

MANAGEMENT OF PSORIASIS (*EKA KUSHTHA*) BY *VAMANA* AND *RAKTA-MOKSHANAIN* PEDIATRIC AGE GROUP – A CASE STUDY

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ABSTRACT

Psoriasis is one of the most common dermatological diseases, characterized by erythematous papules or plaques, mostly covered by silvery micaceous scales. The most common variant of the disease is plaque type. Onset of psoriasis is most common in the second to fourth decade of life, though it can appear just after birth or in old age, also. A high familial occurrence of psoriasis i.e. 7% to 36%, suggests that genetic factors may also play a role in its aetiology. Clinical features of Psoriasis resembles with *EkaKushtha*, one of the *KshudraKushtha* described in Ayurveda. Herein, a seven year old female child, diagnosed with plaque psoriasis with lesions on the extensor aspects of both the arms, both legs, back and abdomen along with severe itching and dryness since birth, with positive family history, is reported. Management of the case was through *Vamanakarma* with appropriate modifications while conducting this *Panchakarma* procedure in a milder manner for the child which was followed by *Raktamokshana*. After the treatment there was improvement in the signs and symptoms with no recurrence in the follow up period of the trial.

Keywords: Psoriasis, *Ekakushtha*, *Vamana*, *Raktamokshana*.

INTRODUCTION

Psoriasis is one of the most common dermatological diseases, characterized by erythematous sharply demarcated papules or rounded plaques, mostly covered by silvery micaceous scales. Onset of psoriasis is most common in the second to fourth decade of life, though it can appear just after birth or in old age also. A high familial occurrence of psoriasis i.e. 7% to 36%, suggests that genetic factors may also play a role in its aetiology¹. Psoriasis can be considered as one

type of *Kushtha*, as all the skin disorders can be taken under the broad term '*Kushtha*' in *Ayurveda*. The clinical features of *Ekakushtha* described by Acharya Charaka are very much similar to that of Psoriasis like *Aswedanam* (absence of sweating), *Mahavastu* (extensive lesions invading whole body), *Matsyashakalopam* (resembles scales of fish) etc.² and the features explained by Acharya Kashyapa represents remission, relapse and seasonal variation which are

present in psoriasis³.

Ekakushtha is a condition having dominancy of *Vata & KaphaDosha*. All *Acharyas* have emphasized on the *Shodhana* therapy in the management of *Eka-Kushtha*. Among all the *Panchakarma* procedures, *Vamana* is the principle treatment for *KaphaDosha*. As per pathophysiology of disease phenomenon, vitiated *vata* along with *kapha* hampers normal physiological functions of dermatome i.e. sweating, perception of touch stage by stage. As *Vata* is having *Yogavahi* property, it functions according to associated *dosha* i.e. *Kapha* in this particular disease. Hence, *Vamana* has been selected here for *Eka-Kushtha*.

Twak is the main site for the manifestation of the disease, which is the place of *Bhrajaka Pitta*. As per classics, *Kushtha* has been described under the heading of *RaktaPradoshajavikaras*⁴ and the feature like *Rakta-*

mandalata (Erythematous patches), *Kandu* (Itching), *Daha* (Burning sensation) are because of *DushtaRakta*⁵. Hence, here *Raktamokshana* is the treatment of choice for *raktaj* disorders⁶, which was done after *Shodhana* i.e. *Vamana*.

Case Report

A seven year old female child, diagnosed case of Plaque psoriasis, presented with erythematous patches of round to irregular shape, covered by silvery scaly lesions on the extensor aspects of both the arms, legs, scalp, back and abdomen since birth. She was also suffering from severe itching and burning sensation over the affected lesions. Positive paternal history was also admitted by the patient. All routine hematological and urine investigations were found within normal limits. There was no significant past history of any other systemic illness. No history of any addiction was reported.

Table 1: Treatment plan

| Sr.No. | Treatment | Drug | Dose | Duration |
|--------|---------------------------------------|---|---|--|
| 1. | <i>DeepanaPachana</i> | <i>TrikatuChurna</i> | 3gm twice a day | 5days |
| 2. | <i>Snehapana</i> | Plain <i>Goghrita</i> | 1 st day- 20ml 2 nd day-40ml 3 rd day-70ml 4 th day-90ml | 4 days |
| 3. | <i>SarvangaAbhyanga-VashpaSwedana</i> | <i>BalaTaila</i> | - | 1day |
| 4. | <i>Vamana</i> | 1. <i>Akanthapana</i> with Milk 2. <i>YashtimadhuPhanta</i> + Milk 3. <i>Lavanodaka</i> | - 500 ml - 2.5litre - 600 ml | 1day |
| 5. | <i>SamsarjanaKrama</i> | - | - | 5 days |
| 6. | <i>Raktamokshana</i> | <i>Jalauka</i> | - | 4 times in a month at an interval of one week. |

- After proper *Deepana-Pachana* and *SamyakSnigdhalakshanas*, *laghu-drava-abhishyandi* diet was advised to the patient one day prior to *Vamana* procedure.
- On the day of *Vamana*, after *akanthapana* with milk, *Yashtimadhuphanta* mixed with milk was given to the patient.
- No *Vamaka* drug was administered during the procedure. *Kapha* was chiefly present upto four *vegas* and afterwards, the *vegas* were almost devoid of any mucus. *Pitta* (Bile) was also seen in the fourth *vega*. Thus, *lavanodaka* was administered and the final vomitus produced was absolutely clear.
- *Samsarjanakrama* was advised to the patient for 5 days according to *madhyamashuddhi* (5 *Vegas*)⁷.
- *Raktamokshana* was planned after fifteen days of *Vamana* procedure. Four sittings were done at the interval of one week owing to the presence of lesions covering larger area of the body. Each time two to three *jalaukas* were used and the blood volume taken out was about 20 ml from each *jalauka*. First both limbs were considered for *Raktamokshana* followed by the abdomen and back. Patient

was fully explained the procedure, remained calm during the therapy and no complications were reported after *jalauskavcharana*. Bleeding after *jalauskavcharana* continued for sometime but was not severe to create any havoc. It was managed comfortably by local application of *Haridra* powder.

ASSESSMENT CRITERIA:

- PASI Score

Results

The patient got relief in the symptoms like itching, scaling, burning sensation and redness of skin after the treatment. The life quality of the patient was also improved after leech therapy. No adverse reactions were reported during the entire course of study. Patient was advised to visit for regular follow up for assessment during which no significant recurrence of symptoms or progression of disease was noted over a period of two months. She was advised to take *Panchatiktaghrita* in a dose of 5 ml twice daily and *Manjishthadikwatha* 30 ml twice daily after *shodhana* therapy for two months. She was also advised to take regular seasonal *samshodhana* in future to avoid any further recurrence.

Table 2: PASI Score

| Before <i>Vamana</i> | After <i>Vamana</i> | After <i>Raktamokshana</i> |
|----------------------|---------------------|----------------------------|
| 31.8 | 4.4 | 1.4 |



Figure 1 BT



Figure2 AT



Figure 3 BT



Figure4 AT

DISCUSSION

As *Kushtha* is a *Bahudosha avastha*, all the *Acharyas* have emphasized on the *Shodhanatherapy* in its management. *Eka-Kushtha*

is predominantly involving *Kapha & Vata-Dosha* as per classics⁸. Hence, *Vamana* was planned herein for elimination of accumulated *KaphaDosha*. According to *Kashyapa*,

Vamana therapy is suitable to the children only after the age of 6 years⁹. He told that it is best to use the milder potency drugs in small quantity. As it is very difficult to conduct *Vamana* in children, some modifications were made in *Vamanadravyato* conduct it in a milder manner i.e. only *Vamanopaga* drugs were used here to induce the *vegas* and to minimize the complications. *Vamaka* drugs like *madanaphala* are having *tikshnagunas*, *ushnaviryas* and are severe in action. Hence children, being *Sukumar* (delicate) are not capable to tolerate its strong action. Therefore, certain drugs which are milder in action & possessing *vamanopaga* properties like *Yashtimadhu* (Licorice) etc. are used here in a controlled manner. Pharmacodynamic evaluation of *yashtimadhu* reveals that it has a sweet taste, cold potency, heavy (*guru*) and unctuous (*snigdha*) properties. It is mainly *Vatapittashamaka* and *kaphanihsaraka*.

Besides, the *vamaka* drugs when administered stimulate the central vomiting centre by their *sukshma* and *tikshnagunas*. Here only peripheral stimulation was produced by abdominal distension after administration of milk *Akanthpurana* (upto throat) followed by *yashtimadhuphanta* to conduct it in a milder manner.

Raktamokshana was planned for the patient after fifteen days of completion of *Vamanaaskushtha* is a *raktapradoshajavikara*. *Jalaukavcharana* was the choice of treatment in the patient after *Vamana* as it is chiefly indicated in *Sukumara* and children and is the chief treatment modality for *Raktadushti* as in *Kushtha*.

After complete therapy i.e. *vamana* and *raktamokshana*, satisfactory relief was seen in the clinical symptoms & PASI Score. The lesions after treatment were reduced in

thickness, area and induration. Redness and itching was also reduced considerably.

CONCLUSION

The case study presented here is important not only because of the results procured, but also because of the conduction of the *Vamana* therapy in children as they are not ideally considered for this exhaustive procedure. However, if performed in a milder manner with suitable drugs, it can be proved helpful in the management of childhood psoriasis as seen here and performing *Raktamokshana* by *Jalaukai* safe and easier in paediatric age group. More such trials need to be conducted to develop expertise in handling of such cases and to conclude in a more determining fashion.

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