Efficacy of Vamana Karma in the Management of Plaque Psoriasis (Psoriasis Vulgaris): A Case Study

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ABSTRACT
Psoriasis is a chronic inflammatory disorder in which erythematous, sharply demarcated papules & rounded plaque, covered by silvery micaceous scale appears on skin characterized by unpredictable course of remission & relapse. Psoriasis can be correlated with a disease described as Ekkustha. Here is a case of 30 years old male patient presenting with scaly lesions on skin. Present study shows the effect of Vamana karma in improving the quality of life in psoriatic patients. Diagnosis was made on the symptoms found in patient. On simplified psoriasis scale (professional), severity score changes from 22 to 1.5 and psychosocial grading from 8 to 5. There are no adverse effect and have better results without loss of effectiveness of treatment with Panchkarma procedures.

Keywords: Psoriasis, Ekkustha, Vamana, Quality of life.

INTRODUCTION
Exact etiology of psoriasis is poorly understood but there is clearly a genetic component to the disease. Over 50% of patients with psoriasis report a positive family history. It usually appears first between the age of 15 & 30 years. Other external factors may exacerbate psoriasis including infections (streptococci), stress & medications (antimalarial, NSAIDS etc.). Most common variety of psoriasis is called plaque psoriasis. Skin surface become roughened due to excessive & abnormal scale formation & desquamation. Plaque type psoriasis will have stable, slowly enlarging plaque which remains basically unchanged for long periods of time. Psoriasis lesions are characterized by infiltration of skin with activated T cells, which appears to have a role on pathophysiology of psoriasis. Presumably cytokines from activated T cell elaborate growth factors that stimulate keratinocyte hyperproliferation. Management of psori-
asis mainly include glucocorticoids, PUVA etc.). These medications have adverse effect of developing life threatening pustular psoriasis when therapy discontinue & loss of effectiveness. Patient look for help of Ayurveda in such chronic inflammatory skin diseases with hope of find a treatment with number of side effect. Ayurveda is promising healing therapy being more beneficial for such patients in which oral medications can’t be given for long duration (in the present situation patient has developed loss of effectiveness & therefore no effect will be there of using glucocorticoids. On the basis of sign & symptoms, this disease can be correlated with a disease described as Ekkustha in Ayurvedic texts. Ekkustha is vatakapha dominant disease. In present case there is kapha predominance with involvement of tridosha. Therefore for present case kapha pacifying management was planned as described in Charaka.

**Case:**
A 30 year old male, factory worker came to the Out Patient Department of Pañckharma, Rishikul Campus, Haridwar, Uttarakhand India with a history of red and white lesions (scaly thickened skin) on whole body in patches with associated itching and increasing size of patches from last 3 years. He took allopathic treatment but patient was reluctant, because remission of symptoms occurs after withdrawal of medicine so he approached our hospital for conservative and better treatment. Past history of patient included history of typhoid and malarial fever about 3 years back for which he took antityphoid medication and underwent blood transfusion for malarial anemia and antimalarial drugs.

**SYSTEMIC EXAMINATION**

**DashvidhaPariksha:-**
- Prakriti: kaphaPittaja
- Sara: Madhyam
- Samhana: Madhyam
- AharaShakti: Abhyarana Shakti: Pravar
- Jarana Shakti : Madhyam
- VyayamShakti: Pravar
- Vaya: Yuva
- Satva: Pravar
- Satyama: Madhyam
- Praman: Madhyam

**AstavidhaPariksha:**
- Nadi: Pitta slaaishmika
- Jihva: Malavritta
- Mala: Niram
- Mutra: Samanya
- Sabda: Samanya
- Sparsa: Samanya
- Drika: Samanya
- Akriti: Samanya

**SampraptiVighatana:**
- Dosha: VataKapha
- Dushya: Rakta, Mamsa, lasika
- Srotas: Raktavaha, Mamsavaha
- Adhisthana: Twak
- Agni: Vishamagni

**General Examination:**
- B.P.=110/80mmHg, P/R = 74 /min, Pallor--ve, Icterus-ve, Cyanosis-ve, Clubbing-ve, Oedema -ve, lymph nodes – not enlarged.
- ECG – Normal
- CVS: S1 S2 Normal.
- Chest: B/L equal air entry with no added sound
- CNS: Higher function normal, with no loss of memory, no disturbance of speech etc.
- Musculoskeletal System: normal
- Skin examination:
  - Major sites – Both hands, legs below knee (extensor surfaces), scalp, back of ear, abdomen
Morphology: Well defined, Dry and rough, raised, & light purple colored patches (covering of silvery scales in some lesion)
Distribution of patches - widely distributed
Pattern: scattered patches (Generalized)
No association of any other cutaneous disorders (alopecia aereata, halo navus, atopic dermatitis, malignant melanoma & morphea)
Koebner’s phenomenon- Present

Sensation – intact
Auspitz Sign - positive.
Candle grease sign – Positive
Course: Slowly progressive

Assessment of Psoriasis is done by The Simplified Psoriasis Index (SPI): Professional version (Pro SPI)[3] Detail description of grading is explained in Table 1,2 and figure1

TABLE 1: PART 1 A OF SIMPLIFIED PSORIASIS INDEX (SPI): PROFESSIONAL VERSION (PROSPI) DESCRIBING EXTENT OF PSORIASIS IN EACH BODY AREA

<table>
<thead>
<tr>
<th>S.no</th>
<th>Extent of psoriasis in body area</th>
<th>0*</th>
<th>0.5**</th>
<th>1***</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Scalp &amp; hairline</td>
<td>0</td>
<td>±</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>Face, neck &amp; ears</td>
<td>0</td>
<td>±</td>
<td>+</td>
</tr>
<tr>
<td>3</td>
<td>Arms &amp; armpits</td>
<td>0</td>
<td>±</td>
<td>+</td>
</tr>
<tr>
<td>4</td>
<td>Hands, fingers &amp; fingernails*</td>
<td>0</td>
<td>±</td>
<td>+</td>
</tr>
<tr>
<td>5</td>
<td>Chest &amp; abdomen (stomach)</td>
<td>0</td>
<td>±</td>
<td>+</td>
</tr>
<tr>
<td>6</td>
<td>Back &amp; shoulders</td>
<td>0</td>
<td>±</td>
<td>+</td>
</tr>
<tr>
<td>7</td>
<td>Anogenital area</td>
<td>0</td>
<td>±</td>
<td>+</td>
</tr>
<tr>
<td>8</td>
<td>Buttocks &amp; thighs</td>
<td>0</td>
<td>±</td>
<td>+</td>
</tr>
<tr>
<td>9</td>
<td>Knees, lower legs &amp; ankles</td>
<td>0</td>
<td>±</td>
<td>+</td>
</tr>
<tr>
<td>10</td>
<td>Feet, toes &amp; toenails*</td>
<td>0</td>
<td>±</td>
<td>+</td>
</tr>
</tbody>
</table>

TOTAL EXTENT SCORE

* 0 = clear or minimal with no more than a few scattered thin plaques (0)
** ± = obvious but still leaving plenty of normal skin (0.5)
*** + = widespread and involving much of the affected area (1.0)

TABLE 2: PART 1 B OF SIMPLIFIED PSORIASIS INDEX (SPI): PROFESSIONAL VERSION (PROSPI) DESCRIBING GRADING OF AVERAGE SEVERITY OF PSORIASIS

| 0    | Essentially clear: with faint erythema or residual pigmentation only |
| 1    | Mild: erythema and/or scale with focal slight palpable thickening    |
| 2    | Mild-to-moderate: erythema and/or scale with majority of affected skin palpably thickened |
| 3    | Moderate: erythema and/or scale and/or skin thickening               |
| 4    | Marked: erythema and/or scale and/or skin thickening                 |
| 5    | Intensely inflamed skin: with or without postulation                 |

*This grading is done on symptoms found in all affected areas
Total extent score before and after treatment was 5.5[table 3].
TABLE 3: EFFECT OF VAMAN KARMA ON EXTENT OF PSORIASIS IN EACH BODY AREA BEFORE AND AFTER TREATMENT

<table>
<thead>
<tr>
<th>S.no</th>
<th>Part 1A (PROSPI)</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Scalp &amp; hairline</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Face, neck &amp; ears</td>
<td>0.5</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Arms &amp; armpits</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>4</td>
<td>Hands, fingers &amp; fingernails</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Chest &amp; abdomen (stomach)</td>
<td>0.5</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Back &amp; shoulders</td>
<td>0.5</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Anogenital area</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>8</td>
<td>Buttocks &amp; thighs</td>
<td>0.5</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Knees, lower legs &amp; ankles</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>10</td>
<td>Feet, toes &amp; toenails</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL EXTENT SCORE</strong></td>
<td><strong>5.5</strong></td>
<td><strong>1.5</strong></td>
</tr>
</tbody>
</table>

Severity score was 4 according to grading described in table 2. Current extent and severity score is measured by multiplying grading of both (1A x 1B). Patient’s score was 5.5 x 4=22. Psychosocial grading was 8 on basis of grading of figure1 (told by patient).

FIGURE 1: SIMPLIFIED PSORIASIS INDEX (SPI) PROFESSIONAL VERSION (PROSPI) : PART 2, PSYCHOSOCIAL GRADES DESCRIBING HOW MUCH PSORIASIS IS AFFECTING PATIENT IN DAY-TO-DAY LIFE

Treatment given:
**Purvakarma: Trikatu Churna** 3 gm twice a day with lukewarm water given till the appearance of symptoms of *samayak Deepana Pachana*. Sarvipana as Snehpana with panchtikta ghrita is given in increasing dose pattern till the appearance of symptoms of *samayak snigdha*. Sarvangabhyang with coconut oil & swedana with dashmoolakwath given for 1 day just after completion of snehpana. In the evening *kaphavardhak ahara* given.

**Dravya used in Vamana:** Milk – 3 liters, – 8 g, *Madanaphalapippali churn – 8 g, Vacca churn – 3 g, Sendhavalavan – 3 g, Honey - 50 g. Total *veg =7, Upvega 3*. After regimen (sansarjana) of pravarashudhi was followed.
DISCUSSION & RESULT

On the basis of signs & symptoms, psoriasis can be correlated with Ekkustha. Ekkustha is a disease described in Ayurvedic texts under the heading of kustha disease so the etiopathology of both can be considered the same. In kustha disease, there is vitiation of tridosha along with seven dhatus. Acharya Charaka has described kustha under raktaja vikara. In the present case; there was a history of fever which represents that there was vitiation of rasa dhatu which does blockage of rasvaha and swedvaha Srotas. Further there is a history of blood transfusion there is chances of transmission of infections (HTLV, HBV, HCV etc) by transfusion\(^4\) which indicate the vitiation of raktadhatu (blood). All these factors lead to occurrence of Ekkustha. In the present case, there are kapha dominant symptoms along with vata & pitta. As Ekkustha is described under kustha disease, treatment will be the same i.e. shodhan, shaman etc. Shodhan is taken because remission of symptoms does not occur. Vamana is mentioned in kapha dominant kustha disease. There is decrease in ESR, LDL, & total cholesterol, & increase in HDL, VLDL, IgE, plasma dopamine & noradrenaline \(^5\). Nor-adrenaline is vasodilator so increase blood circulation. As we know secretion of cortisol takes place during minor stress too. Vamana yog cause irritation in gastric mucosa again and again. Cortisol is secreting to achieve immediate effect of blocking most of factor that are promoting the inflammation. In addition, rate of healing is enhanced. Keeping this scientific explanation, Vamana is chosen for the management of psoriasis. Vamana produces significant relief in itching, scaling, dryness, and erythema. After treatment severity score was 1.5 & psychological grading was 5[graph1]. No toxic side effects were observed during trial period.

GRAPH 1: BEFORE AND AFTER TREATMENT GRADING OF EXTENT OF PSORIASIS

CONCLUSION

As Vamana Karma has shown significant decrease in severity and extent score along with decrease in psychological grading in plaque psoriasis. Vamana karma may be the therapy of choice for prevention of remissions, relapse of disease without side effect along with increase in immunity of body. Effectiveness of Treatment remain maintained on prolong use also. Vamana karma in psoriasis decreases the physi-
cal, emotional and social burden and improves the quality of life of patient.

REFERENCES

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