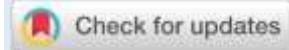


**THE ROLE OF KRAMATAH PANCHAKARMA IN EKA-KUSHTA W.S.R. PSORIASIS:  
A CASE STUDY****Karunamayi A S<sup>1</sup>, Vinaykumar K N<sup>2</sup>, Supreeth M J<sup>3</sup>**

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Healthy skin is the reflection of a healthy body where the affliction of the former will not only have an impact on somatic makeup but also psychological and social aspects of an individual. In *Ayurveda*, all skin diseases are categorized under *Kushta rogas* among which Psoriasis is commonly identified with Eka-Kushta which is one among the *Kshudra Kushta* presenting with *Aswedanam*, *Mahavastu* and *Matsyashakalopama lakshanas*. *Kushta*, a disease of *Bahudoshya dosha*, and *Saptako dushya sangraha* is to be treated by adopting repeated *Shodhana* to be done at regular intervals of time. The *Eka-Kushta* highly demands the administration of *Vamana karma* and *Virechana karma* as well as *Nasya karma* based on the site of the lesions affecting the *Jatru Urdhwa bhaga* and even though *Basti karma* generally contraindicated in *Kushta* can be adopted based on *avastha* involving *Vata*. Keeping in mind the need of *Punaha Punaha Shodhana*, *Sampoorna Shodhana*, and *Kramatah Shodhana*, a 30-year-old male patient diagnosed as *Eka Kushta w.s.r.* to Psoriasis was treated by adopting all the *Panchakarma* administered in the same sequential order.

**Key words:** *Eka-Kushta*, Psoriasis, *Kramatah Panchakarma*, *Vamana*, *Virechana*, *Basti*, and *Nasya*.

## INTRODUCTION

Kushta is a *Kleda pradhana Dheerghanubandha roga* classified as *Maha Kushta* and *Kshudra Kushta*. *Eka-Kushta* is one among the varieties of *Kshudra Kushta* which is *Kapha-Vata* predominant and presenting with *Asvedanam*, *Mahavastu*, and *Matsyashakalopama lakshanas* and is often compared to Psoriasis in the contemporary system of medicine. Psoriasis is a chronic inflammatory, hyper proliferative skin disease, characterised by well-defined, erythematous scaly papules. Psoriasis remains a prevalent disease in the dermatological community and most of the treatment modalities have some limitations as they are only palliative hence Psoriasis still remains a challenge for the management in the contemporary system of medicine. This signifies the importance of a *Panchakarma* approach for the treatment of the above condition aiming towards *Dosha Nirharana* thereby achieving *Dhatu Samyata*. The administration of *Sampoorna Shodhana* can be done in different manners and at different intervals based on the demands of the diseased condition as well as the patient's fitness to undergo the subsequent treatment. If the disease is of strong nature affecting a larger extent of the body part, involving a multitude of the *dushyas*, if the patient is young and strong enough to sustain the intensity of the treatment, then the administration of the *Kramatah Panchakarma* in the same sequential order with minimum time interval as mentioned in the classics can be employed. In the present study, *Vamana Karma* was adopted as an *Adhya upakrama* there after *Snehapana* was started on the 9<sup>th</sup> day after *Vamana* as per the reference "*Samstrutabhaktam Navame Ahni Sarpistam Payayet*"<sup>1</sup> and *Virechana* was administered on 15<sup>th</sup> day of *Vamana* based on the reference "*Pakshat Vireko Vantasya*". After *Virechana karma*, *Kushtaghna Basti* in the pattern of *Yoga basti* was started on the 9<sup>th</sup> day based on the reference "*Samstrutabhaktam Navame Ahni ... Api Anuvasyed Va and Naro Viriktastu Niruhadaanam Vivarjayat Saptadinam Avashyam*"<sup>2</sup>. A gap of 16 days was given keeping in mind *Dwiguna Parihara Kala*<sup>3</sup> and thereafter *Nasya Karma* with *Marichyadi Taila*

in the dosage of 4 drops in each nostril was started on the 17<sup>th</sup> day after *Basti Karma* for a period of 3 consecutive days. The present case study emphasis and encourages the need for clinical implementation of a classical pattern of *Kramatah Panchakarma* administration in order to obtain maximum therapeutic effect with due consideration to *Vyadhi bala* as well as *Vyadhita bala*.

## CASE HISTORY

A 30-year-old Hindu patient who is a Cab Driver by Occupation and belongs to an upper-middle-class family visited the OPD of SKAMCH & RC with complaints of reddish and silvery scaly skin lesions over the scalp region for 3 months which spreaded within a span of 15 days. Gradually, it started appearing over the stomach, back, inner side of the ear, and both upper and lower limbs along with more scaling and itching. Lesions were dry and rough, and loss of perspiration along with asymmetrical pain in the knee joints and ankle joints of both lower limbs. The patient consulted the nearby Physician for these complaints but only got symptomatic relief. The patient started observing the aggravation of the skin lesions after the intake of non-vegetarian food. The patient does not have a known case of Hypertension or Diabetes Mellitus. The patient had food habits like intake of *Rukshanna*, *Viruddha ahara*, and more intake of non-vegetarian and had a lifestyle like *Ratri jagarana* and *Vegadharana*. The patient was having symptoms like *Asvedanam*, *Mahavastu*, and *Matsyashakalopama* along with asymmetrical joint pain in the lower limbs. The patient has B.P = 130/80 mm of Hg, Pulse rate = 71bpm, Respiratory rate - 17/min, and Temperature - 96-degree F. Integumentary System Examination revealed- Inspection: Silvery reddish coloured, scaly patches on the scalp, over the abdomen, back, and both upper and lower limbs, and also behind the ear region. Palpation: Patches were felt dry with a rough surface, normal in temperature, firm, and minimally elevated from the skin surface. Signs: Candle Grease Sign - Positive, Auspitz's Sign - Negative, The Psoriasis Area and Severity Index

(PASI) is a quantitative rating score for measuring the severity of psoriatic lesions based on area coverage and plaque appearance which was 15.9.

**Samprapti Ghataka**

*Dosha: Vyana Vata, Bhrajaka Pitta, Kledaka Kapha*

*Dhatu: Rasa, Rakta, Mamsa*

*Agni: Jatharagni, Rasa Dhatwagni, Rakta*

*Dhatwagni, Mamsa Dhatwagni*

*Ama: Jatharagnimandyajanya Ama, Rasa, Rakta,*

*Mamsa Dhatwagnijanya Ama*

*Srotas: Rasavaha, Raktavaha, Mamsavaha, Sweda-vaha*

*Sroto Dushti Prakara: Sanga*

*Udbhava Sthana: Amashaya*

*Sanchara Sthana: Sarva Shareera*

*Adhishtana: Twak, Rakta, Mamsa, Lasika*

*Vyakta Sthana: Twak*

*Rogamarga: Bahya*

*Vyadhi Swabhava: Chirakari*

*Sadhyasadyata: Krichchra Sadhya*

**TREATMENT PLAN**

**Table 01 shows the Vamana Karma Schedule**

DAYS	TREATMENT
Day - 1 to Day - 3	<i>Deepana and Pachana with Agnitundi Vati 2 tablets Thrice daily After Food Chitrakadi Vati 2 tablets Thrice daily After Food Shunti Churna ½ tsp with 1 glass of Hot water Thrice daily After Food.</i>
Day - 4 Day - 5 Day - 6 Day - 7	<i>Snehapana with Panchatiktaka Ghrita 1<sup>st</sup> day of Snehapana = 30ml 2<sup>nd</sup> day of Snehapana = 70ml 3<sup>rd</sup> day of Snehapana = 110ml 4<sup>th</sup> day of Snehapana = 150ml</i>
Day - 8	<i>Vishrama Kala of 1 day</i> <ul style="list-style-type: none"> <li>• <i>Sarvanaga Abhyanga with 777 Oil.</i></li> <li>• <i>Sarvanaga Parisheka with Siddartaka Snana Churna Siddha Kwatha</i></li> </ul>
Day - 9	<i>Vamana Karma (Considered as 1<sup>st</sup> Day for Vamana)</i> <ul style="list-style-type: none"> <li>• <i>Madanaphalapippali Sheeta Kashaya</i></li> </ul> <i>Total Vegas- 7</i>
Day - 10 to Day - 13	<i>Shuddhi was Madhyama So, 5 days of Samsarjana Krama was advised.</i>

**Table 02 shows the Virechana Karma Schedule**

DAYS	TREATMENT
Day - 14 To Day - 16	Gap for 3 days
Day - 17 Day - 18 Day - 19	<i>Snehapana</i> with <i>Panchatiktaka Ghrita</i> was started on the 9 <sup>th</sup> day after <i>Vamana Karma</i> 1 <sup>st</sup> day of <i>Snehapana</i> = 30ml 2 <sup>nd</sup> day of <i>Snehapana</i> = 75ml 3 <sup>rd</sup> day of <i>Snehapana</i> = 120ml
Day - 20 to Day - 22	<i>Vishrama Kala</i> for 3 days <ul style="list-style-type: none"> <li>• <i>Sarvanga Abhyanga</i> with 777 Oil</li> <li>• <i>Sarvanga Parisheka</i> with <i>Siddartaka Snana Churna Siddha Kwatha</i></li> </ul>
Day - 23	<i>Virechana Karma</i> on the 15 <sup>th</sup> day after <i>Vamana Karma</i> with <ul style="list-style-type: none"> <li>• <i>Aushadha - Trivrut Lehya</i></li> <li>• Dose - 70gm</li> <li>• <i>Anupana - Ushna Jala</i></li> </ul> Total Vegas- 12
Day - 24 to Day - 27	<i>Shuddhi</i> was <i>Madhyama So</i> , 5 days of <i>Samsarjana Krama</i> was advised

**Table 03 shows the Basti Karma Schedule**

DAYS	TREATMENT
Day - 28 To Day - 30	Gap for 3 days
<i>Panchaprasrutika Basti (Kushtaghna Basti)</i> in the pattern of <i>Yoga Basti</i> was started on the 9 <sup>th</sup> day after <i>Virechana Karma</i> . <i>Basti</i> was administered after- <ul style="list-style-type: none"> <li>• <i>Sarvanga Abhyanga</i> with 777 Oil</li> <li>• <i>Sarvanga Parisheka</i> with <i>Khadira Saara Siddha Ushna Jala</i></li> </ul>	
Day - 31	<i>Matra Basti</i> <i>Matra Basti</i> with <i>Panchatiktaka Ghrita</i> in the dosage of 30ml added with <i>Saindhava</i> 3 grams.
Day - 32	<i>Niruha Basti</i>
Day - 33	<i>Matra Basti</i> <i>Niruha Basti</i> (Total Quantity – 5 <i>Prasruta</i> – 497 ml) with <ul style="list-style-type: none"> <li>• <i>Saindhava Lavana</i>= 5gm</li> <li>• <i>Panchatiktaka Ghrita</i>= 96ml</li> <li>• <i>Sarshapa Kalka</i>= 12 gm</li> <li>• <i>Patola</i></li> <li>• <i>Nimba</i></li> <li>• <i>Bhunimba</i></li> <li>• <i>Rasna</i></li> <li>• <i>Saptaparna</i></li> </ul> } <i>Kashaya</i> = 384ml
Day - 34	<i>Niruha Basti</i>
Day - 35	<i>Matra Basti</i>
Day - 36	<i>Niruha Basti</i>
Day - 37	<i>Matra Basti</i>
Day - 38	<i>Matra Basti</i>

**Table 04 shows the Nasya Karma Schedule**

DAYS	TREATMENT
Day - 39 to Day - 54	Gap for 16 days
Day - 55	Nasya Karma was started on the 17 <sup>th</sup> day after the Basti Karma
Day - 56	<ul style="list-style-type: none"> <li>• Mukha Abhyanga with 777oil</li> <li>• Sihanika Swedana with Cotton Cloth dipped in Ushna Jala</li> </ul>
Day - 57	<ul style="list-style-type: none"> <li>• Aushadha - Marichyadi Taila in the dosage of 4 drops in each nostril performed for 3 consecutive days</li> </ul>

**OBSERVATION AND RESULTS**

**Table 05 shows the Observations pertaining to Kramatah Panchakarma**

Vamana Karma	<p>Vegiki = 7 Maniki = Madhyama Antiki = Pittanta Laingiki = Samyak Shuddhi = Madhyama</p>
Virechana Karma	<p>Vegiki = 12 Maniki = Madhyama Antiki = Kaphanta Laingiki = Samyak Shuddhi = Madhyama</p>
Basti Karma	<p>Basti Pratyagamana Kala</p> <ul style="list-style-type: none"> <li>• Anuvasana Basti = 2.5 hours (Mean Value)</li> <li>• Niruha Basti = 3 minutes (Mean Value)</li> </ul> <p>Samyak Yoga Lakshanas</p> <ul style="list-style-type: none"> <li>• Prasrusta Mala, Mutra and Anila</li> <li>• Ruchi Vriddhi</li> <li>• Agni Vriddhi</li> <li>• Ashaya Laghvata</li> </ul>
Nasya Karma	<p>Samyak Yoga Lakshanas</p> <ul style="list-style-type: none"> <li>• Urah Laghuta</li> <li>• Shira Laghuta</li> <li>• Indriya Shuddhi</li> <li>• Sroto Shuddhi</li> </ul>

## ASSESSMENT PARAMETERS

**Table 06 shows the Subjective Parameters of Eka-Kushta w.s.r. to Psoriasis**

<b>ITCHING</b>	<b>Gradings</b>
No itching	<b>0</b>
Mild /occasional itching	<b>1</b>
Moderate (tolerable) infrequent itching	<b>2</b>
Severe itching frequently	<b>3</b>
Very severe itching disturbing sleep and other activities	<b>4</b>
<b>ERYTHEMA</b>	
Normal skin	<b>0</b>
Faint erythema on lesions or near to normal	<b>1</b>
Blanching + red colour on lesions	<b>2</b>
No blanching + red colour on lesions	<b>3</b>
Red colour + Subcutaneous involvement on lesions	<b>4</b>
<b>SCALING</b>	
No Scaling	<b>0</b>
Scaling off between 15-28 days	<b>1</b>
Scaling off between 7-14 days	<b>2</b>
Scaling off between 4-6 days	<b>3</b>
<b>ANHYDROUS</b>	
Non-Anhydrous	<b>0</b>
Mild, Present in very few lesions	<b>1</b>
Moderate, Present in few lesions	<b>2</b>
Excess, Present in all lesions	<b>3</b>
<b>DRYNESS</b>	
No line on scrubbing with a nail on lesions Faint line on scrubbing by nails on lesions	<b>0</b>
Lining & even words can be written on scrubbing by a nail on lesions	<b>1</b>
Excessive Dryness leading to Itching on lesions Dryness leading to the crack formation on lesions	<b>2</b>
<b>JOINT INVOLVEMENT</b>	
No Pain	<b>0</b>
Slight Pain	<b>1</b>
Pain with deformity affecting the normal activity	<b>2</b>
Pain with deformity	<b>3</b>
Pain with deformity affecting normal activity & sleep	<b>4</b>

**Table 07 shows the Objective Parameter (PASI) of Eka-Kushta w.s.r. to Psoriasis**

Plaque characteristic	Lesion score	Head	Upper Limbs	Trunk	Lower Limbs
Erythema	0=None	2	2	-	2
Induration/Thickness	1=Slight	2	2	1	2
	2=Moderate				
Scaling	3=Severe	3	3	1	3
	4=Very severe				
Add together each of the 3 scores for each body region to give 4 separate sums (A).					
<b>Lesion Score Sum (A)</b>		<b>7</b>	<b>7</b>	<b>2</b>	<b>7</b>
Percentage area Affected	Area score	Head	Upper Limbs	Trunk	Lower Limbs
<b>Area Score (B)</b> Degree of involvement as a the percentage for each body the region affected (score each the region with a score between 0-6)	0=0%	3	3	2	3
	1=1% - 9%				
	2=10% - 29%				
	3=30% - 49%				
	4=50% - 69%				
	5=70% - 89%				
6=90% - 100%					
Multiply Lesion Score Sum (A) by Area Score (B), for each body region, to give 4 individual subtotals (C).					
<b>Subtotals (C)</b>		<b>21</b>	<b>21</b>	<b>4</b>	<b>21</b>
Multiply each of the Subtotals (C) by the amount of body surface area represented by that region, i.e., x 0.1 for the head, x 0.2 for the upper body, x 0.3 for the trunk, and x 0.4 for the lower limbs.					
<b>Body Surface Area</b>		<b>x 0.1</b>	<b>x 0.2</b>	<b>x 0.3</b>	<b>x 0.4</b>
<b>Totals (D)</b>		<b>2.1</b>	<b>4.2</b>	<b>1.2</b>	<b>8.4</b>
Add together each of the scores for each body region to give the <b>Final PASI Score is 15.9</b>					

**Table 08 shows the Results of Kramatah Panchakarma in Eka-Kushta w.s.r. to Psoriasis**

Parameter	Before Treatment	After Treatment
Itching	4	1
Erythema	3	1
Scaling	3	0
Anhydrous	3	1
Dryness	3	1
Joint Involvement	3	0
PASI Score	15.9	5.2

## DISCUSSION

Skin is the largest organ of the body which is in direct contact with the environment, the healthy status of which reflects the status of the healthy body. Skin diseases are becoming very common now days due to unhealthy diets and lifestyles. Skin diseases in Ayurveda are studied under the heading of Kushta which are classified into Kshudra Kushta and Maha Kushta<sup>4</sup>. Kushta is a kleda pradhana, bahudoshaja vyadhi involving Saptako dravya sangraha<sup>5</sup> and manifesting in twak. The line of treatment of Kushta speaks more about the Shodhana karma which is to be done at regular intervals of time. The classical pattern of

Kramataha Panchakarma administration can be adopted to obtain maximum therapeutic effect with due consideration to Vyadhi bala and Vyadhita bala. Shodhananga Snehapana is the method adopted as Purvakarma to Vamana Karma to bring the action of utklesha of doshas and to mobilize the utkleshta doshas from Shakha to Koshta. Tikta rasa has the properties of Kandu, Kushta prashamana, twak sthirikarana, and Panchatiktaka Ghrita has its action on the disease Kushta. So, in the present study, Panchatiktaka Ghrita was used for the purpose of Shodhananga Snehapana which was administered in the pattern of Arohana krama. During the Vishrama Kala, Sarvanga Abhyanga was done with 777 Oil in

which Kutaja is the main component. Kutaja contains Triterpenoids, Beta-amyrin and etc known to be effective against skin diseases like psoriasis. And for the purpose of Swedana, Sarvanga Parisheka was done with Siddartaka Snana Sidda Churna which is beneficial in Twak vikaras as mentioned in Charaka Samhita<sup>6</sup>. Parisheka is a drava sweda specially indicated in Pittaja vikaras. Kushta is a Rakta Pradoshaja Vikara and involves Rakta as one among the dushya; Drava Sweda helps in relieving Pitta Dosha which in turn has the effect on the Rakta dhatu. Vamana Karma occupies the prime place in its line of treatment in Kushta as it is a Kleda pradhana vyadhi. "Pakshat Pakshat Vamana", Vamana is indicated once a fortnight in Sushruta Samhita<sup>7</sup>. Vamana Karma was administered with Madanaphala sheeta kashaya as Vamana Aushadha and a total of 7 vegas were observed in the patient and 5 days of Samsarjana Karma was advised based on the Shuddhi. Kushta comes under the heading of Raktapradoshaja vyadhis. Rakta and Pitta are having an Avinabhava samandha as Pitta is the mala of Rakta. When a large amount of pitta is expelled from the body it helps to purify the rakta also and cures the Raktapradoshaja viharas like Kushta. "Masat Masat Virechana", Virechana karma is indicated once a month in Sushruta Samhita<sup>8</sup>. So, on the 9<sup>th</sup> day after the completion of the Vamana Karma that is after the parihara kala, Virechana Karma was adopted by starting with the Shodhananga Snehapana with Panchatiktaka Ghrita in Arohana Karma was given for the period of 3 days. Thereafter, the patient was posted for three days of Vishrama Kala, and on the day of Virechana Karma i.e., on the 15<sup>th</sup> day of Vamana, 70gms of Trivrut Lehya was given to the patient as Virechana Aushadha. A total of 12 Vegas were observed in the patient and later Samsarjana Karma was advised for 5 days. Even though, Basti karma is generally contraindicated in Kushta, it can also be adopted based on avastha involving Vata. In Charaka Siddhi Sthana, Panchaprasrutika Basti is mentioned and is indicated for Kushta roga<sup>9</sup>. After Virechana Karma, Kushtaghna Basti in the pattern of Yoga basti pattern was started on the 9<sup>th</sup> day after Virechana Karma based on the

reference "Anuvasane yadva and "Naro viriktastu niruhadeenam vivarjayat saptadinam". Nasya karma is also indicated in Kushta based on the site of the lesions affecting the Jatru Urdhwa bhaga. After Basti Karma, a gap of 16 days was given keeping in mind dwiguna pariharakala and thereafter Nasya Karma with Marichyadi Taila<sup>10</sup> in the dosage of 4 drops in each nostril was started on the 17<sup>th</sup> day after Basti Karma which was performed for a period of 3 consecutive days. The present intervention of Kramatahi Panchakarma was employed as the disease demands the Shodhana to be done in quick succession and the patient was fit enough and co-operative to sustain the intensity of treatments. It is very important to assess Vyadhi Bala and Vyadhita Bala before the initiation of Kramatahi Panchakarma.

## CONCLUSION

Kushta, a disease of bahudoshha, bhuri dosha, and saptako dushya sangraha is to be treated by adopting Punaha Punaha Shodhana. As Eka- Kushta is one among the Rakta pradoshaja Viakaras and further Eka-Kushta is Tidoshaja and Vata Kapha Pradhana Vyadhi, Vamana Virechana, Basti, and Nasya are very much indicated. Since Eka-Kushta is relapsing in nature and in this case, it was spreaded throughout the body including the scalp along with itching and asymmetrical joint pain in both lower limbs, an approach was made with Kramatahi Shodhana; Vamana, Virechana, Basti and Nasya which is shown to had positive result in this case. This clinical study gives a platform for adopting the classical Kramatahi Panchakarma in Eka-Kushta based on Vyadhi bala and Vyadhita bala.

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