



**EFFICACY OF VAMAN KARMA IN PSORIASIS (*KITIBHA KUSHTA*) -
A CASE REPORT**

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ABSTRACT

The word 'Kushta'(skin disease) is widely used for all types of skin diseases. It is a broad term, which covers almost all the skin diseases. *Kushta* is produced invariably by the vitiation of the seven factors i.e. three *Dosha* (bodily humor) and four *Dushya*(bodily structure) for systemic study *kushta* are classified into two major groups 7 *Maha Kushta*(types of skin disease) & 11 *Ksudra Kushta*(types of skin disease). *Kitibha* (psoriasis) comes under *kshudra kushta*. Clinically psoriasis exhibits itself as a dry well defined macules, papules and plaques of erythema with layer of silvery scales. The appearance of a typical lesion is characteristic of psoriasis. The typical lesion or coin shaped by confluence, big plaques of the size of the palm of a hand or figurate areas may not all be present.

In present case patient having positive signs and symptoms of psoriasis. *Kitibha kushta* of Ayurveda closely resembles the clinical symptoms of Psoriasis. silvery lesion with itching and scalling is the main symptom of patient and Auspitz sign – pin point blood, Koebners phenomenon are positive. Differential diagnosis of psoriasis is discussed and proposed Ayurveda treatment is mention.

The objective in study is to evaluate the efficacy of *vaman karma*(therapeutic emesis)in reduction of sign and symptoms of psoriasis(*kitibha kushta*). After *vaman karma* reduction in symptoms like scaling and itching was found in patient. Mild reduction was observed in Erythema of arms, body and legs. Maximum reduction in Erythema was found in hand.

Key Words: *kushta*,*psoriasis*,*kitibha*,*vaman karma*, Auspitz sign, Koebners phenomenon.

INTRODUCTION: Clinical symptoms of *Kitibha kushta* closely resembles the clinical symptoms of Psoriasis. As per the of disease nature, psoriasis is a non-infectious, chronic inflammatory disease of the skin, characterized by well defined erythematous plaques with silvery scale, with a predilection for the extensor surface and scalp, and a chronic fluctuating course. The prevalence is approximately 2% in European population. Accurate figures for many other parts of the world are not available but there seems to be consistent evidence that the prevalence of psoriasis is lower in people of African origin and lower still in some Asian communities such as the Japanese. Psoriasis may start at any age but is unusual before the age of 5; The oldest recorded onset was in a patient aged 107. It can be divided in two patterns of psoriasis. The first shows an onset in the

teenage and early adult's years; such individuals frequently have a family history of psoriasis. In a second grouping, disease onset is in the fifties or sixties, a family history is less common. Some authors refer to these two groups of patients type 1 and type 2 psoriatics.

The clinical course of psoriasis is very variable. As a general rule clinical impression suggest that the earlier the age of onset and the more severe the initial presentation, the more severe the lifetime course of disease¹.

Patient information:

Study was conducted in DGM Ayurveda medical college Gadag .

Patient occupation- student

OPD no.- 49622

IPD no.- 559

Chief complaints – silvery scaly lesion on right forearm, both the hand, lower

abdominal region, back, thigh region since 2 ½ year

Itching at lesion since 2 ½ year

History of present illness – a female patient aged 20 years was apparently normal 2 ½ year back later one day she developed itching in the scalp region. Due to continuous itching, she observed peeling of the skin in affected region, then gradually she developed silvery lesion with itching and scaling over abdomen, back, both the hand and then in the thigh region.

History of past illness – no any significant medical history related to skin disorders -3 years back patient was suffering from allergic rhinitis then she took homeopathic treatment for continuous 3 months then it cured.

No H/o hypertension, diabetes mellitus

Family history – members of her family do not have any similar complaints, all are said to be healthy.

Treatment history – took allopathic treatment for the same complaint.

Personal history – appetite – loss of appetite

Bowel habit – 1 times /day

Urination - 4-5 times /day

Diet – vegetarian General examination –

Built - medium (normosthenic)

Conscious – present

Pallor – absent

Cyanosis – absent

Edema – absent

Itcrus – absent

Lymph nodes – not palpable

Nail – no clubbing ,no cyanosis

Eye – normal

Skin – scaly presentation over the body

Tongue – not coated

Height – 148 c.m.

Weight – 40 kg

Vital signs – temperature – 98.6 F

Pulse 74/minute

Respiratory rate – 18/minute

Bp - 110/70 mmHg

Ashtavidha pariksha-

Nadi (pulse) - vat kaphaja

Mala (stool) - once in a day,prakruti

Mutra (urine) - 4-5 times a day

Jivha(tongue) - alepit

Shabda (sound) - prakruti

Sparsha (touch) - rukshata at lesion

Drik (vision) - prakruti

Aakruti (built) - madhyam

Dashavidha pariksha –

Prakruti (body constitution) - pitta vataja

Vikruti (state of disease)- vata kapha

Saara (dhatu body type) - madhyama

Samhanana(compactness) - madhyama

Praman(measurements of patient) - madhyama

Satmya (congenital things and habits of patient) - madhyama

Satva (tolerance capacity of patient toward strong medical treatment) - madhyama

Aahar shakti(digestion capacity) - madhyama

Vyayama shakti (exercise capacity) - madhyama

Vaya (age of the patient) - yuvavastha

Clinical finding -

Relevant Systemic examination -

Skin examination – face normal appearance, upper and lower extremities silvery scaly presentation

Hyperemia – brownish discoloration of skin

Symptoms – itching present

Diagnosis Assessment –

Diagnostic test-

Auspitz sign – pin point blood²

When hyperkeratic scales are mechanically removed from a psoriatic plaque by scratching ,within few minutes small blood droplet appear on erythematous surface .

Koebners phenomenon³ –

Psoriatic lesion may be develop along with the scratch lines in the active phase. this is called koebners phenomenon, this is also called as artificial production of the psoriatic lesion.

Investigations –

TLC – 7700 cells /cumm

ESR – 11 mm/1st hour

Platelet count - 188000 cumm

Urine sugar - nil

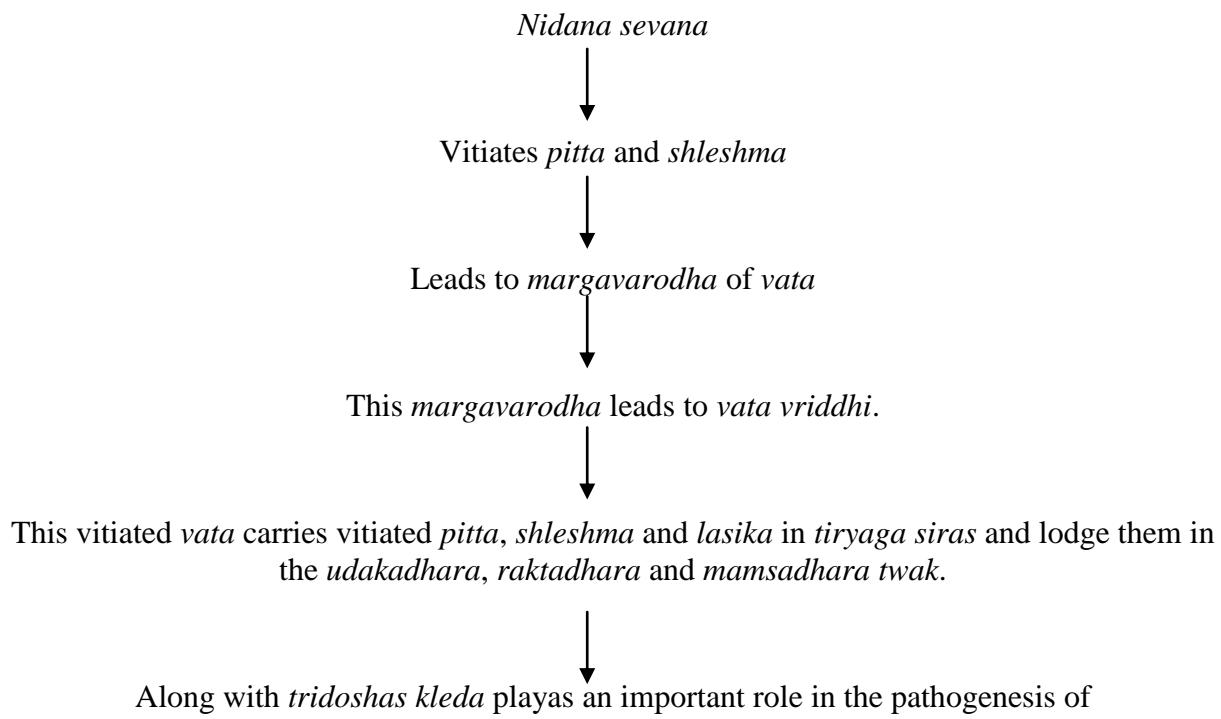
Urine albumin – absent

Urine microscopic – 2-3 epithelial cell

4-6 pus cell
 Other – biopsy to differentiate psoriasis and eczema
 Throat swabbing for streptococci infection.
Nidan panchaka -

Nidana – dadhi pickle, viruddha ahara
Purvaroopa – atisweda, nvaivarnya, lomaharsha, kandu, toda, bhrama, shrama, klama, shighrotpatti, cheerasthit.
Roopa - kandu, vaivarnya

Samprapti of Kitibha kushta- Flow chart No. 01. Showing Samprapti of Kitibha Kushta.



Kitibha kushta.

Table .1 Showing the comparison between the kitibha kushta lakshana and psoriasis.

Sl.	Kitibha lakshana ⁴	Psoriasis
01.	Rooksha	Dry
02.	Kina	Ruda vrana-granulation site of healing wound
03.	Khara	Rough
04.	Kandu	Itching
05.	Parusha	Hard
06.	Prashantanicha Punar Utpadyante	Subsides and relapses
07.	Vriddhimanthi	Spreading in nature
08.	Vrittam	Round or coin shape lesion
09.	Ghanam	Thickness of lesion
10.	Snigdham	Sticky, Unctuous
11.	Krisham	Black
12.	Shyava	Bluish black
13.	Aruna	Reddish black

Diagnosis and differential diagnosis of psoriasis⁵

Some of the conditions that can be confused with the psoriasis are discussed
 Seborrhoeic dermatitis - In seborrhoeic dermatitis, the lesions are lighter in colour, less well-defined and covered with a dull

or branny scale. Colour, scratch evoked scaling and well-defined margins are suggestive of psoriasis, and nail changes may be diagnostic.

Lichen simplex - Lichen simplex can resemble psoriasis closely, particularly on the scalp and near the elbow.

Pityriasis lichenoides chronica - Pityriasis lichenoides chronica can closely resemble guttate psoriasis, but the lesions are usually less evenly scattered, have a brownish red or orange-brown colour and are capped by an opaque soft 'mica-like' scale.

Candidiasis - Candidiasis shows a glistening deep red colour suggestive of psoriasis, particularly in the flexures, but scaling tends to be confined to the edge, and small satellite pustules.

Tinea cruris - Tinea cruris has a well-defined, often polycyclic edge, but Trichophyton rubrum infections, especially of the palm, cause difficulty.

Parakeratosis pustulosa - Parakeratosis pustulosa is an eczematoid eruption seen in young children and commonly mistaken for psoriasis, atopic dermatitis or tinea.

Diagnosis and confirmation – The disease was diagnosed as Kitibha kushta based on symptomatology described in *Charaka samhita*, *Sushruta samhita*, *Ashtanga hridaya* etc Confirmation was made by Auzpit sign and Kobners phenomenon.

Therapeutic intervention-

Treatment –

Deepana pachana – *trikatu choorna* for three days with lukewarm water because it is *vata kaphaja*

Snehabapaana – *aragwadha mahatiktaka ghrit* given till *sneha siddha lakshana* (oleation symptoms) observed

Table no.1 showing snehabapaana days and dose per day

days	dose
1	30 ml
2	50 ml
3	70 ml
4	90 ml
5	100 ml
6	110 ml
7	120 ml

Vishram kala (one gap day)-full body massage and steam bath was given on gap day and morning on *vaman karma* day.

Vamana karma – after fullbody massage given lukewarm milk to drink full stomach then *madanphaladi yoga* (*madanphal pippali choorna* 5 gm, *vacha choorna* 3 gm, *saindhav lavana* 2 gm, *madhu* 10 gm all mixed together and given in avaleha form.

Sansarjana karma – after assessment of *samyak shuddhi*, *peyadi dravya* given for 7 days.

Table no.2 showing shaman Aushadhi and its doses

Number	Shaman aushadhi	Quantity and time
1	<i>aragwadhadhi kashaya</i>	15ml three times a day before food
2	<i>aragwadha mahatiktaka ghrit</i>	10 ml at morning
3	<i>gandhaka rasayana</i>	2 tablet two times a day
4	<i>siddharthaka choorna lepa</i>	For external application on affected part

All above medicine is given for 2 month of duration ,after 2 month patient was ask follow-up.

Follow-up and outcomes-

After *sansarjana karma* – Based on the observation made in the study the following outcomes was drawn

- Mild Reduction in symptoms like scaling and itching was found in patient.

- No change was observed in Erythema of arms, body and legs. Mild reduction in Erythema was found in hand.
- Mild reduction in thickness of lesion was found in head, arms and legs.

After 2 month of shaman treatment - Based on the observation made in the study the following outcomes are seen

- Reduction in symptoms like scaling and itching was found in patient.
- Mild reduction was observed in Erythema of arms, body and legs.

Maximum reduction in Erythema was found in hand.

- Maximum reduction in thickness of lesion was found in head, arms and legs.
- Overall treatment response was good.

Before treatment lesion of psoriasis



Figure 1 and 2 shows left and right hand palm of patient before treatment
After 2 month treatment lesion of psoriasis



Figure 3 and 4 shows left and right hand palm of patient after 2 month of treatment

DISCUSSION:- *Kitbha kushta* of Ayurveda closely resembles the clinical symptoms of psoriasis. As per the nature of the disease, this is a chronic recurrent dermatosis. The primary lesion is a epidermal papule and the papule is pink in colour of various intensity. The fresh lesions are brighter and older ones are darker. The papules are flat and have rough surface covered with silvery white, microlamellar scales, which scrap off easily. At first the papules have a regular round countour and a diameter of 1-2 mm

of each, latter they spread peripheral after attaining a size with an intensive itching sensation of the skin. If we consider the above symptoms, they closely resemble the symptoms of *Kitibha kushta*.

It is one among the most important skin disorder, because of its frequent persistent and or recurrence and tendency to disable in proportion of those it affects. The estimated prevalence in India is 1.5 to 3.5 % in the general population. It may occur on both sexes. It usually follows an irregular chronic course marked by

remission and exacerbation of unpredictable onset and duration. Factors that may leads to more lesions include drug reactions, respiratory infections, cold weather, emotional stress, surgery and viral infections.

Psoriasis (*Kitibha kushta*) is not only a somatic but also a disease of psychological importance since stress, tension and anxiety aggravate the course of the disease.

Regarding the prognosis of the disease, *Madhavakara* said, if the *kushta* is due to *dwidoshaja*, then it is *yapya*⁶. It is true till today in spite of rapid advancement in modern science like physiology, molecular biology, genetic immunology and clinical medicine the disease still remains recurrent oriented.

Aragwadha mahatiktaka ghrit was selected and used for *snehapana* and *aragwadhadi kashaya* was used for *shaman* which is indicated in all kinds of *kushta*.

Many of the drugs in *Aragwadadi gana* are having *vata kapha nashaka*, *krimighna*, *kandughna* action and some of the drugs are having *kaphapitta shamaka* and *vishaghna* action. Both *kapha pitta shamaka* and *vata kapha shamaka* actions are justified in terms of *Kitibha kushta*, because according to *Charaka Kitibha kushta* is due to the vitiation of *vata* and *kapha* and according to *Sushruta* it is due to vitiation of *vata pitta*.

During *snehapana* softening of lesion and reduction in itching on all lesion of body was observed and after completion of *snehapana* dryness of all lesion was reduced. due to reduction in itching and dryness of lesion, patient was happy and shown interest on *ayurveda* treatment. after completion of *vaman karma* and *sansarjana karma* about 70% in reduction

in itching and about 50% reduction in discoloration of lesion was observed.

After one month of *shaman* treatment about 90% reduction in itching and about 70% reduction in discoloration of lesion was observed. After 3 month of follow-up again patient started mild itching over site of lesion and mild discoloration and scaling was observed.

CONCLUSION: Ayurvedic treatment of psoriasis gives good result but repeated *shodhan* and *shaman* treatment is required for complete cure of psoriasis. In present case after *vaman karma* reduction in scaling and itching was found and after *shaman* treatment reduction in thickness of lesion was found. For stress and anxiety management of patient *shirodhara* can be done during *shaman* treatment. Psoriasis (*kitibha*) needs regular *shodhan* and *shaman* treatment with regular follow-up. *Nidanparivarjana* is important for good outcome. More number of study is needed to assess effect of *aragwadha mahatiktaka ghrit snehapana*, *vaman karma* and *aragwadhadi kashaya shaman* treatment.

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