

## A CASE STUDY – ROLE OF VAMANA KARMA AND RASAUSHDHI IN THE MANAGEMENT OF KITIBHA

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### ABSTRACT

*Psoriasis is a disease of skin and it also affects the joints on chronicity. It usually appears in the form of red scaly patches on the skin. Psoriasis is characterized by sharply defined erythematous-squamous lesions which are of papulo-squamous. Their size may vary from pinpoint to large plaques. This a chronic recurring condition which varies in severity from minor localized patches to complete body coverage. It is said to be idiopathic, but it is believed to have a genetic component also. Several factors such as stress, excessive alcohol consumption and smoking are thought to aggravate psoriasis. Kitibha Kushtha is a Kshudra Kushtha which is specially Vatta-Kapha predominant disease, In Ayurveda, it is considered as the complex of all Skin Diseases, The Imbalance of the doshas is the root cause which results in such Skin Diseases. Thus Detoxification of doshas and balancing of the Doshas form / in the Body with the help of Panchakarma is considered to be the best, This clinical study is carried out to evaluate the effect of sequential administration of Abhyanga, Swedana and Vamana karma with rasaushdhi in patient of Psoriasis.*

**KEYWORDS:** *Abhyanga, Swedana and Vamana karma.*

### INTRODUCTION

Psoriasis is considered to be an autoimmune disorder which results in hyper proliferation of the skin and it is often seen in people between 20 to 50 yrs of age. The word Psoriasis is

derived from the Greek word '*Psora*' which means '*itch*'. The aetiology of Psoriasis is still unknown. Its characteristic features are dry skin and rough, red areas on the skin covered with fine silvery scales. It is non-contagious, non-curable and long-term skin condition which results into red, dry patches of thickened skin. Most affected areas are the skin of the elbows, knees, and scalp. Genital lesions, especially on the glans penis. Psoriasis in its appearance is sometimes different in the navel region or area between the buttocks (intergluteal folds) which may look like flat red patches. These atypical appearances may be confused with other skin conditions like fungal infections, bacterial Staph infections etc.

It is caused by vitiated *Vata* and *Kapha Doshas*. The vitiated *Doshas* affect the skin, blood tissues and water element in the affected region on skin. Thus the skin which is influenced by affected *Doshas* becomes discoloured, scaly and thin. The vitiated *Vata* causes dryness of water element of skin and also stimulate rapid growth of skin tissue. The vitiated *Kapha Doshas* causes severe itching on the affected skin. The blood which is affected by *Vata* and *Kapha* influences the normal healing process due to disturbed immune response.

#### **TYPES OF PSORIASIS**

- Plaque psoriasis (Commonest) - Patches of raised, reddish skin covered by silvery-white scale.
- Pustular psoriasis - Pustules surrounded by red skin.
- Guttate psoriasis (Also k/a Eruptive psoriasis) – Small spots on the skin which are red in colour and appearance is drop like.
- Erythrodermic psoriasis - widespread redness with severe itching and burning
- Psoriatic arthritis - Which causes joints inflammation.

#### **CASE HISTORY**

One 49 years old male Mr Sati ram (Occupation- carpenter) from Belda village Roorkee, Uttarakhand. who was suffering from Psoriasis (*Kitibha*) since 3 year came to us in the Kayachikitsa O.P.D of Quadra institute of Ayurveda and Hospital Roorkee with the complaints of Patches of raised, reddish skin covered by silvery-white scale with itching all over body since 2-3 years. For this, he took several medications here and there. In spite of improvement, he did not get any relief in clinical symptoms. So for better treatment as per *Ayurvedic* approach, he came to kayachikitsa O.P.D and after thorough physical and systemic examination, the patient was admitted in male Kayachikitsa ward and then planned for *Vamana Karma*. Based on the principle this clinical study was carried out to evaluate the

effect of sequential administration of *Snehana*, *Swedana* and *Vamana karma* in patients of Psoriasis.

We carefully examined all the reports made available to us pertaining to the investigations and treatment done till date in this case. All the routine investigation was done. The summarized form of medical case history of the patient was as follows.

### GENERAL EXAMINATIONS

- G.C. - Average
- B.P. - 124/82 mmHg
- P/R - 76/min and regular
- Temp. - Afebrile
- Pallor - Absent
- Icterus - Absent
- Cyanosis - Absent
- Clubbing - Absent
- Edema - B/L Pedal edema( non-pitting)
- JVP - Normal
- Tongue - Uncoated
- Trachea - Centrally placed
- Thyroid - Not enlarged

### SYSTEMIC EXAMINATION

**CNS** - Fully conscious and Well oriented tp time, place & person

**CVS**- S1 S2 Normal. No murmur.

**R/S**- B/L equal air entry. No added sound.

**P/A** - Soft, non-tender, no organomegaly

### LOCAL EXAMINATION

Reddish-Black rough scaly patches all over body.

### Personal details

Build - Average Height - 5'6" Weight -76 kg.

### INVESTIGATION

CBC: - WBC: 11,300 Cells / Cumm, N<sub>71</sub> L<sub>15</sub> M<sub>7</sub> E<sub>7</sub>

RBC:  $3.7 \times 10^6$  / ml, Hb: 12.1 gm.

PLT: 3, 47,000 Cells / Cumm

Blood Sugar: FBS: 87.4 mg /dl, PPBS: 163.3 mg /dl.

ECG: WNL.

X-Ray Chest PA View: Cardiac Shadow WNL

### TREATMENT HISTORY

After the history taking and physical examination, the patient was subjected to sequential administration of the following therapeutic procedures.

1. *Panchatikta Ghritta* was given as a dose of 30 ml, 60 ml, 90 ml, 120 ml and 150 ml with *Trikatu Churna* and Luke warm water for first 5 days.
2. Followed by *Nadi Sweda* using *Dashamoola Kvatha* for another 3 days.
3. Milk products like Curd and Cheese were given in the meals at the previous night of Vamana karma.
4. Next day morning, Vamana is carried out by giving *Madana phala yoga*.

### Vamaka Yoga

*Madana phala* powder 5gm, *Vacha* 3gm, *Saindhava Lavana* 1gm, Honey 20ml.

Other Material - Milk- 5 litre, Saline Water-6 litre.

### Poorva Karma

*Snehana karma- Pancha Tikta* is given for five days before Vamana karma.

*Sarvanga Swedana* is given for three days.

### Pradhana Karma

**Vamana Process-** On 8<sup>th</sup> day, after Sarvanga Sweda, We gave

1st- Akhanta doodhpana (approx 3000 ml).

2nd- Vamaka yoga is given then waits for Vomiting or 48 min.

3rd- A Glass of Saline water is given up to *Samyaka Vamana*.

Total saline water given =5700 ml

Total Vamana Vega= 8 Vega=8.7 Lt.

Total Input= 3000 ml milk +5700 ml Saline Water=8700 ml = 8.7 Lt.

Total Output= 8.5 Lt.

**Paschata Karma**

Pada- abhayanga, Dhoomrapana & Samsarjana karma.

After that, following Ayurvedic drugs were given orally for 15 days.

1. *Khadiradi Vati* 2 BD
2. *Gandhaka Rasayana* 1 BD
3. *Kaishora Guggulu* 2 BD
4. *Haridra Khanda* 1 TSF BD with LWW
5. 777 Oil for L / A

**Pathya** -Advised to take Rice, *Godhuma*, *Mudagda*, *Paneer* and Green Vegetable

**Apathya** –Advised to avoid fried, spicy, heavy and oily food items.

In the first follow up (after 15 days), the treatment response was assessed on the basis of clinical symptomatology. After a course of *Vamana Karma* and medicines for 15 days and 50% improvement were observed in the symptoms. The condition of patient at the time of discharge is given below.

- Silvery-white scale disappear
- Itching absent.
- Decrease reddish discolouration and patches of skin.
- Appetite -improved.
- Psychological stabilization.

The patient was then discharged and advised to continue the following medicine for next 15 days and asked to report.

- *Arogyawardhani Vati* 2 Vati H / S.
- 777 Oil for L / A.

In the second follow up after 15 days, the improvement in term of patient's view was as follows.

- Silvery-white scale disappear
- Itching absent.
- Reddish discolouration and patches of skin disappear.

**DISCUSSION**

Acharya Charaka has beautifully described the mechanism of action of vamana dravya. The emetic substance is having *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi* and *Vikasi* qualities, when it reaches the *Hridya*, then from there, it goes into the *Dhamanees* (channels) and from there it enters in to the macro and micro *Srotasa* (*Sthoola anu srotrebhyah*) throughout the body.

Due to its *Agneya* property, it liquefies the *Doshas* which are lodged there and finally breaks the *Dosha* by its *Tikshna* qualities.

At the end of this mechanism, the *Dosha* which are liberated, enters the circulation and when the patient's body had been sufficiently lubricated by the previous *Snehana*, the *Dosha* did not get stacked anywhere and naturally comes to the *Kostha*. From where these *Doshas* are finally vomited out by the action of *Udana Vayu*.

**REFERENCES**

1. Charaka Samhitā, Eng. translation by R.K.Sharmā & Bhagawān Dāsh, Chowkhambhā Sanskrit Series Office, Varanasi, 2009.
2. With English Translation of Text and Dalhana's Commentary along with critical notes, Edited by P.V.Sharma. Chowkhambhā Viśva bhāratī, Varanasi, 2005.
3. Bhaishajya Ratnavali 8<sup>th</sup> Edition, Ambika Datta Shastri, Chowkhambhā Sanskrit Sanstha, Varanasi, 1987.
4. Sidha Yoga Samgraha Edited by Yadav ji Trikanam ji Acharya, 8<sup>th</sup> Edition, Baidyanath Ayurveda Bhawana, Nagpur, 1984.
5. Davidson's Principles and Practice of Medicine, 17<sup>th</sup> Edition, Churchill Livingstone, 1996
6. Harrison's of Internal Medicine, 17<sup>th</sup> Edition, 2008 Principles.
7. <http://www.psoriasis.org/netcommunity/learn/about-psoriasis/statistics> viewed on 07th Sept2010.
8. MV Milich, Vestn. Dermatol. Venerol, 1981; 8: 26-31.
9. JF Fowler; MS Duh; L Rovba; S Buteau; L Pinheiro; F Lobo; J Sung; JJ Doyle; A Swensen; DA Mallett; G Kosicki. J Am Acad Dermatol, 2008; 59: 772-780.