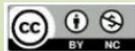


**COMPREHENSIVE AYURVEDIC MANAGEMENT OF *EKAKUSHTHA* (SCALP
PSORIASIS) ASSOCIATED WITH CHRONIC CONSTIPATION – A CASE STUDY****Abdur Rahim¹, Dr. Sudeshna Roy*²**¹Medical Officer (AYUSH) MHT, Karandighi Rural Hospital Karandighi, Uttar Dinajpur.²Medical Officer (AYUSH) MHT, Kadambini BPHC Monteswar, Purba Bardhaman.***Corresponding Author: Dr. Sudeshna Roy**

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ABSTRACT

One kind of *Kshudra Kushtha* is *Ekakushtha*. According to *Sushruta*, *Ekakushtha* has unique clinical characteristics which include a scaly appearance that resembles fish scales (*Matsyashakalamam*), extensive coverage across the body (*Mahavastu*), and a lack of Sweating or dryness (*Aswedanam*). According to *Sushruta's* observations, *Ekakushtha's* skin tone can range from a dark hue to a pinkish-red tone. These observations, resembles with psoriasis in its chronic, scaly, and itchy skin lesions. Chronic constipation (*Vibandha*) is frequently observed in patients with this condition due to Vata vitiation and impaired Agni. This case study presents the successful Ayurvedic management of *Ekakushtha* associated with chronic constipation.

KEYWORD: *Ekakushtha*, Psoriasis, Constipation (*Vibandha*), Vata.**INTRODUCTION**

Kushta Roga, in *Ayurveda*, has two primary categories: *Maha Kushta* and *Kshudra Kushta*. *Ekakushtha* is described under *Kshudra Kushta* in Ayurvedic classics.^[1-2] According to *Sushruta*, *Ekakushtha* has unique clinical characteristics which include a scaly appearance that resembles fish scales (*Matsyashakalamam*), extensive coverage across the body (*Mahavastu*), and a lack of Sweating or dryness (*Aswedanam*). According to *Sushruta's* observations, *Ekakushtha's* skin tone can range from a dark hue to a pinkish-red tone.^[3] According to *Ayurveda*, all *Kushta* are Tridoshaja in nature, with specific predominance depending on Dosha involvement. In *Kitibha*, Vata and Kapha play a major role, leading to *Rukshata* (dryness) and *Kharata* (roughness).^[4] Chronic constipation (*Vibandha*) aggravates Vata and leads to accumulation of Ama, which further vitiates Rakta and Mamsa Dhatus, resulting in skin lesions. Chronic constipation (*Vibandha*) is frequently observed in patients with this condition due to Vata vitiation and impaired Agni. This case study presents the successful Ayurvedic management of *Ekakushtha* associated with chronic constipation.^[1-3]

A Case Report Study

A 43 years old male patient visited BPHC hospital 2025 with chief complaints of white scaly patch on lower part especially legs and including scalp. Severe itching in effected body parts. Patient had above complaints, since 6 months and also have constipation.

History of present illness

The patient was normal 6 months back. Since then patient have been suffering from Reddish patch which firstly appeared over lower limbs, trunk, and lastly scalp with scaling and severe itching. For this patient have taken local and internal steroids for 1 month but no significant relief was observed and the patient had stopped to respond to local steroids. For the further management they came to our hospital for ayurvedic medicine. He also suffers from chronic constipation (*Vibandha*) since young age.

Personal History

Occupation: Job

Addiction: No

History: No History of Diabetes Mellitus, Hypertension, Asthma or any major illness.

Family History: No History of Diabetes Mellitus, and Asthma or any major illness.

Medicinal History: Use of steroids locally as well as orally.

Surgical History: No any operative done till date.

Allergic: No known history of allergy to any medicine.

Physical examination

The patient was examined based on the Ayurveda system, and findings were summarized in Table 1.

Table 1: Physical examination based on Ayurveda.

Astavidhpariksha (eight-fold examination)	Dashavidhpariksha (ten-fold examination)
Nadi (pulse)- 76/min-Regular	Prakriti (physical constitution)-Vataja-Pittaja
Mala (stool)- Krura kostha (Hard stool)	Vikriti (morbidity)-Tridoshaja
Mutra (urine)- Anavila (normal)	Sara (essence of all Dhatus)-Rasa Sara
Jihwa (tongue)- Malavrita (coated tongue)	Samhanana (compactness)-Madhayam (average)
Shabda (sound)- Spashta (clear sound)	Pramana (anthropometry)- Madhayam (average)
Sparsha (touch)- Khara, Ruksha, Raktawarniya (dry, reddish)	Satmya (suitability or homologation)-Madhyam (average)
Drika (eyes)- Samanya (normal)	Satva (psyche)- Madhyam (average)
Akruti (Physic)- Madhyam	Ahara Shakti (intake of food)- Avara (loss of appetite)
	Vyayama Shakti (capacity of exercise)- Avara (poor)
	Vaya (Age)- (Vridhdhavastha or Jara)

General Examination

Raktadaba- 130/90 mm Hg

Bhar- 65 kg

Height-168 cm

Respiratory System- Air Entry both sides equal clear

Cardiovascular System- First and Second heart sounds Normal

Central Nervous System- conscious and oriented.

Per Abdomen- A hard, palpable thing, particularly in the left lower quadrant.

Local Examination

1. White scaly patch on lower part especially legs and including scalp.

2. Scaling

3. Itching

4. Pain- on and off

Diagnosis: It was diagnosed as a case of *EkaKushtha (Scalp Psoriasis)* according to signs and symptoms.

Treatment

Treatment Plan

Patient was treated on basis of *Shamana Chikitsa* (Internal medicine). Patient was advised to take nutritious, easily digestible food like khichadi, seasonal fruits, etc. and advised not to take sour, bitter, spicy food as well as junk food, fried items, curd and cold treats like ice-cream and chilled beverages. He was also advised to have Pranayama regularly.

Treatment advised

Table 2: Shamana Chikitsa (Internal medicine).

Drug	Dose	Duration	Anupana
S.I.V.A drops	10 drops BD	2 months	Honey
777 oil	2 times a day after bath and before bed applied locally.	2 months	
Arogyavardhini Vati	2 tablet BD	2 months	Luke warm water
Gandhak Rasayan	1 tablet BD	2 months	Luke warm water
Atrisor Cream	2 times a day applied locally.	2 months	
Gandharvahastha kashayam	15 ml BD before food	15 days	45 ml of water
Phaltrikadi kwath	50 ml twice a day empty stomach	2 months	Luke warm water
Avipattikar churna	3 gm twice a day before meal	2 months	Luke warm water
Isabghul and Haritaki churn	Bed time	2 months	Luke warm water

DISCUSSION

First follow-up

First follow-up was taken after one month and there was relief in the symptoms and hence the same dose was continued for next one month. Patient get relief from Constipation problem from first month of taking medicines. So further these drug were continued. Isabghul and Haritaki churn was used as nitya virechan.

Second follow-up

Second follow-up was taken after two month after first follow-up. The symptoms of *EkaKushtha (Scalp Psoriasis)* were relieved by 70%. Now patient can pass stool daily without problem and also tightness in abdominal is gone. So far these results suggest to continue these drugs for next 2 months for continuity of treatment.

Untreated**Treated****Action of Drug in the management of Psoriasis****S.I.V.A drops**

Immune modulator, Antiinflammatory, Antioxidant, Antihelminthic and Antimicrobial.^[5]

777 oil

Moisturizes the skin, Reduces dryness, Antiinflammatory, Antipruritic and Anti-ulcerogenic.^[6]

Atrisor cream

Anti-Irritation Anti-itching, Antiinflammatory, Antimicrobial and Skin rejuvenator.^[6]

Arogyavardhini vati

Antifungal, Antimicrobial, Antiinflammatory, Analgesic and Antioxidant.^[6]

Gandhak Rasayan

Antiviral, Antibacterial, Antiinflammatory, Antipruritic and Rejuvenator.^[6]

Gandharvahastha kashayam

Carminative, purgative, diuretic.^[7]

Phaltrikadi kwath

Hepatocellular regeneration, Antiviral, Antioxidant, Enzymes and Metabolic correction, Digestive, Membrane stabilizing effect, Immuno modulating action, anti-inflammatory action and Antipyretic.^[8]

Avipattikar churna

Hyperacidity, gastro-protective activity, mild laxative.^[9]

CONCLUSION

This case demonstrates the efficacy of Ayurvedic treatment in *EkaKushtha* (*Scalp Psoriasis*) associated with chronic constipation. Holistic management with *Shamana Chikitsa* (Internal medicine) and *Pathya-Apathya* life style give relief from above diseases and also addressed *Vibandha* is crucial in breaking the *Samprapti* of the disease. This is a single case study so to provide more evidence it needed to conduct more studies with large sample size.

Conflict of Interest

The author has no conflict of interest regarding this article.

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