



Case Report

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Effect of vaman on psoriasis (Ekakushta): A case study

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ABSTRACT

Psoriasis is one among the most common skin disorders encountered in clinical practice. It is a chronic disease that has substantial psychological and social impact on a patient's life. A Case of psoriasis was managed with *Vaman (Shodhan and Shaman)* chikitsa explained in samhitas. **Case:** A 22 years old female patient presented with complaints erythematous patches, severe itching, and burning sensation dry and scaly patch since 1 year. **Management:** Pachan was done with *Trikatu churna*. Internal oleation with *Mahapanchtikta ghrita* in *arohana krama* (increasing dose). External oleation was done with *Nimba Taila* and *Mnjisthadi Kwath sarvang vashpa svedana*. For *Vaman Akanthpana Godugdha* was given. *Vaman dravya* was *Madanphala Churna* 2gm, *Yashtimadhu Churna* 2gm, *Vacha Churna* 1 gm, *Saindhav* 2gm, *Madhu* for paste. *Yashtimadhu Kwath* was given as *vamnopag dravya*.

Keywords: Psoriasis, *Ekakushta*, *Shodhana*, *Shamana*.

INTRODUCTION

Psoriasis is a chronic, noncommunicable, painful, disfiguring and disabling disease for which there is no cure and with great negative impact on patients' quality of life. It can occur at any age, and is most common in the age group. 50–69 [1]. The reported prevalence of psoriasis in countries ranges between 0.09 % [2] and 11.4% [3], making psoriasis a serious global problem. The etiology of psoriasis remains unclear, although there is evidence for genetic predisposition [4]. The role of the immune system in psoriasis causation is also a major topic of research. Although there is a suggestion that psoriasis could be an autoimmune disease, no autoantigen that could be responsible has been defined yet. Psoriasis can also be provoked by external and internal triggers, including mild trauma, sunburn, infections, systemic drugs and stress [5]. Psoriasis involves the skin and nails, and is associated with a number of comorbidities. Skin lesions are localized or generalized, mostly symmetrical, sharply demarcated, red papules and plaques, and usually covered with white or silver scales. Lesions cause itching, stinging and pain. Between 1.3% [6] and 34.7% [7] of individuals with psoriasis develop chronic, inflammatory arthritis (psoriatic arthritis) that leads to joint deformations and disability. Between 4.2% and 69% of all patients suffering from psoriasis develop nail changes [8–10]. Individuals with psoriasis are reported to be at increased risk of developing other serious clinical conditions such as cardiovascular and other noncommunicable diseases (NCDs) [5, 11, 12].

According to *Ayurveda*, most skin disorders have been classified under *Kushta*. *Ayurveda* being a life science has always propagated effective diet and lifestyle recommendations along with medicinal interventions (herbal and herbo-mineral/single and compound formulations) to combat various menacing disorders including psoriasis. As per *Ayurveda* causes of all varieties of skin diseases are common. Intake of mutually contradictory food like fish and milk, intake of unctuous and heavy drinks, suppression of natural urges like vomiting, sleep, thirst etc. Physical exercise in excess heat climate or after taking heavy meal, violation of laws of *Ayurveda* in exposing to heat, cold, fasting and taking food. Intake of cold water immediately after exposing to scorching sun. Intake of uncooked food and food before the previous meal is digested. Violation of laws of *pañcakarma* (5 purification procedures). Excess intake of foods like fresh grains, curd, fish, salt and sour substances; excess intake of black gram, radish, pastry, sesame seeds, milk, jiggery, Sexual act in the state of indigestion; day sleep, performing sinful acts.

Sign and symptoms- [13] Psoriasis is one of the varieties of eleven *kṣudra kuṣṭha* (comparatively less harmful, easily treated obstinate diseases of skin). The *Doṣa* (body humors) involved in this disease are *Vāta* and *Kapha*. Reduced sweating (*Asweda*), Extended skin lesions (*Mahavastu*), Scaling of skin similar to the scales of the fish (*Matsyashakalopama*) and Pink discolouration (*Aruna varna*).

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CASE REPORT

A 22 years old female patient c/o erythematous patches, severe itching, burning sensation dry and scaly patch since 1 year presented to the *Panchakarma* OPD in June 2018. Patient was receiving modern allopathic treatment since 1 year but got temporary relief. The nature of treatment was on and off because the patient was not able to maintain the long term follow-up. Thus she opted for ayurvedic management if any and she approached, department of *Panchakarma* of Shaheed Kartar Singh Sarabha Ayurvedic College and Hospital Sarabha, Ludhiana. After taking through history and *ashtavidh pariksha* the patient was diagnosed as a case of Psoriasis.

Treatment protocol- Total duration- 6 months.

Vamana Therapy- It is one of the *Panchakarma* treatment of Ayurveda, which means induced emesis for therapeutic purpose. Like in any surgery it is carried out in preoperative, operative and post-operative manner. Preparatory procedure comprise, internal medicines to facilitate proper digestion for usually four to seven days followed by internal oleation for three to seven days followed by external oleation (oil massage) and sudation which aims at bringing the vitiated disease causing *doshas* (basic elements) into alimentary canal. Main procedure comprise only oral medicines inducing purgation while in post procedure there is special diet regimen to follow for three to seven days. Patient was described the treatment procedure in detail. Written informed consent was obtained.

Pre-operative preparation (Poorva-karma)- Internal medicines to facilitate proper digestion (*Deepan – Pachana*)^[14] *Trikatu Churna* 1 gm for three times before food with warm water for three days.

Internal oleation-^[15] internal oleation with *Panchatiktaghrita* in increasing order (starting with 40ml and increasing 10ml daily) for five days was followed. Oleation was stopped on day 5th, as symptoms of proper oleation were achieved. Daily assessment for symptoms of oleation was done. Proper evacuation of flatus and stools (*Vatanulomana*), enhanced digestive function (*deeptagni*), oily stools (*snigdha varchas*), unformed stools (*asanhat varchas*), suppleness of skin (*mrudvangata*), oily skin (*snigdhaangta*), revulsion for *sneha* (*snehodvega*), exhausted (*glani*), enthusiasm (*vimlendriyata*) these are symptoms of proper oleation^[16] which are assessed daily. Oleation was discontinued as soon as oily stools are observed in patient. During this time period patient was instructed to follow specialcode and conduct, which include *Ahara* and *Vihar*.

Diet (Ahara)- *Drava, Usna, Anabhishtandi, Na-atisankirna* and *Snigdha Bhojana*, warm water.

Routine activity (Vihar)- *Bramhachari jeevana*, avoid day sleep, not suppress natural urges, avoiding heavy exercise, speaking aloud, anger, depression, too much cold, hot and direct exposure to air.

External oleation and sudation (Abhyanga and Swedana)- External oleation and sudation on next day after completion of oleation, when internal oleation is not done (*vishram din*) and on the day of *Vamana* with sesame oil (23/4/2015 and 24/4/2015).

Pradhan karma-^[17]

On the day of *Vamana* pulse, BP and systemic examination was done along with *Ashtavidha Pariksha*. Pulse – 80/min, BP – 110/80mmof Hg, RS Chest Bilateral- clear, Cardio-Vascular System – S1 S2 normal, stool, urine – normal, tongue –uncoated (*niraam*)*Vamana drug madanphala churna- 2gm, yashtimadhu churna- 2gm, vacha churna- 1gm, saindhav- 2gm* (with Honey). *Akantha pan - godugdha. Vamanaopag dravya - yashtimadhu kwath*. Then the patient was instructed to vomit without much straining. The urge may be excited by opening wide the lips, the palate, the throat and by slightly bowing the upper part of the body. The dormant urge may be excited by tickling the throat with two fingers^[18]. During the procedure, *Vamanaopaga Kashaya* (supportive decoction to continue vomiting) *Yashtimadhu* (Liquorice) after each *Vega* was administered repeatedly to support the act of vomiting till the appearance of *Pitta* (bile) in vomitus^[19]. *Vamana vegas* (projectile vomiting bouts) were assessed subjectively. *Vegiki 6, Maniki Vomitus* about 6000ml, Medicine intake was about 5500ml *Antiki pittanta*^[20] was assessed. *Laingiki Proper (samyak)* i.e. abdomen lightness (*udarlaghav*), *prasanna atmendriya*.

Postoperative care (Paschat karma) after the therapy has been well-administered, the patient was asked to wash his hands, feet and face with warm water. And was made to undergo *Dhumpan* (herbal smoking). Then patient was asked to rest in a room which is not exposed to the wind. *Sansarjana krama* (special diet regimen)^[21] was advised for five days. *Suddhi prakar was assessed madhyam*. Patient's pulse, BP, was recorded during *Vamana* which was normal throughout the procedure.

Samshamana therapy For *Samshamana* therapy following medicines were used-

Arogyavardhini vati,

Panchtiktagrita guggul,

Gandhak Rasayan,

Khadirarishta,

777 oil local App.

RESULTS

The present case was managed with *Vaman* therapy and *Shaman* therapy was asked for follow-up after 15 days. Then the patient was asked to come for follow-up after every 2 months.

Table 1: Sign and symptoms of the therapy with follow-up

S. No	Sign and Symptoms	Follow-up				
		Day 0	Day 15	2 Months	6 Months	1 Year
1	Erythematous patches	+++	+	-	-	-
2	Scaly patches	++	-	-	-	-
3	Severe itching	+++	+	-	-	-
4	Burning sensation	++	-	-	-	-
5	Pain	++	-	-	-	-

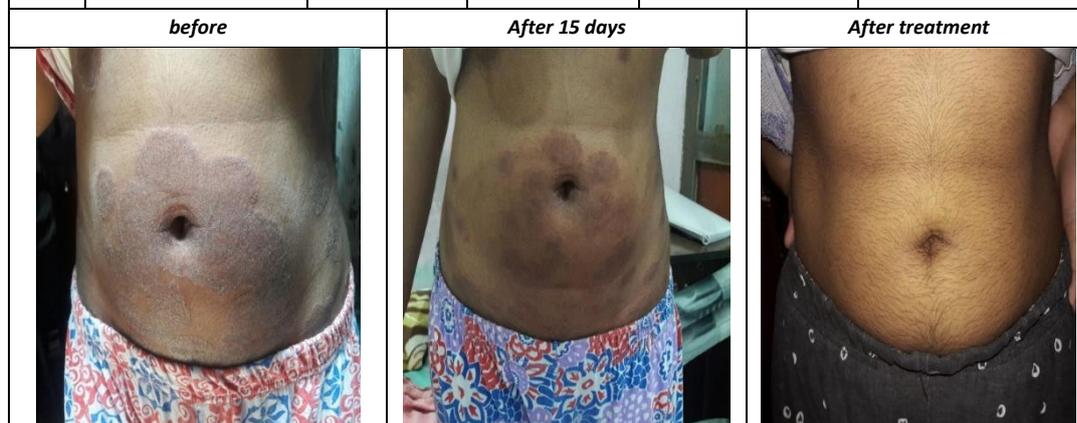


Image: 1: Images of the patient before and after therapy

DISCUSSION

According to Mode of Action explained by Acharya Caraka that is clear *Kaphavataja* with *anubhandha* of *pitta vikar* can be treated very well. As Psoriasis is a *kaphavata* predominant Disease. Removal of *Amadosha*, Increase in *Agni*, Pacification of *Vata dosha* Decrease in Burning Sensation Reduction in Scaling and Dryness Removal of Obstruction Increase in *Swedana* Reduction in Itching Pacification of *Kaphadosha* can be easily achieved by Vaman Karma.

CONCLUSION

Ekakushtha (Psoriasis) though difficult to manage, but if proper diagnosis is made at proper time, it can give significant relief. In present case, the treatment was found very effective in treating Psoriasis.

Conflict of Interest

None declared.

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