

**EFFECT OF VAMANA KARMA ALONG WITH SHAMAN
TREATMENT IN PSORIASIS ERYTHRODERMA - A SINGLE CASE
STUDY**

¹Pathak Rajneesh

¹M.D. Scholar, Dept. of Kayachikitsa, Govt. Akhandanand Ayurveda College, Ahmedabad, Gujarat, India

ABSTRACT :

Psoriatic Erythroderma also called “exfoliative dermatitis” in this disease the skin over the entire body develops erythema and scaling. It is common complication of psoriasis. Psoriasis erythroderma can result from a pre-existing skin disease such as psoriasis. Injudicious irritating topical treatment of the primary disease can precipitate this transformation.

For present study, a 24 years old Hindu male patient having symptoms like multiple erythema, severe scaling, itching whole over body (Excessive on trunk, both arm, both leg, scalp region), bleeding points in itching area observed along with creaked skin, dryness over affected part since 7 years was registered. Patient prior went for allopathic treatment since 6 years. According to patient, all the symptoms had been aggravated excessively since Jan-2016 after stopping all allopathic medication. In present time he was not taking his allopathic medication due to continuous increase of symptoms and came to OPD of Akhandanand Ayurveda College, Ahmedabad, for *Ayurveda* treatment and *Panchakarma* therapy.

Considering the signs and symptoms patient was treated in the lines of *Vata-Kapha* dominant *Kushtha* i.e. *Ekakushtha*. Classical *Vamana* was done followed by *Shaman Chikitsa* along with *Pathya -Apathya*. Significant relief has been found in the signs and symptoms with no recurrence in the follow up of the treatment.

Key words: Psoriasis erythroderma, *Kushtha*, *Ekakushtha*, *Vamana*, *Shaman*.

INTRODUCTION:

Psoriatic Erythroderma also called “exfoliative dermatitis” in this disease the skin over the entire body develops erythema and scaling. It is common complication of psoriasis. Psoriasis erythroderma can result from a pre-existing skin disease such as psoriasis. Injudicious irritating topical treatment of the primary disease can precipitate this transformation.

Psoriatic Erythroderma is a rare type of psoriasis, occurring once or more during the lifetime of 3 percent of people who have psoriasis. It generally appears in the people who have unstable plaque psoriasis. It means the lesions are not clearly defined. Widespread, fiery redness and exfoliation of the skin characterize this form.

Severe itching and pain often accompanies it. Erythrodermic psoriasis can occur abruptly at the first signs of psoriasis or it can come on gradually in people with plaque psoriasis.

The causes of Erythrodermic psoriasis is not understood yet, however there are some known triggers. Abrupt withdrawal of systemic treatment, use of systemic steroids (cortisone), severe sunburn, allergic, drug-induced rash that brings on the Koebner phenomenon (a tendency for psoriasis to appear on the site of skin injuries), infection, stress, alcoholism. In allopathic science initial treatment usually includes medium-potency topical steroids and moisturizers which give only symptomatic relief for a short time. Due to its recurrent

and chronic nature, psoriatic erythroderma is a challenge to treat.^{1,2}

In *Ayurveda*, almost all skin diseases are taken under generalized term *Kushtha*. The symptoms of *Ekakushtha* like *Aswedanam* (absence of sweating), *Mahavastu* (extensive lesions invading whole body), *Matsya sakalopam* (scaling resembling scales of fish)³. It seems to be more nearer to Psoriatic erythroderma¹.

As per *Ayurvedic* view, *Ekakushtha* is a *Vata-Kapha* dominant *Tridhosaja Vyadhi*⁴. Due to excess of *Dosha*, *Sodhana Chikitsa*⁵ is performed followed by *Shaman Chikitsa*⁶ along with *Pathya-Apathya*. Here, a patient of Psoriatic Erythroderma was successfully treated with *Ayurveda* principle, is taken for single case study as given below;

CASE REPORT:

A 24 years Hindu male patient residing in Santej Road, IBP petrol pump, Ahmedabad came to OPD of Kayachikitsa Dept., Akhandanand Ayurved college hospital in 23 March 2016; with the following complaints:

- **Chief Complaints:** Erythema, severe scaling, itching whole over body (excessive on trunk, both arm, both leg, scalp region), severe dryness over effected part, bleeding on itching and multiple cracks on palms, legs sole with bloody markings, burning sensation whole body.
- **Other complaints:** weakness, headache, constipation.
- Aggravated excessively last winter in Jan.2016 after stopping all allopathic medication.
- **On Examination:** Multiple pin point pits in the nail plate, cracks along with thickening and discoloration of nail plate. In toes nails separation of nail plate from nail bed were seen (Onycholysis)⁷.

- **Past History:** According to patient before 7 years, he was healthy, later (end of 2009) started with mild red erythematous scaly patches on back, abdomen and scalp with dryness. He had diagnosed psoriasis by dermatologist and accordingly treated. At that time all the complaints were relived within 6-8 months. But all complaints reappeared again in next winter. Since then he was many times treated with anti-psoriatic medicine, which provided relief for some times but afterwards it reappeared again. The condition of the patients was aggravated in every winter season and it became worst in January 2015. Then he came for *Ayurvedic* treatment for its permanent solution.

- **Family History:** No.
- **Dietary Habit:** Non-Vegetarian, Junk food, daily curd. Excessive consumption of *Amla Rasa and Lavana Rasa*. Irregular in diets, late night sleep and late morning get up.
- **Associated complaints:** Appetite decrease, disturbed sleep, constipation, stress factor
- **Addiction:** Taken regularly cigarette 10 packs daily, Gutkha 2-3 packs daily since 5 years.

TREATMENT PLAN: Patient was treated by considering the sign and symptoms of Psoriasis given in modern medical science and in *Ayurveda* i.e. *Vata-Kapha Pradhana Kushtha (Ekakushtha)*.

The whole Treatment plan have been applied in this case is given below:

- **Step1:** *Nidan parivarjana* i.e. advised gradual stop of addiction, addiction of cigarettes and non-veg items etc. and start of light diet.
- **Step2:** *Deepan-Pachana Chikitsa* for 5 days with Chitrakadi vati⁸ 2 tablets

twice a day and *TryushanChurna*⁹ 3gm twice a day with lukewarm water.

• **Step 3:** *Snehpana*¹⁰ with *Panchtikta ghrita*¹¹ till *Samyaka Snehpana lakshana*¹². It was found that *pana samyaka sneh lakshan* was found at 6th day.

• **Step4:** *Purvakarma*¹⁰ (*Sarvang Abhyanga* and *Swedana*) for 1 day.

• **Step5:** *Vamana*¹³ has been done with *Madanphala* 3gm, *Vacha* 2gm, *saindhava* 1gm mixed with 15ml *madhu*. Also *Yastimadhu Phanta* nearly 3ltr. and *lavanodaka* 1ltr. given to patient as *Vamanopaga*. Under *Pachyat karma Dhumpana* and *Samsarjan karma* planned where *dhumpana* was given within ½ hr with *dhumvarti*. *Samsarjan karma*¹⁴ was planned for 5 days regimen from day of *vamana karma*.

• **Step6:** *Shamana Chikitsa* for pacification of rest *doshas* followed by *Pathya* for 4 months;

1) First Visit of Patient to OPD (Dated: 23 march): severe scaling, itching, erythema.



2) After Abhyantar snehan pana for 6 days (Dated: 30 march): Scaling mildly decreased, itching and erythema persisted,



1) *Manjisthadi Kwath*¹⁵ 20ml twice a day empty stomach

2) *Arogyavardhini vati*¹⁶ 2 tab twice a day

3) *Sansamni vati*¹⁷ 2 tab twice a day

4) *Kaisor Guggulu*¹⁸ 2 tab twice a day

5) *Rasayan Churna* - 1gm

Kalmegha Churna - 1gm

Khadir Churna - 1gm twice a day

Sudarshan Churna - 1gm

6) *Karanj tail*¹⁹ for locally application twice a day

Along with *vamana karma* and *Shamana* therapy patient was advised to avoid non vegetarian food (chicken, eggs, fish, mutton etc), fast food, fermented food (spices, idli, dosa, pau, bread etc), *Katu-Amla rasa* (*dadhi*, spicy food), to take less *lavan rasa* in *Ahara*. Patient was advised *yoga* and medication to reduce mental stress.

OBSERVATION:

3) After Abhyanga-swedana for 1 days (Dated: 31 march): Scaling mildly decreased, itching and erythema to some extent improved,



3) After Vamana karma (Dated:1march): Scaling and itching decreased. Erythema persisted with some lesions as it was,



4) After sansarjana karma (dated: 5march): Scaling and itching decreased moderately. Erythema decreased moderately with some lesions as it was,



5)After 1.5 month of Shamana chikitsa and Pathya palana (Dated:):Scaling, Itching and Erythema 100% removed, only mild discoloration persisted.



After 4 months of *Samana* treatment, no specific complaints were present till date of 19 July 2016.

Follow up: Patient has come under follow-up per week regularly for 16 weeks duration.

In first 6 weeks he has no complaint of scaling, itching and erythema except some discoloration existed.

In next 10 weeks of follow-up his complaint of discoloration nearly treated.

DISCUSSION:

*In *Charak Samhita Siddhi Sthana Acharya Charak* dictated that *Kushtha Rogi is included in Vamana Yoga Rogi*²⁰. This above fact is proved by this present case study of Psoriatic erythroderma which was successfully treated as *Ekakushtha*.

In present case study treatment was planned in two major steps *shodhan* and *shamana chikitsa*. Under this *Shodhan karma* was divided in three steps i.e. *purvakarma*, *pradhan karma*, *paschat karma*.

*In *purvakarma*, patient was advised first for *nidana parivarjan* (i.e. removal of cause), along with *dipana-pachana*. For *dipana-pachana Chitrakadi vati* and *trikatu churna* were given for 5 days, both have properties of *agni vridhhi* (increase digestive fire) and pacify *ama dosha*.

*After *deepan-pachana*, patient was advised to take *panchatikta ghrta* till *samyaka snehapana lakshana* that came on 6th day. This *sneha* (medicated *ghrita*) have property to decrease vitiated *vata dosha*, decrease burning sensation and scaling. It have property to loosen *doshas* which are chronically accumulated in *shakha* (extremities and tissue other than *kostha*).

*After *samyaka snehapana lakshana*, external *abhyang-svedan* was performed for 1 day. It propels the loosen *doshas* from *shakha* to *kostha* (*amashaya* & *pakvashaya*).

It also helps to decrease *vata dosha* and signs of scalling & dryness.

*In *pradhan karma*, *vamaka* drugs i.e. *madanphal*, *vacha*, *saindhava*, *yastimadhu phanta* helps to eliminate out accumulated *kapha dosha* from *kostha* through mouth in vomitus.

*Remaining vitiated *doshas* were planned to pacify by *sansarjana karma* and *shaman* treatment.

*In *shaman* treatment, drugs were planned to pacify remaining *doshas* after *vamana karma*. *Manjisthadi kwath* & *kaishor guggulu* both have *sarva kustha nasaka* property were given to patient. *Arogyavardhani vati* was also given which have *vata-kaphashamaka* effect, *amadoshanasaka* & *piittavirechaka* properties. *Sansamani vati* have *rasayan* effect to establish balanced *dosha*, *dhatu* & *mala*.

There was a combination of drugs that is given below;

*Rasayana churna*²¹, *kalmegha churna*, *Khadir churna* & *sudarshana churna* were given to patient. These drugs have dominance of *tikta rasa*, *rasayana* effect, *tvachya* and *kusthghna* properties.

**Karanj tail* has been given for local application due to its *visharp*, *visphota* & *vi-charchika nasaka* effects resolved the problem of itching, crecking, bleeding and burning sensation like sign and symptoms.

CONCLUSION: Psoriatic Erythroderma (*Ekakushtha*) is complicated to treat. In present case, the treatment was found very effective in treating Psoriatic Erythroderma (*Ekakushtha*).

There was moderate improvement in signs and symptoms (>70 %) after *Shodhana*

Chikitsa and marked improvement (>90 %) after ShamanaChikitsa(Oral medication, Local Application) and Pathya as per assessment given below²²;

ACKNOWLEDGEMENT: Acknowledgement is given to sincere patient who gave opportunity to make this article and also thankful to Panchakarma staff to support in all procedures.

REFERENCES:

1. <https://www.psoriasis.org/about-psoriasis/types/erythrodermic>, assessed on 17/8/2016, at 12:22 pm.
2. Illustrated synopsis of Dermatology & sexually Transmitted Diseases by Neenakhanna, Elsevier India pvt. Limited, 3rd edition 2009 page 35-45.
3. Agnivesh, Charakasamhita "Vidyotani hindi commentary" by Kashinath Pandey and Gorakhanath Chaturvedi, Chaukhambha Bharati Academy Varanasi, reprint edition 2008 part-2, cha.chi:7/21, page no.252.
4. Agnivesh, Charakasamhita "Vidyotani hindi commentary" by Kashinath Pandey and Gorakhanath Chaturvedi, Chaukhambha Bharati Academy Varanasi, reprint edition 2008 part-2, cha.chi:7/31, page no.253.
5. Agnivesh, Charakasamhita "Vidyotani hindi commentary" by Kashinath Pandey and Gorakhanath Chaturvedi, Chaukhambha Bharati Academy Varanasi, reprint edition 2008 part-2, cha.chi:7/43, page no.255.
6. Agnivesh, Charakasamhita "Vidyotani hindi commentary" by Kashinath Pandey and Gorakhanath Chaturvedi, Chaukhambha Bharati Academy Varanasi, reprint edition 2008 part-2, cha.chi:7/58, page no.258.
7. Illustrated synopsis of Dermatology & sexually Transmitted Diseases by

Neenakhanna, Elsevier India pvt. Limited, 3rd edition 2009 page 43.

8. Govinddas, Hindi Commentary by KavirajAmbikaDuttSastri, BhaishajyaRatnavali, ChaukhambhaPrakashan Varanasi, edition 2011, Agnimandhya Rogadhikara 10/22-24, pg. 333.

9. AcharyaSharangdhar, SharangdharSamhita a "Jivanprada" hindi commentary by ShailjaSrivastava, ChaukhambhaOrientalia, Varanasi, edition 2011, madhyamkhanda 6/12, pg.175

10. Agnivesh, Charakasamhita "Vidyotani hindi commentary" by Kashinath Pandey and Gorakhanath Chaturvedi, Chaukhambha Bharati Academy Varanasi, reprint edition 2008 part-2, cha.Siddhi:1/6-9, page no.960-961.

11. Govinddas, Hindi Commentary by KavirajAmbikaDuttSastri, BhaishajyaRatnavali, Chaukhambha Prakashan Varanasi, edition 2011, Kushtha Rogadhikara 54/257-260, pg.906.

12. Agnivesh, Charakasamhita "Vidyotani hindi commentary" by Kashinath Pandey and Gorakhanath Chaturvedi, Chaukhambha Bharati Academy Varanasi, reprint edition 2008 part-1, cha.su13/57, page no.271

13. Agnivesh, Charakasamhita "Vidyotani hindi commentary" by Kashinath Pandey and Gorakhanath Chaturvedi, Chaukhambha Bharati Academy Varanasi, reprint edition 2008 part-2, cha.chi:7/43, page no.255.

14. Agnivesh, Charakasamhita "Vidyotani hindi commentary" by Kashinath Pandey and Gorakhanath Chaturvedi, Chaukhambha Bharati Academy Varanasi, reprint edition 2008 part-2, cha.Siddhi:1/11-12, page no.961-962.

15. Govinddas, Hindi Commentary by KavirajAmbikaDuttSastri, BhaishajyaRatna

vali, ChaukhambhaPrakashan Varanasi, edition 2011, *Kushtha Rogadhikara* 54/66, pg.891.

16. Vagbhattacharya, RasaratnaSamucchay, Suratnojyala Hindi commentary by Sri Ambika DuttShastri, Chaukhambha Amarbharati Prakashana, edition 2003, 20:87-93, pg.400

17. Siddhayoga Sangraha by Vaidya YadavJi TrikamJi Acharya, Sri Vaidhyanath Ayurveda Bhavan , Allahabad, edition 2015, Jwaradhikar 1/6 pg.4.

18. AcharyaSharangdhar, SharangdharSamhita "Jivanprada" hindi commentary by ShailjaSrivastava, ChaukhambhaOrientalia, Varanasi, edition 2011, madhyamkhanda 7/70-81, pg.204

19. Govinddas, Hindi Commentary by KavirajAmbikaDuttSastri, BhaishajyaRatna

vali, ChaukhambhaPrakashan Varanasi, edition 2011, *Visarpa Rogadhikara* 57/26, pg.935.

20. Agnivesh, *Charakasamhita* "Vidyotanih indi commentary" by Kashinath Pandey and Gorakhanath Chaturvedi, Chaukhambha Bharati Academy Varanasi, reprint edition 2008 part-2, cha.Siddhi:2/10, page no.979

21. Hema Sharma Datta et al, Trends in aging and skin care: Ayurvedic concepts, Journal of Ayurveda & Integrative Medicine, April 2010 vol 1, issue 2.s

22. M.S.Baghel et al, WHO-DFC sponsored project on "Developing Guidelines for clinical Research methodology in Ayurveda", IPGT & RA, Gujarat Ayurveda University Jamanagar, 5 & 6 March, 2011.

Corresponding Author:

Dr Rajneesh Pathak

11-Padmavatinagar society near Rangagar Flats New P.T.college Road Paldi, Ahmedabad.

Email Id: rajneeshp4march@gmail.com

Source of support: Nil

Conflict of interest: None

Declared