghee)	
<i>Jivantyadi Yamak</i> ¹²	<i>Jivanti</i> (Leptadenia reticulata), <i>Manjistha</i> (Rubia cordifolia), <i>Darvi</i> Milk (Berberis aristata), <i>Tutha</i> , <i>Kampillaka</i> (Mallotus phillippinensis), <i>Ghrita</i> and <i>Taila</i> (oil).	<i>Kusthahara</i>
<i>Patolkaturohiniadi Kasaya</i> ¹³	<i>Patola</i> (Trichosanthes dioica), <i>Katurohini</i> (Cissampelos pareira), <i>Chandana</i> (Santalum album), <i>Murva</i> (Marsedenia tenacissima), <i>Guduchi</i> (Tinospora cordifolia),	<i>KaphapittaVikara</i> and <i>Kusthahara</i>
<i>Avipattikar Churna</i> ¹⁴	<i>Sunthi</i> (Zingiber officinale), <i>Peepala</i> (Piper longum), <i>Kali Mircha</i> , <i>Amalaki</i> (Emblica officinalis), <i>Haritaki</i> (Terminalia chebula) and <i>Baheda</i> (Terminalia bellirica), <i>Vidnamak</i> , <i>Vayavidanga</i> (Embelia ribes), <i>Choti Elaichi</i> (Elettaria cardamomum), <i>Tejpatta</i> (Cinnamomum tamala), <i>Lavanga</i> (Syzygium aromaticum), <i>Nishotha</i> (Operculina turpethum)	<i>Pittavikriti Vikara</i> , mild <i>Virechaka</i>
<i>SutshekharaRasa</i> ¹⁵	<i>ShuddhaParada</i> (Hg) and <i>Gandhaka</i> (sulphar), <i>Roupaya Bhasma</i> (Silver preparation), <i>Sunthi</i> (Zingiber officinale), <i>Kali Mircha</i> (Piper nigrum), <i>Shuddha Dhatura Beej</i> (<i>Datura stramonium</i>), <i>Shuddh Tankana</i> (borax powder), <i>Tamra Bhasma</i> (Abiess pectabilis), <i>Dalchini</i> (Cinnamomum verum), <i>Tejpatta</i> (Cinnamomum tamala),, <i>Choti Elaichi</i> (Elettaria cardamomum), <i>Nagkesar</i> (Mesua ferrea), <i>Sankha Bhasma</i> (calx of conch shell), <i>Kachura</i> (Curcuma zedoaria)	<i>Vatapitta Shamaka</i>
<i>Kamdhudha Rasa</i> ¹⁶	<i>Giloy Satva</i> (Tinospora cordifolia), <i>Swarnagairik</i> (red ochre)and <i>Abhraka Bhasma</i> (mica)	<i>Sheet Virya Pradhan</i> and has mainly <i>Pittashamaka</i> action
<i>Shatavari</i> ¹⁷	<i>Shatavari Mula</i> (root of Asparagus racemosus)	<i>Madhura</i> , <i>Tikta Rasa</i> , <i>Snigdha</i> and <i>Guru Guna</i> , <i>Sheet Virya</i> , <i>Madhura Vipaka</i> and mainly <i>Kaphavatghana</i> and <i>Pittahara Karma</i>
<i>Jaiphal</i> ¹⁸	<i>Jaiphal Twak</i> (bark of Myristica fragrans)	<i>Vatakaphara</i> action and also <i>Varnayakaraka</i> , <i>Kusthaghana</i>
<i>Manjishtha</i> ¹⁹	<i>Manjishtha Twak</i> (bark of Rubia cordifolia)	<i>Madhura</i> , <i>Tikta</i> , <i>Kasaya Rasa</i> . <i>Kaphapittashaamaka</i> . <i>Rakta Shodhak</i> and <i>Kusthaghana Karma</i>

Due to *Deepana-Pachana* action, *Panchkol Churna* aggravates *Agni* and thus helps in *Aam Pachana*. *Snehana* softens the body and clears the obstruction of *Mala*²⁰. *Swedana* liquefies the *Dosha* which are

present in different *Srotas*²¹. *Virechana* removes *Dosha* from *Kostha*. *Kustha* is termed under *Rakta Pradoshaja Vikaras*²². As *Pitta Dosha* is accepted as *Mala* of *Rakta*²³. So *Virechana* is specific for *Pitta*



Dosha and *Rakta Dushti Vikara*. It has been proved in many studies that *Virechana* procedure was the most commonly adopted purificatory process with maximum efficacy in Psoriasis²⁴ and *Virechana* after *Snehana* with *Panchtikta Ghrit* have significant results in Psoriasis²⁵. *Avipattikara Churna* helps in *Pittashaman* and due to *Virechaka* karma helps in constipation. *Kamdudha*, *Sutshekhara Rasa* helps in *Pittashaman*. *Patolkaturohinyadi Kwath* also has *Kusthahara* and *Pittakapha Shamak* action. *Jivantyadi Yamak*, *Shatavari* and *Jaiphal* due to *Varnyakara* and *Kusthahara* effect helps in restoration of normal colour of skin. According to modern science psoriasis is an autoimmune disease and in *Ayurveda* autoimmunity can be understood as *Ojovisramsya* where there is malfunctioning of *Dosha*²⁶. So, in this case we did the treatment on the principle of balancing *Dosha* and got significant result.

CONCLUSION

Patient was diagnosed a case of *Ekakustha* with predominancy of vitiated *Pitta Dosha*. In the classics, it is said that *Dosha Dushya Sammurchana* is the *Samprapati* of any disease and *Samprapati Vighatana* is the main line of treatment. In this case, patient had primarily signs and symptoms of

vitiated *Pitta Dosha* in conjunction with some signs and symptoms of vitiated *Vata* and *Kapha*. So *Virechana* and mainly *Pittashamak* treatment was given and had not given any specific *Kustha Rogadhikara Chikitsa*. *Deepana Pachana* helped in *Aam pachana*, *Virechana* helped in removal of vitiated *Dosha* from body and *Saman Yoga* helped to bring *Samyavastha* of *Dosha*. We got significant results in this case. That demonstrates that management of psoriasis with *Panchkarma* procedures and *Ayurvedic* intervention will be a good approach to manage skin disorders. This approach can be useful for further studies on treating psoriasis.



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