AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Case Study

CLINICAL EVALUATION OF *PANCHAKARMA* IN *IKAKUSTHA* (PSORIASIS)

Manju Singh[1]*, Snehlata[1], Rajeev Kumar Pandey[2], Divya Gupta[3]
*[1]MD Scholar, [2]HOD & Professor, [3]Assistant Professor, Department of Panchakarma, M.M.M. Govt. Ayur. College, Udaipur, Rajasthan, India.

Article info
Article History:
Received: 18-04-2026
Accepted: 23-05-2026
Published: 08-07-2026
KEYWORDS:
Panchakarma, Kakustha, Psoriasis, Vamana Virechna, Ayurveda.

ABSTRACT

Psoriasis is a chronic immune-mediated inflammatory skin disorder affecting approximately 2–3% of the global population. It is characterized by erythematous plaques covered with silvery scales, commonly involving the extensor surfaces and scalp, and often leads to physical, psychological, and social distress. In Ayurveda, psoriasis is correlated with *Ekakustha*, a subtype of *Kshudra Kushta*, which is described by features such as *Mahavastu*, *Aswedanam*, and *Matsyashakalopama Avastha*. This case report highlights the successful Ayurvedic management of a 19-year-old male diagnosed with chronic plaque psoriasis. The treatment regimen consisted of *Snehana*, *Swedana*, *Vamana*, *Virechana*, *Sansarjana Krama*, and *Shamana Chikitsa*. Marked clinical improvement was observed, with a significant reduction in the Psoriasis Area and Severity Index (PASI) after 57 days of therapy. No recurrence was noted during the follow-up period. The case suggests that *Panchakarma* therapy followed by *Shamana* therapy can be effective in the management of psoriasis.

INTRODUCTION

The term psoriasis originates from the Greek words "Psora," meaning itching, and "sis," meaning condition. Childhood psoriasis is fairly common, affecting nearly 1–3% of the general population[1]. Psoriasis is an immune-mediated skin disorder characterized by erythematous, well-demarcated papules and observed type[2]. Although the exact etiology of psoriasis remains unclear, genetic predisposition plays a significant role, with around 30–50% of patients reporting a positive family history. Diagnostic clinical signs include Auspitz's sign, which presents as pinpoint bleeding upon removal of scales, and the Koebner phenomenon, where new lesions develop at sites of trauma[3]. Conventional treatment modalities such as corticosteroids and phototherapy are commonly used; however, prolonged use may lead to adverse effects.

In Ayurveda, skin diseases are collectively referred to as *Kushtha*, which are broadly classified into *Maha Kushtha* and *Kshudra Kushtha*[4]. *Ek Kushtha*, a subtype of *Kshudra Kushtha*, is described with features such as *Aswedanam* (absence of sweating), *Mahavastu* (extensive lesions), and *Matsya-shakalopama Avastha* (scaling resembling fish scales)[5]. These manifestations closely correlate with the clinical presentation of psoriasis. Ayurvedic classics further explain that all forms of *Kushtha* arise due to the vitiation of all three *Doshas*, thereby categorizing them as *Tridoshaja Vyadhi.* [6]

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ayushdhara.v13i3.2725
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

Case Report

Personal Details

Age/Sex – 19-year-old male
Address - Udaipur
OPD NO 23727/15875
Occupation - student
Marital status - unmarried
Socio- economy status - middle class
Weight - 70kg
Height - 5.8ft

Presenting complaints- Reddish-white circular patches on the scalp, trunk and both hands with armpit and legs with groin area, along with, itching, scaling, dryness, decreased appetite, and unsatisfactory bowel movements.

Associated symptoms: According to the patient, the first whitish, scaly, and itchy lesion appeared on the scalp. Within two months, similar patches spread to other body parts. He took Allopathic treatment and experienced relief in itching, but symptoms worsened after treatment stopped. He presented to Ayurveda Anusandhan Kendra, Gulaab Baag, Udaipur Hospital and was admitted to the Panchakarma IPD.

Family history: No significant history

Vital Examination

Blood Pressure - 120/84mmhg

Pulse rate - 78/min

Respiration rate - 18/min

Skin examination

Inspection

Lesion: Thick, dry, scale over scalp, trunk, both hands with armpit and legs with goin area.

Colour: Reddish white over back, trunk and bilateral upper and lower limb, silvery white over scalp.

Thickness: 0.8 mm to 1.2 mm

Moisture: Dryness

Temperature: Warm to touch

PASI score (before treatment)

1) PASI Score - 6.9
2) Koebner phenomenon **-** Positive
3) Auspitz sign **–** Positive
4) Candle grease sign **–** positive

Diagnosis

Ayurveda: The condition is diagnosed as *Ikakustha* (psoriasis).

Modern: Chronic Plaque Psoriasis

Astavidha Pariksha

1	*Nadi* (pulse)	*Vata pittaj*	5	*Shabd* (speech)	*Spasta*
2	*Mala(*stool)	*Kathinye*	6	*Sparsh* (touch)	*Samshitoshna*
3	*Mutra* (urine)	*Avikrit*	7	*Drika* (eyes)	*Prakrit*
4	*Jivha* (tongue)	*Nirama* (uncoated)	8	*Aakriti* (posture)	*Samanye*

Dashvidha Pariksha

1	*Prakriti*	*Vata kapha dominant*	6	*Sara*	*Madhyama*
2	*Vikriti*	*Vata kapha aggravation*	7	*Sahanana*	*Madhyama*
3	*Pramana*	*Madhyama* (above average height and weight)	8	*Ahara shakti*	*Madhyama*
4	*Sattava*	*Madhyama*	9	*Vyayam shakti*	*Avara* (due to sedentary lifestyle)

Treatment protocol

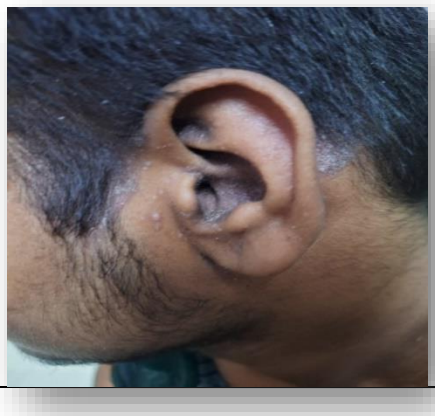
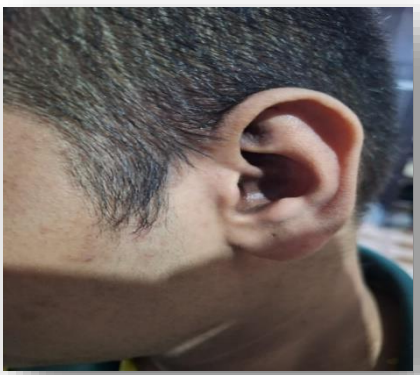
Process	**Drug**	**Dose**	**Duration**
Deepana Pachana	*Manjisthadi churna* *Laghu Vasantmalini* *Navkarshik kwath* *Mahasudarshan Ghan vati*	5gm/ (2 times a day) 1 tab / 3 times 10gm/2 times a day 2 tabs/ 3 times a day	5 days
Shodhanartha Snehapana	*Pancha Tikta Ghrita*[7]	1st day- 30 ml 2nd day- 50 ml 3rd day- 70 ml 4th day- 100 ml 5th day- 120 ml 6th day- 150 ml	6 days
Sarvanga Abhayanga	*Karanj & Neem taila*	Q.S.	2 days
Sarvanga Bashpa Swedana	-	-	2 days
Vamana Karma	*Madana Phala Pippali - 7 gram,* *Saindhava Lavana - 5 gram*	1 day *(6 Vegas)*	

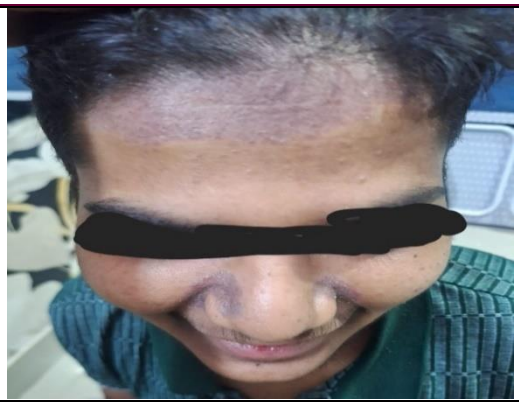
	Madhu – 30ml		
Samsarjana Krama	1st *Annakala – Pey* 2nd *Annakala – Peya* 3rd *Annakala – Vilepi* 4th *Annakala – Vilepi* 5th *Annakala - Akrita Yusha* 6th *Annakala – Krita Yusha* 7th *Annakala– Akrita mamsa* soup 8th *Annakala - Krita Mamsa* soup	As per *Madhyama Shuddhi Krama*	5 days
Modality	**Drug**	**Dose**	**Duration**
Shodhanarta Snehapana	*Maha Tiktak Ghrita*	1st day-60 ml 2nd day-90 ml 3rd day-120 ml 4th day-150 ml	4 days
Sarvanga Abhayanga	*Karanj and Neem taila*	Q.S.	4 days
Sarvanga Bashpa Swedana	-	-	4 days
Virechana Karma	*Hridye Virechan Avleha* *Amalaki Swarasa* *Saindhav*	35 gm 300ml 5gm	1 day (10 *Vegas*)
Samsarjana Krama	1st *Annakala – Peya* 2nd *Annakala – Vilepi* 3rd *Annakala - Krita Yusha* 4th *Annakala - Krita Masha* soup	As per *Avara Shuddhi Krama*	3 days

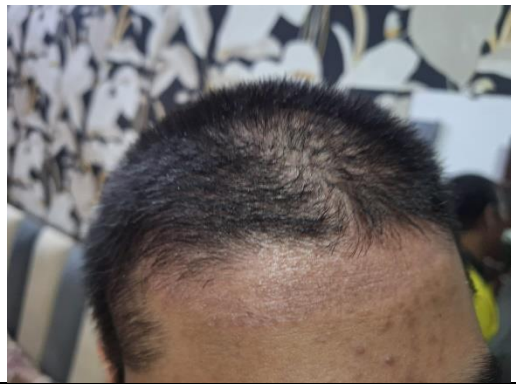
Oral Medication After *Shodhana*

Dose	**Frequency**	**Time of Administration**	***Anupana***
Maha Tiktak Ghrit Capsule	2 Cap/ 2 times	After food	Warm water
Jeevantyadi Yamak	Locally / 4 times	After food	Warm water
Vrihat Dantphala Taila	Once at night	*Shiro Abhayang* at bed time	Warm water
Manjisthadi churna	5 gm/twice a day	After food	Warm water

RESULTS

Before	**After**
	





Clinical Parameter	Assessment Method	Before Treatment	After Treatment
PASI Score	PASI Index	6.9	2.4
Auspitz sign Candle grease sign		Present	Absent
Itching	Visual analogy scale	6	2
Scaling	Clinical observation	Present	Absent
Sleep quality	Patient reporting	Disturbed	Normal
Psychological stress	Self-report	Moderate stress	Normal

DISCUSSION

Considering the chronic and recurrent nature of *Ekakushtha* (psoriasis), purification therapy (*Shodhana Chikitsa*) was selected with the aim of eliminating accumulated toxins and correcting the underlying *Doshic* imbalance. Initially, *Deepana-Pachana* medicines were administered to enhance digestive fire (*Agni*) and facilitate the digestion of *Ama* (metabolic toxins), thereby preparing the patient for further *Panchakarma* procedures. Subsequently, *Maha Tiktaka Ghrita* was chosen for *Snehapana* due to its predominance of *Tikta Rasa* and its well-known *Rakta Shodhaka* (blood purifying) and anti-skin disorder properties.

Vamana Karma

Vamana Karma plays a significant role in eliminating aggravated *Kapha* and *Pitta Doshas* accumulated within the body channels (*Strotas*). The *Vamaka Dravyas* possess properties such as *Ushna* (hot potency), *Tikshna* (sharpness), *Sukshma* (subtle penetration), *Vyavayi* (rapid systemic spread), and *Vikasi* (channel-dilating action), which enable them to act swiftly after administration. Owing to these qualities, the drugs are rapidly absorbed and exert their influence through the *Hridaya* (circulatory center), from where they disseminate throughout both the gross and subtle body channels. The dominance of *Agni* and *Vayu Mahabhuta* facilitates the upward movement of vitiated *Doshas*, ultimately expelling accumulated toxins from the body through the oral route.

Virechana Karma

Virechana Dravyas are predominantly composed of *Prithvi* and *Jala Mahabhuta*, which impart an *Adhobhagahara* action, facilitating the downward expulsion of vitiated *Doshas* through the anal route. *Virechana Karma* effectively eliminates accumulated toxins, particularly aggravated *Pitta Dosha*, from the body and helps in restoring internal balance. When *Vamana* and *Virechana* are administered sequentially, they work synergistically to clear *Srotorodha* (obstruction of body channels) and promote the proper formation and nourishment of *Rasa* and *Rakta Dhatus*, both of which are essential for maintaining healthy skin. This combined therapeutic approach not only improves clinical symptoms but also reduces the likelihood of disease

Internal medications such as *Maha Tiktak Ghrit* capsule, *Khadirarishta*, and *Manjistadi churna* supported the *Shamana Chikitsa* phase by promoting *Rakta Shuddhi,* liver function enhancement, and restoration of *Agni* (digestive fire). Topical applications like *Jevantyadi yamak* and *Shiroabhyanga* of *Vrihat Dantfala taila* of as a soothing, antimicrobial, and healing agent, reducing dryness and scaling effectively.

CONCLUSION

In the present case, the integrated administration of *Shodhana* and *Shamana Chikitsa* demonstrated significant therapeutic efficacy in the management of *Ekakushtha* (psoriasis). The sequential use of *Deepana-Pachana*, *Snehapana*, *Vamana*, and

Virechana helped in the elimination of vitiated *Doshas*, correction of metabolic impairment, and restoration of normal tissue physiology. Improvement in clinical manifestations such as scaling, erythema, itching, and plaque formation indicated the effectiveness of *Panchakarma* procedures in breaking the pathogenesis of the disease. Furthermore, the absence of recurrence during follow-up suggests that Ayurvedic purification therapy not only provides symptomatic relief but also contributes to long-term disease control and enhancement of skin health. Therefore, *Panchakarma*, when followed by appropriate *Shamana* therapy, may serve as a safe and effective approach in the comprehensive management of chronic plaque psoriasis.

REFERENCES

1. Gupta P. PG Textbook of Pediatrics. Vol. 3. Part 8, Chapter 48.14. p. 2908
2. Loscalzo J, Kasper DL, et al. Harrison's Principles of Internal Medicine. 21st ed. New York; 2022. p. 1533
3. Loscalzo J, Kasper DL, et al. Harrison's Principles of Internal Medicine. 21st ed. New York; 2022. p. 1535.
4. Agnivesha. Charaka Samhita, Chikitsa Sthana, Chapter 7/13. Vidyotini Hindi commentary by Shastri K, Chaturvedi G. Varanasi: Chaukhambha Bharati Academy; [year not specified]. p.224 [Crossref] [PubMed] [Google Scholar
5. Agnivesha. Charaka Samhita, Chikitsa Sthana, Chapter 7/21. Vidyotini Hindi commentary by Shastri K, Chaturvedi G. Varanasi: Chaukhambha Bharati Academy; [year not specified]. p.226 [Crossref] [PubMed] [Google Scholar]
6. Agnivesha. Charaka Samhita, Chikitsa Sthana, Chapter 7/10. Vidyotini Hindi commentary by Shastri K, Chaturvedi G. Varanasi: Chaukhambha Bharati Academy; [year not specified]. p.223 [Crossref] [PubMed] [Google Scholar]
7. Agnivesha. Charaka Samhita, Chikitsa Sthana, Chapter 7/146–148. Hindi commentary by Shukla V, Tripathi RD. Delhi: Chaukhambha Sanskrit Pratishthan; [year not specified]. p.199 [Crossref] [PubMed] [Google Scholar]

Cite this article as:
Manju Singh, Snehlata, Rajeev Kumar Pandey, Divya Gupta. Clinical Evaluation of Panchakarma in Ikakustha (Psoriasis). AYUSHDHARA, 2026;13(3):293-297.
https://doi.org/10.47070/ayushdhara.v13i3.2725
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Manju Singh
MD Scholar,
Department of Panchakarma,
M.M.M. Govt. Ayur. College, Udaipur,
Email: drmanjusingh3884@gmail.com