

**A CASE REPORT ON THE MANAGEMENT OF PSORIASIS WITH VAMANA KARMA
USING JEEMUTAKA****Rajat Ramola*¹, Dr. Piyush Gupta², Dr. Atul Kumar Agrawal³**¹PG Scholar, Department of Panchakarma, Patanjali Ayurveda College, Haridwar, Uttarakhand, India.²Professor, Department of Panchakarma, Patanjali Ayurveda College, Haridwar, Uttarakhand, India.³Associate Professor, Department of Panchakarma, Patanjali Ayurveda College, Haridwar, Uttarakhand, India.***Corresponding Author: Rajat Ramola**

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ABSTRACT

Psoriasis is a chronic, immune-mediated inflammatory skin disorder characterized by erythematous plaques with silvery scales and recurrent episodes. In Ayurveda, it correlates with *Ekkushtha* – a *Vata-Kapha* dominant condition with *Pitta Anubandha*, presenting as *Aswedanam* (anhidrosis), *Mahavastu* (extensive), scaly (*Matasyashaklopam*), and blackish (*Krishna*) lesions. Panchakarma therapy, especially *Vamana Karma*, is indicated for *Kapha*-dominant *Kushtha*. This case report presents the successful management of psoriasis in a 42-year-old male patient using *Jeemutaka Peya* as *Vamana Dravya*, along with *Purvakarma* (*Deepana-Pachana*, *Snehapana*, *Abhyanga-Swedana*) and *Paschatkarma* (*Samsarjana Krama*). *Pravara Shuddhi* with *Pittanta* was achieved, with 10 emesis episodes and no complications. Post-treatment, marked reduction in itching (*Kandu*), scaling, and erythema was observed along with improved skin texture and overall wellbeing. At one-month follow-up, no new lesions were found and no recurrence occurred.

KEYWORDS: Psoriasis, *Ekkushtha*, *Vamana Karma*, *Jeemutaka*, *Kitibha Kushtha*, *Panchakarma*.**INTRODUCTION**

Psoriasis is a chronic, immune-mediated inflammatory skin disorder that affects millions worldwide. It is characterized by erythematous, well-demarcated plaques covered with silvery scales, primarily affecting the skin and joints, with a tendency for recurrence.^[1] Modern treatments include topical steroids, phototherapy, and systemic immunosuppressants, but these are often associated with adverse effects and limited long-term efficacy.^[2]

In Ayurvedic medicine, psoriasis finds its correlation with *Kushtha*, particularly *Ekkushtha* – a *Vata-Kapha* dominant^[3] condition with *Pitta Anubandha*.^[4] It presents with features of *Aswedanam* (absence of sweating), extensive skin involvement (*Mahavastu*), fish-scale-like appearance (*Matasyashaklopam*), and blackish discoloration (*Krishna*).^[5] The condition is also described as *Kitibha Kushtha* with involvement of *Vata-Kapha Pradhan Dosha* with *Pitta Anubandha*, affecting *Rasa*, *Rakta*, and *Mamsa Dushya*.^[6]

Panchakarma therapy, specifically *Vamana Karma* (therapeutic emesis), is indicated for *Kapha*-predominant *Kushtha* in classical Ayurvedic texts. *Jeemutaka* (*Luffa echinata*) is a classical *Vamaka Dravya* (emetic drug) specifically indicated for skin disorders including *Ekkushtha*. This case report demonstrates the effective and safe management of psoriasis using *Vamana Karma* with *Jeemutaka Peya* as the primary intervention.^[7]

CASE PRESENTATION**Patient Information**

- Age: 42 years
- Gender: Male
- Occupation: Office worker

Chief Complaints

- Itchy, erythematous, scaly lesions over bilateral lower limbs and fore arm
- Dryness and thickened skin
- Occasional burning sensation
- Duration: 5 years
- Past Treatment: Intermittent topical steroids

Investigations

CBC, ESR, FBS, Lipid Profile, Serum Uric Acid.

Clinical Findings

General: Irregular appetite, occasional constipation, disturbed sleep, *Kapha-Pitta Prakriti*, *Mandagni*.

Local: Erythematous plaques with silvery scales, positive Auspitz sign, *Rukshata*, *Kandu*, *Vaivarnya*.

Ayurvedic Diagnosis

- **Disease:** *Kitibha Kushtha*
- **Dosha:** *Vata-Kapha Pradhan* with *Pitta Anubandha*
- **Dushya:** *Rasa*, *Rakta*, *Mamsa*
- **Srotas:** *Rasavaha*, *Raktavaha*
- **Sadhyata:** *Yapya*

INTERVENTION / MATERIAL AND METHODS**Treatment Protocol****Purva Karma (pre-procedures)**

1. Deepana-Pachana: Drug: *Panchakola Churna*; Dose: 3g twice daily with lukewarm water; Duration: 5 days; Purpose: Correction of *Agni* and removal of *Ama*.

2. Snehapana: Drug: *Panchatikta Ghrita*; Method: *Vardhamana Snehapana*; Duration: 5 days; Observations: *Samyak Snigdha Lakshana* achieved. *Panchatikta Ghrita* pacifies *Pitta* and purifies *Rakta*, making it ideal for *Snehapana* in skin disorders.

OUTCOME AND FOLLOW-UP**Before****After****Post-Treatment Results**

- Marked reduction in itching (*Kandu*)
- Decrease in scaling and erythema
- Improved skin texture and hydration
- Better sleep and appetite

Follow-Up (After 1 Month)

- No new lesions observed
- Old lesions significantly reduced
- No adverse effects or recurrence

Overall: Significant clinical improvement with *Pravara Shuddhi* and *Pittanta Vamana*.

3. Abhyanga and Swedana: Abhyanga: *Kayakalpa Taila*^[8], 3 days; Swedana: *Sarvang Vashpa Swedana*; Purpose: *Dosha Utkleshana* and mobilization of morbid *Dosha* to *Koshtha*.

Pradhan Karma (Main Procedure) – Vamana Karma

- **Vamana Dravya:** *Jeemutaka Peya* (*Jeemutaka* – 1 kola, 6g)
- Procedure: Classical *Vamana* performed under supervision
- **Shuddhi Assessment:** *Pravara Shuddhi*; **Anta:** *Pittanta*; Number of **Vegas:** 10
- **Complications:** None observed
- **Rationale:** *Vamana Karma* indicated for *Kapha*-predominant *Kushtha*; *Jeemutaka* is a classical *Vamaka Dravya* for skin disorders

Paschat Karma (post-procedure)

Samsarjana Krama: *Peaya* → *Vilepi* → *Akrita Yusha* → *Krita Yusha* → Normal Diet

- **Duration:** 7 days (as per *Pravara Shuddhi*)
- **Purpose:** Gradual restoration of *Agni* and strength post-*Shodhana*
- **Observations:** Smooth transition; no complications; supported sustained improvement in symptoms

DISCUSSION

Psoriasis correlates with *Vata-Kapha*-predominant *Kushtha* in Ayurveda, specifically *Kitibha Kushtha*. The present case responded well to *Vamana Karma*, which is classically indicated for *Kapha*-predominant conditions.

Jeemutaka (*Luffa echinata*) is a classical *Vamaka Dravya* specifically indicated for *Ekkushtha* in authoritative Ayurvedic texts. Its use as *Vamana Dravya* is well-documented in *Charaka Samhita* and *Bhaishajya Ratnavali*.

Pravara Shuddhi with *Pittanta* indicates effective *Dosha* elimination, leading to sustained improvement. The 10 episodes of emesis (*Vegas*) with *Pittanta* signify complete *Shodhana* of *Kapha* and *Pitta Dosha*.

Panchatikta Ghrita used during *Snehapana* pacifies *Pitta*, purifies *Rakta*, and is ideal for *Snehapana* in skin disorders. *Panchakola Churna* during *Deepana-Pachana* corrected *Mandagni* and removed *Ama*, preparing the body for *Shodhana*.

Panchakarma provides a holistic approach addressing root causes, unlike symptomatic modern treatments. *Vamana Karma* may modulate systemic inflammation and the gut-skin axis in psoriasis, which aligns with emerging research on the gut microbiome's role in immune-mediated skin disorders.

CONCLUSION

This case demonstrates effective management of chronic psoriasis using *Vamana Karma* with *Jeemutaka*. Proper *Purvakarma* (*Deepana-Pachana*, *Snehapana*, *Abhyanga-Swedana*) and *Paschatkarma* (*Samsarjana Krama*) ensured safety and efficacy of the treatment protocol.

Panchakarma provides a root-level, holistic approach for chronic skin disorders, reducing recurrence and adverse effects. This case supports Ayurveda's role in managing immune-mediated conditions like psoriasis and highlights *Vamana Karma* as a promising therapeutic modality for *Kapha-Pitta*-predominant *Kushtha*.

REFERENCES

1. World Health Organization. Global report on psoriasis. World Health Organization, 2016. [Google Scholar]
2. Hay SI, Abajobir AA, Abate KH, et al. Global, regional, and national disability-adjusted life-years (DALYs) for 333 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990-2016: A systematic analysis for the Global Burden of Disease Study, 2016. *Lancet* 2017; 390: 1260–344. [DOI] [PMC free article] [PubMed] [Google Scholar]
3. Charak Samhita Vol 2, Brahmanand Tripathi, Chaukhambha Surbharti Prakashan, Varanasi, Edition 2015, Chikitsasthan 7/22, Pg 305.
4. Charak Samhita Vol 2, Brahmanand Tripathi, Chaukhambha Surbharti Prakashan, Varanasi, Edition 2015, Chikitsasthan 7/39, Pg 307.
5. Charak Samhita Vol 2, Brahmanand Tripathi, Chaukhambha Surbharti Prakashan, Varanasi, Edition 2015, Kalpasthan 2/4, Pg 1088.
6. Shastri Ambikadutt Vidyotini Teeka of Bhaishajya Ratnavali Edition 14th, Chaukhamba Sanskrit Sansthan Varanasi 2001, Kushtarogadhikar 54/257-260.
7. Chunekar KC Bhavprakash Nighantu Haritakyadi Varga, Verse 53-58, Pandey GS editor.
8. Modulation of Psoriatic-like skin inflammation by traditional Indian medicine Divya-Kayakalp-Vati and Oil through attenuation of pro-inflammatory cytokines: Acharya Balkrishna et al.