

Therapeutic Approach of Ayurveda in Pama Kusta: A Case Study

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ABSTRACT

Pama Kusta is one among the eleven varieties of Kshudra Kushta (skin disease) described in Ayurveda, is characterized by kandu (itching), pidaka (papules) and srava (discharge). It is the most common contagious disease. These clinical features show close resemblance to Scabies, a contagious ectoparasitic infestation caused by *Sarcoptes scabiei*. Approximately 300 million cases of scabies are reported world-wide each year and may cause large nosocomial outbreaks. It is especially widespread in tropical regions and in crowded living conditions, where children and vulnerable groups are more commonly affected. This case study presents a patient diagnosed as Pama Kushta with clinical presentation of whitish and blackish papules with itching, nocturnal aggravation, and burrow-like lesions predominantly on interdigital spaces, wrists, and external genitalia. Ayurveda treatment protocol- kosta shodhana (purification therapy) and shamana (palliative) therapies were done targeting krimi (parasitic infestation) and Kapha-Pitta dosha vitiation. Assessment was done before and after 7 days of treatment. Significant relief in itching, reduction of lesions, and overall improvement in quality of life were observed. The given Ayurvedic treatment protocol was found to be effective in the management of Pama which shows the true potential and efficacy of our science.

Keywords: Pama, Kushta, Scabies, Krimihara chikitsa, Virechana

INTRODUCTION

Human Scabies is a highly contagious parasitic skin infestation caused by *Sarcoptes scabiei* var. *hominis*. Globally, it affects over 200 million people at any given time, with cumulative annual cases exceeding 400 million. The condition is particularly prevalent in hot, tropical regions and densely populated resource-poor areas, where prevalence in children may range from 5% to 50%. Although sporadic in high-income countries, outbreaks in healthcare facilities and vulnerable communities impose a significant economic burden. Scabies mites burrow into the skin to lay eggs, leading to intense itching often worsens at night along with characteristic linear burrows and papules. In adults, lesions typically occur on the finger webs, wrists, limbs, and belt area, with inflamed bumps occasionally seen on the male genitalia and female breasts. Infants and young children may present with a more widespread rash involving the palms, soles, ankles, and scalp. Symptoms usually appear 4–6 weeks after infestation, and recurrent infections are common. Diagnosis is primarily clinical, based on recognition of itching, burrows, and

popular eruptions. Treatment generally involves topical scabicides, with oral agents.¹ Resistance has increasingly been reported against frontline agents such as permethrin and ivermectin, while concerns regarding neurotoxicity with lindane and the potential adverse effects of repeated ivermectin use further restrict their safety profile.² Moreover, recurrence is frequently observed when close contacts and contaminated fomites, such as clothing and bedding, are not treated concurrently, thereby compromising long-term disease control.³ The clinical conditions can be correlated to *Pama* as described in Ayurveda Classics. *Pama* is one of the eleven types of *Kshudra Kushta*, which is caused by *Kapha pitta dosha* pathogenesis⁴. It is characterized by extreme itchy eruptions of white, reddish or black color seen over buttocks, hands and elbow joint. The main aim of treatment is to address the *Kapha Pitta Dushti* with *sukshma Krimi*. Personal hygiene and dietary regimen are a very necessary part of the treatment.

Case Description

Presenting complaints:

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A 17 years old male patient reported to visha chikitsa Out-Patient Department (OPD) of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan with complains of whitish papules over interdigital spaces of bilateral hands, fingers, wrist and scrotum. He also complains of blackish lesions over dorsal aspect of bilateral hands associated with severe itching all over the body in the past 3 months.

History of present illness:

Patient was apparently normal 3 months back. He initially noticed whitish papular eruptions over the fingers of left hand associated with itching. Subsequently, he mentioned similar complaints in his hostel mates with whom he had close contact. After about one week, the lesions gradually spread to the bilateral interdigital spaces, fingers, and wrists, later extending to the scrotal region. Initially, the lesions were associated with pus discharge secondary to scratching, which later turned blackish in colour. The itching was persistent, with marked aggravation during the night, disturbing sleep, and was partially relieved on washing the affected parts with warm water. He had taken allopathic medication for a month but did not find relief from the complains. So, he approached SDMCAHH for further management.

History of past illness:

Nothing significant

Family history:

Patients younger brother has itchy blackish lesions over body.

Personal History: -

Diet – Mixed (intake of curd, chicken, junk food frequently)
Appetite – Good
Bowel – Regular
Micturation – Regular
Sleep – sound

General Examination: -

There was no evidence of pallor, edema, icterus, cyanosis, clubbing or lymphadenopathy on observation.

Asta-Vidha Pareeksha:

Nadi: 74 bpm
Mala: Prakruta
Mutra: Prakruta
Jihwa: Lipta
Shabda: Spashta
Sparsha: Anushna-Sheeta
Drik: Prakruta
Akriti: Madhyama

Dashavidha pareeksha

Prakruti: Kapha vata
Vikruti: Pitta Kapha
Saara: Asthi
Samhanana: Madhyama
Pramana- Madyama
Satva: Madhyama
Satmya: Madhura Katu rasa pradhana
Aharashakti: Madhyama
Vyayama shakti: Madhyama
Vaya: Youvana

Vital Signs

Temperature: - Afebrile
Heart Rate – 74 bpm
Respiratory Rate – 18 cpm
BP- 120/80mmhg

Anthropometry

Weight– 59kg
Height- 180cm

Systemic Examination:

The patient was fully conscious and well oriented. The heart sounds were normal, with S1 and S2 heard clearly and no extra sounds or murmurs. The lungs were clear on both sides with normal breath sounds. The abdomen was soft, without pain or swelling of any organs.

Local Examination:

Integumentary System

On Inspection:

Distribution- Localized and symmetrical
 Site- B/L Interdigital spaces, B/L fingers, B/L wrist,
 B/L thigh region, scrotum
 Number of lesions- Multiple
 Type of lesions- Papule
 Size of lesion- <1CM
 Texture- dry
 Colour- Whitish in interdigital spaces and scrotum,
 blackish over fingers
 Discharge- present initially on excessive itching

Diagnostic Criteria⁵

Swetha aruna shyava pidaka (whitish/red/blackish
 popular eruptions)
 Kandu(itching)
 Srava (discharge)

Initially *amapachana* and *rookshana* was done by giving *bilwadi gulika* and *amahara kashaya* twice a day. After proper *amapachana* and *rookshana*, *snehapana* (internal oleation) was administered with *panchatiktaka guggulu ghrita* (30ml, 60ml and 90ml) for 3 days respectively. *Samyaksnigda lakshana* (signs of adequate oleation) was attained with 90ml. Further patient was subjected to *sarvanga abyanga* (oil massage) with *marichadi taila* and followed by *bashpa sweda* (sudation) for 2 days. Last day *virechana* (purgative therapy) was done with *avipathikara choorna* 40gms with 100ml *triphala kashaya*. Total number of *vegās* (purgative bouts) observed were 7, hence *avara shudhi* (mild purification) was attained. Light diet (thin gruel and *kichhdi*) was given throughout the course of treatment and *samsarjana karma* (gradual dietary regimen) was advised for 3 days.

TREATMENT PLAN**Assessment criteria: Grading criteria**

Clinical features	Grade 0	Grade1	Grade2	Grade3
<i>Swetha aruna shyava pidaka</i> (papules)	Absent	1-3 papules	4-7 papules	More than 7 papules
<i>Kandu</i> (itching)	Absent	Mild itching	Moderate itching	Severe itching
<i>Srava</i> (discharge)	Absent	Mild discharge	Moderate discharge	Severe discharge

OBSERVATION**Assessment of patient was done by the grading criteria**

Clinical features	Before treatment (0 th day)	After treatment (9 th day)
<i>Swetha aruna shyava pidaka</i> (papules)	Grade 3	Grade 1
<i>Kandu</i> (itching)	Grade 3	Grade 1
<i>Srava</i> (discharge)	Grade 1	Grade 0

Before Treatment



After Treatment



RESULT

Prior to treatment, the patient presented with multiple whitish papules over fingers, wrists, and scrotum, in addition to burrow-like lesions in the interdigital spaces. Blackish lesions were evident on the dorsal aspect of both hands, along with mild fluid discharge and generalized pruritus. Following the course of treatment, a significant reduction in the number of papules was observed, the burrow-like lesions had reduced, the dorsal hand lesions had dried, fluid discharge was no longer present, and the intensity of pruritus was markedly diminished. Overall, the

clinical findings indicated substantial improvement in the patient's condition.

Dietary Regimen And Lifestyle Adviced:

The patient was advised to follow a light and wholesome diet including greengram, moong dal wheat, finger millets and buttermilk. In terms of lifestyle, daily bath was recommended to maintain cleanliness. The patient was also instructed to avoid dairy products, non-veg and junk food as well as irregular habits such as day sleep and late nights which could aggravate the condition.

Medicines given on Discharge:		
Sl no	Medicines	Dose
1	<i>Aragwadadhi Kashaya</i>	15ml-0-15ml (B/F)
2	<i>Khadirarista</i>	15ml-0-15ml (A/F)
3	<i>Krumikutara rasa</i>	2-0-2 A/F
3	<i>Bilwadi Gulika</i>	1-0-1 A/F
4	<i>Gandhaka rasayana</i>	1-0-1 B/F
5	<i>Haridra khanda</i>	5gms-0-5gms A/F
6	<i>Gandha karpura</i>	External application

DISCUSSION

In this present case, depending on causative factor (contagious) and symptoms (papules, itching and discharge) this case was diagnosed as *Pama kushta*. The clinical features of *Pama* bear close resemblance to scabies. In Ayurveda, *Pama* is characterized by *shwetha-aruna-shyava pidaka* (white/red/black papules), *kandu*(itching) and *srava* (discharge)⁶. Similarly, scabies in modern medicine presents with whitish or blackish papules, burrow-like lesions, pustules, and marked nocturnal itching causing high Morbidity in health care workers and in low Socio-economic sectors of the society. Poor personal hygiene, poor eating habits and living standards, unawareness about health with contact history are the important etiological factors for infestation of the disease.⁷ The parallel symptomatology suggests that *Pama* described in classical Ayurvedic texts can be correlated with scabies, thereby supporting its clinical relevance in contemporary practice. *Pama* is *Kapha Pitta* dominant disease. Acharya Sushruta has given that in the pathogenesis of any *Kushtha*, *dosha* and *krumi* plays a major role.⁸ There are many *Sukshma Krumi* present in *Abhyantara* and *Bahya pradesha* of *Shareera* which are unable to see by naked eyes. Hence by considering this, the study was aimed at finding the effect of *Krumihara chikitsa*, that includes *Apakarshana* of *krimi* (evacuation), *Prakruthi Vighata* (destruction of the favourable environment of *krimi*) and *Nidana Parivarjana* (avoidance of etiological factors)⁹ So, first *bheshaja apakarshana* was done through *Virechana*. Further *shamana aushadis* were given for the purpose of *Prakrutivighatka* of *krimi* and avoidance of the causative factors are advised to be followed by the patient.

Rationale of intervention

For Deepana and pachana

Bilwadi gulika being *kaphavatagna* possesses *Deepana*, *pachana* and *krimighna* properties which helps in *amapachana* and correction of impaired *agni* which is important before administering *snehapana*.¹⁰ *Amahara Kashaya* is a freshly prepared herbal decoction. It includes *ardraka* and *purana guda* which again is *agnideepaka*, *amashayashodhaka* and *raktha prasada*.¹¹

Mode of action of Panchatiktaka Guggulu Ghrita in snehapana

Considering the potent action of *Pancha tiktha guggulu gritha* for its *pittahara*, *kustaghna*, *kandugna* and *raktaprasadaka* action, it had been opted for *snehapana*. *Tikta rasa* aids in *kleda shoshana*(removal of excess moisture) and balances *kapha* and *pitta* thereby alleviating symptoms like *kandu* and *srava*.¹²

Sarvanga Abyanga and Swedana

Snehana and *Swedana* helps to bring the *doshas* from *shakha* to *koshta* before *Shodhana*. *Sarvanga Abyanga* was done with *marichadi taila* which is indicated in *Pama Kushta*. Based on the properties of the ingredients, *marichadi taila* acts as *kapha shamaka*, *kandughna* and *Kushtaghna*.¹³

Mode of action of Virechana aushadi

Avipattikara churna a rational composition of herbs formulated to strengthen digestive fire with subsidiary effect on *pitta* and also expels excessive *pitta* by its mild laxative action. One of the main ingredients is *trivrut*. It has *bhedana*, *rechana* and *shothahara* properties leading to *pitta virechana*. This action of *trivrut* is also contributed by *mridu rechaka* or

anulomana action of *triphala*. Both *trivrut* and *triphala* helps in *mridu virechana*.¹⁴

Mode of action of *Shamana aushadi*

Aragwadadhi Kashaya

It is indicated in *kusta*. The ingredients in *Aragwadadhi Kashaya* reduces *kapha dosha*. It has antibacterial, antimicrobial, antiparasitic, and anti-inflammatory properties. It has mild laxative effects and it aids to eliminate accumulated toxins through stools.¹⁵

Khadirarista

Khadira is *kapha pitta shamaka* and mainly has *Kushtaghna* and *krumighna* properties. Its antibacterial and antihelminthic properties helps in all types of *kusta* and *krimi*.¹⁶

Krumikuthara rasa

Ingredients include *Parada* (purified mercury), *Gandhaka* (purified sulphur), and *Kutaja* (*Holarrhena antidysenterica*) which have antibacterial, antifungal, and antihelminthic properties and are mainly indicated in intestinal or other parasitic worm infestations.¹⁷

Gandhaka rasayana

Gandhaka Rasayana is a polyherbal Ayurvedic medicine with *Rakta Shodhaka*, *Kushthaghna*, and *Kandughna* properties. Its *ushna veerya* and *katu kashaya rasa* helps in *deepana*, *pachana*, and *reducing kapha and kleda*. With its antibacterial and antifungal actions, it effectively reduces *kandu* and *pidika*.¹⁸

Haridra Khanda

Haridra (*Curcuma longa L.*) and other ingredients in this formulation works efficiently for skin disorders as they are *pitta-kaphahara* in nature. The presence of cow's ghee and milk acts towards balancing of *pitta* while *loha bhasma* plays role for improvement of immunity. Its anti-inflammatory, anti-allergic, *tridoshaghna*, *kandughna*, *kushthghna* properties, will help pacify the pathogenesis occurring in *pama kusta*.¹⁹

Gandha karpooora

SDM Pharmacy's *Gandha Karpooora* is classical combination of *shudha gandhaka*, *karpooora* and *tankana bhasma* for external application. *Gandhaka* acts as best *kaphaghna* and *kledaghna*. *Karpooora* is *sheethala*, *kapha pittagna* and gives cooling effect and reduces itching and irritation. *Tankana Bhasma* is having *ruksha guna* and is *kaphaghna*, hence helps in pacifying *srava* and *kandu*.²⁰

CONCLUSION

Pama is explained in the context of *kshudra kushta* which is having a close resemblance with scabies. Such a disease can be effectively managed through *shodhana*. The present case was successfully treated and managed through *virechana karma*. After the treatment there was much reduction in number of papules and itching. From the current case study we can draw a conclusion that *pama kusta* can be successfully treated and managed through Ayurvedic line of treatment. No adverse reactions were observed during the course of treatment and later patient was advised to follow proper dietary regimen and lifestyle to avoid the recurrences of the disease.

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