

ROLE OF VAMANA KARMA BY KUTAJA KALPA IN THE MANAGEMENT OF PSORIASIS – AN BIO-PURIFICATORY APPROACH

¹Patil Varun Ramesh

¹Lecturer Dept. Of *Panchakarma*, Mai Bhago Ayurvedic Medical college ,Sri Muktsar Sahib,Punjab. Pin Code-152026.

ABSTRACT

In recent era showing grates interest in the treatment which balances the function of the body & counter act's pathogenesis of the disease i.e. the Bio-purificatory therapy all this get fulfilled by ayurveda specifically by *panchakarma chikitsa*. Psoriasis is a common autoimmune disease affecting up to 2.5% of the world's population & found to be psychosomatic one; for such kind of disease the ultimate solution is ayurveda. It is a single blind study conducted on 20 patients. The psoriasis diagnosed patients who are fit for *vamana karma* were selected for study. *Pachana deepana* in this study is performed by *Panchakola churna*. For *Arohana snehapana murchita goghruta* is taken and *Sarvanga Abhyanga* by *murchita tila taila* followed by *bashpasweda*. *Vamana* is performed as per the classics. Proper assessment were taken in prescribed form by using P.A.S.I score, candle grease Sign, Auspitz sign, koebner phenomenon and results were analyzed with suitable statistical analysis. The *vegas* coming by *kutaja kalpa* was very forceful & completion of *vamana karma* was in the average time of 45 minutes. Study shows significant improvement in psoriasis. Morbid *kapha* as well as *bahudoshavastha* plays a major role in the manifestation of psoriasis thus *vamana karma* is ideal here. Bio-Purificatory therapies found effective for the management of autoimmune disorders.

Keywords: *Vamana karma*, psoriasis, *kushtha*, *kutaja kalpa*, P.A.S.I

INTRODUCTION: In Ayurveda, all skin diseases have been described under the concept of *kushta*. They are further classified into *Mahakushta* and *kshudra kushta*. Acharyas have described that all *kushta* have *Tridoshic* involvement but the type of *kushta* depends on the predominance of particular *doshas*. Psoriasis which is one of the most common dermatological disease affecting up to 2.5% of the world's population¹. It can be correlated with *kushtha*. Psoriasis is one of the skin disorders, as skin is largest organ in the body. Affected person's faces a lot of problems in the society which hampers their physical as well as psychological condition which creates social stigma. Till yet satisfactory

treatment has not been established. Hence there is a need to search the effective treatment by Indian system of medicine. The intrinsic nature of Psoriasis posed an ultimate challenge to the skill and humanity of the medical world. In such a crucial situation ayurvedic system of medicine need a safer and better treatment to provide maximum relief to such disease which is the psychosomatic one and ayurvedic system has a great role to treat such diseases. The process of expelling out the toxins or unwanted substances from the body is known as bio-purification. The *Panchakarma* does the systemic purification of whole body even each cell of the body. It has been scientifically shown that a natural purification treatment

can successfully eliminate toxic substances from the body, without side effect. According to ayurveda Palliative therapy is beneficial in only when the bio-humors are aggravated in lesser degree; in case of greater aggravation of bio-humors the only radical way is bio-purification by emesis or purgation therapy. Acharya Vaghbata mentioned in *Astanga Hridaya* that powder of *kutaja* seeds should be consumed along with the decoction of salt water for *vamana karma*². Presently 777 oil etc is used for external application in Psoriasis in different research institutes i.e. one of the *kutaja* preparation; the present study is conducted to assess the efficacy of *vamana karma* by using *kutaja* which possess *tikta rasa*, *krimighna* and *raktashodhaka* quality.

Psoriasis³: Clinically Psoriasis exhibit itself as dry waxy plaques of erythema. The colour: A full rich red (salmon pink) with a particular depth of hue and opacity, this quality of colour is at special diagnostic value in lesion on the palm, soles and scalp.

Scaling: The amount of scaling is variable. It may be waxy yellow or orange brown. A similar colour occurs in nails (oil drop sign), but most psoriatic lesions are surmounted by the very characteristic silvery white scaling which may exceed in thickness the erythematous lesion beneath it.

Auspitz sign: When hyperkeratotic scales are mechanically removed from a Psoriatic plaque by scratching, within few minutes, small blood droplets appear on erythematous surface. This phenomenon is called Auspitz sign. This sign occurs only in psoriasis, & diagnostic tool.

Koebner's Phenomenon: Psoriatic lesions may develop along with the scratch lines

in the active phase. This is called Koebner phenomenon.

Candle grease sign: When a Psoriatic lesion is scratched with the point of a dissecting forceps, candle grease like scale can be repeatedly produced even from the non-scaling lesions. This is called the candle grease sign.

Chikitsa Nidanasya Parivarjanam

Due importance is given in classics regarding *nidana parivarjana*; it helpful not only to stop progression of diseases also helps in preventing the *dhatu-paka*, to overcome successfulness of the treatment.

The *pathya-apathyta* in general regarding *kushtadi* are discussed in follow ups.

Shamana Chikitsa

Shamana therapy is also an important part

of the treatment of *Kushtha* as *Shapta* plaques of erythema

Chikitsa is very useful in those patients who are unable to undergo or contraindicated for *Samshodhana* and in *alpa/madhyama dosha awasthas*. *Charaka* has advised *Shamana* therapy with *Tikta* and *Kashaya Dravyas* after administration of proper *Shodhana*.

Bahirparimarjana Chikitsa: *Kushtha*, being exhibited through the skin, external application are also advocated. For the external application drug should be applied after elimination of the *Doshas* from the body by *Shodhana Karma* and *Raktamokshana*. Various forms of local application are prescribed like *Udvartana*, *Pralepa*, *Parisheka*, *Abhyanga*,etc; and *Kshara Karma*, *Agada Karma* are also prescribed in special condition of *Kushtha*. While explaining line of treatment for different varieties of *Kushtha*, *Charaka* has mentioned that all the *Kushthas* are caused by *Tridosha*, so the treatment is to

be carried out according to the predominance of *Dosha*.

According to *Charaka & Vaghbata* for instances in *Vata* dominance *Ghritapana*, in *Kapha* dominance *Vamana* and in *Pitta* dominance *Virechana*, *Raktamokshana* are to be carried out⁴. The predominately vitiated *Dosha* should be treated first and the treatment of the other subordinate *Dosha* should be undertaken afterwards.

Importance of *Samshodhana*:

Ayurveda believes in *Samshodhana* therapy for the management of *bahudoshavastha* and as mentioned in classics that disease may again manifest after giving palliative treatment but it will not reoccurs after giving *Samshodhana* treatment to the patient. *Kushta* being a *bahudosa janya vyadi* definitely requires *Samshodhana*

therapy⁵. Medicines given after *Shodhana* are more effective. All Acharya's have emphasized on *Shodhana* therapy in the management of *Kushtha* due to some basic things related to *Kushtha Roga*. By nature, *Kushtha* is difficult to cure disease, so it is called 'Duschikitsya'. In excessive morbidity of the *Doshas* repeated *Shodhana* should be performed at regular intervals i.e. *Vamana Karme* once in 15 days; *Samsrana* once in month; *Raktamokshana* once in 6 months; *Nasya Karma* once in 3 day⁶. *Sushruta* has advised to carry out 'Ubhayato *Samsodhana*' even at the *Purvarupa* condition of *Kushtha*. *Sushruta* also advised *Samsodhana* in the treatment of *Rasagata*, *Raktagata*, *Mamsagata* and *Medogata* *ksushtha*⁷.

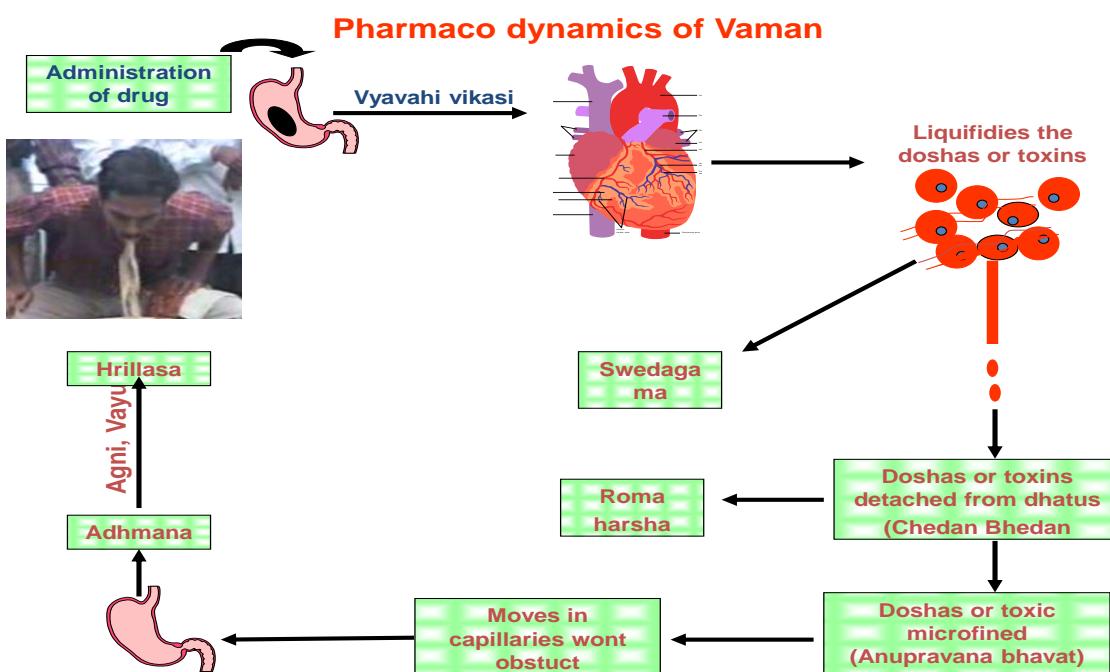


Figure 1 Mode of action of Vaman.

OBJECTIVES OF THE STUDY

To analyze the efficacy of *vamana karma* by using *kutaja kalpa* in the management of Psoriasis.

MATERIALS AND METHODS

Patients attending the O.P.D & I.P.D of Panchakarma dept. of Mai Bhago Ayurvedic Medical college & Hospital, Sri Muktsar Sahib, Punjab were selected for study.

It is a single blind study conducted on 20 patients. The psoriasis diagnosed patients who are fit for *vamana karma* were selected for study.

SELECTION CRITERIA:

INCLUSION CRITERIA:

1. Patients presenting with signs and symptoms of Psoriasis.

2. Patients age group 15- 60 years Irrespective of sex, religion, socio-economic status and occupation was taken.

3. Who are fit for *Vamana karma*.

EXCLUSION CRITERIA:

1. Patients suffering from any infectious and other systemic disorder along with Psoriasis.

Intervention Chart Vamanakarma (Shodhana Therapy)

Table: 1 Procedure Details in shorts

S.No	PROCEDURE	PREPARATION	DURATION
1.	<i>Deepana-pachana</i>	<i>PanchacolaChurna</i> (5-10 gm)	Till <i>nirama dosha lakshana</i> appear
2.	<i>Snehapana</i>	<i>Murchhit goghrita</i>	<i>Arohana-krama</i> , till <i>samyaka snigdha lakshana</i> appear (3-7 days)
3.	A) <i>Abhyanga</i> And B) <i>Swedana</i>	<i>Murchhit Tila taila</i> <i>Bashpa sweda</i>	<i>Vishramaka</i> Till <i>samyaka sweda lakshanas</i> appear
4.	<i>Pradhana karma</i> <i>Vamana</i>	<i>Kutaja beeja churna</i> 1 <i>tola</i> (Approximately 12 grms) with Honey and <i>Lavana Jala</i>	Till <i>samyaka vamana lakshanas</i> appear
5.	<i>Pashchat karma</i> A) <i>Dhoomapana</i> B) <i>Samsarjana krama</i>	<i>Dhooma varti</i> <i>Peyadi samsarjana krama</i>	Acc to <i>shuddi Pravara, Madhyama</i> and <i>Avara</i> .

Pathy Apathya Table: 2 Do & Dont's

	PATHYA	APATHYA
Cereals	Wheat, Barley	Newly harvested cereals (Navanna)
Pulses	Green gram(<i>Mudga</i>)	<i>Kulatha, Ulada</i>
Fruits & Vegetables	<i>Nimba, Haridra, Patola, Karavellaka, Garlic, Pomegranate, Jayaphala, Palasha</i>	-
Others	Use of <i>maha marichyadi taila</i> , dry and bitter taste food substances. <i>Khadira</i> , Dry ginger(<i>Shunti</i>), Honey.	Incompatible food, food having heavy, cold, & unctuous Properties, Food causing burning sensation & Obstructing the channels, curd, sesame, salt, maida products, cold drinks, Jaggery etc.
Life Style	Bathing, Light exercise, <i>Pranayama</i>	Day sleeping, Supression of natural urges, mental stress, excessive Exercise.

FOLLOW UP: There was two follow 1st follow up is after 15 days and 2nd follow up after one month of the treatment.

METHODOLOGY: The progress was noted on the basis of assessment parameters (both subjective and objective) before and after treatment in a specially prepared case sheet.

Criteria for Assessment: To assess the effect of the therapy according to modern medicine, the Psoriasis area and severity index (P.A.S.I) scoring method was also adopted. The detail of PASI scoring method is as follows. A patient's P.A.S.I is measure of overall Psoriasis severity and coverage, which is commonly, used measure in clinical trials for Psoriasis treatment. PASI was calculated before and after the treatment period in order to determine how well psoriasis responds to

the treatment under trial. To assess the effect of the treatment Generic PASI with no modifications was followed.

Skin section: For the PASI, the body is divided into four sections. Each of these areas is scored by itself, and then the four scores are combined into the final P.A.S.I. The four areas are.

1. The legs, which have 40% of persons, skin.
2. The body (Trunk area, stomach, chest, back etc.) - 30%.
3. The Arms – 20% and
4. The head – 10%

Area: For each skin section, the amount of skin involved was measured as a percentage of the skin, just in that part of the body (not the whole body) and then a score from 0 – 6 was assigned as follow

Table.3 Diseased Skin Grading

Coverage	Score
0	0
< 10%	1
10 – 29%	2
30 – 49%	3
50 – 69%	4
70 – 89%	5
90 – 100%	6

So if the head is 37% covered score 3 was given for the area i.e. "A head" like this, area scores for the other 3 skin section namely. "A body", "A arms" and "A legs" was calculated and was assigned with respective score mentioned above.

The severity was measured by four different parameters.

1. Itching
2. Erythema
3. Scaling

4. Thickness

Again each of these was measured separately for each skin section. These were measured on a scale of 0 – 4, from none to maximum according to the following chart.

Table .4 severity score

Severity	Score
None	0
Some	1
Moderate	2
Severe	3
Maximum	4

So if the head Psoriasis itches moderately score “2” was given. (“I head=2”). If it was only somewhat red, score “1” was given for erythema head (“E head=1”). Like this “S head” (scaling on the head) and “T head” (thickness of the head Psoriasis) score were calculated like this “I”, “E”, “S” and “T” all four scores were calculated for other 3 skin section also. After figuring out all the 20 scores, final “PASI” was calculated as under. The four severity score were added, the area score multiplied the total, and then that result was multiplied by the percentage of the skin in that section as follows.

Head: (I head + E head + S head + T head) x A head x 0.1 = Total head

Arm: (I arms + E arms + S arms +T arms) x A arms x 0.2 = Total arms

Body: (I body + E body + S body + T body) x A body x 0.3 = Total body

Legs: (I leg + E leg + S leg + T leg) x A leg x 0.4 = Total legs

The sum of all the total head, total arms, total body and total leg is the total “PASI” of particular patient. This PASI ranges from 0 (no psoriasis) to 96 (covered head to toe) with complete itching, redness, scaling and thickness. Thus PASI scoring was calculated before starting the

treatment and after completion of the treatment and total percentage of improvement in “P.A.S.I” scoring was calculated to assess the effect of the treatment on this parameter.

OBSERVATION AND RESULT

Total 25 patients were registered among them 20 patients were completed the treatment; while 5 patients left against medical advice. In this study maximum number of patients belongs to age group between 25 to 40yrs & more number of male patients with compares to female patients. In male patients more number of patients having habit of a smoking. It suggests that smoking is having influence on the psoriasis. In this study more patients are having dieting habit of a non-vegetarian and belongs to the *vata-kapha prakrutita*. All the patients had *avar rasa satmya* & *madhyama bala*. In study it has been observed that all the patients are having itching, erythema, scaling, and thickness of the skin lesion. By the study it is evident that itching is the one of the major symptom which is present in the entire patient suffering with psoriasis and also reported of scaling with thickness of skin lesion.

Table 5 : Statistical Intervention

SYMPTOMS	BT	AT	df	t value	P value	Remark
	Mean±SE	Mean±SE				
Itching	2.20±0.12	0.50±0.14	19	16.1702	<0.0001	HS
Erythema	2.65±0.15	1.20±0.19	19	10.7218	<0.0001	HS
Scaling	2.05±0.21	0.90±0.18	19	8.7593	<0.0001	HS

Thickness	1.85±0.22	0.55±0.15	19	10.1775	<0.0001	HS
PASI	17.080±3.220	3.115±0.698	19	5.2102	<0.0001	HS

In this study, after statistical analysis on the symptoms like itching, erythema, scaling, and thickness. The result were highly significant (P Value <0.0001)

Table 6: Overall Results

Sr.No	Grading	No. Of Patient	Result
1	0.1%-25%	0	No Response
2	25.1%-50%	3	Poor Response
3	50.1%-75%	12	Fair Response
4	75.1%-100%	5	Good Response

It was observed that 5 patient have shown good response, 12 patient have shown fair

response, and three patient were shown poor response to the treatment.

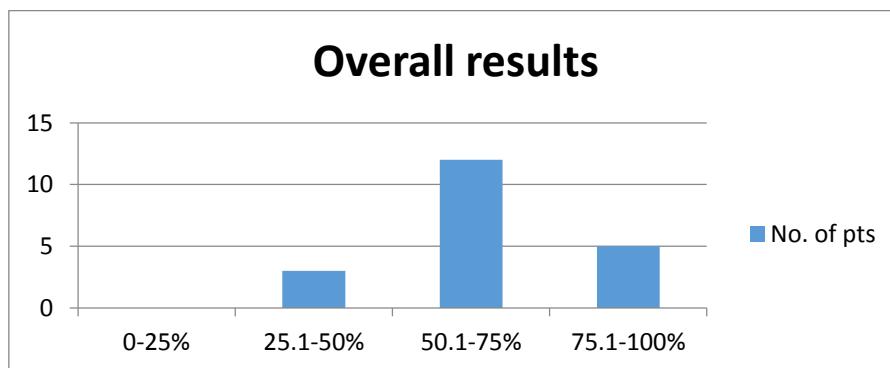


Figure 2: Overall Result Graph

DISCUSSION: Psoriasis is a major problem among the society till today because of its ugly appearance which may disturb personal, familiar and social life of the patient. Psoriasis can be very persistent complaint. Although, it is not a life threatening disease; but creates unhappiness, feeling of depression at some point. Research studies have shown that psychological stress is often caused by psoriasis, and can be a factor in 'flares' of psoriasis. In Ayurveda, almost all the disorder of the skin describing in the current science of dermatology can be taken under generalized term "Kushtha". Previous research scholars of Ayurveda have tried to correlate it with *Ekakushtha*, *Kitibha* and *Sidhma*. But typically, people

suffered from only one type of psoriasis at a time, but occasionally two or more different types of psoriasis can occur at the same time. However Psoriasis can also occasionally change from one variety to another. Depending on the expose of Psoriasis patient to different triggering factors, So it is very difficult to say that Psoriasis is equal to either *Kitibha* or *Ekakushtha* or *Sidhma* etc. variety of *Kushta* or in other words to say as depending on the different presentation of Psoriasis, one should diagnose the variety of *Kushta*.

Moreover Ayurvedic concept gives due importance to the *Samprapti ghatakas*, for proper planning of treatment rather to correlate it with current Science of

medicine. Hence, *Vamana karma* to manage the Psoriasis was selected instead of concentrating on any single variety of *Kushta*, giving importance of *Shodhana*.

Discussion on Observational Findings

Site of Onset: In present study shows that maximum of patient had history of onset of psoriasis lesion on head / Scalp it was followed by on Lower limbs, on Upper limbs and on Trunk also.

Candle Grease Sign: In present study, 70% of patient shows positive test of Candle grease sign where as remaining 30% of patient negative. This may be evident that Candle grease sign is one among the diagnostic criteria for Psoriasis.

Auspitz Sign: 92% patients of this series reported as positive test of Auspitz sign and only 08% Negative. Thus Auspitz sign is consider as definitive diagnostic criteria of Psoriasis.

Effects of the Therapy

Deepana & Pachana

For present study *Panchakola churna* was selected as *Deepan & Pachana* purpose.

Observations of Snehapaana

The average days of *Samyak Snigda Lakshnas* was observed in maximum number of patients were five days. However, most of the patients required maximum period of seven days. None of the patients were shown complications. It suggests the days & dose of snehana is of more.

Observation of Vamana Karma

The *vegas* coming by *kutaja kalpa* was very forceful & completion of *vamana karma* was in the average time of 45 minutes. Here the *vega* and output coming was satisfactory in number and quantity.

Effect of therapy on PASI scoring

The mean P.A.S.I. Score prior to treatment was 17.080 units. It reduced to 3.115 units

after treatment (P = <0.0001).

CONCLUSION

- Psoriasis is considered to be inherited as auto-immune psychosomatic disorder. The exact cause of the disease is not known, but many precipitating factors like environmental, immunological, genetic and psychological have been found.
- Morbid *kapha* as well as *bahudoshavastha* plays a major role in the manifestation of psoriasis thus *vamana karma* is ideal here.
- In maximum number of patients the total amount of *Abhyantara Sneha* required during the whole course of *Snehapana* was ranging between 300-450 ml. Where as in one patient total 650 ml of *gritha* was required for manifestation of *Samyak Snigdha lakshana*.
- Average time taken for the initiation of the first *vega* of *Vamana* was 15 minutes. However a minimum of five minutes and a maximum of 18 minutes were also observed in this study.
- All the patients ended with *Pittantha Vamana* and *Laingiki* features observed nearly of all patients.
- P.A.S.I. score has showed a significant result.
- Bio-Purificatory therapies found effective for the management of auto-immune disorders.

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Corresponding Author:

Dr.Patil Varun Ramesh
Lecturer Dept. Of *Panchakarma*,Mai Bhago Ayurvedic Medical college ,Sri Muktsar Sahib,Punjab. Pin Code-152026.
Email: drvarun.panchakarma@gmail.com

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