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CLINICAL IMPROVEMENT OF EKA KUSHTA (KSHUDRA KUSHTHA) WITH COMBINED SHAMANA CHIKITSA: A SINGLE CASE REPORT

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ABSTRACT

Background: Skin rashes presenting with redness, itching, burning sensation, and blister formation are common clinical complaints and may significantly compromise patient comfort and quality of daily life.[1,2] Eka Kushta is a classical Ayurvedic entity classified under Kshudra Kushtha and is commonly correlated, in modern dermatology, with psoriasis and related papulosquamous/inflammatory dermatoses.[3] Case Presentation: A 45-year-old male patient presented with reddish rashes over the abdomen associated with small blisters, itching, and a burning sensation of approximately one month's duration. The patient was treated with Haridhra Khanda Choorna (½ teaspoonful with honey, before food), Tab Krimikutara Rasa (one tablet twice daily with warm water, after food), and Pancha Tiktaka Qwatha (15 mL with 30 mL warm water, twice daily) for 7 days. Outcome: At the first follow-up on Day 7, roughly 50% improvement in itching, burning, and the visible lesions was recorded, and the same protocol was continued for a further 7 days. By Day 15, complete relief from symptoms was observed. Conclusion: This single-patient experience suggests that a combined, symptom-targeted Ayurvedic regimen based on classical Shamana (palliative) principles produced a favourable and rapid clinical improvement in Eka Kushta. As this is a single case report, broader generalisation awaits controlled clinical studies.[4]

KEYWORDS: Case report; Eka Kushta; Kshudra Kushtha; abdominal rash; vesicular lesions; itching; burning sensation; Haridhra Khanda; Krimikutara Rasa; Panchatikta Kwatha; Shamana Chikitsa; CARE guidelines.

1. INTRODUCTION

Rashes are a common dermatological presentation and may appear with redness, irritation, itching, pain, vesiculation, or frank blister formation. In some cases, rashes are also accompanied by a burning sensation and local discomfort that, when persistent, can affect sleep, daily activity, and emotional wellbeing.[1,2] Because skin lesions may arise from many—often overlapping—causes (infective, inflammatory, allergic, autoimmune, drug-induced, or systemic), careful clinical observation and structured follow-up remain central to identifying the underlying pathology and selecting an appropriate intervention.[1]

In contemporary dermatology, the global prevalence of psoriasis—the closest modern correlate of Eka Kushta—is estimated at approximately 2–3% of the world population, with figures of up to 8–11% reported in some Northern European countries, and a substantial psychosocial burden that the World Health Organization has formally recognised.[5,6] The Dermatology Life Quality Index (DLQI), widely used to capture this burden, typically shows that psoriasis and allied dermatoses impair daily functioning more than several other chronic medical conditions.[7]

In Ayurveda, all skin diseases are grouped under the umbrella term “Kushtha,” which is classically sub-divided into Mahakushtha (major) and Kshudra Kushtha (minor) varieties (Charaka Samhita, Chikitsa Sthana, Chapter 7).[8] Eka Kushta is described as a Kshudra Kushtha with a predominantly Vata-Kapha pathogenesis, characterised by fish-scale-like lesions, itching, burning, and recurrent episodes—features that overlap with the contemporary description of plaque psoriasis and related papulosquamous disorders.[3,9] Classical Ayurvedic management of Kushtha employs both Shodhana (purificatory, e.g., Vamana, Virechana, Raktamokshana) and Shamana (palliative, internal medication, and external application) measures, most authorities emphasising that internal Shamana therapy combined with diet and lifestyle modification can produce clinically meaningful improvement even when Shodhana is not feasible.[8,10]

Among the polyherbal options frequently cited in published Ayurvedic case literature, Haridhra Khanda (a Haridra/Curcuma longa-based granite formulation described in classical texts and pharmacologically validated for histaminergic/allergic skin reactions) has been used in conditions presenting with urticaria, itching, and blister-like lesions.[11,12] Panchatikta-

based preparations—classical five-bitter combinations—have been discussed in classical Ayurvedic texts and contemporary reviews for their relevance in skin disorders of varied aetiology.[13] Krimikutara (Krimikuthar) Rasa, a herbomineral preparation, has been incorporated into the Ayurvedic management of dermatological complaints where an underlying Krimi (microbic/parasitic) contribution or Raktadushti (blood-impuritybased) pathology is suspected.[14,15]

The present report adheres to the CARE (CAse REports) consensus-based reporting guideline, developed to increase the completeness, transparency, and usefulness of single-patient case reports.[4] It documents a 45-year-old male with reddish abdominal rashes, small blisters, itching, and a burning sensation who was managed at an outpatient Ayurveda clinic with the combination of Haridhra Khanda Choorna, Tab Krimikutara Rasa, and Pancha Tiktaka Qwatha over a 15-day treatment course. The clinical rationale and the patient's outcome are then discussed in the context of the evidence available in the classical and contemporary Ayurvedic literature.

2. Case Presentation

2.1. Patient information

A 45-year-old male patient attended the outpatient clinic with the chief complaint of reddish rashes over the abdomen, accompanied by small blisters, itching, and a burning sensation. The patient reported that the lesions had been present for approximately one month prior to presentation. He had not taken any prior allopathic or Ayurvedic medication specifically for this complaint. The patient gave informed consent for the anonymous publication of his clinical details and photographic documentation for academic purposes.

2.2. Clinical findings

On local examination of the abdomen, well-demarcated erythematous (reddish) macules and papules were noted, overlying which were small, superficial, fluid-filled blisters (vesicles) confined to the abdominal region. There was no associated scaling, no active discharge, no excoriation-induced secondary changes, and no palpable lymphadenopathy in the draining region. The patient complained of moderate-to-severe itching (Kandu) and a persistent burning sensation (Daha) over the affected area, both of which were disrupting sleep and routine activity.

2.3. Summary of clinical features at baseline

Parameter	Finding (verbatim from case record)
Age / Sex	45-year-old male
Site of lesion	Abdomen
Type of lesion	Reddish (erythematous) macules/papules with small overlying vesicles (blisters)
Approximate duration of lesions	1 month
Associated scaling / discharge	No scaling; no discharge
Associated symptoms	Itching (Kandu) and burning sensation (Daha)
Systemic findings	Not recorded / not applicable (NA)

2.4. *Diagnosis*

Based on the morphological features (well-defined erythematous macules with overlying vesicles, prominent itching and burning, absence of discharge), the chronicity (~1 month), and the absence of scales that would characterise classic plaque psoriasis, the clinical impression, after applying Ayurvedic Kushtha-nidana criteria (Charaka Samhita, Chikitsa Sthana, Chapter 7),[8] was Eka Kushta, a Vata-Kapha predominant Kshudra Kushtha. The diagnosis was conservatively retained as a clinical diagnosis; in the absence of skin biopsy, KOH mount, or serological work-up in the original case record, a definite modern dermatological correlate (e.g., atypical psoriasis versus acute contact dermatitis versus early immunobullous disorder) is acknowledged but not confirmed, and this limitation is addressed in the Discussion.

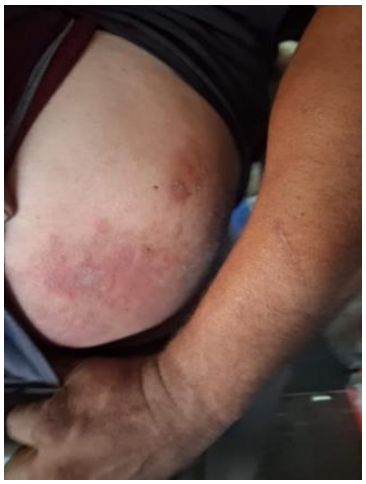

Figure 1. Pre-treatment clinical image of the abdomen (Day 0 / baseline). Erythematous macules and papules with overlying small blisters (vesicles) are visible on the abdominal skin, consistent with the presenting features of Eka Kushta as recorded in the case file.

2.5. Therapeutic intervention

The classical Shamana (palliative) protocol prescribed for this patient was as follows (all medicines were dispensed from a GMP-certified Ayurvedic pharmacy and administered for 7 days):

Medicine	Dose	Anupana (vehicle)	Timing	Frequency
Haridhra Khanda Choorna	1/2 teaspoonful (approx. 2.5 g)	Honey	Before food (empty stomach)	Once daily
Tab Krimikutara Rasa	1 tablet (125 mg, standard GMP)	Warm water	After food	Twice daily
Pancha Tiktaka Qwatha	15 mL of concentrated Kwatha	Mixed with 30 mL of warm water	Before food	Twice daily

Rationale for the selection. Haridhra Khanda has been described in the classical Ayurvedic literature and subsequently characterised pharmaceutically and pharmacologically for its anti-allergic and anti-pruritic actions; it has been administered clinically for urticaria, itching, and vesicular/blister-type skin manifestations.[11,12] Panchatikta-based formulations, which combine five bitter drugs (traditionally Nimba, Guduchi, Vasa, Kantakari, and Kiratatikta), have been discussed extensively in classical texts and contemporary reviews for their relevance in the Shamana management of Kushtha and allied skin disorders.[13] Krimikutara (Krimikuthar) Rasa has been reported in the Ayurvedic case literature for use in skin conditions where an underlying Krimi (micro-organism) element or Raktadushti is suspected, and a krimighna (anti-microbial) therapeutic rationale is appropriate.[14,15]

3. Timeline, Follow-up and Outcomes

Outcome was documented using patient-reported symptom scores (0–10 numerical rating for itching and burning) and photographic evidence. The patient was reviewed every 7 days.

Table 3 and Figures 2–6 summarise the clinical course.

Time-point	Clinical status (verbatim from the record)	Treatment action	Estimated overall improvement
Day 0 (first visit)	Reddish macules with overlying small blisters on the abdomen; moderate-to-severe itching; persistent burning sensation.	Haridhra Khanda Choorna + Tab Krimikutara Rasa + Pancha Tiktaka Qwatha, all as described, started for 7 days.	Baseline
Day 7	Reduced intensity of itching	Same regimen continued	Approximately

(first follow-up)	and burning; visible thinning and flattening of the erythematous macules; vesicles resolving with no new lesions.	for an additional 7 days.	50%
Day 15 (second follow-up)	Itching and burning completely gone; erythema resolved; abdominal skin clinically returned to baseline colour with no residual lesion.	Treatment discontinued. Diet and lifestyle advice reinforced. Patient instructed to re-attend on recurrence.	Complete relief (~100%)

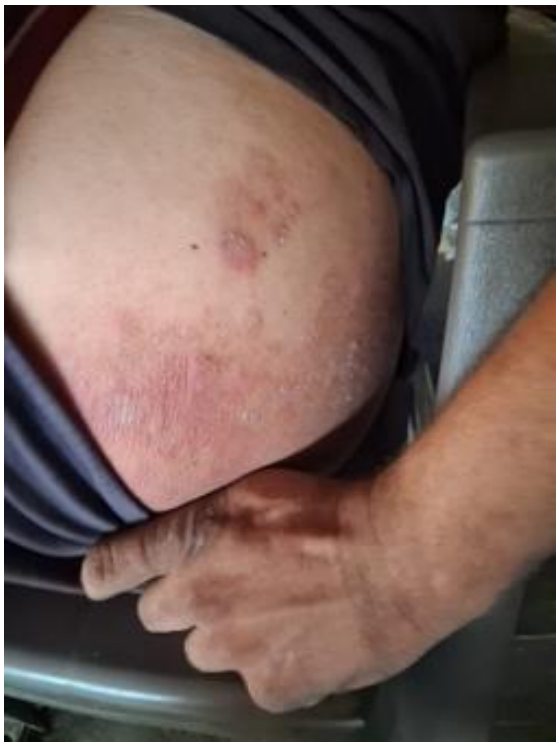

Figure 2. ***Clinical image at the first follow-up (Day 7). Erythema and the size of the affected area have visibly reduced; the vesicles are largely resolved, and there are no new lesions, consistent with approximately 50% overall clinical improvement.***

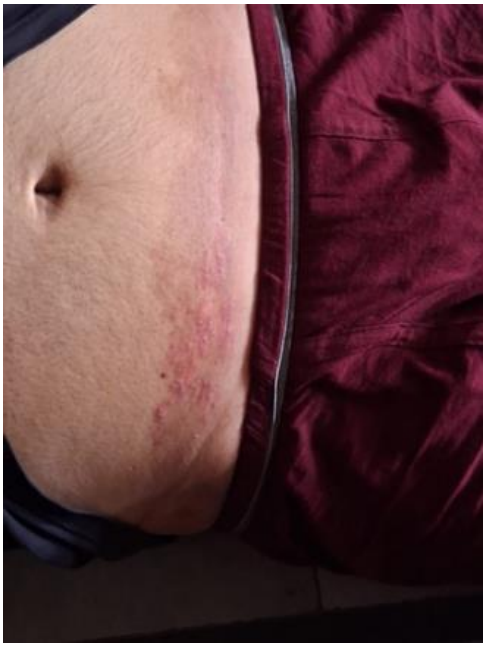

Figure 3. Concomitant view of the abdomen at the first follow-up (Day 7). The previously intense erythema has faded to a faint pinkish hue, and the patient reported a marked reduction in itching and burning.

Figure 4. Clinical image at the second follow-up (Day 15). The abdominal lesion has resolved; only a faint residual pigmentary mark remains. Itching (Kandu) and burning (Daha) are reported as completely absent by the patient.

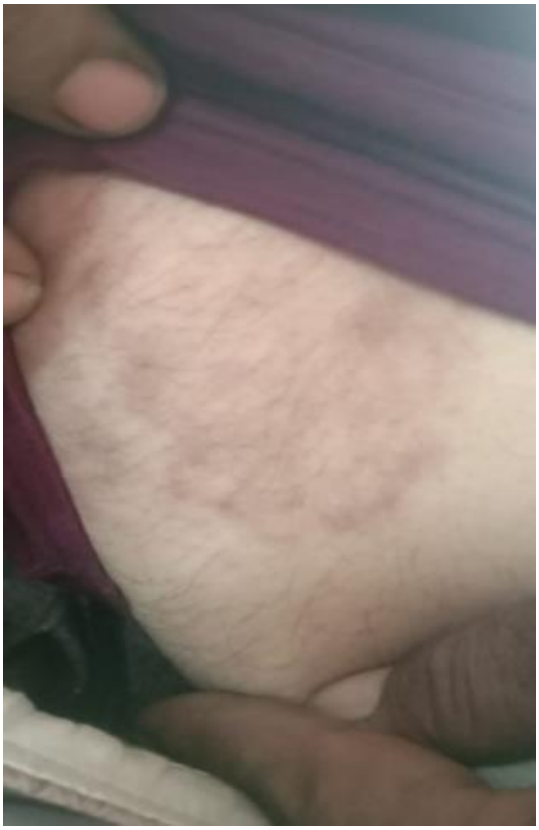

Figure 5. Close-up view of the previously involved skin at the second follow-up (Day 15). The skin surface appears smooth, with no active erythema, vesicles, scaling, or discharge.

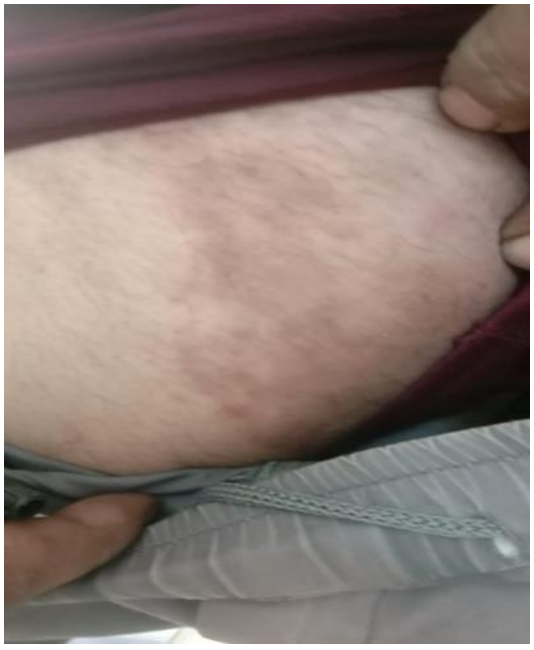

Figure 6. Second close-up view of the previously involved skin at the second follow-up (Day 15), confirming the resolution seen in Figure 5 from a different angle. No signs of recurrence were recorded at the time of the visit.

3.1. Safety and tolerability

No adverse drug reaction was reported at any of the follow-ups. The patient tolerated all three formulations well, adhered to the prescribed schedule, and reported no gastrointestinal, hepatic, or cutaneous intolerance. No rescue medication was required.

4. DISCUSSION

The patient described in this report presented with a constellation of features—erythematous macules, superficial vesicles, marked itching and burning, and a chronicity of approximately one month—that overlap, clinically, with both an acute inflammatory/vesicular dermatosis and the early vesicular phase of a papulosquamous condition such as psoriasis. Such skin eruptions are common in outpatient practice and have a measurable effect on the patient's comfort, sleep, and daily functioning, justifying prompt and targeted intervention.[1,2,7]

Within the Ayurvedic nosology, skin diseases are traditionally examined under the umbrella heading of Kushtha and are classified into Mahakushtha (seven major) and Kshudra Kushtha (eleven minor) types (Charaka Samhita, Chikitsa Sthana, Chapter 7).[8] Eka Kushta—literally "one" (eka) skin lesion that extends and resembles a fish-scale (matsyashakala) appearance—is described under Kshudra Kushtha with dominant Vata-Kapha involvement and is widely correlated in the contemporary literature with plaque psoriasis, although it may include other papulosquamous phenotypes.[3,9,16] The patient's morphology, while dominated by vesicles rather than plaques, satisfies the broader symptomatic definition (Kandu, Daha, Raktavarnata twak) and the chronicity criteria, and the clinical diagnosis of Eka Kushta is therefore considered reasonable, while acknowledging the absence of histopathological confirmation as a limitation.

The three medicines used here are individually and collectively reported in the published Ayurvedic case literature as relevant interventions in skin diseases of this type. Haridhra Khanda, a polyherbal Haridra (Curcuma longa)-centred formulation described classically in texts such as Bhaishajya Ratnavali, has been pharmaceutically characterised, formulated as a patient-friendly tablet dosage form, and pharmacologically demonstrated to attenuate histamine-mediated allergic responses, including vascular hyper-permeability, mast-cell degranulation, and sneezing/allergic rhinitis endpoints.[11,12] The curcuminoid-rich base confers documented anti-inflammatory and antioxidant activity, providing a plausible mechanistic basis for its observed effect on cutaneous inflammation, itching, and small vesicular lesions.[11] Panchatikta Kwatha, despite being less well characterised in modern trials, has been discussed extensively in contemporary Ayurvedic reviews for its Tikta (bitter)

Rasa-predominant pharmacodynamics, classically considered Pitta-shamaṇa and Rakta-shodhaka, and therefore appropriate in conditions with Daha (burning) and Raktadushti.[13] Krimikutara (Krimikuthar) Rasa has been discussed in Ayurvedic case reports for Eka Kushtha, Dadru Kushtha, and allied vesicular dermatoses, with the krimighna (anti-microbial) and Kaphashamaṇa rationale being invoked as relevant to the skin microbiome and the Kapha—Rakta axis of pathogenesis.[14,15]

Two particular features of this case are worth highlighting. First, the response was rapid: approximately 50% improvement was recorded at Day 7 (Figures 2 and 3), with complete resolution of itching and burning and of the visible erythematous lesions by Day 15 (Figures 4 –6). Second, the response was durable as observed during the treatment course, with no rebound or recurrence during the 15-day follow-up window; however, no long-term follow-up is available, which is an important caveat for interpretation.

Pragmatically, this case illustrates that the early Shamana management of Eka Kushta—even when Shodhana is not undertaken—may produce clinically meaningful improvement, in line with the experience reported in other single-patient and small-series Ayurvedic case reports of Kushtha and its subtypes, including Eka Kushtha, Dadru Kushtha, and Vicharchika.[3,9,10,14,15,16] This observation is consistent with the classical position that Shamana, combined with appropriate Ahara-Vihara (dietary and behavioural) modification, is appropriate as the first-line or sole intervention in mild-to-moderate Kushtha and is essential as a continuation/consolidation measure after Shodhana.[8,10]

Limitations. This report has several limitations that must be acknowledged. (i) It is a single-patient observation and therefore cannot establish generalisable efficacy. (ii) The diagnostic work-up did not include histopathology, KOH preparation, or specific serology; a definitive modern-dermatological correlate cannot be made. (iii) Sub-lesional photography, lesion measurements, and a validated severity score such as the Psoriasis Area and Severity Index (PASI) or, alternatively, a symptom-based DLQI-style instrument were not recorded.[7] (iv) Long-term follow-up beyond Day 15 was not available, so relapse rates cannot be commented upon. (v) The patient's past medical, family, occupational, dietary, and allergy history were not recorded in the original case file. These points should be addressed in future reports to strengthen academic and clinical value, in keeping with the CARE recommendations for completeness and transparency.[4]

5. Patient Perspective

In a brief informal interview at the second follow-up, the patient reported a return to his normal sleep pattern and daily routine, expressed relief that the itching and burning had stopped within the second week of treatment, and stated that he would be willing to recommend a similar regimen to others with comparable symptoms. He acknowledged, however, the importance of dietary discipline and avoidance of self-medication, consistent with the advice he had received at the clinic.

6. CONCLUSION

This single-patient case report describes the rapid and complete clinical improvement of Eka Kushta in a 45-year-old male treated with a combined classical Shamana protocol consisting of Haridhra Khanda Choorna, Tab Krimikutara Rasa, and Pancha Tiktaka Qwatha over a 15-day course. The photographically documented clinical course across the treatment timeline confirms the patient's subjective relief of itching and burning and the visible resolution of the abdominal lesions. The result is consistent with the rationale of Ayurvedic pharmacology and with the pattern of response previously reported in similar case-based publications. Although wider conclusions cannot be drawn from a single report, the observation is clinically encouraging and supports the need for structured, controlled clinical studies—ideally with validated severity and quality-of-life endpoints, longer follow-up, and clearer diagnostic criteria—to formally evaluate this combination therapy.

7. Figure Legends

Figure 1. Pre-treatment clinical image of the abdominal lesion showing well-defined erythematous macules and papules with overlying small vesicles (Day 0 / baseline).

Figure 2. Clinical image at the first follow-up (Day 7), showing reduced erythema and an overall improvement of approximately 50%.

Figure 3. Concomitant view of the abdomen at the first follow-up (Day 7), illustrating the reduction in erythema from a second angle.

Figure 4. Clinical image at the second follow-up (Day 15), showing resolution of the lesion with only faint residual pigmentary changes; itching and burning reported as completely absent.

Figure 5. Close-up view of the previously involved skin at the second follow-up (Day 15). The skin surface is smooth, with no active erythema, vesicles, scaling, or discharge.

Figure 6. Second close-up view of the previously involved skin at the second follow-up (Day 15), confirming resolution from a different angle. No signs of recurrence were recorded.

REFERENCES

1. National Library of Medicine (US). Skin rash [Internet]. Bethesda (MD): MedlinePlus; [updated 2024; cited 2026 Jul 22]. Available from: https://medlineplus.gov/rashes.html
2. National Institutes of Health (US). Red, itchy rash? Get the skinny on dermatitis [Internet]. NIH News in Health. 2012 Apr [cited 2026 Jul 22]. Available from: https://newsinhealth.nih.gov/2012/04/red-itchy-rash
3. Ninganure S, Patil D, Mehta CS. Holistic healing of Eka Kushta (psoriasis) — A case study. AYUSH DHARA. 2025;12(2):[page nos.]. doi:10.47070/ayushdhara.v12i2.2001.
4. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D, et al. The CARE guidelines: consensus-based clinical case reporting guideline development. J Med Case Rep. 2013;7:223.
5. Parisi R, Symmons DP, Griffiths CE, Ashcroft DM, on behalf of the Identification and Management of Psoriasis and Associated ComorbidiTy (IMPACT) project team. Global epidemiology of psoriasis: a systematic review of incidence and prevalence. J Invest Dermatol. 2013;133(2):377–85.
6. World Health Organization. Global report on psoriasis. Geneva: WHO; 2016. Available from: https://www.who.int/publications-detail-redirect/global-report-on-psoriasis
7. Finlay AY, Khan GK. Dermatology Life Quality Index (DLQI): a simple practical measure for routine clinical use. Clin Exp Dermatol. 1994;19(3):210–6.
8. Acharya YT, editor. Charaka Samhita of Agnivesha, elaborated by Chakrapani Datta (Ayurveda Dipika commentary). Chikitsa Sthana, Chapter 7 (Kushtha Chikitsa), verses 9–30. Varanasi: Chaukhamba Surbharati Prakashan; 2014 [reprint].
9. Dudwe M, Bhoir M. Ayurveda care in psoriasis (Eka Kushta): a case study using Prakshalana (irrigation) and Shamana therapy. J Res Tradit Med. 2026;12(1):122–7.
10. Deshmukh SG, Thakre TI. Management of Eka-Kushtha (chronic plaque psoriasis) in Ayurveda: a case study. J Indian Sys Med. 2019;7(4)
11. Bhowmik R, Shaharyar MA, Kanakal MM, Sarkar A, Farhana SA, Hussain SM, et al. Pharmacological validation of Haridra Khanda and Manjishthadi Kwatham (brihat) in histamine-mediated allergy: an in-vivo and in-vitro study. Heliyon. 2024;10(12):e32514.

12. Sonare MA, Samantaray MK. Pharmaceutical evaluation of Haridra Khanda tablet. J Ayurveda Integr Med Sci. 2020;5(5):175–8. doi:10.21760/jaims.v5i05.1038.
13. Rathore R, Varshney S. Exploring the therapeutic potential of Panchatikta Churna: an Ayurvedic formulation. J Emerg Technol Innov Res (JETIR). 2023;10(7)
14. Jadhav PB, Wagh S, Wagh S. Ayurvedic management of Dadru Kustha — A case report. World J Pharm Res. 2022;11(16):1162–8.
15. Rao V, Bhuwad S, Pathrika A. Management of Dadru Kushtha (tinea corporis) through Ayurveda — a case study. Ayurlog Natl J Res Ayurved Sci. 2022;10(2)
16. Singh S, Rai PB. Concept of dermatological disorders in Ayurveda. Int J Ayurvedic Herb Med. 2015;5(4)