ISSN No: 0976-5921

Case Report

Therapeutic outcomes of Ayurvedic detoxification and palliative care in *Eka Kushta* (Plaque Psoriasis): A case report

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Received: 01-09-2025 Accepted: 16-12-2025 Published: 31-12-2025

Abstract

Background: Psoriasis is a chronic, immune-mediated inflammatory skin disorder with erythematous, scaly plaques. Conventional therapies often provide symptomatic relief but may cause adverse effects or recurrence. Ayurvedic management integrates detoxification and palliative therapies targeting systemic imbalances. Case: An 18-year-old female presented with widespread blackish and whitish scaly plaques, pruritus, burning, and dryness, unresponsive to long-term corticosteroids. Ayurvedic examination indicated tridoshic imbalance and reduced digestive capacity. Treatment and Findings: The patient underwent sequential detoxification (therapeutic emesis and purgation) following digestive stimulation and internal oleation, accompanied by strict post- procedure diet. Subsequent palliative therapy had well defined regime. Progressive improvement was noted in scaling, itching, erythema, and discoloration, with PASI scores reducing from 72 to 4 and pruritus resolving completely. No new lesions appeared, and systemic symptoms improved. Conclusion: Integrated Ayurvedic detoxification and palliative management effectively addressed the root causes of plaque psoriasis, producing rapid clinical improvement, enhanced quality of life, and sustained remission.

Keywords: Ayurveda, Detoxification, Palliative therapy, Plaque psoriasis, Therapeutic emesis, Purgation.

Access this article online

Website: https://ijam.co.in

DOI: https://doi.org/10.47552/ijam.v16i4.6512

Introduction

Psoriasis is a chronic, immune-mediated inflammatory skin disorder characterized by well- demarcated, erythematous, scaly plaques often accompanied by itching, burning, or discomfort (1). It has global adult prevalence ranging widely from about 0.5% to over 11%, and lower prevalence in children, reflecting geographic and ethnic variations (2,3). In India, hospital-based studies report a prevalence between 0.44% and 2.8%, with a higher occurrence in males and peak onset typically in the third to fourth decade of life (4,5). Chronic plaque psoriasis is the most frequent clinical type, accounting for over 90% of cases, with nail involvement and psoriatic arthritis present in a notable subset of patients (4,6,7). Epidemiological data from Asia show a male predominance and a peak age of onset between 20 and 29 years, with plaque vulgaris being the most common subtype (8). Comorbidities such as diabetes, hypertension, obesity, and psychological conditions like depression are frequently associated with psoriasis in Indian populations, suggesting the need for comprehensive care (5,7). Psoriasis is managed with topical agents, systemic medications, phototherapy, and biologics, all of which offer symptomatic relief but may cause adverse effects with long-term use. Topical corticosteroids are effective for mild- to-moderate disease but can lead to skin atrophy and occasional systemic effects, whereas non-steroidal topicals are comparatively safer (9). Systemic drugs such as methotrexate, cyclosporine, acitretin, and fumaric acid esters carry risks of hepatotoxicity, nephrotoxicity, hypertension, and hematologic abnormalities, with methotrexate toxicity often linked to overdosing and requiring careful monitoring (10). Phototherapy (PUVA, UVB) is beneficial, though extended PUVA exposure increases skin cancer risk, while UVB is generally safer (11). Biologics offer high efficacy with fewer systemic side effects, but their cost, injectable nature, and potential malignancy concerns remain limitations.

In Ayurveda, plaque psoriasis is correlated with conditions such as *Ekakushta* (a solitary, extensive lesion), *Sidhma Kushta* (coppery-red, scaly patches), or *Kitibha Kushta* (blackish, rough, and hardened plaques), where the pathology involves vitiation of *Vata* and *Kapha doshas* and impairment of *Rakta* (blood), *Twak* (skin), and *Mamsa* (muscle tissue) (12). The classical therapeutic principle for such deep-seated dermatological disorders mandates *Shodhana Chikitsa* (detoxification therapy), primarily through *Panchakarma* procedures such as *Vamana* (therapeutic emesis) and *Virechana* (purgation), aimed at eliminating vitiated *doshas* from their root, and *Shamana Chikitsa* (pacifying or palliative care), involving internal medication, topical applications, and strict dietary and lifestyle modifications to restore systemic equilibrium (12). The aim of this case report is to document the clinical outcomes of an Ayurvedic treatment protocol based on classical principles of detoxification and palliative therapy in the

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management of Plaque Psoriasis, particularly in a patient experiencing relapse and inadequate long-term relief with conventional treatments.

Case Report

Patient Information

An 18-years old female presented with widespread skin lesions involving both feet, both hands, the thorax, abdomen, lower back, scalp, face, and the retroauricular region. The lesions presented with blackish and whitish discoloration, marked dryness, scaliness, anorexia and associated symptoms of pruritus and burning sensation, concomitant with diminished appetite. The patient's symptoms had progressively worsened over the past three years, initially manifesting as white scaly patches on the left foot before disseminating to multiple body regions. Throughout this period, she was managed with oral and topical corticosteroids and other allopathic medications but experienced no significant or sustained relief. Due to escalating symptom severity and frequent recurrence, she presented to the Panchakarma outpatient department and was admitted for comprehensive Ayurvedic management. Her medical history included long-term corticosteroid use for the same condition, with no significant family history reported.

Treatment regime

A detailed clinical and ayurvedic examination was conducted (Table 1). The patient was managed with detoxification therapies (therapeutic emesis & purgation) followed by palliative/internal therapy as detailed in Table 1. Prior to initiating therapy, the patient was assessed for dosha predominance, strength, digestive capacity, and body constitution to determine fitness for therapeutic emesis and purgation. The patient was informed about potential complications, and written informed consent was obtained. For detoxification therapy, the procedures were conducted according to classical protocols, including preparatory measures, main therapeutic procedure, and post-procedure care. The detailed treatment regime is described in table 2.

Table 1: Clinical and ayurvedic examination findings

Sr No	Category	Observation	Category	Observation
	Eightfold Examination		**Other Examination**	
1	Pulse	Dominant pulse with Pitta association	Appetite	Normal and Adequate
2	Stool	Constipation with hard stools; bowel movement 1–2 times/day	Sleep	Disturbed/intermittent due to excessive itching (Intermittent due to itching)
3	Urine	Urination frequency 7–8 times/day	Smoking/ Drinking	None
4	Tongue	Clear; no coating	Pulse	76 beats per min
5	Voice	Clear speech/voice	Blood Pressure	110/70 mmHg
6	Skin	Dry and coarse to touch	Weight	42 kg
7	Eyes	Slight yellowish discoloration	Menstrual History	Irregular menstrual cycles (occurring every 28–84 days, lasting 2–3 days), Scanty flow, Occasional spotting, Painful menstruation with lower back and abdominal pain
8	Build	Lean body constitution		
	Local Skin Examination		**Diagnosis and treatment plan**	
1	Skin Color and distribution	Discolouration present and all over body	Differential Diagnosis	Plaque Psoriasis, Chronic Scaly Dermatosis, Fine-Scaled Dermatosis
2	Size of Lesions and Color	Large; Blackish and Whitish scales	Final Diagnosis	Ayurvedic: Eka Kushta Modern: Plaque Psoriasis, Eczema
3	Shape	Asymmetric, Individual	Prognosis	Good prognosis / manageable with treatment
4	Scales, Itching, Sensation, Candle grease sign and Auspitz's Sign	Dry flaky scales and all other symptoms- Present	Treatment Plan	Shodhana and Detoxification therapies (therapeutic emesis & purgation) followed by palliative/internal therapy
5	Discharge	Absent	Reference	Classical Kushta Chikitsa

Table 2: Treatment regime

Detoxification (*Shodhana Chikitsa*)		
Procedure	**Therapeutic Emesis (*Vamana*)**	**Therapeutic Purgation (*Virechana*)**
Appetizer & Digestive Therapy	*Mustha–Shunthi Vati* (250 mg; twice daily x 3d) *Shankh Vati* (250 mg; twice daily x 3d)	*Mustha–Shunthi Vati* (250 mg; twice daily x 3d) *Shankh Vati* (250 mg; twice daily x 3d)
Internal Oleation for Purification and dose	*Vajarak Ghrita* (25–50–75–100–125 ml)	*Vajarak Ghrita* (30–60–90–120–150 ml)
External Oleation	777 Oil and Psorolin Oil	777 Oil and Psorolin Oil
Sudation/Steam Therapy	Full-body steam	Full-body steam
Medicinal Preparation	*Madanphala*, Licorice (*Yashtimadhu*), Rock Salt (Saindhava), Honey – 120 ml	*Hrudya Virechana Avaleha* – 50 g
End-point of Therapy	End point indicating pitta dominance	End point indicating kapha dominance
Number of Eliminations	6	24
Subjective Symptoms	Abdominal lightness, fatigue	Lightness in body, improved enthusiasm

Post-procedure Care	Medicated smoke inhalation for 5 minutes through each nostril using *Aguru* stick	None
Post-detox Diet Protocol	Diet regimen for medium purification (5 days): Peya, Vilepi, Unseasoned Green Gram Soup (*Akrut Mudga Yusha*), Seasoned Green Gram Soup (*Krut Mudga Yusha*), then normal diet	Same regimen: Peya, Vilepi, *Akrut Mudga Yusha*, *Krut Mudga Yusha*, normal diet
Changes After Procedure	Scaling, itching, and skin discoloration reduced by 50%; No new patches appeared; Blackening of old patches observed.	Scaling, itching, and discoloration reduced by 85%.

Palliative Treatment *(Shamana Chikitasa)*			
Drug name	**Dose**	**Medium**	**Frequency**
Aarogyavardhini	*500mg-500mg*	Lukewarm water	After meal
Gandhak Rasayana	*500mg-500mg*	Lukewarm water	After meal
Kaishor Guggulu	*500mg-500mg*	Lukewarm water	After meal
Gandharva Haritaki	5 gm	Lukewarm water	Night
Mahatikta Ghrita	10ml-10ml	Lukewarm water	Morning- Evening
Psorolin Ointment	As required for local application	-	Morning- Night
Dietary Recommendations			
Recommended- Nutritious, easily digestible foods such as *khichadi* and seasonal fruits; Maintaining proper hygiene;		Not Recommended- Spicy foods (chilies, garlic, raw onions); Excessively salty foods; Fried foods; Fermented products like yogurt and pickles; Cold foods such as ice-cream and chilled beverages and Excessive	

Therapeutic outcomes were systematically assessed at four key intervals: baseline (pre-treatment), after therapeutic emesis (Day 14), after purgation (Day 28), and upon completion of the *Shamana* regimen (Day 56). The results, detailed in Table 3, demonstrate a marked, progressive reduction in both objective signs and subjective symptoms. A significant clinical response was observed following purgation, with the resolution of pathognomonic signs: the Auspitz sign (pinpoint bleeding) and Candle Grease sign became absent, and the severe, fish-scale- like scaling was notably reduced. By the end of the full 56-day protocol, all core cutaneous manifestations including extensive, thick plaques, scaling, dryness, and discoloration had resolved completely. This clinical improvement was quantified by a substantial reduction in the PASI score from a baseline of 72 (indicating severe disease) to 36 post-therapeutic emesis, 10 post-purgation, and a near-clear score of 4 at the study endpoint. Concomitantly, the patient-reported PVAS score decreased from a maximum of 10 (severe itching) to 0 (no itching), indicating a complete resolution of pruritus. The parameters of dryness, itching, scaling, and discoloration, which were actively present at baseline, were all documented as absent upon final assessment.

Figure 1: Progressive clinical improvement in a patient with plaque psoriasis over the course of Ayurvedic treatment

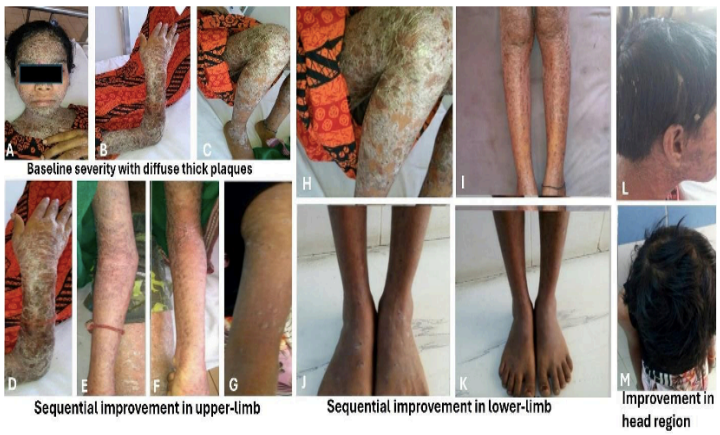

Table 3: Clinical Observations and Outcomes

Criteria / Symptoms	Before Treatment	After Therapeutic emesis (Day 14)	After purgation (Day 28)	After Shamana (Day 56)
Anhidrosis	Present	Present	Absent	Absent
Thick, Extensive Lesions	Present	Present	Present	Absent
Fish-scale-like Scaling	Present	Present	Reduced	Absent
Auspitz Sign	Present	Present	Absent	Absent
Candle Grease Sign	Present	Present	Absent	Absent
PASI Score	72	36	10	4
Pruritus Visual Analog Scale (PVAS)	10	5	2	0
Dryness	Present	—	—	Absent
Itching	Present	—	—	Absent
Scaling of Skin	Present	—	—	Absent
Discoloration of Skin	Present	—	—	Absent
(—) indicates parameter was not separately evaluated at that specific stage.				
Baseline presentation showing extensive scaling and plaque formation over the A) face, B) upper limbs, and C) lower limbs; Sequential improvement in upper-limb showing marked decrease in scales over time i.e., D) 1st day, E) 14th day, F) 28th day and G) 56th day; Gradual improvement in lower limb over the time i.e., H) 1st day, I) 14th day, J) 28th day and K) 56th day; Improvement in the condition on head L) Before and M) After treatment.				

Discussion

Detoxification treatments like therapeutic emesis and purgation play a crucial role in breaking the chain of etiopathogenesis in psoriasis by eliminating vitiated doshas and toxins from the body, which helps alleviate signs and symptoms and prevents recurrence. These detoxification therapies target the root causes of psoriasis, including imbalances in *Vata* and *Kapha* doshas and

impurities in blood and other tissues, thereby restoring systemic equilibrium. Our findings are consistent with a growing body of case reports documenting the efficacy of the classical detoxification-palliative balancing therapy in psorasis. Published evidence corroborates that this two-pronged approach yields significant and often sustained remission. For instance, multiple cases demonstrate that the sequential application of therapeutic emesis and purgation, followed by targeted palliative care, produces marked objective and subjective improvement. This includes the near-complete resolution of plaques, with associated PASI scores dropping significantly from 30.5 to 4.8 in a case of a patient with severe erythrodermic psoriasis (13) and from 20.8 to 2.3 in a 42-year-old male (14), alongside a profound improvement in quality-of-life indices (DLQI) (15). The clinical benefits extend beyond lesion clearance and are effective across a wide age range, from younger adults (e.g., a 27-year-old male) (16) to middle-aged individuals (e.g., a 57-year-old male and a 48-year-old male (15,17). The protocol consistently alleviates core symptoms such as intractable pruritus, severe scaling (e.g., "fish-scale" pattern), and characteristic signs like Auspitz and Candle Grease phenomena, as observed in our patient and others (e.g., a 32-year-old male (18), and a 35- year-old male with scalp psoriasis (19). Furthermore, detoxification therapies appear to address associated systemic imbalances, such as chronic constipation and disturbed sleep, which also showed improvement in documented cases of a 45-year-old male (20). This systemic correction is crucial, as psoriasis is increasingly recognized as a disorder with multi-organ involvement.

Importantly, the therapeutic outcomes demonstrate durability across demographics. Several reports highlight sustained remission without recurrence over follow-up periods extending to two years (14,16), particularly in patient of 32-year-old male who had previously experienced frequent relapses with conventional therapies like PUVA and corticosteroids (21). This durability may be significantly enhanced by adhering to the classical guidance of administering such detoxification therapies seasonally for 3 consecutive years, a strategy that is posited in Ayurvedic texts to lead to non-recurrence and complete remission in chronic, tridoshic disorders like psoriasis**.** This suggests that the Ayurvedic protocol, by aiming to eliminate vitiated *doshas* rather than merely suppressing symptoms, may alter the disease's natural course. The regimen's success across varied presentations and age groups from localized plaque-type (17–19) to more extensive or erythrodermic forms (13,14) and its ability to manage complicated cases, including those with specific allergies (14), suggests its adaptability and holistic scope (15).

Plaque psoriasis, though categorized as a minor skin disorder, involves disturbances of all three functional regulatory systems (*doshas*). Classical guidance recommends avoiding dosha-aggravating foods and using repeated detoxification, internal oleation, sudation, external oleation, sudation, blood purification, and supportive therapies for chronic, multi-*dosha* conditions. Because plaque psoriasis behaves as a long-standing, tridoshic disorder, therapeutic emesis and purgation are advised first, followed by palliative therapy to stabilize remission (12). In the present case, the detoxification sequence appears to have played a central mechanistic role. The preparatory phase included external oleation, which helps loosen toxins from the tissues, followed by sudation to further mobilize them towards the gastrointestinal tract, optimizing the body for the main purification procedures. The initial digestive-stimulating regimen, using *Mustha–Shunthi Vati* and *Aampachak Vati*, enhanced gastrointestinal metabolism and cleared metabolic toxins (*Ama*), creating a toxin-free physiological state essential for successful detoxification. Internal oleation with *Vajrak Ghrita* known for its bitter, astringent, and warming actions (22) helped mobilize deep- seated pathological factors and reduced itching, dryness, and scaling even before the major procedures. Therapeutic emesis was selected due to predominant Kapha involvement. Administered at the Kapha-dominant morning period, the combination of *Madanphala*, rock salt, and honey facilitated efficient expulsion of excess Kapha. Madanphala, a safe and effective emetic herb, optimally liquefies and removes Kapha in skin disorders(23). Honey and rock salt enhanced this action, while licorice decoction supported a smooth and sustained elimination of vitiated *Kapha* and immature *Pitta*, interrupting the pathological cycle of plaque formation (24). Therapeutic purgation then targeted the *Pitta*–blood axis, which is central to inflammatory skin disorders classified as blood-vitiation conditions (25). The specific formulation used was *Hrudya Virechan Yoga*, a gentle yet effective purgative compound designed to purify *Pitta* and *Rakta* without causing undue debility. Since *Pitta* is considered a metabolic by- product of blood, controlled purgation effectively purifies both systems. The use of Yoga ensured gentle yet complete purgation, supported by *Draksha* decoction. Clinically, this correlated with reductions in erythema, burning, scaling, and discoloration, consistent with *Pitta*-reducing therapies. Furthermore, during the palliative phase, the use of external applications played a vital supportive role. *777 Oil* (a polyherbal medicated oil) was applied for its *Vata-Kapha* pacifying and deep-penetrating properties, helping to alleviate dryness, scaling, and stiffness in the plaques. Concurrently, *Psorolin Oil*, with ingredients like *Wrightia tinctoria, Indigofera tinctoria*, combined with base of Coconut oil was utilized for its cooling, anti-inflammatory, and skin-nourishing effects, directly addressing the local *Pitta* and *Rakta* manifestations. Post-procedure care, including strict diet and a staged re- feeding regimen, helped stabilize digestion, prevent re-aggravation, and maintain the therapeutic benefits of detoxification. The palliative phase likely consolidated long-term remission. *Arogyavardhini* tablets helped reduce inflammation, eliminate residual toxins, and restore overall dosha balance. *Gandhak Rasayana* provided antimicrobial, anti-inflammatory, and antipruritic effects while supporting blood purification. *Kaishora Guggulu* acted as a blood purifier and antioxidant, contributing to sustained symptom control, while *Haritaki* improved bowel regularity, preventing re-accumulation of toxins. *Mahatikta* ghee promoted rejuvenation of blood, muscle, and fat tissues and helped reduce excessive *Kapha* and *Pitta* activity. Topical Psorolin ointment, containing *Wrightia tinctoria* and *Cynodon dactylon*, enhanced epidermal barrier function and controlled abnormal skin cell proliferation, complementing internal therapy for improved clinical outcomes (26). Together, the structured sequence of external oleation, sudation, metabolic correction, detoxification (including the specific use of *Hrudya Virechan Yoga*), and targeted palliative therapy (supported by topical applications like *777 Oil* , *Psorolin Oil and Psorolin Ointment*) appears to have produced marked symptom relief, improvement in PASI and quality-of-life scores, and sustained remission without relapse. These findings align with existing reports demonstrating the effectiveness of integrated Ayurvedic detoxification and stabilization approaches in psoriasis management.

Conclusion

This case report demonstrates that a structured ayurvedic management protocol, combining detoxification therapies (therapeutic emesis and purgation) with targeted palliative care, can achieve significant clinical improvement in plaque psoriasis.

The sequential approach effectively addressed the underlying dosha imbalances, eliminated metabolic toxins, reduced inflammation, and restored tissue and systemic homeostasis. Evident outcomes included near-complete resolution of plaques, scaling, dryness, and pruritus, along with marked improvement in PASI and patient- reported symptom scores. To consolidate this response and prevent relapse, a long-term strategy of repeated seasonal detoxification for three years was planned for this patient, aligning with classical recommendations for achieving durable, non-recurring remission in chronic, tridoshic conditions. The findings highlight the potential of an integrative, dosha-targeted approach to provide sustained remission, improve quality of life, and prevent relapse in patients unresponsive to conventional treatments.

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