WJPMR, 2026, 12(7), 290-294

Case Study

Impact Factor: 7.555

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.wjpmr.com

ISSN (O): 2455-3301

ISSN (P): 3051-2557

Coden USA: WJPMBB

ROLE OF PANCHAKARMA AND SHAMANA CHIKITSA IN THE MANAGEMENT OF EKAKUSTA – A CASE REPORT

Dr. Geeta Patel[1]*, Dr. Shreyas D. M.[2]

[1]PG Scholar, Dept. of PG Studies in Panchakarma, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Centre. Bengaluru. Karnataka.

[2]Assistent Professor, Dept. of PG Studies in Panchakarma, Sri kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Centre. Bengaluru. Karnataka.

***Corresponding Author: Dr. Geeta Patel**

PG Scholar, Dept. of PG Studies in Panchakarma, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Centre. Bengaluru. Karnataka. **DOI:** https://doi.org/10.5281/zenodo.20963200

How to cite this Article: Dr. Geeta Patel[1]*, Dr. Shreyas D. M.[2]. (2026). Role of Panchakarma and Śamana Chikitsa In The Management of Ekakuṣṭha - A Case Report. World Journal of Pharmaceutical and Medical Research, 12(7), 290-294.

Article Received on 27/05/2026 **Article Revised on 16/06/2026** **Article Published on 01/07/2026**

ABSTRACT

Kushta is the broad spectrum word used in ayurveda to describe all the skin diseases under one heading which is mainly classified into *mahakushta a*nd *kshudra kushta*. It is of prime importance dur to chronic and severity which involves larger extent of the body. In contemporary to Plaque Psoriasis, In the present study we have reported 50 years old female patient came with complaints of sever dryness of the skin, white scaly powdery discharged with sever itching and burning sensation for three years, with history of Diabetes Mellitus. The treatment protocol adopted here are *Antaha Parimarjana* chikitsa (*shodhana)* and *Bahir Parimarjana* chikista (*sarvanaga abyanaga* and *sarvanaga parisheka)* and *shamanoushadhis*. After treatment, patient patient got satisfactory results and complain are reduced by 60-70%.

INTRODUCTION

In Ayurveda, almost all the skin diseases are described under *Kushta Rogadhikara*. *Kushta* is considered to be *Ashtamhagada Roga*.[1] and *Aupasargika Roga*[2] As per Acharya Charaka, the vitiation of *Tridosha* along with Twak, *Rakta*, Mamsa, and *Lasika* have major role in the pathogenesis of *Kushta*.[3] *Ekakushta* is one among the 11 types of *Kshudra kushta* which is characterized by, *Aswedana(*absence of sweating), *Mahavastu* (covers entire body)and *Matsyashakalopma* (resembles the scales of fish).[4] Acharya Bhavaprakash[5] describes that, the lesions of *ekakushta a*re in chakrakara(circular in shape), *Abhrakapatrasama*(silver colored mica sheets). It primarily manifests due to imbalance in the *Vata-Kapha Dosha* and *Rakta* as *Pradhana Dushya*.

Psoriasis is an inflammatory, hyperproliferative skin condition that is persistent and immune-mediated.[5] In the world, prevalence of psoriasis is approximately 2-3%. In India, prevalence of Psoriasis is ranges from 0.44%-2.8%.[6] Psoriasis affects number of body parts, including the scalp, face, chest, trunk, limbs, palms soles. Psoriasis has a significant negative influence on patient's psychological and social wellbeing due to its chronic nature, recurrent pattern and visibility. Clinically, *Ekakushta* is characterized by *Aswedana*(lack of sweating), *Mahavastu* (large and extensive lesions)and *Matsayshakalopma* (appearance resembling fish scales). These clinical features shows a close resemblance to the manifestations of psoriasis, therefore, therapeutic principles adopted for *Eka kushta* can be considered applicable in such conditions. In Ayurveda, *Ekakushta* is managed through multimodal approach incorporating both *Antah Primarjana Chikitsa* and *Bahir* Parimarjana *chikitsa.* Considering the chronic and relapsing-remitting nature of the disease, characterized by frequent exacerbation and periods of remission, a comprehensive treatment approach is essential. Therefore, the administration of *Shodhana Chikitsa* as the primarily line of management to eliminate vitiated *Doshas* and correct underlying pathophysiology, followed by *Shamana Aushadhis* to stabilize the disease process, prolong remission, and minimize recurrence.

CASE REPORT

A 50 year female patient visited Panchakarama OPD of SKAMCH and RC on Date 22/12/2025 with following details:

Age/Sex:50yr/female
OPD NO:M40184
DOA:22/12/25
DOD:06/01/26
Address: Chamrajpet, Bangalore

Chief Complaints
- Scaly lesions all over the body, severe itching and burning sensation for past 3 years
- Peeling of skin and dandruff since 6 months
- Reddish and blackish discoloration of skin

Associated Complaints
- Disturbed sleep since 1 year
- Loss of appetite since 1 month

H/O Present Illness
A 50 Year old female presented with complaints of scaly skin lesions associated with itching and burning sensation since 3 years. The condition started as a small erythematous patch over the neck and gradually spread to the trunk and extremities. Patient was treated conservatively at Allopathic Hospital. But didn't got any satisfactory results. Later she got admitted in SKAMCH and RC for further management.

Past History
- K/C/O of Diabetes mellitus type 2

Personal History
- Diet -Mixed
- Appetite-Poor
- Bowel -Hard stools (on and off constipation)
- Sleep-Disturbed because of itching
- Micturation-5-6 times in a day, 2 to 3 times in a night

Family history
Patient younger brother is Diabetic

Vital examination
- Pulse rate 78bpm
- Respiratory rate 18cpm
- Heart rate 72bpm
- Blood pressure 130/80 mmhg

Nidana panchaka
Nidana -Virudha Aahara and Vihara Sevana, Dadhi Sevana, Ati katu and Amla Rasa Sevana
Purvarupa *-Kandu, Daha*
Anupashaya*-Exposure to too cold and hot weather*

Samprapti
Nidana sevana
Tridosha Prakopa
Dosha-Dushya samurchana (sapthaka Dravya sangraha – Tridosha, Twacha, Rakta, Mamsa and Lasika)
Khavaigunyata in Twacha
Lakshanas like Aswedana, Mahavastu and Matsyahakalopama appeared in Twacha of Sarvashareera.
Ekakushta

Samprapti Ghatakas
Dosha-Pitta Pradhana Tridosha
Dushya-Rasa, Rakta, Mamsa, Mamsavaha, Ambuvaha
Srotodushti-Sangha
Agni-Jataragni, Dhatwagni and Bhutagni
Ama-Jataragnijanya ama, Dhatwagnijanya ama and Bhutagnijanya ama
Udbhavasthana- Amashaya
Sancharasthana-Rasayani
Vyakta sthana-Sarvashareera
Rogamarga-Bahya Rogamarga
Sadyaasdhyata-Kasta Sadya

Tabel 01: ***Ashtasthana pariksha.***

Nadi	78bpm
Mala	*Vibandha*
Mutra	*Prakrita*
Jihwa	*Ishat Liptata*
Shabda	*Prakrita*
Sparsha	*Anushana Sheetha*
Druk	*Prakrita*
Akriti	*Madhyama*

Table 02: ***Dashavidha Pariksha.***

Prakruti	*Vata-Pitta*
Vikriti	*Tridosha+Rakta*
Sara	*Madhyama*
Samhana	*Pravara*
Pramana	*Madhyama*
Satwa	*Madhyama*
Satmya	*Shadrasa*
Aharashakti	*Madhyama*
Vyayamashakti	*Pravara*
Vaya	*Madhyama*

Systemic examination
Respiratory System: Normal Vesicular Breath Sound
Cardiovascular system: S1 S2 heard. No added sound heard.
Central Nervous System: Patient is conscious and oriented to time, place and person
Gastro-Intestinal System: Soft and non tender

Integumentary system examination
Site-Scalp, Chest, Abdomen, Extensor part of upper and lower limbs and Trunk.
Shape-Irregular scaly reddish patch
Size -Multiple, No specific size
Color-Pink white
Uniformity-Generalized Plaques
Boundary-Not well demarcated
Lesions-Plaques

Special Test in Plaque Psoriasis

a) Candle grease sign -Positive (Presence of dry white scaly discharge)

b) Auspitz sign- Positive (presence of pinpoint-like bleeding foci that appear when plaques are scraped deeper)

MATERIAL AND METHODS

Table 03: Shodhana (from 22/12/25 to 1/6/26).

Date	Procedure	Aoushadha	Days
22/12/25	*Sarvanga parisheka*	*guduchi(50gms)+Triphala churna(50gms)*	09days
22/12/25	*Sarvanga Abhyanga*	*Ayappa kera taila*	09days
22/12/25	*Shirodhara*	*Guduchi churna(50gms)Triphala churna(50gms)*	09days
31/12/25	*Arohana snehapana matra* *Day 01-30ml* *Day 02-70ml* *Day 03-90ml*	*Tiktaka ghrita*	03 days
3/1/26	*Sarvanga Abhyanga f/b Sarvanga parisheka*	*Ayyapala kera taila* *Triphala +Godanti churna*	03 days
6/1/26	*Virechana*	*Trivrut Lehya (50gms)*	1 day
7/1/26	*Samsarjana karma*	*Peyadi*	3 days

Follow Up After 15 days

Table 04: *Shamanoushadhis.*

Guggulutikta Kashaya	15ml-0-15ml with 30 ml warm water
Triphala churna	0-0-1tsp with warm water
Ayyapala kera taila	External application
MadhuSnuhiRasayana	1tsp-0-0(Before food)

Assessment Criteria

Subjective Criteria

Gradation Scales[8]

Table 05: Aswedanam.

Grade	Score
Normal	o
Improvement	1
Present in few lesions	2
Present in all lesions	3
Aswedanam in lesions and univolved skin	4

Table 06: *Kandu.*

Grade	Score
No itching	0
Occasional itching	1
Frequent but tolerate itching	2
Very severe itching due to which disturb sleep	3

Table 07: *Rukshata.*

Grade	Score
Normal	0
Slightly dry skin	1
Excessively dry skin	2
Linchenified	3
Bleeding through the skin	4

Objective Criteria

Table 08: *Mahavastu.*

Grade	Score
No lesions on *mahasthanam*	0
Lesion on partial parts of Hand, Leg, Neck, Scalp	2
Lesion on whole body	3

Table 09: Scaling.

Grade	Score
No Scaling	0
Mild Scaling by rubbing/by itching	1
Moderate Scaling by rubbing/by itching	2
Severe Scaling by rubing/by itching	3

Table 10: Candle grease sign, Auspitz sign.

Grade	Score
Absent	0
Present	1

OBSERVATIONS

Table 11: Following observation were found before and after the intervention.

Clinical feature	Before treatment	After treatment
Aswedanam	3	1
Kandu	3	2
Rukshata	2	1
Mahavastu	4	2
Scaling	3	0
Candle grease sign	1	0
Ausptiz sign	1	0

RESULT

Significant improvement was observed in the subjective parameters of the patient.

DISCUSSION

Psoriasis is an inflammatory, hyperproliferative skin condition that is persistent and immune-mediated. Clinically, *Ekakushta* is characterized by *Aswedana*(lack

of sweating), *Mahavastu*(large and lesions) and *Matsayshakalopma*(appearance resembling fish scales). These clinical features shows a close resemblance to the manifestations of psoriasis, therefore, therapeutic principles adopted for *Ekakushta* can be considered applicable in such conditions. The line of management primarily includes repeated administration of *Shodhana* (purification) and Shamana (palliative therapy), which is the standard approach for all kushtas. In this case *Sarvanga abyanga, Sarvanga parisheka, Shirodhara* followed by *Virechana karma* was planned.

The aforementioned information led to the adaptation of *shodhana* i.e, *virechana* which helps in the elimination of doshas from the body and stops recurrence.

Probable mode of action of interventation

Sarvanga abhyanga: *sarvanga abhyanga* with *Ayyappalakeratailam. I*t contains *Swetakutaja*(wrightia tinctoria) and *Nimba*(neem) which reduces itching, scaling, and inflammation.

Sarvanga Parisheka with *Triphala churna(*50gm) *+Guduchi churna*(50gm)

Shirodhara with Triphala churna+Guduchichurna

Virechana karma

Purvakarma: *Tiktkaghrita* was selected for *snehapana.* It containing *patola, nimba, katuki, darvi, duralabha, parpata, trayamana, trayanti, musta, bhunimba, kalinga, kana, sarpi.*

This *ghrita* possess *tikta pradhana rasa* and acts as *pitta shamaka*. Mainly indicated in *kushta*. It helps to bring *dosha* from *shaka* to *koshta* where dis vitiated *doshas* can be removed through *virechana karma.*

During *vishrama kala:* *Ayyappala keratailam* was selected for *Sarvanga abhyanga* as it is mainly indicated in *kandu* and *Sarvanga parisheka* with *triphala churna* and *guduchi churna* was done.

***Pradhana karma*:** *Truvrit lehya* is selected as *virechana Dravya*.As this lehya contains trivrut kalka and *trivurt kashya* which acts as *sukha virechaka.*

*Virechana i*s mainly indicated in *Rakta Pitta dushti*. As *virechana dravya* contains *vyavayi, vikasi, Sukshma* gunas responsible for quick absorption of medicines. Mainly due to *Prabhava, Prithvi* and *Jala* constitution and presence of *Sara guna, virechana* occurs, thus helps in the evacuation of vitiated *doshas* from the body. Thus helps in pacifying *kushta.*

Pashchat karma: *Peyadi samsarjana karma* was advised, as it helps to kindle the *agni*.

Shamanoushadhis

a) *Gugglu tikitka Kashaya*: It is indicated in *ekakushtha* due its *Tikta rasa* dominant drugs which perform *Rakta-shodhana, Kledashoshana* and *kapha-pitta shamana. Gugglu* adds *lekhana, Shothahara* and *srotoshodhana* actions, thereby reducing scaling, inflammation and thickenend lesions seen in *ekakushtha*. Modern studies show that Commiphora mukul exhibits anti-inflammatory, antioxidant, and immunomodulatory properties due to bioactive constituents such as guggulsterones, which help regulate inflammatory mediators associated with psoriasis.

b)*Triphalachurna*: It is composed of *Haritaki*(Terminalia chebula), *Bibhitaki*(Terminalia bellirica), *Amalaki* (Phylllantus emblica). In charaka Samhita and *ashtanga Hridaya, Triphala* is widely described for its Rasayana *kustaghana* and mild *Anuloma* properties. The pathogenesis of *ekakushtha* involves derangement of *vata* and *kapha dosha doshas* along with *Rakta dushti* and impaired *agni* leads to ama formation. *Triphala* helps in correcting *agnimandya* through its *Deepana* and *Pachana* properties and facilitates the elimination of vitiated *doshas* through its mild *Anuloma* action. By improving digestion and clearing ama, it helps to prevent further pathological progression of *kushta.* Furthermore, Triphala acts as a *rasayana* that promotes tissue rejuvenation and improves skin integrity. From modern pharmacological prespective, *Triphala* possesses significant antioxidant, anti-inflammatory, antimicrobial and immunomodulatory activities. These properties help reduce oxidative stress, inflammatory processes involved in psoriasis like conditins.

c) *Ayyapala kera taila*: Its mentioned in *sahasrayoga taila prakarana*. The presence of Wrightia tinctoria(*Swetakutaja)* is recognized for its *kushtaghana, kandughna* and *vata-kapha* shamaka properties, beneficial in *ekakustha* characterized by dryness, scaling, and thickened plaques. The coconut oil base acts as *Snigdha* medium that nourishes the skin, alleviates dryness and restores the skin. The formulation helps restore the normal structure and function of the skin by reducing excessive scaling and irritation. Modern studies demonstrated that Wrightia tinctoria possesses anti-psoriatic, anti-inflammatory and anti microbial activities, which help regulate abnormal keratinocyte proliferation and reduce inflammation in psoriasis lile conditions.

d) Madh*usnuhi rasayana:* *Madhusnuhi Rasayana,* described in *sahasrayoga (Leha Prakarana),* is indicated in *Kushtha* and chronic inflammatory disorders. It posseses Tikta-kashaya rasa with *rasayana and rakashodhaka* properties, thereby correcting *rakta dushti* and *kleda* in skin diseases like *Ekakushtha*. Pharmacologically, immunomodulatory and antioxidant activities, which help in reducing keratinocyte proliferation, inflammation and oxidative stress.

REFERENCES

1. Acharya Sushrutha. Sushrutha Samhita. Hindi commentary "Ayurvedatattva sandeepika by Kaviraj Dr. Ambikaduuta shastri. Sutrasthana, Chapter33,

verse 4. Reprint edition 2023. Varanasi: Chaukambha Orientalia, 2023; 163.
2. Acharya Sushrutha. Sushrutha Samhita. Hindi commentary "Ayurvedatattva sandeepika by Kaviraj Dr. Ambikaduuta shastri. Nidanasthana, Chapter 6, verse 32-33. Reprint edition 2023. Varanasi: Chaukambha Orientalia, 2023; 325.
3. Acharya Charaka. Charaka Samhita of Agnivesha. Hindi commentary Vidyotini by Dr Gorakhanatha Chaturvedi and pandit kashinatha pandey Shastri. Chikitsa sthana, Chapter 7, verse 9. Reprint edition 2023. Varanasi: Chaukambha Bharati Academy, 2023; 223.
4. Acharya Charaka. Charaka Samhita of Agnivesha. Hindi commentary Vidyotini by Dr Gorakhanatha Chaturvedi and pandit kashinatha pandey Shastri. Chikitsa sthana, Chapter 7, verse 21. Reprint edition 2023. Varanasi: Chaukambha Bharati Academy, 2023; 226.
5. Acharya Bhavamishra. Bhavaprakasha, Madhyama and Uttara Khanda by Dr. Bulusu Sitaram. Chapter 24, Verse 6. Reprint edition, 2017; Varanasi: Chaukambha Orientalia, 2017; 529.
6. Joseph Loscalzo, Dennis L. Kasper, et al, Harrison's principles of internal medicine,21st edition, New York, 2022; 1533.
7. Dogra S, Mahaja R. Psoriasis: Epidemiology, clinical features, co-morbidities, and clinical scoring. Indian Dermatol Online J., 2016; 7: 471–80. doi: 10.4103/2229-5178.193906.[DOI] [PMC free article] [PubMed] [Google Scholar]
8. Tosshikhane SH. Management of Ekakushta, with special reference to psoriasis, through Panchakarma: A case study. International Journal of Ayurvedic Medicine [Internet], 2023; [cited 2023 Feb 4]; 11(4). Available from: http://ijam.co.in