

Effect Of *Vamanottara Virechana* In The Management Of *Eka Kushta* W.S.R Plaque Psoriasis

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ABSTRACT:

INTRODUCTION: In *Ayurveda*, skin disorders are described under *Kushta* (skin disorders) which is primarily divided into two types, i.e., *Mahakushta* and *Kshudra Kushta*. *Eka-Kushta* is one among the *Kshudra Kushta*, which is predominantly of *Kapha-Vata* origin and its symptoms and characteristics closely resemble to those of Psoriasis, a chronic inflammatory skin disorder. Prevalence of Psoriasis in India accounts 2-3% of the total population and Plaque Psoriasis being the most common manifestation. Key characteristics of Plaque Psoriasis include distinctive erythematous papules and plaques, silvery micaceous scales, chronic inflammation associated with itching and burning sensation.

MATERIALS AND METHODS: A 39year old male patient approached Kayachikitsa OPD of JSS Ayurveda Hospital, Mysore, presenting with the complaints of blackish, rough, dry, raised and scaly patches over the legs, scalp and chest region, associated with itching and powdery discharge. After *Roga-Rogi Pareeksha* (examination of disease and patient) he was diagnosed as *Eka-Kushta* (Plaque Psoriasis) and was advised to undergo *Vamanottara Virechana Karma* (therapeutic emesis followed by purgation therapy) followed by *Shamana Chikitsa* (palliative treatment) and the treatment protocol provided the maximum benefits to the patient.

OBSERVATION AND RESULTS: This study evaluated the effectiveness of *Ayurveda* treatment for *Eka-Kushta*. 85% of symptomatic relief was achieved through *Vamanottara Virechana* and patient was advised with *Shamana Chikitsa* and remained symptom free during the follow-up. This study demonstrates the potential of *Ayurveda* medicines in managing *Eka-Kushta*.

KEYWORDS: Ayurveda, Eka-Kushta, Plaque-Psoriasis, Vamana, Virechana.

INTRODUCTION:

The *Twak* (Skin) is the largest organ of the body, playing a vital role in overall well-being. In *Ayurveda*, the skin is recognised as one of the *Pancha Gnyanendriya* (five sense organs).^[1] Healthy skin is essential in maintaining physical as well as mental well-being. *Kushta* is a common ailment which affects all the ages from neonates to elderly and is seldom fatal.^[2] *Kushta* in *Ayurveda* is considered one among the *Ashta Mahagada* (eight dreadful diseases).^[3] *Kushta* is generally described as *Tridoshaja Vyadhi*, but depending on predominance of particular *Dosha* it is classified into seven, eighteen etc., and Acharya Charaka also mentions *Kushta* as *Aparisankhyaya*(innumerable)^[4]. *Eka-Kushta* is classified under *Kshudrakushta* and it is characterized by *Matsya-Shakalopamam* (large scaly plaques which resembles that of a fish), *Mahavasthu*(extensive localization), and *Asweda*(anhydrosis) and *Vata-Kapha* predominant.^[5]

CASE REPORT:

CHIEF COMPLAINTS (*Pradhana Vedhana*):

A 39year old male patient registered with OPD No. 143352, approached *Kayachikitsa* OPD of JSSAH on 05-01-2024. He presented with the following complaints:

- Blackish, dry, rough, scaly, raised patchy lesions on bilateral lower limbs since 4years.
- Lesions on scalp, chest and trunk region since 3years 6months.
- Associated with Itching, and powdery flake discharge from the area of lesions.

HISTORY OF PRESENT ILLNESS (*Pradhana Vyadhi Vrutanth*):

A 39year old male patient presented with a two year history of skin lesions being asymptomatic five years prior. Significant life-style changes occurred in 2015 when he joined a software company in Chennai, working 10 hours per day. Initially,

he consumed home-made food until 2019, after which his family shifted to Bengaluru and he started eating fast food. Additionally, he travelled to the USA twice between 2019 and 2021, consuming only Non-vegetarian and fried foods during these trips. In June 2021, the patient began to experience pain in his neck and lower back region, for which he received treatment at our Hospital (JSSAH, Mysore). He was diagnosed with *Greeva-Gataavata* (Cervical Spondylosis) and *Katishoola* (Lumbar-Spondylosis) and underwent two courses of treatment in June and July 2021, achieving satisfactory results. However, in November 2021, he developed papular eruptions on his right lower limb that progressed to scaly plaques, which subsequently spread to the left lower limb, scalp and chest region associated with itching and powdery flake discharge. The patient consulted an *Ayurveda* doctor in Bengaluru for the same complaints, but couldn't find any satisfactory results. Hence patient approached our hospital and diagnosed as *Eka-Kushta* on January 5, 2024.

HISTORY OF PAST ILLNESS (*Adhyatana Vyadhi Vruttanta*):

The patient is a known case of Type 2 DM since 2022 (on regular medications since 2 years but discontinued since 6 months).

There is no reported history of HTN and other systemic illness.

MEDICATION HISTORY (*Chikitsa Vruttanta*):

Tab. Diabecon 1BD before food for 1 year; 2 BD before food for 6 months.

FAMILY HISTORY (*Koutumbhika Vruttanta*):

No contributory history found.

OCCUPATIONAL HISTORY (*Udhyoga Vruttanta*):

His typical workday begins at 9am and concludes at 6pm. Notably, the patient reports a history of stressful work and continuously sitting for 8-9 hours per day

PERSONAL HISTORY (*Vyakthika Vruttanta*):

Ahara (Diet):

Consumes both Vegetarian and Non-vegetarian food.

From 2015-19: Consumes home-made food at regular timings.

From 2019-21: Consume outside food at irregular timings.

Vihara (Lifestyle):

IT worker, H/O Stressful occupation and sedentary lifestyle.

Nidra (Sleep):

Sound sleep for about 6-7 hours/night, No *Divaswapna* (day-sleep) noted.

Vyasana (Habit):

Coffee/tea: 3-4 times per day.

No habit of alcohol/tobacco consumption.

GENERAL PHYSICAL EXAMINATION (*Samanya Pareeksha*):

Built: Moderate

Nourishment: Moderate

Nails: Normal

Conjunctiva: Pallor - absent; Icterus - absent

Lymphadenopathy: absent

Cyanosis: absent

Clubbing: absent

Oedema: absent

VITAL SIGNS:

Pulse: 82bpm

BP: 120/80 mmHg

RR: 70cpm

Temperature: 98°F

Ashta Sthana Pareeksha:

Nadi: Vata-Kaphaja

Mala: *Prakrutha*; once in a day

Mutra: *Prakrutha*; 4-5 times per day

Jihwa: *Alipta*

Shabdha: *Prakrutha*

Sparsha: *Anushna Sheetha*

Drik: Prakrutha

Aakruthi: Madhyama

SYSTEMIC EXAMINATION:

Cardio-Vascular System: S₁ S₂ heard, no murmurs

Respiratory System: B/L NVBS heard, no added sounds

Central Nervous System: Conscious and well oriented to TPP

Gastro-Intestinal System: Soft, non-tender, no organomegaly

Integumentary System Examination:

- Onset of the lesions – 4 years ago (2021)
- Type of the lesions – Scaly
- Number of lesions – multiple
- Dimension of the lesions – Varied (left leg shin region - 4*6cms, right leg - 5*8cms, left post auricle region – 1*2cms, right post auricle region – 2*3cms, over scalp region – 5*7cms)
- Colour of the lesions – Silvery black discoloration
- Morphology of the lesions – Blackish keratinized lesions
- Distribution of the lesions – Anterior aspect of bilateral lower limbs and scalp, bilateral post auricle region, chest region.
- Surface of the lesions – Elevated, hard, rough and dry.
- Margin of the lesions – Demarcated and irregular.
- Primary lesions – Papular lesions.
- Secondary lesions – Scaly.
- Discharge – Powdery, white flake discharge
- Candle grease test – Positive
- Auspitz sign – Positive
- Koebner's phenomenon – Positive.

Dashavidha Pareeksha:

- *Prakriti* – Vata, Kaphaja
- *Vikriti* – Dosha: Vata, Kaphaja
- *Desha:* Anupa Desha
- *Kala:* Sheeta Kala
- *Bala:* Rogi and Roga Bala – Madhyama
- *Satva* – Madhyama
- *Samhanana* – Madhyama
- *Satmya* – Madhyama
- *Ahara Shakti* – Abhyavarana Shakti: Pravara
Jarana Shakti: Avara
- *Vyayama Shakti* – Madhyama
- *Vaya* – Madhyama

Nidana Panchaka:

Nidana

- *Aharaja* – Vidagdha, Viruddha, Mashapradhana Ahara
- *Viharaja* – Avyayama
- *Manasika* – Chinta

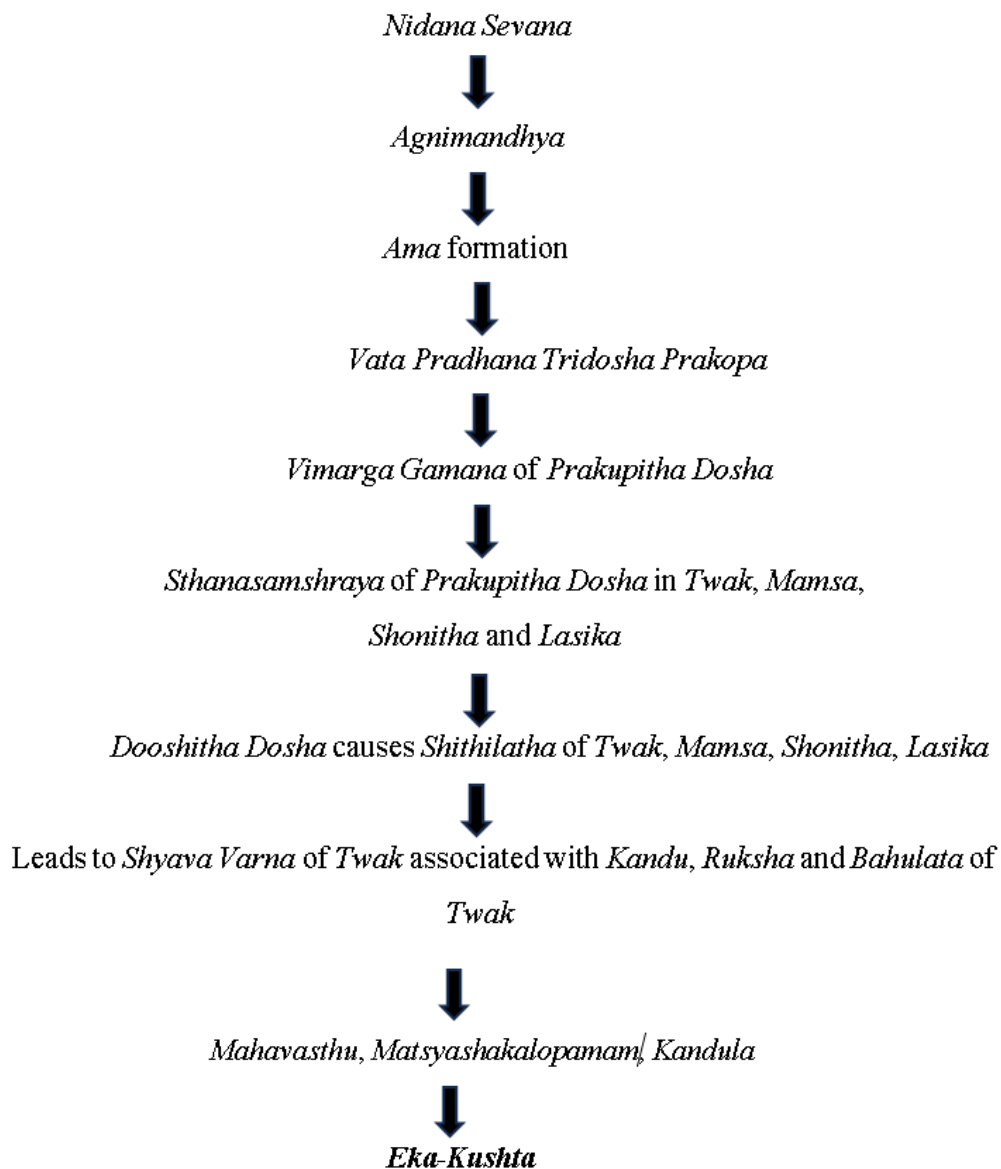
Poorvaroopa – Pidaka (Papular eruptions)

Roopa – Ruksha(dryness) and Bahulatwa of Twak(lichenification), Mahavaastu, Matsya Shakalavat, Kandu(itching)

Upashaya – Vyadhi Vipareeta Oushadha and Ahara Sevana

Anupashaya – Apathya Ahara and Vihara Sevana as mentioned under *Nidana*.

SAMPRAPATHI:



Samprapathi Ghataka:

Dosha:

Vata - Vyana Vata, Samana Vata

Pitta - Brajaka Pitta, Pachaka Pitta

Kapha - Kledaka Kapha

Dushya: Twak, Mamsa, Shonitha, Lasika

Agni: Jatharagni, Dhathwagni

Ama: Jathargni and Dhathwagni Janya Ama

Srotas: Rasovaha, Rakthavaha, Swedavaha and Mamsavaha

Srothodushiti: Sanga, Atipravruithi, Vimargagamana

Udhhbava Sthana: Amashaya

Sanchara Sthana: Sarva Shareera

Vyaktha Sthana: Twak

Rogamarga: Bahya

Vyadhi Swabhava: Chirakari

Sadhyaasadyatha: Kruchra Sadhya

Chikitsa:

Patient was subjected for *Shodhana Chikitsa* as mentioned below (Table 1 and 2) followed by *Shamana Chikitsa* (Table 3).

Table 1: First course of treatment (Vamana Karma):

Sl.NO	Chikitsa	Date	Medications
		Poorva Karma	
1.	Deepana Pachana	8/1/24 to 10/1/24	Agnitundi Vati 2 TID for 3 days
2.	Snehapana	11/1/24 to 14/1/24	Vajraka Ghritha Day 1: 30ml Day 2: 60ml Day 3: 90ml Day 4: 120ml (Samyak Snigdha Lakshanas were attained)
3.	Vishrama Kala (Sarvanga Abhyanga and Bashpa Sweda)	15/1/24	Vajraka Taila and advised to consume Kaphotkleshakara Ahara
		Pradhana Karma	
4.	Vamana	16/1/24	1. Sarvanga Abhyanga with Vajraka Taila followed by Bashpa Sweda 2. Aakanta Ksheerapana 3. Vamana Dravya: > Saindhava Lavana - 1gm > Vacha Churna - 2gm > Yashtimadhu Churna - 4gm > Madanaphala Pippali Churna - 8gm > Madhu - Q.S 4. Vamanopaga Dravya: Yashtimadhu Phanta 5. Mukha Prakshalana with Ushna Jala followed by Dhumapana with Haridradi Dhumavarthi. Samyak Vamitha Lakshana: Vegiki - 7 Vegas; Maniki - Approx. ½ Prastha Anthiki - Pittanta Total Input - 9250ml Total Output - 9750ml Type of Shudhi: Madhyama
		Paschath Karma	
5.	Samsarjana Krama	5 days 16/1/24 to 20/1/24	Peyadi Samsarjana Krama was advised.

Table 2: Second course of treatment (Virechna karma):

Sl.No	Chikitsa	Date	Medications
		Purva Karma	
1.	Snehapana	From 29/01/24 to 01/02/24	Panchatiktha Guggulu Ghrita Day 1: 30ml Day 2: 60ml Day 3: 90ml Day 4: 120ml (Samyak Snigdha Lakshanas were attained)
2.	Vishrama Kala (Sarvanga Abhyanga and Bashpa Sweda)	From 02/02/24 to 04/02/24	With Manjishtadi Taila
		Pradhana Karma	
3.	Virechna karma	05/02/24	> Sarvanga Abhyanga with Manjishtadi Taila followed by Bashpa Sweda. > Virechna Dravya: Trivrut Lehya- 70gms Patient attained Samyak Viriktha Lakshanas with 12 Vegas. Shudhi: Madhyama
		Paschath Karma	
4.	Samsarjana Krama	5 days 05/02/24 to 09/02/24	Peyadi Samsarjana Krama is advised.

Table 3: Shamana Oushadhi:

Sl.No	Oral medications given	Dose	Time of administration and Anupana
1.	<i>Khadhiratriphaladi Kashaya</i>	20ml	Twice a day with warm water, After food
2.	<i>Kaishora Guggulu</i>	2 BD	Twice a day with warm water, After food.
3.	777 Oil		Twice a day, for external application over the lesions.

*Medicines were started on 10/02/2024 and given for 15 days till 24/02/2024.

Table 4: Gradation system for clinical features ^[6]:

	<i>Twak Rukshatha</i>	<i>Bahulatwa</i>	<i>Kandu</i>	<i>Vaivarnya</i>	<i>Matsya-Shakalopamam</i>
Grade 0	No line on scratching with nail	No <i>bahulatwa</i>	No itching	Normal colour	No scaling
Grade 1	Fine line on scratching with nail	Mild thickening	Mild/ occasional itching	Near to normal colour	Mild scaling by rubbing or by itching (from some lesions)
Grade 2	Line and even words can be written on scratching with nail	Moderate thickening	Moderate frequent itching	Reddish discolouration	Moderate scaling by rubbing or by itching (from all lesions)
Grade 3	Excessive <i>Rukshatha</i> leading to <i>Kandu</i>	Very thick	Severe frequent itching	Slight blackish red discolouration	Severe scaling by rubbing or by itching (from all lesions)
Grade 4	<i>Rukshatha</i> leading to crack formation	Very thick with induration	Very severe itching which disturbs sleep and other routine activities	<i>Krishna Aruna Varna</i>	Scaling without rubbing or by itching (from all lesions)

Results:**Table 5: Assessment of clinical features based on gradings:**

Sl.No	BT (08/01/24)	After Vamana (17/01/24)	After Virechana (10/01/24)	AT (26/01/24)
<i>Twak Rukshatha</i>	Grade 4	Grade 3	Grade 1	Grade 1
<i>Bahulatwa</i>	Grade 3	Grade 2	Grade 1	Grade 0
<i>Kandu</i>	Grade 4	Grade 2	Grade 1	Grade 0
<i>Vaivarnya</i>	Grade 3	Grade 2	Grade 1	Grade 1
<i>Matsya-Shakalopamam</i>	Grade 4	Grade 3	Grade 1	Grade 0

DISCUSSION:

In this article, a case of *Ekakushta*, a chronic skin disorder correlated with plaque psoriasis, was treated using *Ayurveda* principles. The condition is characterized by erythematous, scaly plaques due to abnormal epidermal differentiation and keratinization.^[7] It is caused due to vitiation of *Sapta-Dravya* of *Kushta*, predominately *Vata* and *Kapha*.^[8]

The treatment approach consisted of *Shodhana Chikitsa* (purification therapy), *Shamana Chikitsa* (palliative therapy) and *Bahir Parimarjanna Chikitsa* (external purification therapy). *Shodhana Chikitsa* was performed to eliminate the *Dosha* and prevent relapse of the disease and the treatment was planned according to the strength of the *Dosha* and *Dushya*.^[9]

The treatment protocol are as follows:

Deepana-Pachana: *Agnitundi Vati* was used to improve digestion and eliminates toxins, thereby increasing *Agni* (digestive fire) and reducing *Ama*(toxins).^[10]

Snehapana: *Vajraka Ghrita* containing *Vacha* (*Acorus calamus*), *Guduchi*(*Tinospora cardifolia*), *Nimba*(*Azadirachta indica*), *Triphala*(*Terminalia chebula*, *Terminalia bellerica*, *Embilika officinalis*), *Patola*(*Trichosanthes dioica*), *Kantakari*(*Solanum xanthocarpum*), *Karanja*(*Pongamia pinnata*) and *Hribera*(*Coleus vettiveroides*), was used to loosen and break the bonding between *Dushitha Dosha*(imbalanced *Doshas*) and *Dhathus*(tissues) this resulted in mild symptomatic relief.^[11]

Vishrama Kala: After *Snehapana* patient underwent *Sarvanga Abyanga* (full-body massage) with *Vajraka Taila* containing *Ashwamara* (*Nerium indicum*), *Triphala* and *Go-Mutra* (cow's urine) etc., followed by *Bashpa Sweda* (sudation) for 1 day and 3 days respectively, for *Vamana* and *Virechana*.^[12] *Swedana* is useful for *Dosha Vilayana* (liquefaction of *Doshas*) and mobilization of *Doshas* from *Shakha* to *Koshta*.^[13]

Vamana: *Vamana Karma* (emesis therapy), helped in *Urdhwabhaga Dosha Harana* (elimination of *Doshas* from the upper body)^[14] which was done using *Madanaphala Pippali Churna Yoga*^[15] followed by 5 days of *Samsarjana Krama* (a gradual re-introduction of normal diet and activities) based on *Shudhi* (purification).

Virechana: *Trivrut Lehya*^[16] was administered for *Virechana Karma* (purgation therapy), which helped in *Adhobhaga Dosha Harana* (elimination of *Dosha* from the lower body)^[17] and the patient underwent *Samsarjana Krama* for 5 days based on *Shuddhi*.

CONCLUSION:

In conclusion, the treatment protocol of *Shodhana* (*Vamanottara Virechana*) followed by *Shamana Oushadhi* with proper *Pathya-Apathya Palana* was found to be effective in subsiding the symptoms of *Eka-Kushta* significantly, without aggravation of symptoms during and after the treatment. Given the chronic and relapsing nature of *Eka-Kushta*, *Punahpunah Shodhana* is recommended, and additional *Shodhana* procedures such as *Basti*, *Nasya* and *Rakthamokshana* may be considered for optimal results. This treatment approach highlights the potential of *Ayurveda Chikitsa* in managing skin conditions like *Eka-Kushta*, and warrants further research to explore its efficacy and safety.

BEFORE TREATMENT:



AFTER VAMANOTTARAVIRECHANA:



DURING FOLLOWUP:





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