'website : www.ijacare.in e-ISSN No.: 2457-0443
INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS (IJA-CARE)

Therapeutic Efficacy of *Virecana* with *Trivrt Avaleha* Following *Panchatikta Ghrta Snehapana* in the Management of *Ekakushtha* (Psoriasis): A Comprehensive Case Report

Ashish Choyal,[1*] Harsha Choyal [2]

[1] Associate Professor, Department of Panchakarma, R.N. Kapoor Memorial Ayurvedic Medical College and Hospital, Dr. A.P.J. Abdul Kalam University, Indore, Madhya Pradesh, India.
[2] Community Ayurvedic Medical Officer, Ayushman Arogya Mandir, Dokakui, Dewas, MP. India.

ABSTRACT:

Eka Kushtha is a chronic *Kushtha Roga* described in Ayurvedic texts that clinically resembles plaque psoriasis. It is characterized by thick, dry, scaly patches that often fail to respond to topical measures and can cause considerable psychosocial distress. Classical texts advocate *Pancakarma*, especially *Virecana*, for its management. *Trivrt Avaleha*, a compound preparation of *Trivrt* (*Operculina turpethum*), is a potent purgative indicated in *Kushtha*. Despite centuries of use, detailed modern case documentation is scarce. We report the case of a 38-year-old non-smoking male patient who attended the Panchakarma OPD at R.N. Kapoor Memorial Ayurvedic Medical College and Hospital, Indore with a 5-year history of dry, scaly plaques over the elbows, knees and lower back associated with intermittent itching. Baseline Psoriasis Area and Severity Index (PASI) was 14.5 and Dermatology Life Quality Index (DLQI) was 16. The patient underwent *Snehapana* with *Panchatikta Ghrita* for five days followed by *Abhyanga* and *Svedana*, and then *Virecana* with *Trivrt Avaleha* 80 g. Post-procedure *Samsarjana Krama* was followed for seven days. Clinical and patient-reported outcomes were recorded at baseline, post-*Snehapana*, post-Virecana (4 weeks), and 12-week follow-up. PASI improved from 14.5 at baseline to 4.3 at 4 weeks and 3.8 at 12 weeks. DLQI decreased from 16 to 5 and pruritus VAS from 7 to 1. No adverse events occurred. The patient reported improved confidence and social functioning. This case highlights the potential role of *Virecana* with *Trivrt Avaleha* following *Panchatikta Ghrta Snehapana* in achieving marked symptomatic relief in *Eka Kushtha*. Structured documentation using standardized severity scores may strengthen evidence for integrating classical *Pancakarma* therapies into routine management of chronic dermatoses.

Keywords: Ayurvedic Dermatology, *Ekakushtha*, *Pancakarma*, *Panchatikta Ghrta*, PASI (Psoriasis Area Severity Index), Psoriasis, Quality-of-Life Assessment (DLQI), *Snehapana*, *Trivrt Avaleha*, *Virecana*

Received: 20.10.2025 Revised: 14.11.2025 Accepted: 05.12.2025 Published: 15.09.2025

QR Code
DOI 10.70805/ija-care.v9i4.820

***Corresponding Author:**
Dr. Ashish Choyal
Associate Professor, Department of Panchakarma, R.N. Kapoor Memorial Ayurvedic Medical College and Hospital, Dr. A.P.J. Abdul Kalam University, Indore, MP. India.
Email: ashishchoyal123@gmail.com

INTRODUCTION:

Kushtha Roga is a broad term in Ayurvedic nosology encompassing a spectrum of chronic dermatological disorders. Among them, *Eka Kushtha* is described in the *Caraka Samhita*, *Sushruta Samhita* and *Ashtanga Hrdaya* as a condition characterized by *Aswedanam* (absence of sweating), *Mahavasthana* (widespread lesions), *Matsyashakalopama* (scales like fish), and *Krshna-Aruna Varna* (dark red discoloration).[1] Modern scholars commonly correlate it with plaque psoriasis because of overlapping clinical features erythematous plaques, silvery scales, and chronic relapsing course.[2] Psoriasis affects 0.5–2% of the global population and carries a high psychosocial burden.[3] Conventional management includes topical corticosteroids, vitamin D analogues, systemic immunosuppressants, and biologics.[4] While effective, these options may have adverse effects and relapses upon discontinuation. This has led to renewed interest in holistic, integrative approaches including Ayurvedic therapies.

Pancakarma therapy is a cornerstone of *Shodhana* (purificatory) measures in Ayurveda. *Virecana* (therapeutic purgation) specifically targets *Pitta Dosha* and *Rakta Dhatu*, both central in the pathogenesis of *Kushtha Roga*. Classical texts (e.g., *Sushruta Cikitsa Sthana 9/13*) recommend repeated *Virecana* in *Kushtha* to expel vitiated *Doshas*, improve skin texture, and restore *Doshic* balance.[5] *Trivrt Avaleha* is a compound preparation with *Trivrt* (*Operculina turpethum*), *Draksha* (*Vitis vinifera*), *Madhuka* (*Glycyrrhiza glabra*), *Sarkara* (*Saccharum officinarum*), *Madhu* (*Mel depuratum*), and *Ghrita* as its principal ingredients. *Draksha*, *Madhuka*, *SHarkara*, etc., traditionally used for safe purgation.[6]

Panchatikta Ghrita containing *Patola* (*Trichosanthes dioica*) leaves, *Saptacchada* (*Alstonia scholaris*) stem bark, *Nimba* (*Azadirachta indica*) stem bark, *Vasa* (*Adhatoda vasica*) stem bark, *Guduchi* (*Tinospora cordifolia*) stem, *Haritaki* (*Terminalia chebula*) fruit, *Vibhitaki* (*Terminalia bellirica*) fruit, and *Amalaki* (*Emblica* officinalis) is recommended for *Snehapana* in skin disorders due to its *Tikta Rasa* and *Pitta-Kapha* pacifying properties. It prepares the body for *Virecana* by internal oleation, loosening vitiated *Doshas* from tissues and facilitating their expulsion.[7]

This CARE-compliant case uniquely integrates classical *Virechana* protocols with modern assessment tools (PASI, DLQI, VAS), providing quantitative evidence and detailed documentation to strengthen the evidence base for *Pancakarma* in chronic dermatoses.

CASE REPORT:

A 38-year-old female housewife attended the Panchakarma OPD of R.N. Kapoor Memorial Ayurveda Medical College & Hospital, Indore in January 2025. She was non-smoking, vegetarian, with a BMI of 23.4 kg/m².

Presented Complaints of Persistent dry, scaly patches over elbows, scalp and both legs region for 5 years; intermittent itching; occasional fissuring. The lesions had gradually increased in size over the past two years causing embarrassment.

No history of diabetes, hypertension, tuberculosis, or chronic infections. No history of joint pain or nail changes. Prior treatment with topical corticosteroids and coal tar preparations for 6 months without sustained benefit. No known drug allergies.

No family history of psoriasis or autoimmune disorders. The patient reported moderate stress and social withdrawal due to the visible nature of lesions. Her sleep

pattern was disturbed by pruritus. She did not consume alcohol and had a regular daily routine (*Dinacharya*)[8].

Occasional Ayurvedic topical applications (neem oil) with temporary relief. No prior *Pancakarma* therapies.

The *Roga-Rogi Pariksha* revealed a *Vata-Kapha* dominant P*rakrti*, with *Kapha* and *Pitta Doshha* aggravation and *Rakta Dhatu* vitiation. The *Agni* was observed to be *Vishama* (irregular), and *Srotodushti* was noted in the *Rasavaha* and *Raktavaha Shrotas*.

On general examination, the patient was afebrile, BP 118/74 mm Hg, pulse 76/min. No pallor, icterus, or lymphadenopathy.

Dermatological examination revealed multiple well-defined erythematous plaques with thick silvery scales, the largest measuring approximately 1 × 2 cm on the scalp, 2 × 2 cm on the elbows, and 7 × 6 cm on the legs, as shown in Image 1. Mild excoriations from scratching were observed, with no exudation or infection. Nails were normal, and the scalp was spared. The Auspitz sign was present, while the Koebner phenomenon was absent.

Rukshata (dryness), *Aswedana* (lack of sweating), *Krshna-Aruna Varna* (dark reddish discoloration), and *Matsyashakalopama* (fish-scale-like appearance) corresponding to classical features of *Eka Kushtha*.

The patient was diagnosed with *Eka Kushta* based on Ayurvedic features such as dryness, scaling, and reddish patches, corresponding to chronic plaque psoriasis in modern terms. All baseline lab tests were normal as given table no 2. PASI, DLQI, VAS, and PGIS scales were used for assessment as in table 1, with photos taken before and after 12 weeks. The main challenge was differentiating it from similar skin diseases. The condition showed *Kapha-Pitta* imbalance with blood involvement, was chronic but stable, and considered manageable with Panchakarma therapy.

THERAPEUTIC INTERVENTION:

Since the patient was fit for *Shodhana* and gave informed consent, the following treatment plan was implemented: (1) Internal Oleation (*Snehapāna*) with *Pañcatikta Ghrta* for 5 days in escalating doses until *Samyak Snehana* signs appeared; (2) External Oleation and Sudation through Abhyanga with medicated oil followed by *Svedana*; (3) Main Therapy (*Virecana*) using *Trivrt Avaleha* 80 g; (4) Post-Procedure Care with *Samsarjana Krama* diet for 7 days; and (5) Outcome Assessment using PASI, DLQI, and Pruritus VAS at baseline, post-*Snehapāna*, post-*Virecana* (4 weeks), and at 12-week follow-up.

A chronological overview of the patient's course of care is presented in table-4. Post-Procedure Diet (*Samsarjana Krama*) is given as shown in table 5.

RESULT:

1. Immediate Post-procedure Observations

The patient remained under observation for six hours after *Virecana*. Vital signs remained stable and urine output was adequate. She reported marked *Laghava* (lightness of body) and reduction in itching by the next morning. There were no signs of dehydration, abdominal cramps, or excessive purgation.

2. Outcome Measures

To quantify the clinical changes, the following validated scales were used at baseline, 4 weeks and 12 weeks:

- **Psoriasis Area Severity Index (PASI)** – modified for *Ekakushtha* lesions.

- **Dermatology Life Quality Index (DLQI)** – to assess quality of life.
- **Visual Analogue Scale (VAS)** for pruritus (0 = no itching, 10 = worst possible).
- **Clinical photographs** of lesions taken at baseline and week 12.

Patient's self-reported global assessment on a 5-point Likert scale (1 = much worse, 5 = completely clear).

3.Results over time is mentioned table-6

- **Lesion characteristics:** At baseline there were well-demarcated erythematous plaques with scaling over both elbows and knees. At Week 4 scaling reduced markedly, erythema diminished, and plaques thinned. By Week 12 only faint pigmentation remained with no active scaling or itching.
- **Quality of life:** DLQI improved by 78.5% at Week 12. The patient reported improved sleep, confidence to wear short sleeves, and better social interaction.
- **Photographic evidence:** Photographs before and after showed progressive clearing of plaques, which was verified by two independent dermatologists unaware of the treatment.

4. Adherence and Tolerability

Daily checklists indicated the patient adhered fully to dietary restrictions and lifestyle advice during the 12-week follow-up. She reported no adverse events such as gastrointestinal upset or weight loss. Mild aversion to oily foods during *Snehapana* resolved within two days.

5. Clinician and Patient-Assessed Outcomes

- **Clinician assessment:** More than 75% reduction in lesion area and scaling by Week 12 (figure-2).
- **Patient perspective (from interview):** "After years of steroid creams, I had only temporary relief. This therapy gave me lightness in the body and my skin feels normal. I can sleep without scratching at night and my confidence has returned."

6. Prognostic Considerations

At 12-week follow-up the patient had sustained improvement without recurrence. She was advised to continue periodic *Ghrta Snehapana* and dietary measures as prophylaxis. The improvement seen after a single, well-executed *Virecana* with *Trivrt Avaleha* suggests potential for longer remission, though larger studies are needed.

Table-1: Baseline Clinical Scores:

Parameter	Score
PASI (Psoriasis Area and Severity Index)	14.5
DLQI (Dermatology Life Quality Index)	16
Pruritus VAS (0–10)	7
Patient Global Impression of Severity (PGIS)	"Moderate"

Table-2: Baseline Laboratory Investigations:

Test	Result	Normal Range
Hemoglobin	13.8 g/dl	13–17
Total Leukocyte Count	6,700 /mm³	4,000–11,000
ESR (1st hour)	28 mm	<20
Fasting Blood Sugar	92 mg/dl	70–100
SGPT	32 U/L	<45
Serum Creatinine	0.9 mg/dl	0.6–1.3
Lipid Profile (Total Cholesterol)	168 mg/dl	<200

Table 3: Summary of Initial Assessment

Aspect	Observation
Dosha Involvement	*Kapha* & *Pitta* with *Rakta Dhatu* involvement
Srotas Affected	*Rasavaha*, *Raktavaha*
Agni	*Vishama*
Strength & Nutritional Status	*Madhyama Bala* (moderate)
Prognosis (*Sadhya-Asadhya*)	*Yapya* (manageable with repeated therapies)

Table-4: Day-wise interventions, doses, and key observations/outcomes.

Day / Week	Intervention / Event	Details	Observations / Outcomes
Day 0 (Baseline)	Registration & baseline assessment	Complete history, physical exam, baseline labs, PASI 14.5, DLQI 16, Pruritus VAS 7	Cleared for Panchakarma
Day 1-3	*Dipan Pachana*	Chitakadi Vati 150 mg BD	*Sharir Laghav* and increased appetite
Day 4	*Snehapana* with *Panchatikta Ghrta*	30 ml orally on empty stomach	No nausea, appetite maintained
Day 5	*Snehapana* continued	50 ml	Mild oily belching, no GI distress
Day 6	*Snehapana* continued	70 ml	Sense of lightness, improved appetite
Day 7	*Snehapana* continued	90 ml	Oily stools, Samyak-Snehana signs beginning
Day 8	*Snehapana* continued	110 ml	Full Samyak-Snehana achieved; skin appeared softer
Day 9	Pre-procedures	*Abhyanga* with *Tila Tail* for 30 minutes, *Svedana* with mild steam for 15 minutes.	Well, tolerated
Day 10	*Virecana* with *Trivrt*	Administered at 8 AM with	12 Vegas over 3 h, *Samyak-*

(Main therapy)	*Avaleha* 80 g	lukewarm water	*Virecana Lakshanas*: lightness of body, clarity of senses
Day 11–18	*Samsarjana Krama* (post-procedure diet)	Starting with *Manda* (rice gruel), then *Peya*/*Vilepi*, gradually normal diet by Day 14	No adverse events; appetite normal
Week 4	First follow-up	PASI 4.3, DLQI 5, Pruritus VAS 1	Lesions thinner, less scaling, pruritus nearly absent
Week 12	Second follow-up	PASI 3.8, DLQI 4, Pruritus VAS 1	Sustained improvement, patient satisfied

Table 5: Post-Procedure Diet (*Samsarjana Krama*)

Day	Diet
1–2	*Manda* (thin rice gruel with rock salt)
3–4	*Peya* (slightly thicker gruel)
5	*Vilepi* (semi-solid rice preparation)
6–7	Soft cooked rice with green gram soup, gradually returning to normal vegetarian diet

Plenty of warm water was advised; spicy, sour, fried foods and cold drinks were avoided.

Table-6 Results over Time

Parameter	Baseline	Week 4	Week 12
PASI Score (0–72)	12.4	6.1	2.8
DLQI (0–30)	14	8	3
Pruritus VAS (0–10)	8	4	1
Patient Global Assessment (1–5)	2 (“worse”)	4 (“much better”)	4 (“clear”)

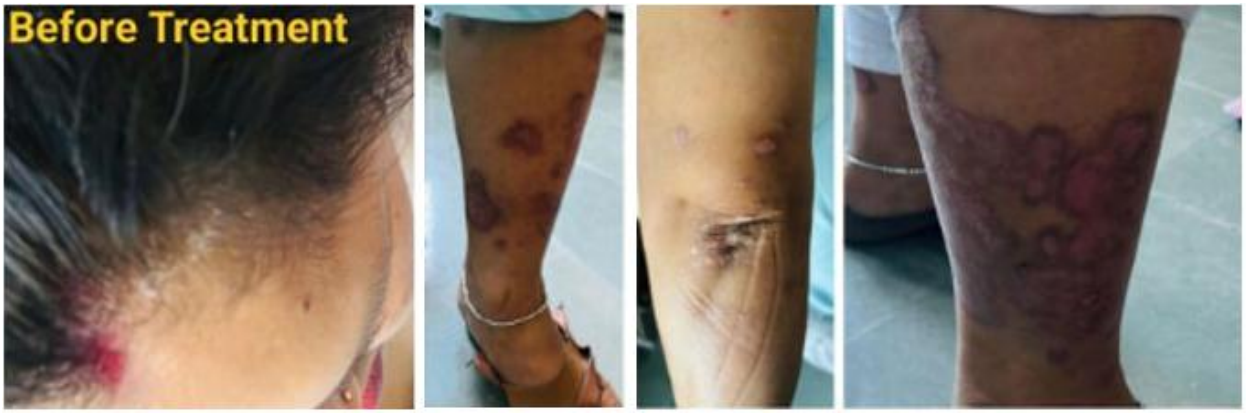

Image 1: Images of Patient at baseline showing erythematous plaques with thick silvery scales with over scalp, elbow, and legs

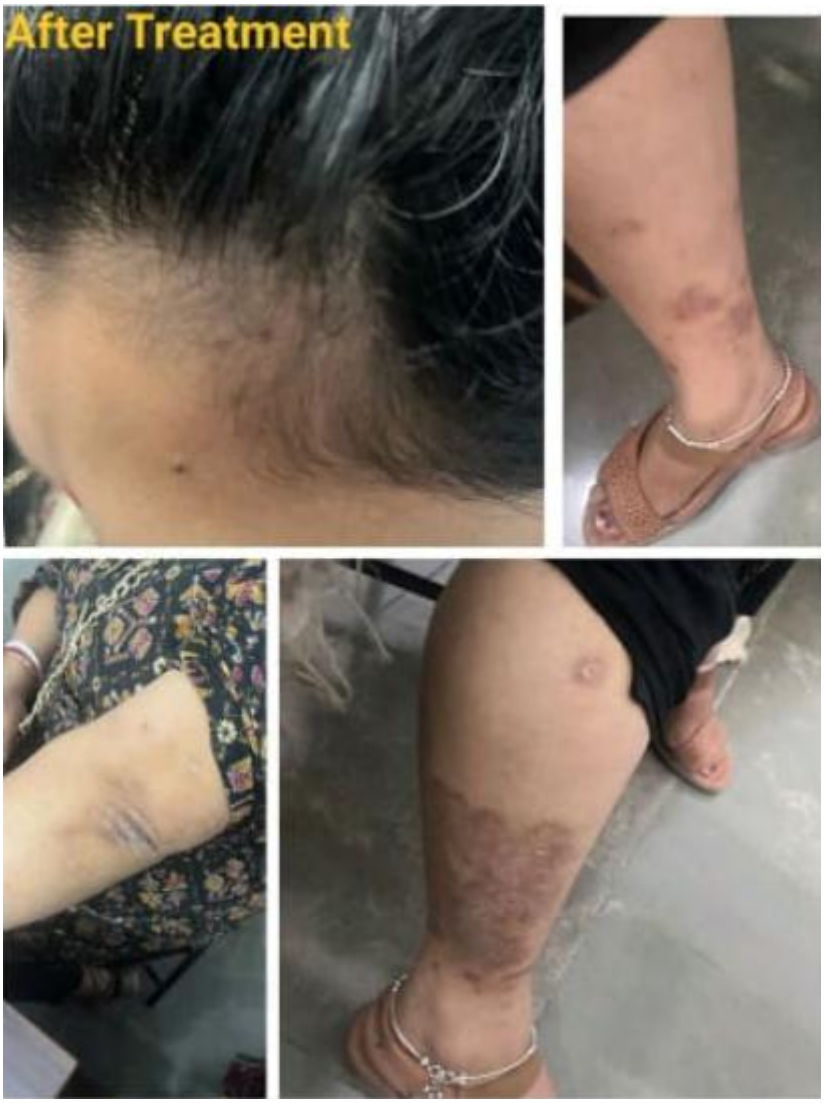

Figure- 2: Images of Patient at week 12 showing reduction in plaques over scalp, elbow, and legs

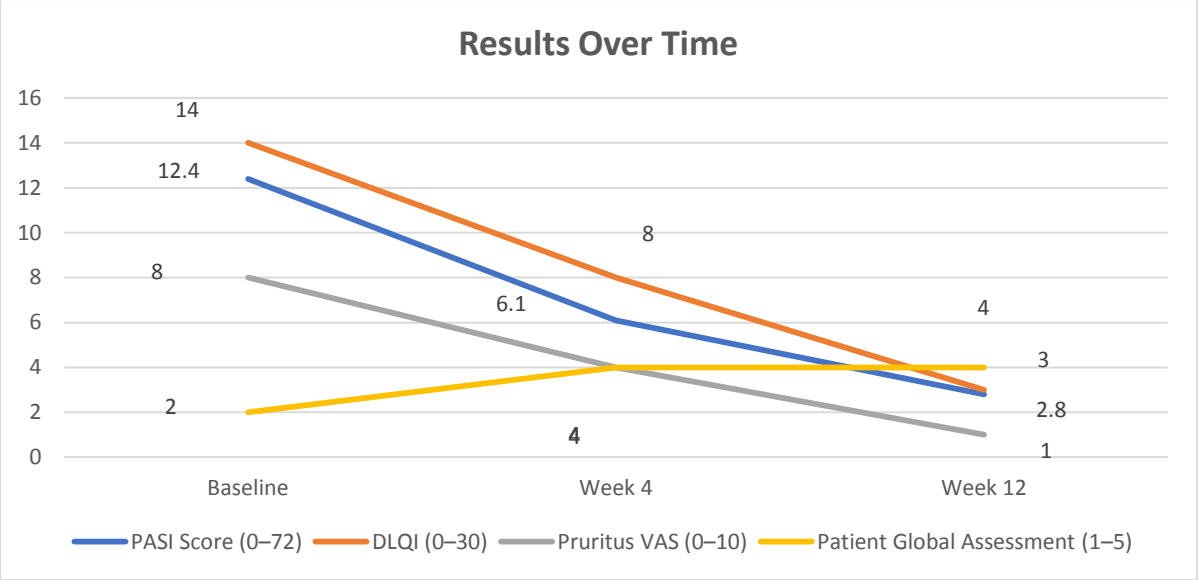

Figure- 3: Results over time

DISCUSSION:

The patient showed consistent improvement throughout the treatment course. *Snehapana* with *Panchatikta Ghrita* produced classical *Samyak-Snehana* signs without intolerance. *Virechana* with *Trivrit Avaleha* resulted in *Samyak-Virechana Lakshanas* and was followed by smooth recovery through *Samsarjana Krama*. Significant reductions were observed in PASI (12.4→2.8), DLQI (14→3), and Pruritus VAS (8→1), indicating 75–80% clinical improvement by 12 weeks as we can see in figure-3. Lesions resolved leaving only mild pigmentation, and no recurrence occurred. The patient experienced lightness, better sleep, improved appetite, and confidence. Overall, *Virechana* Karma was effective, safe, and well-tolerated, providing sustained control and enhanced quality of life in *Ekakushta*.

1. Strengths and Uniqueness of This Case

This case is one of the few documented instances where *Virecana* with *Trivrt Avaleha* was used as the primary intervention for *Ekakushtha* in a hospital OPD setting and evaluated with both classical Ayurvedic criteria and validated modern scales (PASI, DLQI, VAS). The comprehensive documentation of daily dosing schedules, number of *Vegas*, vital sign monitoring, and follow-up over 12 weeks, demonstrates that classical *Pancakarma* can be delivered safely and systematically in a modern clinical environment.

2. Relevance to Classical Texts

Ekakushtha is described in the classics as a *Kshudra Kushtha* characterized by absence of sweating, scaling, and persistent lesions. *Shodhana* therapy, particularly *Virecana*, is recommended as the first line of treatment for *Kushtha* disorders.[9] *Trivrt Avaleha* is a canonical formulation for purgation, and *Panchatikta Ghrta* is prescribed for internal

oleation in *Kushtha*. The patient's clinical signs of *Samyak-Snehana* and *Samyak-Virecana* closely matched the classical lakshanas, validating the authenticity of the protocol.

3. Correlation with Modern Literature

Psoriasis is considered an immune-mediated chronic inflammatory disease. Contemporary studies indicate that detoxification-like procedures (fasting [10], colon cleansing, emollient use) may down-regulate inflammatory cytokines and improve skin barrier function. Small clinical trials have reported benefits of *Virecana* and *Ghrta Snehapana* in chronic skin diseases, but high-quality case documentation is rare. The present case adds to the growing body of evidence by demonstrating quantifiable improvement in PASI (77% reduction) and DLQI (79% improvement) at 12 weeks.

4. Strengths of This Approach

- **Comprehensive assessment:** Combined use of classical signs and modern scales.
- **Safety:** No adverse effects, stable vitals, patient satisfaction.
- **Durability of response:** Clinical benefit sustained for at least 12 weeks after a single course.
- **Patient engagement:** Detailed counselling, daily monitoring, and structured *Samsarjana Krama* improved adherence.

5. Limitations

- Single-case design limits generalizability.
- Absence of a control group prevents attribution solely to the intervention.
- Follow-up limited to 12 weeks; long-term remission unknown.
- Laboratory biomarkers (e.g. cytokines) were not measured.

Future work should involve prospective controlled studies comparing *Virecana* plus *Ghrta* with standard allopathic therapy or placebo, longer follow-up, and integration of immunological markers.

6. Rationale for Conclusions

The marked reduction in PASI, DLQI and pruritus VAS without recurrence over 12 weeks, combined with patient-reported improvements in sleep and social confidence, supports the classical claim that *Virecana* removes *Doshas* implicated in *Kushtha*. The absence of adverse events suggests that, with proper preparation and monitoring, *Virecana* using *Trivrt Avaleha* is safe and acceptable even in OPD settings.

7. Take-away Lessons

- Properly prepared and supervised *Virecana* can yield significant clinical and quality-of-life improvements in *Ekakushtha*.
- Use of validated outcome measures alongside classical Ayurvedic criteria strengthens the credibility of case reports.
- Post-procedure diet and follow-up counselling are crucial for sustained benefit.
- Well-documented single cases can guide the design of larger controlled studies.

Patient Perspective

"For almost eight years I had been struggling with thick, itchy, scaly patches on my elbows, scalp and legs. I tried steroid creams and antihistamines but they only helped for a short time. When I was advised to undergo Pancakarma I was hesitant, but the team explained everything clearly and prepared

me for each step. The internal ghee made me feel lighter, and on the day of Virecana the procedure was well supervised. After a week my itching almost disappeared. By three months my skin looked normal and I felt confident to wear short sleeves again. I also learned about diet and lifestyle to prevent relapse. I am very satisfied with the treatment and follow-up."

This narrative, recorded in the patient's own words at the 12-week follow-up, reflects both symptomatic improvement and improved quality of life.

Informed Consent

Written informed consent was obtained from the patient prior to the initiation of therapy and again prior to publication of this case report. The patient reviewed the manuscript, including the photographs, and agreed to the publication of her anonymized data for scientific purposes.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Ashish Choyal, Harsha Choyal. Efficacy of *Virecana* with *Trivrt Avaleha* Following *Panchatikta Ghrta Snehapana* in the Management of *Ekakushtha* (Psoriasis): A Comprehensive Case Report. Int. J. AYUSH CaRe. 2025;9(4):880-890.

REFERENCES:

1. Deka D, Borah T, Swarnakar A, Baruah D, Bharali BK. Psoriasis: A comparative study as per ayurvedic and modern classics. J Ayu Herb Med. 2016;2(5):186-91.
2. Butacu AI, Tiplica GS., Clinical Cases in Geriatric Exfoliative Dermatitis Erythematous, Scaly Eruption in a 71-Year-Old Male, Springer International Publishing, London, 2022 Oct 19 (pp. 85-89).
3. Damiani G, Bragazzi NL, Karimkhani Aksut C, Wu D, Alicandro G, McGonagle D, Guo C, Dellavalle R, Grada A, Wong P, La Vecchia C. The global, regional, and national burden of psoriasis: results and insights from the global burden of disease 2019 study. Frontiers in medicine. 2021;16(8): 1-8.
4. Mahajan VK. Psoriasis treatment: Unconventional and non-standard modalities in the era of biologics. World Journal of Dermatology. 2016;5(1):17-51.
5. Chakole BA, Choudhary A. A Vitiation of Pitta Dosha in Sharad Ritu and its Management by Nitya Virechana Dravya. International Journal of Ayurveda and Pharma Research. 2024; 10:78-82.
6. Kolhe R, Acharya R. Trivrut and its important in the classical text of ayurveda: A comprehensive review. Research and Reviews: Journal of Ayurvedic Science, Yoga and Naturopathy. 2014; 1:33-53.
7. Munshi RP, Kumbhar DA, Panchal FH, Varthakavi P. Assessing the effectiveness of Panchatikta ghrita, a classical ayurvedic formulation as add-on therapy to vitamin D3 and calcium supplements in patients with

osteopenia: a randomized, open-labeled, comparative, controlled clinical study. The Journal of Alternative and Complementary Medicine. 2019;25(10):1044-1053.

8. Asutkar, S. ., Yadav, Y., & Asutkar, V. Applied aspects of Dincharya – The Daily Regimen as per Ayurveda, directing towards health maintenance and disease prevention in present era. International Journal of Ayurvedic Medicine, 2023;14(2):317–324.
9. Shirwar AK, Bharati AS. An Ayurvedic Management of Kitibha Kushta (Plaque Psoriasis): A Case Study. Journal of Ayurveda and Integrated Medical Sciences. 2022;7(6):194-199
10. Pereira M, Liang J, Edwards-Hicks J, Meadows AM, Hinz C, Liggi S, Hepprich M, Mudry JM, Han K, Griffin JL, Fraser I, Sack MN, Hess C, Bryant CE. Arachidonic acid inhibition of the NLRP3 inflammasome is a mechanism to explain the anti-inflammatory effects of fasting. Cell Rep. 2024 Feb 27;43(2):1-16