

“EFFICACY OF VAMANA KARMA IN EKA-KUSHTHA” A CASE STUDY

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ABSTRACT

Psoriasis is one among the most common clinical conditions encountered in day to day clinical practice. *Eka-Kushtha* has greater resemblance with Psoriasis. The clinical features of *Eka-Kushtha* mentioned by *Acharya Kashyapa* represent remission, relapse and seasonal variation which are present in Psoriasis. Current treatment modalities have their own limitation and side effects, so significant result can't be expected. There is a need for safe and effective treatment for psoriasis, where *Ayurveda* plays an important role. The basic principles and unique treatment modalities of *Ayurveda* i.e *Shodhana*, *Shamana* etc have long lasting results and provide better life to patients. A male patient aged 34 years reported to our department OPD, with signs and symptoms of *Eka-kushtha* since 8 years, as small round erythematous scaly patches over trunk, both the hands and head with itching and dryness over affected lesion. Patient was treated with *Shodhana* in the form of *Vamana Karma* followed by oral medication. Patient reported symptomatic improvement.

KEYWORDS: *Eka-Kushtha*, Psoriasis, *Shodhana*, *Vamana*, *Ayurveda*.

INTRODUCTION

Skin is the largest organ of the body which acts as a barrier between the internal tissue and the external environment. Psoriasis is a chronic, non-communicable, painful, disfiguring and disabling disease which has a great negative impact on patient quality of life. It can occur at any age and is most common in the age group between 50-60 years.^[1] It is a chronic inflammatory immune-mediated proliferative skin disorder that predominantly involves the skin, nails and joints. The worldwide prevalence of psoriasis is estimated to be approximately 2-3%.^[2]

The aetiology of psoriasis remains unclear, although there is evidence for genetic predisposition.^[3] Treatment of psoriasis is still based on controlling the symptoms. Topical and systemic therapies as well as phototherapy are available. In practice, a combination of these methods is often used.

Eka-Kushtha consists of the signs and symptoms i.e *Aswedana*, *Mahavastu*, *Matsyashakalopama Avastha*,^[4] which can be compared with psoriasis hence it has been taken as the analogue to psoriasis. In *Ayurveda Panchakarma Chikitsa* which has satisfactory treatment for various chronic autoimmune hormonal metabolic disorders on one side and on other hand it is gaining global recognition for its preventive and promising effect. *Vamana Karma* is the best therapy for elimination of vitiated *Kapha Dosha* from all over the body through

Amashaya by means of vomiting, as *Amashaya* is *Moolasthan* of *Kapha* and its diseases. Apart from *Kapha* it also eliminates the vitiated *Pitta* to moderate extent and in turn having its effect on *Rakta* also.^[5]

CASE REPORT

Patient was apparently normal 8 years back and then he gradually developed small reddish scaly lesions over the extensor part of the hand which spread gradually to thorax, trunk, legs and scalp which later turned to black in colour. He approached allopathic hospital and was treated with no satisfactory result, so got admitted to our SJIIM hospital for further management.

Integument Examination

Skin Colour : Normal
Lesion Character - Size: Small.
Colour: blackish red coloured.
Shape: Asymmetrical.
Individual lesions
Itching: Present
Discharge: Absent
Distribution of lesions: Symmetrical
1) Auspitz's sign: positive.
2) Candle grease test: Negative.

Personal History

Diet: Non vegetarian, *Madhura-Snigdha-Abhishyandi Ahara Sevana*
Appetite: Normal

Sleep: Sound sleep
Micturation: 5-6 times a day
Bowel: Regular (once a day)
Habits: Nil.

SAMPRAPTI GHATAKA

Dosha: Kaphavata predominant Tridoshaja
Dushya: Rasa, Rakta, Lasika, Mamsa
Agni: Jataragni, Dhatwagni
Ama: Jataragnijanya, Dhatwagnijanya
Srotas: Rasavaha, Raktavaha, Mamsavaha
Srotho Dushthi Prakara: Atipravrti, vimargagamana of Dhatu carried by Vata
Udhbhava Sthana : Amapakwashaya
Vyakta sthana: Shakha
Sadhya-asadhyataa: Chirakari

ASSESSMENT CRITERIA

Subjective criteria *Aswedana* (absence of sweating), *Kandu, varna*, scaly eruption with following criteria

- 1) Showing grading's of *Matsyashakala*
 - Non scaling - 0
 - Mild scaling from all lesions - 1
 - Moderate scaling from all lesions - 2
 - Severe scaling from all lesions - 3
- 2) Showing grading's of *Aswedana*
 - Normal - 1
 - Mild sweating - 2
 - Mild sweating on exercise - 3
 - No sweating after exercise - 4
- 3) Showing grading of *Kandu*
 - No *Kandu* - 0
 - *Kandu* present not disturbing routine activities - 1
 - *Kandu* disturbing patient attention - 2
 - Intolerable *Kandu* disturbing patient - 3
- 4) Showing grading of colour
 - Normal - 0
 - Near to normal which look like normal to distant observe - 1
 - Reddish discoloration - 2
 - Blackish red discoloration - 3

TREATMENT

Poorva Karma

- *Deepana* and *Paachana*
By *Agnitundi Vati*^[6] 1-1-1 for three days

OBSERVATION AND RESULTS

Sign and Symptoms	Before Treatment	After treatment (after 45 days)
<i>Matsyashakalopam</i>	2	0
<i>Aswedana</i>	3	1
<i>Kandu</i>	2	1
<i>Shyavaarunata</i>	3	0

- *Snehapana* with *Guggulu Tiktaka Ghrita*^[7] for 3 days [next day dose calculated depending upon time taken to digest Ghrita on that day]

1st day	2nd day	3rd day
30ml	50ml	85ml

After attaining *Samyak Snigdha Lakshanas* such as *Vatanulomana, Deeptagni* and *Varcha Snigdha* the *Snehapana* was stopped. On previous day of *Vamana* patient was Subjected to *Sarvanga Abhyanga* with *Moorchita Tila Taila*^[8] followed by *Ushna Jala Snana* and *Kapha Utkleshakar Ahara Sevana* is advised.

Pradhana Karma

Sarvanga Abhyanga with *Moorchita Tila Taila* followed by *Ushnajala Snana* at 5.30am
Akantapaana with *Ksheera* - 1.5ltrs, after 15 minutes
Vamana Aushadha was administered.

Vamana Aushadha

- *Madanaphala Pippali Choorna* - 4gm
- *Vacha Choorna* - 1gm
- *Nimba Choorna* - 1gm
- *Saindhava Lavana* - 1gm
- *Madhu* quantity sufficient to mix.
- The *Vamanopaga Aushadhi*'s used are *Yashtimadhu Kashaya* - 2ltrs, *Saindhava Lavana Jala*- 1.5ltrs

Assessment criteria

- *Antiki* – *Pittanta*
- *Vaigiki*– 6 vega, 4 upavega
- *Laingiki* – Observed
- *Manika* – 1 prastha

Paschat karma

- *Dhoomapana* with *Haridra Varti*
- *Samsarjana Krama: Peyadi Krama* is advised for 3days considering 3 *annakaala*

Shamana Aushadhi

- *Cap Derma Care* (Capro Labs) 1-0-1
- *Mahamanjishtadi kashaya*^[9] 15ml-0-15ml
- *Soracare Oil* E/A
- *Darunaka Oil* (*Vaidyaratnam*) for E/A
- *Scurfol Shampoo* (*Atrimed Pharmacy*)

DISCUSSION

Eka-Kushtha is a type of *Kshudhra Kushtha* which comes under the umbrella of *Kushtha*. Even all Acharyas opines that it is variety of *Kshudra Kushtha*. According to Charaka *Eka-Kushtha* is *Kaphavata* predominant *Tridoshaja Vyadhi*. *Eka-Kushtha* is compared with Psoriasis because most of the symptoms resemble to Psoriasis. Psoriasis is a disease which affects the skin and joints. Psoriasis is hypothesized to be immune mediated and is not contagious. The cause of Psoriasis is not known, but it is believed to have a genetic component. Several factors are thought aggravate Psoriasis, these include stress, excessive alcohol consumption and smoking. Individual with psoriasis may suffer from depression and loss of self-esteem.

This study was designed to have review on effect of *Vamana Karma* in *Eka-Kushtha*. First line of treatment of *Eka-Kushtha* in *Purvarupa Avastha* is *Ubhayatah Samshodhanam*.^[10] Specific treatment of *Eka-Kushtha*, if *Vata* predominant then *Sarpi Pana*, *Kapha* predominant then *Vamana* and *Pitta* predominant then *Raktamokshana* or *Virechana*.

For *Deepana* and *Paachana Agnitundi Vati* was given for 3 days. After *Deepana* and *Paachana Snehapana* was administered with *Guggulu Tiktaka Ghrita* starting from 30ml for 3 days (30ml, 50ml, 85ml) which is highly beneficial in *Twak Vikara's*. *Snehapana* is *Vata Shamaka*, causes *Mruduta* in *Deha* (decrease scaling and dryness), *Malasanga* in *Deha* is removed.^[11]

Snehapana was stopped after appearance of *Samyak Snigdha Lakshanas* such as *Vatnulomana*, *Deeptagni*, *Varcha Snigdhatta*. On the day of *Vishrama Kala Abhyanga* was done with *Moorchita Tila Taila* and *Swedana* with *Ushnajala Snana* to facilitate the movement of *doshas* to lower GIT which have been loosened due to oleation for 3 days. *Kapha Utkleshakara Ahara* is advised to increase the *Kapha*.

By *Vamana* procedure the *Kapha Dosha* gets eliminated from the body and reduces itching. *Deepana-Pachana* followed by *Vamana Karma* increases metabolic activity and helps to digest and excrete the metabolic waste products accumulated in tissues and systems of the body. The *vamana Karma* is done in morning, when the levels of *Kapha* are high. The secretion rates of CRH, ACTH, and cortisol are also high in early morning but low in evening. *Vamana* process stimulates the defence mechanism of body to protect further damage. These types of changes may compel body to increase cortisol secretion in large amount to achieve immediate effects of blocking most of the factors that are promoting inflammation.

The main component of *Vamana* and their action are as follows:

Madanaphala in small dose act as nauseant and useful as a nerve, calminative and antispasmodic during the process of vomiting. *Vacha* (*Acorus scalamus*) is having spasmolytic action. *Nimba* especially indicated in *Kushtha*, with *Kaphara*, *Vatahara*, *Pachana*, *Vishaghna* and *Rasayana* properties does the reduction of symptoms of *Kushtha*. *Yashtimadhu* (*Glycerrhiza glabra*) helps to lower the increasing blood pressure during the strenuous *Vamana* process. It also acts as smooth muscle relaxant. *Saindhava* (*Sodium Chloride*) is best in supporting the process of emesis with *Sukshma*, *Atyushna* and *Abhishyandi guna*. According to Acharya Vagbhata, it possesses the properties like *Vishyandi*, *Aruksha*, *Ushna*, *Vyavayi* Acharya Indu clears that it increases the secretion through the channels, penetrates the minute channels and spread quickly to the whole body. Cap Derma care has ingredients such as *Triphala guggulu*, *Nimbhadi churna*, *Arogyavardhini vati* etc so it has good response in skin diseases. *Mahamanjishtadi kashaya* with ingredients such as *Manjishta*, *Triphala*, *Vacha*, *Amrita*, *Nimbha* etc does the *Rakta shodhana* especially indicated in skin disorders. Along with these oral medication, oils for external application such as *Sora care oil* for body and *Darunaka oil* for head given good results.



Before Treatment



After treatment

CONCLUSION

In Ayurveda *Eka-Kushtha* is described as sub type under *Kshudra Kushtha*. *Ekakushtha* though difficult to manage, but proper diagnosis and treatment given at proper time can give significant relief. Acharya Charaka mentioned that it is *Kaphavata* dominant disorder. It is difficult to treat, but *Vamana* helps to remove the root

cause of the disease along with *Shamana Aushadhis* prevents from reoccurrence.

REFERENCES

1. Institute for Health Metrics and Evaluation (IHMe) Global Burden of Disease Study 2010: Result Cause 1990-2010. Seattle: IHME, 2012.

2. Pariser DM, Bagel J, Gelfand JM, Korman NJ, Ritchlin CT, Strober BE, et al. National Psoriasis Foundation Clinical Consensus on Disease Severity. *Arch Dermatology*, 2007; 143: 239.
3. Harden JL, Krueger JG, Bowcock AM. The immunogenetics of psoriasis: a Comprehensive review. *J Autoimmun*, 2015; 64: 66-73.
4. Agnivesh, Chikitsa Sthana 7:21 Hindi commentary by Acharya Vidyadhar Shukla and Prof Ravi Dutt Tripathi, Charakasamhita, Delhi, Chaukamba Sanskrit Prakashan, 2013; 184.
5. Agnivesh; Charakasamhita, revised by Charaka and Dridhabal, with commentary of chakrapanidatta, edited by Yadavajitrikamji acharya, Chaukambha Sanskrit Sansthana, Varanasi. Chikitsa Sthana Chapter 7 verse 39, 5th edi. Reprint, 2011; 452.
6. Govinda Dasji Bhisagratna Bhaisajya Ratnavali English translation by Dr Kanjiv lochen vol-1 chaukambha Sanskrit Sansthan Varannasi 2014 edition Agnimandyadi Rogadhikara, 117-118.
7. Agnivesh, Chikitsa Sthana 7:148 Hindi commentary by Acharya Vidyadhar Shukla and Prof Ravi Dutt Tripathi, Charaka samhita Delhi, Chaukamba Sanskrit Prakashan, 2013; 199.
8. Govinda Dasji Bhisagratna Bhaisajya Ratnavali English translation by Dr Kanjiv lochen vol-1 chaukambha Sanskrit Sansthan Varannasi 2014 edition Jwara Chikitsa Prakarana 5/1286-1287 page no 366,367.
9. Bhavamishra, Kusthadhikara: 104. English translation by Prof K.R Srikantha Murthy, Bhavaprakash, Varanasi, Chaukamba Krishnada Academy, 2005; 613.
10. Anantarama Sharma, Susruta Samhita, Chaukamba Surabharati Prakashana, Varanasi, 2004, Chikitsa Sthana 9/6 Vol.2 pp.-251.
11. Acharya Mukundilal Divivedi, Panchakarma Chikitsa, Chaukamba Sanskrit Sansthanam, Varanasi, 2nd Chapter pp.-67.