

Ayurvedic management of Psoriasis with Shaman Chikitsa in Children - A Case Study

Bhandari M^{1*}, Tewari M², Dixit R³

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^{1*} Megha Bhandari, Post Graduate Scholar, PG Department of Kaumarbhritya, Rishikul Campus, Haridwar, Uttarakhand Ayurved University, Dehradun, Uttarakhand, India.

² Mansi Tewari, Post Graduate Scholar, PG Department of Kaumarbhritya, Rishikul Campus, Haridwar, Uttarakhand Ayurved University, Dehradun, Uttarakhand, India.

³ Reena Dixit, Professor, PG Department of Kaumarbhritya, Rishikul Campus, Haridwar, Uttarakhand Ayurved University, Dehradun, Uttarakhand, India.

Introduction: Skin diseases significantly affect a child's physical and emotional well-being, impacting self-esteem and daily activities. Psoriasis is a prevalent, chronic, immune-mediated inflammatory skin disorder with nearly one-third of cases beginning in childhood. Ek Kushtha, a subtype of Kshudra Kushtha, is caused by the imbalance of Vata and Kapha doshas and resembles psoriasis in its clinical presentation. Since children are in Sukumaravstha, Mridu, and Shaman Ausadhis are used followed by Rasayana Ausadhis to strengthen the body and prevent a recurrence. Ayurveda places significant emphasis on the role of diet and lifestyle management.

Aim and Objectives: The efficacy of Ayurvedic formulations in Ekkushtha addressing underlying imbalances in the body's Dosha.


Patient Information: A 6-year-old girl presented in the Outdoor department of Kaumarbhritya, Rishikul Campus (UAU), Haridwar, Uttarakhand, on 10/4/2023 with complaints of - Red papules and plaques over neck, both legs, umbilicus, and foot region with itching since 1.5 years.

Therapeutic Intervention: The patient was treated with Ayurvedic oral medications and external local applications along with the instructions of Pathya and Apathya for 4 months.

Result: This case report showed that consolidated Ayurvedic modalities gives significant result in patient of Ekkushtha.

Conclusion: This case underscores the efficacy of Ayurvedic interventions in managing psoriasis in the paediatric age group by restoring Doshic imbalance and implementing dietary and lifestyle modifications.

Keywords: Ekkushtha, Kshudra Kushtha, Rasayana Ausadhis, Apathya, Psoriasis

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| Megha Bhandari, Post Graduate Scholar, PG Department of Kaumarbhritya, Rishikul Campus, Haridwar, Uttarakhand Ayurved University, Dehradun, Uttarakhand, India. Email: meghab1998@gmail.com | Bhandari M, Tewari M, Dixit R, Ayurvedic management of Psoriasis with Shaman Chikitsa in Children - A Case Study . J Ayu Int Med Sci. 2025;10(7):335-340. Available From https://jaims.in/jaims/article/view/4534/ |  |

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Introduction

Psoriasis is a common papulosquamous condition characterized by well-demarcated, erythematous, scaling papules and plaques. The lesions are covered with fine, silvery, white scales with pinpoint bleeding points revealed on gentle removal of the scales (Auspitz sign).[1] Commonly involved sites are the scalp, upper back, sacral region and extensor surfaces of the extremities, especially the knees and the elbows.[2] The increasing prevalence of dermatological disorders, such as psoriasis, is attributed to multifactorial etiologies including genetic predisposition, environmental factors, and immunological components. In *Ayurveda* all skin disease has been classified under the broad heading of *Kushtha*. *Acharya Charaka* mentioned it in *Astahtamahagada*. In the classical *Ayurvedic* literature *Kushtha* is divided into 2 major forms – *Maha Kushtha* and *Kshudra Kushtha*. *Viruddha Annapana*, excessive intake of *Drava*, *Snigdha* and *Guru Dravyas*, restraining natural urges like vomiting, exercise and heat after eating meal and *Ajirna* (Ch.chi 7/4).

Acharya Charaka states that *Nidana Sevana* leads to *Tridosha Parakopa*. These aggravated *Doshas* get *Ashrayain* (lodge) in *Twak*, *Rakta*, *Mamsa* and *Ambu*, causing *Shaithilyata* (loss of tone or structural integrity) in these *Dhatus*, resulting in the manifestation of *Kushtha Roga* (skin disease). *Ek Kushtha*, a subtype of *Kshudra Kustha*, is caused by the imbalance of *Vata* and *Kapha Doshas* and resembles psoriasis in its clinical presentation. Clinical manifestation of *Ek-kushtha* is *Aswedana* (absence of perspiration), *Mahavastu*(extensive location), *Matsyashakalopam*(scaling) (Ch.ch 7/21).

Modern medical science treats psoriasis with PUVA and corticosteroids. In the *Samhitas* the line of treatment for *Kushtha* is determined by the patient's *Bala* (strength), *dosha*, and *the Vyadhi Avastha* (disease condition); accordingly, both *Shodhana* and *Shaman Chikitsa* are advocated.

Case Report

A 6-year-old female patient with her mother was brought to the outpatient department of Kaumarbhritya, Rishikul Campus Haridwar, with the complaint of – Red papules and plaques over the neck, both legs, umbilicus, and foot region with itching in the last 1.5 years.

According to the patient's mother, she was asymptomatic before 1.5 years. Then her mother noticed the gradual appearance of rashes over her neck, buttocks, and around the umbilicus with itching and skin scaling which aggravated on taking a non-vegetarian diet and spicy food. She took topical corticosteroid ointment for 1 month but got symptomatic relief.

So, the Patient came to Rishikul Campus on 16th March 2024 for further management. There was no evident family history. She had neither a history of drug allergy, autoimmune disorder, or addiction. Dietary history shows consumption of a non-vegetarian diet.

Baseline Findings: The patient's general condition was average, with the following anthropometry and vitals:

Anthropometry

Weight: 23kg (Expected Wt. :20 kg)
Height: 114cm (Expected Ht. :113cm)
Head Circumference: 53 cm
Chest Circumference: 55 cm
Mid-upper arm circumference: 18 cm (Rt.), 18cm (Lt.)

Vitals

Temperature: 98.10°F
Pulse Rate: 86/min
Respiratory Rate: 28/min
SpO2: 95%
Blood pressure: 100/70 mm Hg

On examination, the patient was conscious and well oriented; the cardiovascular, respiratory, and gastrointestinal systems are within normal limits.

Skin Examination:

| Inspection | Findings |
|----------------|---|
| Lesions | Plaques |
| Colour | Red |
| Shape & size | large oval - circular |
| Border | Distinct |
| Pattern | Grouped |
| Other features | Scale present Candle grease sign + Auspitz sign + |

Clinical Findings

Physical examination - The patient was examined according to *Ayurvedic Pariksha*, as follows-

Ashtavidha Pariksha (eight-fold examination)

Nadi: Vata Pradhana Kapha

Mala: Nirama

Mutra: Samanya Pravritti, Peetabh Varna

Jihwa: Lipta

Shabda: Spashta

Sparsha: Snigdha, Samsheetoshana

Drikka: Samanya

Aakriti: Samanya

Dashavidha Pariksha (ten -fold examination)

Prakriti: Kapha-Vataj

Vikriti: Tridoshaj

Sara: Madhyama

Pramana: Madhyama

Satmya: Madhyama

Satva: Madhyama

Aharashakti: Madhyama

Vyayama Shakti: Avara

Vaya: Balyavastha

Samprapti Ghataka

Dosha: Vata Kapha Pradhana

Dushya: Twacha, Rakta, Mamsa, Lashika

Srotasa: Rasavaha, Raktavaha, Mamsavaha, Swedavaha

Srotodushti: Sanga

Roga Marga: Abhyantara

Udbhavasthana: Aamashya, Pakwashya

Vyaktasthana: Twacha

Rogamarga: Bahya

Agni: Agnimandhya

Vyadhi Swabhava: Chirakari, Yapy

Treatment Protocol

After thorough interrogation with patient and his mother regarding diet, lifestyle, and habits of child and history of present illness, and after proper evaluation regarding present condition of child, treatment was planned with internal medications along with Yoga & Marma therapy.

The patient was assessed at the interval of 15 days for 4 months as follows,

Advice:

1. Increase water intake.
2. Avoid consuming packed and junk food.
3. Follow diet advised (avoid *Virruudh Ahara Sevan*).
4. Practice regular Yoga: *Anuloma-Viloma, Bhramari Pranayama*

| OPD visit | Medication | Duration |
|---------------|---|----------|
| First Visit | 1. Panchtikta Ghrita Guggulu- 65mg Praval Pishti -65mg Giloy Satva -65mg Haridra Khanda -1gm 1*2 with honey bid 2. Mahamanjsthadi Kwath + Khadiraristha - 10ml with 10 ml water bid 3. 777 oil - For LA 4. Cutis soap - For LA | 15 days |
| Second Visit | Repeat same Tt. | 15 days |
| Third Visit | 1. Panchtikta Ghritam - 5 ml bid (empty stomach) 2. Mahamanjsthadi Kwath + Khadiraristha -10ml with 10 ml water bid 3. Haridra Khanda -1gm with milk bid 4. Tab Psorogrit - 1 tab od 5. Syp Purodil - 5ml bid 6. 777oil - LA (night time) 7. Lippu oil - LA (day time) 8. Cutis soap - LA | 15 days |
| Fourth Visit | Repeat same Tt. | 15 days |
| Fifth Visit | 1. Panchtikta Ghritam - 5 ml bid (empty stomach) 2. Mahamanjsthadi Kwath + Khadiraristha -10ml with 10 ml water bid 3. Haridra Khanda - 1gm with milk bid 4. Tab Psorogrit - 1 tab od 5. 777oil - LA (night time) 6. Lippu oil - LA (day time) 7. Psorolin soap - for bathing | 15 days |
| Sixth Visit | Repeat same Tt. | 15 days |
| Seventh Visit | 1. Panchtikta Ghritam - 5 ml bid (empty stomach) 2. Mahamanjsthadi Kwath + Khadiraristha -10ml with 10 ml water bid 3. Haridra Khanda - 1gm with milk bid 4. Tab Psorogrit - 1 tab od 5. 777oil - LA (night time) 6. Lippu oil - LA (day time) 7. Syp Amlycure -5ml bid 8. Psorolin soap - for bathing | 15 days |
| Eight Visit | 1. Panchtikta Ghritam - 5 ml bid (empty stomach) 2. Mahamanjsthadi Kwath + Khadiraristha -10ml with 10 ml water bid 3. Haridra Khanda - 1gm with milk bid 4. Tab psorogrit - 1 tab od 5. 777oil - LA (night time) 6. Lippu oil - LA (day time) 7. Syp. amlycure - 5ml bid 8. Psorolin soap - for bathing 9. ImmDis drops - 5 drops with water | 15 days |

Results

All the signs and symptoms before treatment are likely to be pacified by *Shamana Chikitsa*. According to her mother, all symptoms were absent at the last follow-up. Treatment was continued for 6 months to get complete relief with no recurrence, and the patient was advised to follow the *Pathya* and *Apathya* in her daily schedule.



Figure a: Pictures of patient's leg on first visit



Figure b: Pictures of patient's leg on third visit



Figure c: Pictures of patient's leg on fifth visit



Figure d: Pictures of patient's leg on seventh visit



Figure e: Pictures of patient's leg on eighth visit

Discussion

Ayurveda describes skin as a by-product of the *Rakta Dhatu* and skin disorders under the term *Kushtha*. Disease manifestation starts from *Nidana Sevana*; the first line of management is to avoid *Nidana Sevana* as it will stop further disease progression. Considering the *Sukumara Avastha* of children, classical texts like the *Kashyapa Samhita* (*Kaashyapa Samhita*, *Khila Sthana*: "Baalanam Sukumaratvaat, Laghvakarma Prashasyate") and *Ashtanga Hridaya* (*Ashtanga Hridaya*, *Uttara Tantra* 1/5: "Sukumaraashcha Te Sarve") recommend *Shamana Chikitsa* over *Shodhana*.

Shamana Ausadhis are characterized by *Tikta* and *Katu rasa* and possess the properties like *Agni Deepana* (enhancing digestive fire), *Aama Pachana* (clearing of toxins or waste products), *Rakta Prasadaka* (blood purifier), *Kandughna* (anti-itching), and *Vata-Kapha Shamaka* pacifying *Vata* and *Kapha*.

All contents of *Panchatikta Guggulu Ghrita* have *TiktaRasa*, *Laghu* (light), and *Rukshaguna* (dry). This leads to *Agni Deepana*, *Amapachana*, consequently leads to *Shrotoshodhaka* resulting in *Raktaprasadhana*, *Raktashodhaka*, *Kandughna*. It helps decrease the vitiated *Kleda* and *media* and helps clear the lesion

Mahamanjisthadi Kwath and *Khadirarista* pacify *Vata Pitta Dosha* and directly act on *Rakta Dhatu*. *Manjistha* is known for its *Raktashuddhikara*, *Pitta-Kaphahara*, *Vranaropana* (wound healing), and *Kushthaghna* properties. In an experimental study, the water extract of *Acacia catechu* (*Khadir*) showed inhibition of pro-inflammatory cytokine TNF- α and a significant increase in cytokine IL-10. IL-10 helps to control the secretion of pro-inflammatory cytokines by augmenting the proliferation of B cells, mast cells, and thymocytes.

In 777 Oil, a coconut oil-based herbal preparation for psoriasis, the leaf extract of *W. tinctoria* has been used. Coconut oil improves the symptoms of skin disorders by its moisturizing, soothing, and emollient effects. In psoriasis, epidermal keratinocytes react to pro-inflammatory cytokines like tumor necrosis factor- α (TNF- α) and interferon- γ (IFN- γ). Interleukin 6 (IL-6) causes epidermal hyperplasia in the psoriatic epithelium. Coconut oil intervenes in anti-inflammatory activity by reducing the secretion of IL-6 levels. Uncontrolled cytokine expression can lead to dysfunction of the epidermal barrier as seen in psoriasis. The topical application of coconut oil inhibits the various cytokine levels including TNF- α , IFN γ , IL-6, IL-5, and IL-8.

Psoriasis is an immune-mediated disorder where dysregulated immune response triggers chronic skin inflammation and keratinocyte hyperproliferation. Drugs like *Giloy Satva* and *Imdisdrops* acts as immunomodulator and *Rasayan*. *Haridrakhand* is an anti-inflammatory, antioxidant, and *Rakta Shodhaka* which helps in modulating immune response. Syrup purodil has been proven as *Raktashodhak* (blood purifier), *Twak Prasadakara* and immunomodulators.

Praval Pishti, natural source of calcium with *Sheetal* & *Pitta Shamaka* properties which soothes inflammation & supports skin regeneration. Tablet psorogrit contains Neem that helps in blood purification. It helps in managing psoriasis & its related conditions. Psoralin bathy & Cutis soap open up skin pores to help take in moisture & clean skin.

Conclusion

Childhood psoriasis represents a special challenge to dermatologist. The manifestation of psoriasis differs from an adult. The findings of this case study evidence that *Ek Kushtha* therapy protocol may effectively treat psoriasis.

Declaration of patient consent

The authors certify that all the patient's information was obtained from the patient's legal guardian for the publication of this case report, including accompanying images and clinical information. The guardian has been informed that the patient's name and initials will not be published, and while efforts will be made to anonymised the patient's identity, complete anonymity cannot be guaranteed.

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