

EFFICACY OF *VAMAN KARMA* IN THE MANAGEMENT OF PLAQUE PSORIASIS (PSORIASIS VULGARIS): A CASE STUDY

Anshul¹, Srivastava Alok², Rajesh Kumar dhruva³, Vikas verma⁴

¹PG. Scholar, ²Professor & HOD, ³P.G.Scholar,

Dept. of Panchkarma, Rishikul Campus, Haridwar, Uttarakhand, India

⁴Medical officer, Government Hospital, Jhajjar, Haryana, India

Email: dr.anshul17@gmail.com

ABSTRACT

Psoriasis is a chronic inflammatory disorder in which erythematous, sharply demarcated papules & rounded plaque, covered by silvery micaceous scale appears on skin^[1] 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^[2]. 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^[1].

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^[2]. 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 [2]. 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 *vata*kapha dominant disease. In present case there is *kapha* dominancy 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 *Pañchkarma*, 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: Pravara

Jarana Shakti : Madhyam

VyayamShakti: Pravara

Vaya: Yuva

Satva: Pravara

Satyama: Madhyam

Praman: Madhyam

AstavidhaPariksha:

Nadi: Pitta slaaishmika

Jihva: Malavritta

Mala: Nirama

Mutra: Samanya

Sabda: Samanya

Sparsa: Samanya

Drika: Samanya

Akriti: Samanya

SampraptiVighatana:

Dosha: VataKapha

Dushya: Rakta, Mamsa, lasika

Srotas: Raktavaha, Mamsavaha

Adhithana: 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 areata, halo nevus, 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

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

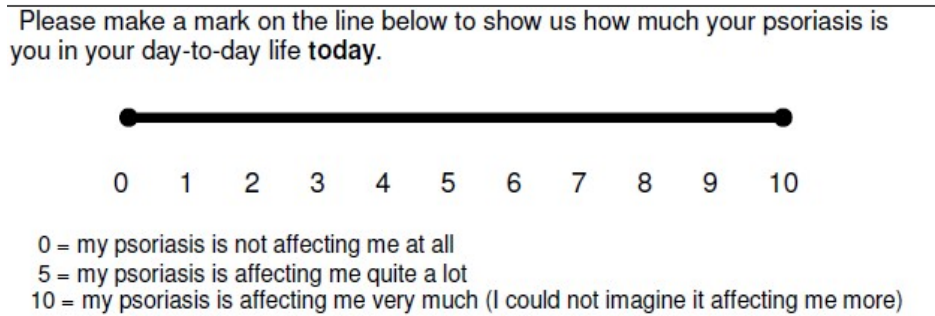
Total extent score before and after treatment was 5.5[table 3].

TABLE 3: EFFECT OF VAMAN KARMA ON EXTENT OF PSORIASIS IN EACH BODY AREA BEFORE AND AFTER TREATMENT

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

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*. *Sarpipana* as *Snehpana* with *panchtikta ghritha* is given in increasing dose pattern till the appearance of symptoms of *samayak snigdha*. *Sarvangabhyang* with coconut oil &

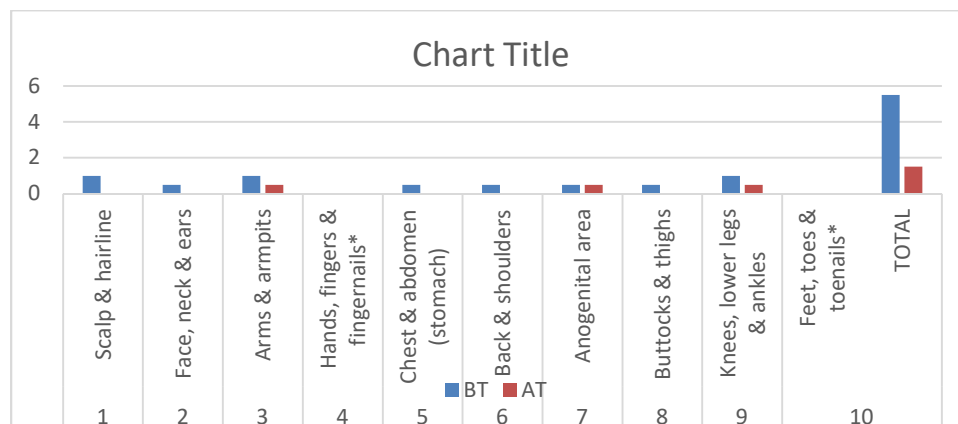
swedana with *dashmoolakwath* given for 1 day just after completion of *snehpana* .In the evening *kaphavardhak ahara* given.

Dravya used in *Vamana*: Milk– 3 liters, – 8 g, *Madanphalapippali 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 *dhatu*. *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.

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