CASE REPORT ISSN 2456-0170

MANAGEMENT OF EKAKUSHTHA WITH PANCHATIKTA PANCHA PRASRUTIKA BASTI FOLLOWED BY SHAMANA AUSHADHA –A CASE STUDY

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ABSTRACT

Skin diseases are common at any age, but they are particularly frequent in the elderly. The patient always experiences physical, psychological and socio-economic embarrassment in the society. All the skin diseases in Ayurveda have been discussed under the broad heading of "Kushtha". These are further divided in Maha and Kshudra Kushtha. Ekakushtha is considered one of the Kshudra Kushtha in Ayurvedic texts. In Ekakushtha Asvedanam, Mahavastu and Matsyashakalopamam Avastha are present. This condition can be correlated with Psoriasis characterized by erythematous plaques covered with silvery scales, particularly over the extensor surfaces, scalp, nails and lumbo sacral region. The present single study reports a 42 years female patient was admitted in the IPD of Panchkarma department presented with Sarvanga Sharire Shyava Raktavarna Mandalotpatti, Utsedha, Tat Pradeshe Kandu and Twaka Dalana (Matsyashakalopamam) was diagnosed as Ekakushtha. Panchatikta Panchaprasrutika Basti in a Kala Basti Krama followed by Kaishor Guggulu and Karanja Taila for 15 days was planned to treat the patient. After 1 month with above treatment protocol marked improvement was observed in the Mandala, Utsedha, Kandu, Twaka Dalana. Study shows that Panchatikta Panchaprasrutika Basti with Shamana Aushadha is effective in the management of Ekakustha.

KEYWORDS: Ekakushtha, Psoriasis, Panchatikta Panchaprasrutika Basti, Shamana Aushadha

INTRODUCTION

Rapid changes in lifestyle, dietary habits, and daily routines in the modern era have led to an increased prevalence of psychosomatic disorders. Altered food habits, environmental factors, and stressful living conditions have significantly contributed to the rising incidence of various diseases, including skin disorders. Although skin diseases affect individuals of all age groups, they are more commonly observed in the elderly. These conditions often result in considerable physical discomfort, psychological distress, and social as well as economic burden. In Ayurvedic literature, all dermatological disorders are comprehensively described under the term *Kuṣhṭha*, which is classified into *Maha* and *Kṣhudra Kuṣhṭha.*[1]

Ekakuṣhṭha is enumerated as one of the *Kṣhudra Kuṣhṭha*. Classical *Ayurvedic* texts describe *Kuṣhṭha* as a *Tridoṣhaja* [2] disease; however, the clinical manifestation depends upon the predominance of specific *Doṣhas* and *Duṣhyas* involved in the *Samprapti*. In *Ekakuṣhṭha, Vata* and *Kapha* are the predominantly vitiated *Doṣhas*.[3] Ayurvedic classics do not provide a direct description of a disease entity identical to the modern dermatological condition Psoriasis. Various authors and researchers have attempted to correlate Psoriasis with different types of *Kuṣhṭha* such as *Kiṭibha, Charmadala, Maṇḍala, Sidhma,* and *Ekakuṣhṭha* based on similarities in symptomatology. Among these, *Ekakuṣhṭha* exhibits the closest resemblance to Psoriasis and is therefore considered analogous to it in the present study.

According to *Charaka Saṃhita Ekakuṣhṭha* is characterized by *Asvedanam* (absence of sweating), *Mahavastu* (extensive involvement of the skin), and *Matsyasakalopamam* (scaling resembling fish scales).[4] These features closely correspond to the clinical presentation of Psoriasis, thereby supporting the correlation. Psoriasis is a chronic, inflammatory, and proliferative skin disorder characterized by well-defined erythematous plaques covered with silvery scales. It commonly affects extensor surfaces, scalp, nails, and the lumbosacral region, and follows a relapsing and remitting course.[5] Psoriasis is classified into several types, including Plaque Psoriasis, Guttate Psoriasis, Pustular Psoriasis, and Erythrodermic Psoriasis. Among these, Plaque Psoriasis most closely resembles the clinical features of *Ekakuṣhṭha* and is therefore selected for comparison in the present study. Psoriasis is a challenging problem globally. Near about 125 million people World wide2 to 3 % of total population have psoriasis, according to the World Psoriasis Day consortium.[6]

CASE REPORT

Patient Information

A 42 years old female patient came to *Panchakarma* OPD of GAAH with the chief complains of

-*Sarvanga Sharire Shyava Raktavarna Mandalottpati* (Reddish black patches all over the body)

-*Utsedha* (Elevation)

-*Tat Pradeshe Kandu* (Itching at that site)

-*Twaka Dalana (Matsyashakalopamam)* (with scaling) for 10 years.

History of present illness

Patient was apparently healthy before 10 years. She gradually developed reddish black patch all over the body with itching and scaling. The symptoms started from scalp then spread to whole body.

Aggravation-The symptoms increases during winter, cold climate.

Patient took medicine for the same with no relief. Patient undergone 2 times *Vamana Karma* and 2 times *Virechana Karma* in past 2 years for the same, got relief but symptoms reoccurred after 6 months. the symptoms were worsened day by day.

Past History

She has no history of hypertension or diabetes or thyroid dysfunction.

Personal History

Table no.1: Showing the personal history (04/09/25)

Nadi (Pulse): 86/min	*Mala*(stool): 1 time/day
Mutra(urine) :5-6 time/day	*Jihva*(tongue): *Nirama*

Shabda(voice): *Alpa Aspastha*	*Sparsh* (touch): *Samsheetoshna*
Netra(eyes): Prakruta	*Akriti*: *Madhyam*
BP: 126/86mm hg	Temp.: 98 f
Pulse: 86/min	Appetite: irregular
RR: 21/min	Sleep: Disturbed due to itching

Family History

No any family history relevant to current disease.

Clinical Findings: The patient presented with erythematous plaques on the anterior, posterior and lateral surface of trunk, on buttocks, bilateral flexor and extensor surface of arms and forearms, and bilateral upper and lower legs (front and back surface). The surface covered with large silvery scale. The patient was suffering from itching.

Table no.2: Showing Subjective Criteria

Krushna-Aruna Varnata	+4
Kandu(Itching)	+4
Matsyashakalopamam (Scaling)	+3
Aswedanam (Anhydrosis)	+3
Mahavastu (Extension of lesion)	+4
Rukshata(Dryness)	+4

Tableno.3: Showing Objective Criteria

Auspitz sign	Positive
Candlegrease sign	Positive
Koebner's Phenomenon	Negative
Psoriasis Area and Severity Index (PASI) score	31.5

Systemic examination

No abnormalities were found on systemic examination of the respiratory, cardiovascular. The patient was disturbed due to itching over psoriatic lesions and due to social stigma.

Diagnostic assessment

Based on clinical presentation, distribution of the skin damage, positive Auspitz sign and Candle grease sign the case diagnosis was confirmed as *Ekakustha* (psoriasis).

Table no.4: Showing *Samprapti Ghataka*

Dosha	*Vata –Kapha Pradhana Tridosha*
Dushya	*Rasa* (*Twaka*), *Rakta, Mamsa, Lasika, Sweda*
Srotasa	*Rasavaha, Raktavaha, Mamsavaha, Swedavaha*
Srotodushti	*Sanga, Atipravrutti*
Agnimandhya	*Dhatvagnimandhya*
Udbhavasthana	*Amashaya*
Avastha	*Sama*
Vyaktasthana	*Sarvaga Twaka*
Rogmarga	*Bahya*
Vyadhiswabhava	*Chirkari, Recurrent Relapsing type*

TREATMENT PLAN

Panchatikta Panchaprasrutika Basti was given in *Kala Krama*. Followed by *Shamana Aushadha*.

Table no.5: *Kala Basti Krama* (04/09/25-18/09/25)

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
BASTI	A	N	A	N	A	N	A	N	A	N	A	N	A	A	A

A–*Anuvasan Basti*, N-*Niruha Basti*

***Purvakarma* (Preparatory Procedures)**

Sarvanga Abhyanga (full-body oil massage) with *Bala Taila* and *Sarvanga Nadi Swedana* (whole-body steam therapy) were administered once daily for 15 days as preparatory measures to achieve *Snehana* and *Swedana* of the *Doshas* prior to *Basti* administration.

***Basti* Composition**

Table no.6: Composition of *Niruha (Panchatikta Panchaprasrutika) Basti*

Ingredient	**Quantity/Dose**
Total Volume (*Panchaprasruta*)	500 ml
Saindhava Lavana (Rock Salt)	5 g
Go Ghrita (Cow's Ghee)	100 ml
Sarshapa Kalka (Black Mustard paste)	30 g
Kwatha(Decoction) – *Patola, Nimba, Bhunimba, Rasna, Saptaparna*	400 ml
Anuvasana Basti (Medicated Oil)	100 ml

Shamana Aushadhi: for 15days (19/09/25 –03/10/25)

1) *Kaishor Guggulu* 2-tab TDS (500mg) with *Ushnajala* after food
2) *Karanj Taila* Q.S. for local application

FOLLOW UP AND OUTCOME

Outcome was assessed on the basis of subjective parameters (table 3) and objective parameters (table 4). Patient was treated for the period of 1 month. There was remarkable reduction in subjective and objective parameters after treatment.

Clinical assessments were performed at baseline (before treatment), mid of *Basti*, after *Basti* and after *Shamana Chikitsa.*

Assessment of Subjective Parameters

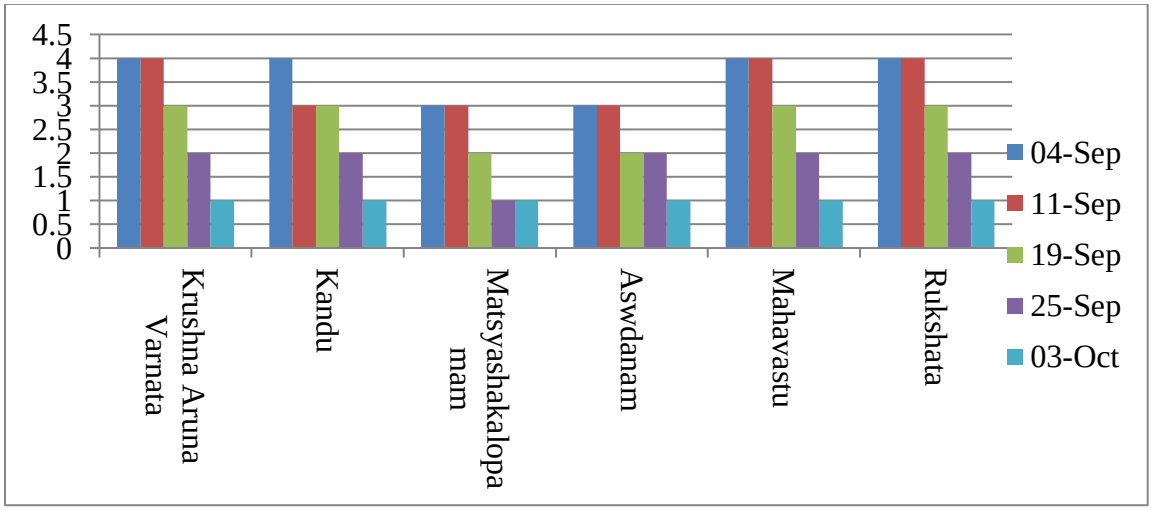


Table no.7: Assessment of Objective Parameters

Objective parameters	04/09/25	11/09/25	19/09/25	25/09/25	03/10/25
Auspitz sign	Positive	Positive	Negative	Negative	Negative
Candlegrease sign	Positive	Positve	Negative	Negative	Negative
Koebner's Phenomenon	Negative	Negative	Negative	Negative	Negative
Psoriasis Area and Severity Index (PASI)score[7]	31.5	25.6	17	8.9	5.8

DISCUSSION

Psoriasis is a challenging problem globally, significantly impairs the quality of life of patients and their families resulting in great physical, emotional and social burden. Psoriasis is chronic in nature, difficult to treat and even after being cured, chances of recurrence in winter are frequent. Contempory science gives fast relief but with seasonal recurrence and occasional side effects. This study aims to evaluate different approaches for better improvement

In *Kushtha Chikitsa Shodhana* has been advised- i.e. *Vamana* every after 15 days, *Virechana* [8] every after 1 month etc. as *Kushtha* is said to be *Kapha-Kleda Pradhana Vyadhi*. But many times, it is observed, even after *Shodhana*, symptoms relapse. However, the persistence and chronicity of the disease are largely attributed to vitiated *Vata*, which contributes to the localization and recurrence of lesions. Considering this, the application of *Basti* therapy based on *Yukti Pramana* becomes highly relevant. The use of *Basti* prepared with *Kushthaghna* drugs, incorporated in *Sneha* and *Kwatha* (decoction), may help in addressing the underlying *Vata* pathology while also exerting therapeutic effects on *Kapha* and *Kleda* components.

Panchatikta Panchaprasrutika Basti is specially indicated in *Prameha*, *Abhishyanda* and *Kushtha*.[9] All *Acharyas* have highlighted the importance of *Basti* as *Ardhachikitsa*, some *Acharyas* have even gone to extent of ascribing it as *Poornachikitsa*.[10] *Basti is* introduced into the *Pakwashaya* acts upon the whole body and on every system of the body, from head to toe and draws out the impurities by its potency similar to the sun which evaporates the water from earth by its heat.[11]

All the *Dravyas* in *Panchatikta Panchaprasrutik Basti* are *Tiktarasatmak*[12] which is treatment for *Kushtha*. *Tikta Rasapradhan Dravyas* are *Deepaka*, *Pachaka*, *Lekhana* and *Vishaghana* in nature and destroys *Kleda*. The effect of *Tikta Rasa* on skin is *Kandughna*, *Kushthaghna*, *Dahaprashamana.*[13] An Attempt has been made to see efficacy of *Panchatikta Pancha Prasrutika Basti* in *Ekakushtha.*

Table no.8: Showing properties of *Basti Dravya*

Drug	***Rasa***	***Guna***	***Virya***	***Vipaka***	***Doshagnata***	**Properties**
Patola	*Tikta Katu*	*Laghu Ruksha*	*Ushna*	*Katu*	*Kapha Pitta hara Avatala*	*Varnya*
Nimba	*Tikta Kashaya*	*Laghu Ruksha*	*Sita*	*Katu*	*Kapha Pitta hara*	*Krumihara Kushthghna*
Bhunima	*Tikta*	*Laghu*	*Ushna*	*Katu*	*Kapha Pitta hara*	*Kushthahara*
Rasna	*Tikta*	*Guru*	*Ushna*	*Katu*	*Kapha Pitta hara*	*Amapachani*
Saptaparni	*Tikta Kashaya*	*Laghu Snighdha*	*Ushna*	*Katu*	*Tridosha Shamana*	*Krumihara Kushthahara*

Ghrita(*Go Grita*)is having *Pittahara, Vatahara, Varnya, Yogavahi properties.*

Sarshapa is having *Katu Tikta Rasa, Snighdha Tikshana Guna, Ushana VIrya, Katu Vipaka, Kandughna, Kushthghna* properties.[14] Being *Kalka dravya* it helps to retain *Basti* for maximum time.

Kwatha: The properties of *Kwathadravya* are as mentioned in table no 12.

Kaishor Guggulu (B.R. VATRAKTA) and *Karanja Taila are indicated in Kustha.*

Kaishore Guggulu contents main ingredient as *Guduchi, Shudhha Guggulu, Triphala, Trikatu* possesses properties such as anti-inflammatory, blood-purifying (*Raktashodhaka*), and detoxifying actions, which help in alleviating underlying *Doshas* imbalances, particularly *Pitta* and *Kapha*.

Karanja Taila, derived from *Pongamia pinnata*, is widely recognized for its *Kushthaghna* (anti-dermatotic), *Krimighna* (antimicrobial), and *Kandughna* (anti-pruritic) properties. Its external application helps in reducing scaling, itching, and discoloration associated with *Kushtha.*

PATHYA-APATHYA: Below mentioned *Pathya-Apathya* was advised to the patient.

➢ ***Pathya:-***

***Ahara*:** *Puranadhanya, Shali* rice, *Yava, Godhuma, Mugda, Ghrita, Tikta Rasapradhana Ahara Shaka, Patola, Karavellaka, Kakamachi, Laghuannapana, Matravata Ahara*, eat only when there is proper hunger, eat only when earlier food is digested, eat only freshly prepared food.

***Vihara*:** Regular hair & nail hygiene, Regular and timely sleep and diet, Regular bathing, *Sadavritapalana*

➢ ***Apathya*:-**

Ahara: *Paya, Dadhi, Matsaya, Viruddhahara***,** Excessive salty and sour food items**,** *Navaanna***,** Fast food, Non-veg diet**,** *Vishamasana,* Usages of Cold water just after exposure to intense heat

Vihara*:** *Viruddhopakram, Divaswapa,** *Vegadharana***,** *Shoka, Krodha***,** Alcohol, Tobacco smoking**,** Performing Sexual intercourse during indigestion, Excessive travelling.

CONCLUSION

*Eka-Kushth*a is a chronic (*Dirghakalina*) condition with a high tendency for recurrence. Though classical management emphasizes *Shodhana* therapies, particularly *Vamana* and *Virechana*, in the present case study, the patient showed remarkable improvement in clinical symptoms following the administration of *Panchatikta Panchaprasrutika Basti*. Therefore, it can be concluded that this *Basti* formulation may be an effective therapeutic modality in the

management of *Ekakushtha*, particularly in chronic and recurrent cases.

REFERENCES

1. Agnivesha Charaka Samhita Ayurveda Dipika Sanskrit Commentary by Sri Cakrapanidatta, Tattvaprakasini Hindi Commentary of Ayurveda Dipika by Dr. Lakshmidhar Dwivedi published by Chaukhambha krishnadas Academy, Charaka Samhita Chikitsa Sthana Chapter-7/13 Pg no.279

2. Agnivesha Charaka Samhita Ayurveda Dipika Sanskrit Commentary by Sri Cakrapanidatta, Tattvaprakasini Hindi Commentary of Ayurveda Dipika by Dr. Lakshmidhar Dwivedi published by Chaukhambha Krishnadas Academy.Charaka Samhita Chikitsa Sthana Chapter-7/10 Pg No.278

3. Agnivesha Charaka Samhita Ayurveda Dipika Sanskrit Commentary by Sri Cakrapanidatta, Tattvaprakasini Hindi Commentary of Ayurveda Dipika by Dr. Lakshmidhar Dwivedi published by Chaukhambha Krishnadas Academy.Charaka Samhita Chikitsa Sthana Chapter-7/29 Pg No.281

4. Agnivesha Charaka Samhita Ayurveda Dipika Sanskrit Commentary by Sri Cakrapanidatta, Tattvaprakasini Hindi Commentary of Ayurveda Dipika by Dr. Lakshmidhar Dwivedi published by Chaukhambha Krishnadas Academy.Charaka Samhita Chikitsa Sthana Chapter-7/21 Pg No.281

5. Davidson's Principle and Practice of Medicine,23th Edition, Part-3 Clinical Medicine, Chapter 29 Dermatology, Psoriasis and Other Erythematous Scaly Eruptions, Page No.1247.

6. Psoriasis in India: Prevalence and pattern-Indian Journal of Dermatology, Venereology and Leprology (ijdvl.com)

7. PASI Score: https://dermnetnz.org/topics/pasi-score

8. Shushruta Samhita Nibandha Sangraha Sanskrit Commentary by Sri Dalhana Acharya, Nyaya Chandrika Sanskrit Commentary by Sri Gayadasa Acharya, Hindi Commentary by Dr. Keval Krishna Thakaral Published by Chaukhambha Orientalia Shushruta Samhita Chikitsa Sthana Chapter-9/43 Pg no. 305

9. Agnivesha Charaka Samhita Ayurveda Dipika Sanskrit Commentary by Sri Cakrapanidatta, Tattvaprakasini Hindi Commentary of Ayurveda Dipika by Dr. Lakshmidhar Dwivedi Published by Chaukhambha Krishnadas Academy. Charaka Samhita Siddhisthana Chapter-8/8 Pg No. 233

10. Agnivesha Charaka Samhita Ayurveda Dipika Sanskrit Commentary by Sri Cakrapanidatta, Tattvaprakasini Hindi Commentary of Ayurveda Dipika by Dr. Lakshmidhar Dwivedi Published by Chaukhambha Krishnadas Academy. Charaka Samhita Siddhisthana Chapter-1/39-40 Pg No.126-127

11. Agnivesha Charaka Samhita Ayurveda Dipika Sanskrit Commentary by Sri Cakrapanidatta, Tattvaprakasini Hindi Commentary of Ayurveda Dipika by Dr. Lakshmidhar Dwivedi Published by Chaukhambha Krishnadas Academy. Charaka Samhita Siddhisthana Chapter-7/64 Pg No. 230

12. Sri Bhavaprakasa Purvakhaṇḍa commentary by Sri Brahmasankara Misra with Hindi explanation by Sri Rupalalaji

Vaisya Published by Chaukhambha Sanskrit Bhavan

13. Agnivesha Charaka Samhita Ayurveda Dipika Sanskrit Commentary by Sri Cakrapanidatta, Tattvaprakasini Hindi Commentary of Ayurveda Dipika by Dr. Lakshmidhar Dwivedi Published Chaukhambha Krishnadas Academy. Charaka Samhita Sutrasthana Chapter-26/42 Pg No.489

14. Sri Bhavaprakasa Purvakhaṇḍa commentary by Sri Brahmasankara Misra with Hindi explanation by Sri Rupalalaji Vaisya Published by Chaukhambha Sanskrit Bhavan Dhanya Varga 69-71 Pg No.807

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Source of support: Nil

Conflict of interest: None Declared

Cite this article as

Dr Hiral Patel: Management of Ekakushtha with Panchatikta Pancha Prasrutika Basti Followed by Shamana Aushadha –A Case Study; XI (4): 2882-2889

Before treatment 04/09/2025)	Midpoint (19/09/25)	After treatment (03/10/25)
		