INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD)
© 2026 IJNRD | Volume 11, Issue 7, July 2026 | ISSN: 2456-4184 | IJNRD.ORG

A Review of Ayurvedic Management of *Ek Kushtha* with Special Reference to Psoriasis

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Abstract

Ek Kushtha is one of the Kshudra Kushtha described in Ayurveda and is predominantly caused by the vitiation of Vata and Kapha Doshas. The classical features of Ek Kushtha, namely Aswedanam, Mahavastu, and Matsya Shakala Sadrisha, closely resemble the clinical manifestations of psoriasis. Psoriasis is a chronic immune-mediated inflammatory skin disorder characterized by well-demarcated erythematous plaques covered with silvery-white scales. The disease affects approximately 2–3% of the global population and follows a chronic relapsing course that significantly impairs the physical, psychological, and social well-being of affected individuals.

Modern management primarily aims to suppress inflammation and regulate immune responses using topical corticosteroids, vitamin D analogues, phototherapy, systemic immunosuppressants, and biologic agents. Although these therapies effectively reduce disease activity, prolonged treatment is frequently associated with adverse effects, recurrence following discontinuation, and high treatment costs. In contrast, Ayurveda emphasizes correction of the underlying pathological process through Nidana Parivarjana, Shodhana Chikitsa, Shamana Chikitsa, appropriate dietary regulation, and lifestyle modification. These therapeutic measures aim to restore the equilibrium of Doshas, improve Agni, eliminate Ama, purify the affected Dhatus, and prevent recurrence. This review highlights the Ayurvedic concept of Ek Kushtha, its correlation with psoriasis, and the therapeutic principles of Ayurveda in the comprehensive management of chronic inflammatory skin disorders.

Keywords: Ek Kushtha, Psoriasis, Kushtha, Ayurveda, Twak Vikara, Shodhana Chikitsa, Shamana Chikitsa

Introduction

The skin is the largest organ of the human body and serves as the first line of defence against physical, chemical, microbial, and environmental insults. In addition to its protective function, healthy skin plays an important role in thermoregulation, sensation, immune surveillance, and maintenance of overall homeostasis. Chronic dermatological disorders not only affect physical health but also exert profound psychological, emotional, and social consequences, often leading to reduced quality of life.

In Ayurveda, almost all skin diseases are collectively described under Kushtha. The term Kushtha denotes a broad spectrum of dermatological disorders resulting from the simultaneous vitiation of Tridosha with involvement of Twak, Rakta, Mamsa, and Lasika. Although all three Doshas participate in the disease process, individual varieties of Kushtha exhibit predominance of specific Doshas, producing characteristic clinical manifestations. Classical Ayurvedic texts classify Kushtha into Mahakushtha and Kshudra Kushtha according to severity and prognosis.

Among the eleven varieties of Kshudra Kushtha, Ek Kushtha is one of the most important chronic dermatological disorders. According to Charaka Samhita, Ek Kushtha is characterized by Aswedanam (absence of sweating), Mahavastu (extensive lesions), and Matsya Shakala Sadrisha (fish scale-like appearance), while Sushruta emphasizes the predominance of Kapha Dosha in its pathogenesis. These classical descriptions show remarkable similarity with plaque psoriasis, which is characterized by well-defined erythematous plaques covered with thick silvery-white scales and a chronic relapsing course.

Psoriasis is a chronic immune-mediated inflammatory skin disease affecting approximately 2–3% of the world's population. The disease may occur at any age but is commonly observed during early adulthood and middle age, affecting both sexes almost equally. It is characterized by accelerated epidermal turnover resulting from complex interactions between genetic susceptibility, immune dysregulation, and environmental triggers. The lesions most commonly involve the scalp, elbows, knees, lumbosacral region, palms, and soles. Nail changes and psoriatic arthritis may also occur in a significant proportion of patients.

The exact etiology of psoriasis remains incompletely understood; however, genetic predisposition, infections, trauma, obesity, smoking, alcohol consumption, emotional stress, metabolic disorders, and certain medications are recognized as important precipitating factors. Contemporary research has demonstrated that activated dendritic cells and T lymphocytes release pro-inflammatory cytokines such as tumour necrosis factor-alpha (TNF-α), interleukin-17 (IL-17), and interleukin-23 (IL-23), leading to excessive proliferation of keratinocytes and chronic inflammation within the skin.

Modern therapeutic strategies include topical corticosteroids, vitamin D analogues, coal tar preparations, keratolytic agents, phototherapy, systemic immunosuppressants, retinoids, and biologic agents. Although these modalities provide satisfactory symptomatic relief, they often require prolonged administration and may be associated with adverse effects, increased financial burden, and recurrence after discontinuation.

Ayurveda adopts a comprehensive approach in the management of Ek Kushtha. Instead of merely suppressing the visible lesions, treatment is directed towards eliminating the root cause of disease through Nidana Parivarjana, correction of Agni, elimination of Ama, purification of vitiated Doshas by Shodhana Chikitsa, and maintenance therapy with Shamana Chikitsa. Dietary regulation, behavioural modifications, and appropriate lifestyle practices are equally emphasized to prevent recurrence and improve overall health. Such a holistic approach aims to restore physiological equilibrium while enhancing the patient's quality of life.

The present review attempts to comprehensively discuss the Ayurvedic concept of Ek Kushtha, its etiopathogenesis, clinical manifestations, correlation with psoriasis, and the principles of Ayurvedic management based on classical texts and contemporary scientific literature.

Nidana

In Ayurveda, Nidana refers to the causative factors responsible for the initiation and progression of disease. Classical texts do not describe separate etiological factors specifically for Ek Kushtha; therefore, the general Nidana of Kushtha is considered applicable. The disease develops due to the combined influence of improper dietary habits, unhealthy lifestyle practices, psychological disturbances, and behavioural misconduct, which ultimately disturb the equilibrium of Doshas and impair tissue metabolism.

Among dietary factors, Viruddha Ahara occupies a prominent place in the pathogenesis of Kushtha. Frequent consumption of incompatible food combinations such as milk with fish, excessive intake of curd, fermented foods, heavy, oily, and excessively sweet food items, irregular meal timings, overeating (Atyashana), and eating

before complete digestion of the previous meal (Adhyashana) impair Jatharagni and lead to the formation of Ama. Persistent accumulation of Ama vitiates Vata, Pitta, and Kapha, contaminates Twak, Rakta, Mamsa, and Lasika, and initiates the pathological process of chronic skin diseases.

Improper lifestyle practices including Divaswapna (daytime sleep), suppression of natural urges (Vegadharana), excessive physical exertion, night awakening (Ratrijagarana), and exposure to incompatible environmental conditions further aggravate Doshas. In addition, psychological factors such as Chinta (anxiety), Krodha (anger), Shoka (grief), and prolonged mental stress disturb both the body and mind, thereby accelerating disease progression.

From the modern perspective, psoriasis is considered a multifactorial disease resulting from the interaction between genetic susceptibility and environmental triggers. Family history, streptococcal infections, obesity, smoking, alcoholism, psychological stress, trauma to the skin (Koebner phenomenon), metabolic syndrome, and certain drugs including lithium, beta-blockers, antimalarials, and non-steroidal anti-inflammatory drugs are recognized as important precipitating factors. These triggers activate immune pathways involving dendritic cells, T lymphocytes, and inflammatory cytokines, ultimately leading to excessive keratinocyte proliferation and chronic inflammation.Bottom of Form

Samprapti

Samprapti refers to the sequence of pathological events responsible for the development and progression of a disease. Although the classical texts do not describe an independent Samprapti for Ek Kushtha, its pathogenesis can be understood from the general Samprapti of Kushtha.

Samprapti Flow Chart

Nidana Sevana
(Viruddha Ahara, Divaswapna, Vegadharana,
Stress, Improper Lifestyle)

↓

Agnimandya

↓

Ama Formation

↓

Vitiation of Tridosha
(Predominantly Vata + Kapha)

↓

Dushti of Twak • Rakta • Mamsa • Lasika

↓

Srotorodha
(Rasavaha, Raktavaha & Swedavaha Srotas)

↓

Dosha–Dushya Sammurchhana

↓

Vyakta Avastha of Ek Kushtha
(Aswedanam • Mahavastu • Matsya Shakala Sadrisha)

The disease begins with continuous exposure to Nidana Sevana, including incompatible diet (Viruddha Ahara), improper lifestyle, suppression of natural urges, and psychological stress. These factors impair Jatharagni, resulting in Agnimandya and the formation of Ama. Due to impaired digestive and metabolic functions, the Doshas become vitiated and circulate throughout the body along with Ama.

Among the Tridoshas, Vata and Kapha predominate in Ek Kushtha. Aggravated Vata produces Rukshata, Parushata, scaling, fissuring, and roughness of the skin, whereas vitiated Kapha contributes to thickening of lesions, induration, itching, and chronicity. Pitta may also participate during the active inflammatory stage, producing erythema, burning sensation, and discoloration.

The vitiated Doshas localize in susceptible tissues, particularly Twak, Rakta, Mamsa, and Lasika. These four Dushyas play a vital role in the manifestation of Kushtha. Twak serves as the primary site of lesion formation, Rakta contributes to inflammation and discoloration, Mamsa is responsible for plaque formation and skin thickening, while Lasika influences tissue nourishment and chronic inflammatory changes.

The process is further aggravated by Srotorodha, wherein Ama and aggravated Kapha obstruct the Rasavaha, Raktavaha, and Swedavaha Srotas. Obstruction of these channels interferes with proper tissue nutrition and waste elimination, thereby promoting persistent inflammation and recurrent skin lesions. The concept of Shaithilya described by Acharya Charaka also contributes to disease progression, as weakened Dhatus become susceptible to localization of vitiated Doshas.

Thus, Ek Kushtha is considered a chronic Shakhagata Roga, where pathology initially develops internally before manifesting externally in the skin. Repeated exposure to etiological factors maintains Dosha imbalance and explains the recurrent nature of the disease.

From the modern perspective, psoriasis is an immune-mediated inflammatory disorder characterized by activation of dendritic cells and T-helper lymphocytes. Activated immune cells release inflammatory cytokines, including tumour necrosis factor-alpha (TNF-α), interleukin-17 (IL-17), interleukin-23 (IL-23), and interleukin-22 (IL-22). These cytokines stimulate rapid proliferation of keratinocytes, increased angiogenesis, and infiltration of inflammatory cells into the dermis and epidermis, producing the characteristic erythematous scaly plaques.

Although the explanatory models differ, both Ayurveda and modern medicine recognize that psoriasis results from persistent systemic disturbances leading to chronic inflammation and recurrent disease. The Ayurvedic

concepts of Agnimandya, Ama, Dosha Dushti, Srotorodha, and Dhatu Vaigunya closely resemble the modern concepts of immune dysregulation, inflammatory mediator release, impaired epidermal differentiation, and chronic inflammatory responses.

Rupa

Rupa refers to the characteristic clinical manifestations that become evident after complete establishment of the disease. Ek Kushtha exhibits distinctive clinical features described by all major Ayurvedic classics.

According to Acharya Charaka, the three cardinal features of Ek Kushtha are Aswedanam, Mahavastu, and Matsya Shakala Sadrisha. Aswedanam indicates absence or marked reduction of sweating over affected skin due to obstruction of Swedavaha Srotas. This results in excessive dryness and roughness of the skin.

Mahavastu refers to large, well-demarcated lesions involving extensive areas of the body. Initially small plaques gradually enlarge and coalesce to form broad erythematous patches with clearly defined margins.

Matsya Shakala Sadrisha describes the characteristic fish scale-like appearance of lesions. Thick, dry, adherent scales cover the surface of plaques and resemble the silvery-white scales observed in plaque psoriasis.

Additional manifestations include Rukshata (dryness), Parushata (rough texture), Kandu (itching), Vaivarnya (discoloration), mild burning sensation during active inflammation, occasional fissuring, and chronic recurrence. The lesions commonly involve extensor surfaces, scalp, palms, soles, and lumbosacral region.

Clinically, psoriasis presents as sharply demarcated erythematous plaques covered with silvery-white scales. Characteristic clinical signs include the candle grease sign, Auspitz sign, and Koebner phenomenon. Nail involvement may present as pitting, subungual hyperkeratosis, and onycholysis, while approximately 20–30% of patients may develop psoriatic arthritis.

The remarkable similarity between the classical features of Ek Kushtha and plaque psoriasis strongly supports their clinical correlation. Both conditions exhibit chronicity, scaling, dryness, recurrent exacerbations, and significant impairment of quality of life.

Correlation of Ek Kushtha with Psoriasis

Although psoriasis is not specifically described in the Ayurvedic classics, the clinical features of Ek Kushtha exhibit striking similarity with plaque psoriasis. This correlation has been widely accepted by Ayurvedic scholars based on classical descriptions and clinical observations.

The hallmark features of Ek Kushtha, namely Aswedanam, Mahavastu, and Matsya Shakala Sadrisha, closely resemble the manifestations of psoriasis. Aswedanam corresponds to the reduced sweating and excessive dryness observed in psoriatic plaques. Mahavastu correlates with the formation of large, well-demarcated lesions involving extensive areas of the body, whereas Matsya Shakala Sadrisha accurately describes the characteristic silvery-white scales covering psoriatic plaques.

The predominance of Vata and Kapha Doshas in Ek Kushtha also explains many clinical features of psoriasis. Aggravated Vata produces dryness, fissuring, scaling, and roughness, while aggravated Kapha contributes to plaque formation, skin thickening, induration, and chronicity. During active inflammatory stages, Pitta

involvement may produce erythema, burning sensation, and discoloration. Thus, all three Doshas participate in disease manifestation, although Vata and Kapha remain predominant.

The pathological involvement of Twak, Rakta, Mamsa, and Lasika described in Ayurveda corresponds well with the inflammatory and structural changes observed in psoriasis. Twak represents the primary site of lesion formation, Rakta reflects inflammatory vascular changes, Mamsa contributes to plaque formation and epidermal hyperplasia, while Lasika may be correlated with interstitial inflammatory processes and tissue nourishment.

Furthermore, the chronic relapsing nature of both conditions, their association with stress, dietary indiscretions, and environmental factors, and the significant psychosocial burden experienced by patients strengthen this clinical correlation. Although Ayurveda and modern medicine explain disease pathogenesis using different conceptual frameworks, both acknowledge that psoriasis is a chronic inflammatory disorder requiring long-term management.

Chikitsa Siddhanta

The primary objective of Ayurvedic treatment is to eliminate the root cause of disease, restore the equilibrium of Doshas, improve Agni, eliminate Ama, purify the affected Dhatus, and prevent recurrence. Since Ek Kushtha is a chronic disorder involving multiple Doshas and Dhatus, treatment should be comprehensive and individualized according to Dosha predominance, disease severity, chronicity, Prakriti, Rogibala, and Rogabala.

The first principle of management is Nidana Parivarjana, which involves complete avoidance of causative dietary and lifestyle factors. Patients are advised to avoid Viruddha Ahara, excessive intake of curd, fermented foods, seafood combined with milk, heavy and oily food, alcohol, smoking, psychological stress, and irregular dietary habits. Adoption of wholesome food, proper sleep, regular exercise, and stress management plays an essential role in preventing recurrence.

After Nidana Parivarjana, treatment proceeds with Shodhana Chikitsa whenever indicated. Shodhana eliminates deeply seated vitiated Doshas from the body and reduces disease recurrence. Following purification, Shamana Chikitsa is administered to pacify residual Doshas, promote tissue healing, maintain remission, and improve overall health.

Discussion

Ek Kushtha is one of the important varieties of Kshudra Kushtha described in Ayurveda and is widely correlated with plaque psoriasis because of the close resemblance in their clinical manifestations. Both disorders are chronic, recurrent, inflammatory in nature and significantly affect the physical, psychological, and social well-being of affected individuals. Although Ayurveda and modern medicine explain the disease through different theoretical concepts, both acknowledge its chronicity and the necessity for long-term management.

According to Ayurveda, the pathogenesis of Ek Kushtha begins with continuous exposure to Nidana, resulting in Agnimandya and formation of Ama. The vitiated Vata and Kapha Doshas, along with involvement of Pitta, localize in Twak, Rakta, Mamsa, and Lasika, producing the characteristic manifestations of dryness, scaling, plaque formation, discoloration, and chronic recurrence. Modern medicine, on the other hand, considers psoriasis to be an immune-mediated inflammatory disorder characterized by activation of dendritic cells, T lymphocytes, and inflammatory cytokines such as TNF-α, IL-17, and IL-23, leading to excessive keratinocyte proliferation and chronic cutaneous inflammation. Despite differences in conceptual understanding, both

systems recognize the importance of systemic pathological processes rather than considering the disease as merely a localized skin disorder.

The characteristic features of Aswedanam, Mahavastu, and Matsya Shakala Sadrisha described in Charaka Samhita closely resemble the clinical presentation of plaque psoriasis. Reduced sweating corresponds to excessive skin dryness, Mahavastu correlates with extensive plaque formation, and Matsya Shakala Sadrisha accurately reflects the silvery-white scales observed clinically. These similarities strongly support the clinical correlation between Ek Kushtha and psoriasis.

Ayurveda emphasizes treatment aimed at correcting the root cause of disease through Nidana Parivarjana, Shodhana Chikitsa, and Shamana Chikitsa. Unlike modern therapies that primarily suppress immune-mediated inflammation, Ayurvedic management seeks to restore normal physiological balance by correcting Agni, eliminating Ama, purifying Doshas, and improving tissue metabolism. Shodhana procedures such as Vamana, Virechana, and Raktamokshana are particularly important because they eliminate deeply seated Doshas, whereas Shamana Chikitsa helps maintain remission and prevent recurrence.

Several classical formulations, including Panchatikta Ghrita, Mahatiktaka Ghrita, Mahakhadira Ghrita, Panchnimbadi Churna, Arogyavardhini Vati, Khadirarishta, and herbal drugs such as Guduchi, Haridra, Neem, Manjistha, and Bakuchi, possess anti-inflammatory, antioxidant, immunomodulatory, antimicrobial, and wound-healing properties. Contemporary pharmacological studies have demonstrated that many of these medicinal plants inhibit inflammatory mediators, reduce oxidative stress, regulate immune responses, and support epidermal repair. These observations provide scientific support for several traditional Ayurvedic therapeutic principles.

Modern treatment options, including topical corticosteroids, vitamin D analogues, phototherapy, methotrexate, cyclosporine, and biologic agents, have significantly improved disease management. Nevertheless, prolonged therapy may result in adverse effects, increased treatment costs, and recurrence following discontinuation. Consequently, there is growing global interest in complementary and integrative approaches that emphasize long-term safety, individualized treatment, and holistic patient care.

Although encouraging clinical outcomes have been reported with Ayurvedic interventions, the currently available scientific evidence is still limited. Most published studies consist of case reports or small clinical trials with limited follow-up. Large-scale randomized controlled trials, standardized treatment protocols, validated outcome measures, and multicentric studies are required to establish stronger evidence regarding the efficacy and safety of Ayurvedic management in psoriasis.

Overall, the available literature suggests that Ayurveda offers a comprehensive and individualized approach to the management of Ek Kushtha. By integrating Nidana Parivarjana, Shodhana Chikitsa, Shamana Chikitsa, dietary regulation, and lifestyle modification, Ayurveda aims not only to alleviate clinical symptoms but also to improve general health, prolong remission, and enhance the overall quality of life of patients with chronic inflammatory skin disorders.

Conclusion

Ek Kushtha, one of the important varieties of Kshudra Kushtha, closely resembles plaque psoriasis with respect to its clinical manifestations, chronicity, and recurrent nature. The classical features of Aswedanam, Mahavastu, and Matsya Shakala Sadrisha demonstrate a strong clinical correlation with the characteristic erythematous, scaly plaques of psoriasis. While modern medicine primarily focuses on suppression of inflammation and immune responses, Ayurveda adopts a holistic therapeutic approach directed towards correction of Dosha imbalance, improvement of Agni, elimination of Ama, purification of affected Dhatus, and prevention of disease recurrence.

The combination of Nidana Parivarjana, Shodhana Chikitsa, Shamana Chikitsa, appropriate Pathya, and healthy lifestyle practices provides a comprehensive strategy for long-term disease management. In addition to improving cutaneous manifestations, this approach aims to restore systemic health and enhance the patient's quality of life. Contemporary pharmacological and clinical research also supports the anti-inflammatory, antioxidant, immunomodulatory, and wound-healing potential of several Ayurvedic formulations used in Kushtha. However, further well-designed randomized controlled trials and multicentric clinical studies are essential to generate robust scientific evidence and facilitate greater integration of Ayurvedic principles into the management of psoriasis.

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