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 aetiology. 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 Asweedanam (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
Ekakushtha is a condition having dominancy of Vata & Kapha Dosha. 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 Kapha Dosha. 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 RaktaPradooshajavikaras and the feature like Rakta-mandalata (Erythematous patches), Kandu (Itching), Daha (Burning sensation) are because of DushtaRakta. Hence, here Rakta-mokshana is the treatment of choice for rakta disorders, 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**

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Treatment</th>
<th>Drug</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>DeepanaPachana</td>
<td>TrikatuChurna</td>
<td>3gm twice a day</td>
<td>5days</td>
</tr>
<tr>
<td>2.</td>
<td>Snehapana</td>
<td>Plain Goghrita</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; day- 20ml</td>
<td>4 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; day-40ml</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; day-70ml</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4&lt;sup&gt;th&lt;/sup&gt; day-90ml</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>SarvangaAbhyanga-VashpaSwedana</td>
<td>BalaTaila</td>
<td>-</td>
<td>1day</td>
</tr>
<tr>
<td>5.</td>
<td>SamsarjanaKrama</td>
<td>-</td>
<td>-</td>
<td>5 days</td>
</tr>
<tr>
<td>6.</td>
<td>Raktamokshana</td>
<td>Jalauka</td>
<td>-</td>
<td>4 times in a month at an interval of one week</td>
</tr>
</tbody>
</table>
- 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 ankhanapana with milk, Yashtimadouphanta 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 fourthvega. Thus, lavanodaka was administered and the final vomitus produced was absolutely clear.
- Samsarjanakrama was advised to the patient for 5 days according to madhya-mashuddhi (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 jalaukavcharana. Bleeding after jalaukavcharana 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 Manjishhadikwatha 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

<table>
<thead>
<tr>
<th>Before Vamana</th>
<th>After Vamana</th>
<th>After Raktamokshana</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.8</td>
<td>4.4</td>
<td>1.4</td>
</tr>
</tbody>
</table>

DISCUSSION

As Kushtha is a Bahudosha avastha, all the Acharyas have emphasized on the Shodhana therapy 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 years. 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 Vamanadrayyato conduct it in a milder manner i.e. only Vamanopaga drugs were used here to induce the vekas and to minimize the complications. Vamaka drugs like madanaphala are having tikshnagunas, ushnavirya 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 (Liquorice) etc are used here in a controlled manner. Pharmacodynamic evaluation of yashtimadhuhu 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. Jalauckavcharana 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 Raktaadushthi 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 handful in the management of childhood psoriasis as seen here and performing Raktamokshana by Jalaukais 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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