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EFFICACY OF VAMANA KARMA IN THE MANAGEMENT OF EK-KUSHTHA W.S.R. TO PSORIASIS

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ABSTRACT Ekkushtha is a Kshudra Kushtha occurs through Vata & Kapha vitiation. Its tendency of recurrences continues to cause problem to the physician. In allopathic science it can be co-related to Psoriasis. It is an autoimmune disease. Etiology is unknown. In the skin the lesion may be acute or chronic. In this study 24 patients were registered. All 24 patients completed the treatment. The patients were treated with Vaman Karma. In group A Pippalyadi Ghrita was used for Snehan Karma, for Vaman Krutvedhan Churna was used. After Samsanrjan Kram Pippalyadi Vati was given in divided dose for 26 days. In group B Goghrita was used for Snehan Karma, for Vaman Krutvedhan Churna was used. After Samsanrjan Kram Placebo was given in divided dose for 26 days. Result was better showed in group 'A'.

KEYWORDS : Ek Kushtha, Kshudra Kushta, Pippalyadi Ghrita, Vaman Karma, Krutavedhan, Psoriasis.

INTRODUCTION:

The skin is the organ of the body that is readily available from inspections by the eyes & fingers of every living person. It is a link between internal and external environment and is also the seat of complexion, which maintains beauty and personality. It provides individual identity in the society. As being the largest organ of the body and being on the surface, it is directly exposed towards microorganism. By hampering the beauty of persons, it creates social and psychological impairments. Skin disease is account for a great deal of misery, suffering, incapacity and economic loss.[1]

All the skin diseases in *Ayurveda* have been discussed under the broad heading of "Kushtha". Which are further divided in *Mahakustha & Ksudra Kustha. Ek-kushta* is considers as kshudra kustha.2 Amongst all the types of *Kushtha, "Eka-kushtha"* is the most embarrassing one. The modern medicine describes Leprosy with the help of 4 D's as, Discomfort, Disability, Disfigurement and lastly Death. In case of Psoriasis first 3 D's are observed. Psoriasis is a chronic, non infectious inflammatory dermatosis characterized by well-demarcated erythmatous plaques topped by silvery scales. *Ayurveda* texts do not give a direct reference towards a single disease which can be compared with the modern day "Psoriasis".

According to Ayurveda, in *Ekkushtha* round shaped and erythematous lesions +with silvery white scale are found over large area of body. Treatment of *Ekkushtha* is comprised of *Shodhana* and *Shamana* type of treatment, and *Shodhana* is more important treatment measure in the disease.

Apart from *Madanaphala,* five other drugs and in total 355 formulations described in classics, one of them is *KRUTAVEDHANA KALPA,* which indicates towards the selection of different drugs & formulations in accordance to the Dosha, Dushya and diseases. Apart from Vamaka Prabhav in general the drug has Specific indication for some diseases and disturbed Dosha condition. *Krutavedhana* is specifically mentioned for *Gadha Doshayukta* condition like *Kushtha, Pandu, Pliha Roga, Shopha, Gara Visha* etc.

Aims and Objectives

1. Standardization of *Vamana* Karma.
2. To assess the efficacy of *vamana* Karma in the management of *Ek-Kustha.*

Materials and Methods

1. Clinical: by analyzing the data from the results obtained by clinical study.

Criteria for patient selection:

Patients with classical sign & symptoms of the *Ek-Kustha,* according to Ayurvedic classics as well as modern science were selected. It was selected from the O.P.D. & I.P.D. of Govt. Akhandanand Ayurveda College – Hospital.

Total 24 patients were selected for present study and were divided into two groups.

The research work has been carried out in two groups as follow:

Group –A In this Group *Vamana Karma* was performed by *Krutavedhana* and *Pappalyadi Ghrita* was used for *snehana.* After *Sansarjana Krama Pippalyadi vati* was given for 26 days.

Group –B In this Group *Vamana* Karma was performed by *Krutavedhana* and Go- *Ghrita* was used as *Snehana.* After *Sansarjana Krama* placebo tablet is given for 26 days.

Criteria for assessment of overall treatment:

Complete Remission: 100% relief in the signs and symptoms with plain skin and significant changes in color of the affected skin lesion towards normal.

Marked Improvement: More than 75% relief in the signs and symptoms were recorded as marked improvement with improvement in pigmentation and skin thickening.

Moderate Improvement: 50-74% relief in the signs and symptoms were considered as moderate improvement in pigmentation and skin thickening.

Mild Improvement: Patients showing results between 25-50% in signs and symptoms with slight improvement in pigmentation and skin thickening

No Effect: Result below 25% was considered as no change.

OBSERVATIONS:

1) Higher incidence of *Eka-kustha* was reported in age group of 31-4O years and . In these 24 patients, maximum belonged to Male sex (83.33%), Hindu religion (87.5%), Secondary Educated i.e. 5th-10th (16.67%) Urban habitat (55%), Married (83.33%) and in Service (66.66%) each, with Lower Middle class status (50%)

2) In these 24 patients, majority were addicted to Tobacco chewing (33.33%) and Tea (66.67%) with depressive and anxiety Emotional status (29.17%each)

3) *Dietary habits:* Maximum patients were Vegetarian (70.83%). Majority of them preferred *Madhura* and *Lavana* rasa (58.33% each) which is major reason to worsen the skin condition. Maximum patients had Guru-Snigdha *pradhan aahar* (54.17% and 50% each) with *Vishamshana* habit 50% though among these 54.17% patients

had Mandagni. Here 58.33% patients had *Krura Kostha* (dominance of *vata*)

4) Majority of patients i.e. 100% had Regular bathing, among which 41.67% used cold water. Disturbed sleep was noticed in 66.67% patients

5) *Vyadhi-* In 66.67% patients gradually onset of the disease was noticed, 85% had Chronic duration. This chronicity was maximum i.e. 41.67% in between 6-10 years. Here course of the disease was continuouse in 79.17% patients, among them 100% had already taken Allopathy medicine. Family history of psoriasis was only recorded in 10% patients.

6) *Nidan seven:* Maximum patients i.e. 80% used to have *khichadi* with milk and 45.83% used *shita jala* seven after *atapadi shram kriya* and 54.17% *divaswapna* .

7) Cardinal symptoms: like scaling, itching, rukshta and auspitz's signs were recorded in all 24 patients i.e.66.67%. Involvement of scalp–upper extremity,chest –lower extremity, back, were seen in70.83% of patients. Among these 24 patients 75% of patients had plaque type of psoriasis with maximum aggravation in shishir season i.e.29.17%

8) *Snehpana-* Majority of patients had *snehapana* for 7 days i.e. 280 mlamong which 45% had *snehapana matra* between 30-35 ml on 1st day, 40% had *snehapana matra* between 300-350 ml on last day. Among these *samyaka snigdha lakshanas* were found in 83.33% of patients.

9) *Vaman-* Out of 24 patients, in 37.5% of patients 8 *vaman vegas* were seen. With *pravar shuddhi* in 66.67% patients, in 75% of patients s*amsarjan krama* was advised for 7 days.

- In group B for 50% patient, Average Quantity of *Khrutvedhana* seed *churna* was 8.50 gms. For 33.33% patient, Average Quantity of *Khrutvedhana* seed churna was 6.00gms. For 16.67% patient, Average Quantity of *Khrutvedhana* seed *churna* was 7.50gms.
- It was observed in patients of group A that after administration of V*amana* Yoga, Nausea (i.e. *Hrillasha)* was reported earlier than other within an average time period of 15.00 minutes. Then Salivation (i.e. *Asya Sravana*) was started within an average period of 20 minutes. Heaviness & Discomfort of abdomen (i.e. Kukshi Adhmapanena) was complained next within an average duration of 10.00minutes. Then Sweating (i.e. *Sweda Pradurbhava*) on fore head was marked within an average period of 12.00 minutes, whereas Pilling of hair (i.e. *Lomaharsa*) was observed later within an average duration of 25.00 minutes.
- The process of *Vamana* was completed in1 patients of groupA & groupB in 65 minutes. 60 minutes was taken to finish the whole procedure 6 patients of group A & 9 patients of group B .In 5 patients of group A took 57minutes to finish the whole procedure In 2 patients of group A took 75 minutes to finish the whole procedure.

The initially average value of blood pressure in 05 patients of group A was 140/90 mm of Hg, which further slowly came down as the process came to end showing the average value of 130/ 86 mm of Hg. average value of blood pressure in 04 patients of group A was 130/88 mm of Hg, which further slowly came down as the process came to end showing the average value of 120/ 82 mm of Hg. In group B, changes was observed showing the average value 120/80 mm of Hg before *Vamana* in 7 patients & 110/86 mm of Hg . In group B, average value 130/80 mm of Hg before *Vamana* in 4 patients & 126/76 mm of Hg after *Vamana* was noted.

In all 24 patient tachycardia was found ,in 5 patient of group A before *Vamana* Karma pulse was 80/min it was increased during *Vamana* and after *Vamana* it was found 88/min,in 3 patient of group A before *Vamana* Karma pulse was 84/min it was increased during *Vamana* and after *Vamana* it was found 92/min,in 4 patient of group A before *Vamana Karma* pulse was 88/min it was increased during *Vamana* and after *Vamana* it was found 92/min,in 2 patient of group B before *Vamana Karma* pulse was 76/min it was increased during *Vamana* and after *Vamana* it was found 88/min,in 6 patient of group B before *Vamana Karma* pulse was 88/min it was increased during *Vamana* and after *Vamana* it was found 96/min,in 4 patient of group B before *Vamana Karma* pulse was 72/min it was increased during *Vamana* and after *Vamana* it was found 84/min.

There was mild changes found in respiratory rate in 5 patient of Group A before *Vamana* Karma respiratory rate was 20/min and after *Vamana Karma* it was 24/min , in 3 patient of Group A before Vamana *Karma* respiratory rate was 21/min and after *Vamana Karma* it was 24/min , in 4 patient of Group A before *Vamana Karma* respiratory rate was 21/min and after i it was 24/min , in 5 patient of Group B before *Vamana Karma* respiratory rate was 21/min and after *Vamana* Karma it was 25/min, in 6 patient of Group B before *Vamana Karma* respiratory rate was 21/min and after *Vamana Karma* it was 25/min, in 4 patient of Group B before *Vamana Karma* respiratory rate was 21/min and after *Vamana Karma* it was 25/min .

To comprehend the quantity of drug that was ingested, volume of the same were measured before commencing & after completion of the procedure. So the difference between them provided us the amount of the medicine that was ingested i.e. Drug Input or Volume Input. After completion of the procedure, the *vomitus* was measured by volume i.e. Drug Output. This measurement helped us to estimate how much quantity of the medicine came out along with the vitiated humours. In 2 patient of Group A input was 8500 ml and output was 8700 ml and difference between input and output was 200 ml, In 4 patient input of Group A was 5600 ml and output was 5800 ml and difference between input and output was 200 ml, In 6 patient of Group A input was 6100 ml and output was 6250 ml and difference between input and output was 150 ml, In 5 patient of Group B input was 4000 ml and output was 4250 ml and difference between input and output was 250 ml, In 3 patient of Group B input was 6000 ml and output was 6200 ml and difference between input and output was 200 ml, In 4 patient of Group B input was 7300 ml and output was 7500 ml and difference between input and output was 200 ml.

A lot of alertness, physical, mental & analyzing strength is needed for conducting the process of *Vamana*. It is the skill of the physician in deciding at which phase Vamana should be ceased. Judgement of the humours remained inside; strength of the patient, condition of the patient & *Antiki Lakshanas* etc. become the key factors in making the decision. To end the *Vamana,* certain signs & symptoms (*Antiki Lakshanas*) are necessary to check carefully.

In the present study, more emphasis was given upon to get the symptoms from a Patient on its own. No leading questions were asked suggesting the specific answers. The signs & the symptoms were reported abruptly when the decision to cease the process of *Vamana* was taken over. So *Antiki Lakshanas* mentioned in classics plays major role here to decide it.

When Pitta started to ooze out, the taste in the mouth i.e. Rasa *Pratiti* also showed some changes in both groups. Maximum i.e. 41.67 % patients in group A & 33.33% in group B tasted bitterness (i.e. *Tiktasyata*) at the end session, 25% in group A & 8.33% patients in group B came across with both bitter & pungent taste i.e. (*Tikta* & *Katusyata*), 8.33% persons in group A & 16.67% in group B ended *Vamana* with only pungent (*Katusyata)* taste, while 8.33% patients completed the process with sweetening & pungent taste in mouth (i.e. *Katu* & Madhurasyata) in group A and 16.67% in group B finished it with salty & pungent (i.e. *Katu* & *Lavanasyata*) taste.

Likewise at that time when asking about *Udara Stithi,* maximum i.e. 83.33% Patients in group A & 75% in group B felt lightness in abdomen (i.e. *Udara Laghava*), while only 16.67% patients in group A & 25 % of group-B told about the heaviness of abdomen (i.e.

Udara Gaurava).

Burning sensation in throat (*Kantha Daha*) is the symptom sensed by 58.33% Patients in group A & 41.67% in group B. 25% patients complained about pain in throat (*Vedana*). In group A & 16.67% in group B .Complained about stickiness of mucous in throat (*Upalepita*). Cough was also felt by 16.67% patients of group A & 41.67% of group B after completion of *Vamana*. Almost all patients each had secretions from the nostrils & secretions from the eyes during the process & also at the end of the process.

Likely 16.67% patients in group A ended up *Vamana* with continue clear & tasteless belching (i.e. *Pravara Udgara)*, while 83.33% of group A & 16.67% of group B expelled less air in form of belching (i.e. *Avara Udgar)*.

Nausea tendency (*Chhardi Iccha)* in mild form was still persisted in about 25% persons of group A & 16.67% of group B, whereas 16.67% patients of group A & 25% of group B completed their *Vamana* with less nauseated condition.

Severe sweating was seen in 33.33% patients of group A & group-B.while mild perspiration was detected in 41.67 of group A &16.67 group B in the last phase of *Vamana*. The appearance of "Pitta" (only Pitta) was observed in vomitus, when the process reached a climax, in 58.33% patients in group A & 66.67% in group B.

After completion of *Vamana* 75% patients of group A & 66.67% of group B realized lightness in chest, lightness in sides, lightness in whole body (i.e. *Gatra Laghava*) with increase in freshness (i.e. I*ndriya Prasannata*).

The maximum patients i.e. 100% of group A & 83.33% of group B were suffered from *Daurbalya,* while 83.33% persons of group A & 83.33% of group B complained *Alasya*. Likewise Loose motions (*Drava* Mala *Pravritti*) were observed in 33.33% peoples of group A & 25% of group B.58.33% persons of group A & 41.67% of group B complained *Daha* in throat. Some bouts of Vomiting (*Chhardi*) were also reported having that day after *Vamana* in some patients i.e. 33.33% of group B & 41.67% of group A.

Along with these symptoms, others like Pain in abdomen (*Udara Shula*) (By 25% of group A & 33.33% of group B), Body ache (Angamarda) (By 8.33% of group A & 00% of group B), Heaviness of abdomen (*Udara Gaurava*) (By 16.67% of group A & 25% of group B) . Likely some peoples i.e. 8.33% in group A exhibited belching (Udgara) on that day.

When patients were distributed according to *Samsarjana Krama* they followed, it was observed that 16.67% persons of group A followed *Samsarjana Krama* for 3 days & 8.33% of Group-B followed *Samsarjana Krama* for 3 days. 33.33% patients of group A & 8.33% of Group B for 5 days, while the rest of the patients i.e. 50% peoples of group A & 83.33% of Group B followed it for 7 days.

In 70.83% *Snigdha Twak* ,91.67% *Asamhat Varcha Lakshana* were seen. In 87.5% *Purisha Snigdhata* was found, in 75%, Adhastat Sneha *Darshana* and *Vatanuloman* were in 75%, *Deeptagni* in 79.17%, *Shaithilya*. 62.5% and 58.33% showed *Klama. Snehodwega* was observed in 54.17%, 45.83% in *Snigdha Gatra*, 50% in showed *Glani* 79.17% of patients showed *Laghuta* after *Vamana*. 70.83% of patients showed *Daurbalya*. 66.67% *Anati mahativyatha* and 58.33% showed *Murdha shuddhi, Indriya shuddhi, Parshwa shuddhi, Hrit shuddhi.*

Pravara shuddhi was found in 66.67% patients and *Madhyama Shuddhi* was found in 20.83 % *Avara Shudhi* was found In the remaining 12.5%.

Effect on *Aswedan*, in Group A was 81.87% after the completion of whole therapy. In Group B was 67.56% after the completion of treatment. In group A, for *Mahavastu lakshana* was 78.94% after the 6weeks follow up. In Group B was 50% after the whole therapy.

In *Matsya-shaklvat lakshanas* which was 61.11 % after the whole therapy. In Group A i.e *Matsya-shaklvat lakshanas* which was 52 % after the whole therapy in GroupB. In Group A Effect on *Kandu* was 86.06% after the whole therapy, in Group B was 73.80% after the whole therapy. In group B for *Daha* symptom 66.67 % relief was observed after whole therapy.

Effect on *Rukshata* in Group A was noticed as 68.42% relief after the completion of therapy. In Group B, 57.14% relief after the completion of treatment was observed.

In Group A gave 50% relief for the symptom *Vedana* after the whole therapy. In Group B 41.37% relief was noticed after the whole therapy too.

In Group A, 66.67% relief in the sign Varna was observed after the *(vaman, samsarjana* and follow-up) whole treatment. In case of Group B, this result was 10.52% after the completion of whole therapy.

Discussion:

Karma Review:

The Karma review of the process, *Vamana Karma, Vyapada* and Mechanism of *Vamana* process. General review of the process comprises of historical review of *Vamana* process, etymology and definition of *Vamana* and indications-contraindications explained for *Vamana*. This is supported by a plenty of references regarding *Vamana* in various contexts obtained from several texts.

Vamana Karma consists of three major divisions as *Purvakarma, Pradhanakarma* and *Paschatakarma. Purvakarma* deals with the *Sambhara Samgraha,* selection & examination of the patient, *Deepana-Pacana, Snehana*, *Abhyanga-Svedana, Manasopacara* (counseling) and Dietetic regimen. Dietetic regimen is further planned on the previous night of *Vamana* & just before the process of *Vamana Karma. Pradhanakarma* consists of administration of *Vamaka* Yoga, observations during *Vamana* & four criteria for assessment of *Vamana Karma.* Each criterion is discussed in detail with reference, importance and explanation. *Pashchata* Karma contains *Dhumapana, Pariharya Visaya* and *Samsarjana Krama*.

Chapter regarding *"Vyapada"* contains the definition of *Vyapada*, several factors leading to *Vyapada,* types of *Vyapada, Atiyoga,* Ayoga and major ten complications explained by *Charaka* in detail with the list of several complications explained by various authors.

Drug Review:

For the consideration to this point, the study was planned to compare the effect of *Vamana Karma*. In this study *Vamana* was done by the traditional method with the use of *Krutavedhanaa* as the *Vamaka Dravya* and after the completion of *Shodhana, Shamana* drug (Pipplyadi vati) was given in group-A for 26 days.

In this study research work was carried out in two groups viz. group-A and group-B to assess the efficacy of *Vamana.*

Efficacy of Krutavedhanaa In The Process Of Vamana Karma:

Vamana Karma is explained as the Shodhan process and in the description of VAmaka drug Acharya mentioned drug having the VAmaka property is Agni and Vayu Mahabhut dominant So, therefore here below Raspanchaka of drug Krutavedhanaa is mentioned. Raspanchak of Krutavedhana:

Ras : Katu
Guna : Tikshana,ruksha,
Virya : Ushna
Prabhava : Ubhayatobhaghar

Action through Rasa:

Katu Rasa of *Krutavedhana* has dominancy of Agni and Vayu *Mahabhut,* therefore we can say that through the action of Rasa it plays important role in the *VAmana* process.

Action by Guna :

Krutvedhan has *Tikshan* & *Rukshna Guna*, commentator *Arundatt* mentioned that *Shodhane Karmane Shakti Sa Tikshna* . So therfore it will take part throgh its *Guna* in *vamana Karma*.

Action by Virya:

It has *Ushna Virya* property so it again helps in Vamana Karma. So we can say that *Krutvedh*ana acts by its Raspanchak gaFei:vò< gde;u c, and by observing the *Vyadhiviprit* effect of drug *Krutavedhana* it is useful in disease which is occurs by *Dosha* situated in deep *Dhatu* of the body, Hence we knows that *Kustha* is a disease which is deeply situated in body and that's way *Aacharya Charak* has described K*ustha* as a disease which stands in body for long time among all other disease.

So by *Raspanchak, Doshviprit* and *Vyadhiviprit* effect of *Krutavedhana* we can conclude the probable mode of action and efficacy of *Krutavedhana*.

OVERALL EFFECT OF TOTAL THERAPY:

- Nobody got completely result.
- ·Marked improvement was noted in 25% patients of group-A and 00 % patients of group-B.
- ·Moderate improvement was observed in 75% patient in group-A where 83.33% shows improved effective result in group-B.
- ·Mild improvement was observed in 00 % patients in group-A where 16.67% shows improved effective result in group-B.
- Unchanged was noted in 00 % patients of only in group-A and group-B.

The effect of *Vamana Karma* was found locally and systematically. In the *Shodhana* procedure the morbid humours-the main causative factor are expelled out from body, so that the group-A shows more improvement.

CONCLUSION:

EkKushtha in modern parlance has similarity with Psoriasis. Some researchers also correlate Psoriasis with *Sidhma* or *Kitibha*. *Ekkushta* is a *Vatakapha* dominant disease in which *Vaman Karma* treatment gives more efficient results.

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