

AYURVEDIC MANAGEMENT OF EKAKUSHTHA (PSORIASIS) USING VAMAN: A
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ABSTRACT

A 48-yr-antique male affected person with plaque psoriasis (Ekakushtha) who underwent Vaman (therapeutic emesis) as a part of a Panchakarma routine. The affected person exhibited marked development in scientific parameters, with PASI decreasing from 35.1 to close to zero additionally showing substantial improvement. The case demonstrates the utility of classical Ayurvedic interventions—together with shodhana (purification) and shamana (palliative) treatment plans—in dealing with continual dermatological conditions with an emphasis on lengthy-term remission and great of life enhancement.

KEYWORDS: Ekakushtha, Psoriasis, Vamana Karma, Panchakarma, Ayurveda, Skin Disorders.

INTRODUCTION

Ekakushtha, a form of Kshudra Kushtha^[1] (minor skin ailment), is often because of vitiation of Vata and Kapha^[2] doshas. It manifests as thick, scaly skin, discoloration, and a scarcity of sweating. Ayurveda emphasizes the function of Dosha imbalance and Ama (toxins) within the pathogenesis of skin problems, endorsing Shodhana (bio-purification) as a powerful remedy. Vamana Karma is the prime remedy for Kapha-associated issues, making it the precise preference within the control of Ekakushtha. Psoriasis is a chronic inflammatory skin ailment affecting about 2% of the worldwide populace, frequently characterised by means of erythematous, scaly plaques that cause substantial psychosocial distress.^[3] Conventional texts emphasize the significance of shodhana healing procedures, specifically Vaman (therapeutic emesis), followed by suitable shamana remedies to repair doshik stability and enhance clinical effects. this case study presents an indepth account of a patient who was effectively treated using these therapeutic tactics.

METHODS

Patient History and Examination

A 48-year-old male with a four-year history of plaque psoriasis^[4] provided with a couple of well-defined, erythematous, and scaly patches, typically affecting the extensor surfaces. He experienced intense itching, a burning sensation, and pain. A skin biopsy showed the diagnosis of psoriasis, with preliminary medical

evaluations documenting a Psoriasis Area Severity Index (PASI) of 35.1.

Ayurvedic Assessment and Diagnosis

A complete Ashtavidha Pariksha^[5] evaluation decided the patient's Prakriti as Vata-Kapha predominant. clinical signs and symptoms, which includes decreased sweating (Aswedana^[6]), fish scale-like scaling (Matsyashakalopam^[7]), and the presence of Auspitz's sign and candle grease sign, supported the Ayurvedic diagnosis of Ekakushtha.





Psoriasis Area and Severity Index (PASI score)

3/05/24, 2:49 PM Psoriasis Area Severity Index (PASI) Calculator

Psoriasis Area Severity Index (PASI) Calculator

<http://pasi.corti.li> © Matteo & Michela Corti 2010-2013

Date: 2024-03-05
PASI: 29.6

	Head		Arms	
Area	10-29%		50-69%	
Erythema (redness)	3		3	
Induration (thickness)	3		3	
Desquamation (scaling)	2		2	
	Trunk		Legs	
Area	70-89 %		30-49%	
Erythema (redness)	3		3	
Induration (thickness)	3		3	
Desquamation (scaling)	2		2	

<https://pasi.corti.li/cgi-bin/print.pl?pasi=29.6&ah=2&aul=4&eh=3&eul=3&ih=3&iul=3&dh=2&dul=2&at=5&all=3&et=3&ell=3&il=3&dl=2&dll=2&nam...>

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Treatment Protocol

The treatment was divided into three phases.

Kaisora Guggulu) were administered to calm the aggravated doshas^[8] (Sahoo et al., 2017 [ijapr.in](#)).

Shamana Therapy (Palliative Phase): Initial internal and external medications (e.g., Guduchyadi Kashayam,

Shodhana Therapy (Purification Phase): The patient was subjected to a classical Ayurvedic Panchakarma regimen.

1. Purva Karma (Pre-operative Procedure)

- **Deepana-Pachana**^[9]: Chitrakadi Vati and Panchkol Churna for 5 days to improve digestion and reduce Ama.

Sr. No.	Medicine	Dose
1.	Chitrakadi Vati	Chew 2 tabs 30 mins before breakfast, lunch and dinner
2.	Panchkol Churna	Half teaspoon after breakfast, lunch, dinner with lukewarm water

- **Snehapana (Internal Oleation):** Administration of medicated ghee (Panchatikta Ghrita) for 5 days in an increasing dose.

Sr. No.	Day	Dose in ml
1.	Day 1 st	40
2.	Day 2 nd	80
3.	Day 3 rd	140
4.	Day 4 th	180
5.	Day 5 th	220

- **Abhyanga (Oleation Massage) & Swedana (Sudation):** Daily application of Divya Kayakalp Taila followed by steam therapy for 3 days.

2. Pradhana Karma (Main Procedure)

- Vamana was done by the usage of Churna of Madanaphala Pippali, Vacha, Neem, Yashtimadhu, Madhu and Saindhava Lavana with milk as an anupana.
- Appropriate Samyak Lakshana¹⁰ (signs and symptoms of sufficient emesis) were determined, making sure the removal of vitiated Kapha and Pitta doshas.

3. Paschat Karma (Post-procedure Care)

- **Sansarjana Krama¹¹ (Dietary Regimen):** An incremental transition from a mild to a ordinary diet for duration of seven days.

Post-Shodhana Shamana and Rasayana Therapy:

Following Vaman, the patient received a regimen of internal medications Giloyghan Vati, Neemghan Vati, Mahamanjishthadi Kwath, Khadirarishta and external applications Triple 7 Oil¹² for 40 days to consolidate the therapeutic gains.

Sr. No.	Medicine	Dose
1.	Madanphala	8g
2.	Vacha	2g
3.	Neem	1g
4.	Yashtimadhu	5g
5.	Saindhav Lavana	5g
6.	Madhu	Quantity specified

Data Collection and Outcome Measures

Improvement was assessed through changes in PASI score at baseline, post-shodhana, and during follow-ups at 1, 3, and 6 months. Clinical photographs were taken to visually document the progression.

RESULTS

After completion of the treatment protocol.

- **PASI Score:** Reduced from 35.1 at baseline to 5.4 at discharge and further to near zero at the 6-month follow-up.
- **Clinical Observation:** Photographic evidence revealed significant clearance of erythematous patches and scaling, with improved skin texture and patient-reported quality of life.



DISCUSSION

Following Vamana, the patient experienced considerable development in itching, scaling, and lesion size within weeks. A 3-month follow-up showed sustained comfort with minimum recurrence. This final results aligns with the Ayurvedic principle that effective elimination of morbid Doshas via Shodhana complements skin health. The therapeutic function of Deepana-Pachana in decreasing Ama, Snehapana in mobilizing Doshas, and Vamana in expelling accrued Kapha-Vata factors turned into instrumental in this situation. The reduction in PASI score helps findings from preceding case research, indicating that repeated Shodhana, blended with focused Shamana remedy, can also offer long-lasting remission

with fewer facet outcomes in comparison to extended corticosteroid use.^[13,14]

This case additionally underscores the importance of adhering to right pre-procedural protocols, together with Deepana-Pachana and Snehapana, to enhance protection and maximize therapeutic effects. At the same time as the results from this single case study are encouraging, large controlled studies are crucial to validate those findings and set up standardized treatment protocols.

CONCLUSION

This case study highlights the effectiveness of a comprehensive Ayurvedic treatment technique, in which Vamana serves as the primary purification remedy,

observed by means of personalized Shamana and Rasayana remedies. tremendous enhancements in PASI and sustained remission over six months advocate that classical Ayurvedic interventions may additionally provide a promising alternative or complementary choice for managing chronic psoriasis (Ekakushtha) along traditional therapies.

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