

Therapeutic Emesis (Vamana) - Management of Ekakustha - A Case Study

Case Study

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Abstract

50 years old male with well defined, slightly raised dry erythematous macules with silvery scales and typical extensor distribution diagnosed as *ekakustha* (psoriasis). As *shodhan chikitsa* is more effective patient is treated by giving *sadhya snehan* and *madanphala vaman karma* in which vitiated doshas are expelled through *urdhvamarga*. The patient vomited 6 times a total content of 3800ml against 2500ml of input. At the end of *vaman*, *pitta* is vomited. After an hour of *vaman karma* patient felt remarkable relief from itching, scaling and gradual reduction of erythema. The *madanphala vaman karma* (therapeutic emesis) is a safe Ayurveda *Panchakarma* protocol to eliminate *kapha* accumulated either by pathological condition or dietetic mismanagement .

Keywords: *Ekkushtha*, *Shodhan* , *Urdhwa Marga*, Erythematous Macules, *Vamana*

Introduction

Kustha is described as one of the most chronic disorders (*dirgha-roga*) by *Acharya Charak*.(1) Among different types of *Kustha ekakustha* is described as one with symptoms like *Aswedanam* (Absence of perspiration.), *Mahavasthuvam* (present all over the body), *Mastyasakalopamam* (Skin resembles scales of fish) (2) All these symptoms can be co-related with psoriasis, in which silver fish scales is most predominant feature along with well circumscribed, sharply demarcated erythematous papules or plaques covered by dry, brittle, silvery or grayish white.

Acharyas has described *Ekkustha* as *Raktapradosaj*, *Vatakaphapradhan* *Tridoshaj* *Kshudrakustha*. (3) It bears a greater resemblance with psoriasis. The common initial site of occurrence of psoriasis such as scalp, knees & earlobes & other places of joints are also pertaining to the *sthana* of *Vatadosha*. Also there is limitations of available medications & associated with side effects there is need to find out safe, long lasting & better treatment for psoriasis. According to our classics *Kustha* being a *Bahudoshavastha vyadhi* repeated *Shodhana* is indicated. (4)

Case Report

The present case study is successful Ayurvedic management of a case of *Ekakushtha* (Plaque psoriasis). A 50 year old male patient with Registration

no 1603090038 came to MGACH & RC with chief complaint of Plaque over both palm and sole with powdery discharge, Itching over palm & sole (*Kandu*), Burning sensation over both sole (*Daha*), Discoloration on both palm & sole (*Vaivarnya*) and associated symptom was- mild constipation since two year.

History of present illness

The patient was normal two year back. But Since then patient has been suffering from plaque over both palm and sole with powdery discharge, blackish spot and itching & burning sensation over palm & sole. Patient was also psychological upset since last 6 months. He had used various local and oral allopathic medicines. But there was no any significant relief. Even local use of soaps and creams were worsening the psoriasis. Hence he came to Mahatma Gandhi Ayurved College and Hospital for management.

Past History- Not significant

Personal History:

Occupation: Auto-driver.
Bad Habits: Chronic alcoholism, Tobacco Chewing.
O/E:

- Nadi (pulse) = 80/min.
- Mala (stool) = Vibandha
- Mutra (urine) = Normal.
- Jeeva (tounge) = Saam.
- Agni = Kshudhamandya
- Shabda (speech) = Normal. S
- parsha (skin) = Khar, Raktawarniya.
- Druka (eyes) = Normal.
- Akruiti = Madhyama.
- Bala = Madhyama.
- Raktadaaba (B.P) = 120/90 mm/Hg.

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Treatment plan- Patient was treated on OPD basis.

A) Selected Internal Ayurvedic Drugs-

Table no 1- Purva Karma - Agni Deepan (3gm twice a day) *Snehapan* with *Panchatikta gugglu ghruta* (1st day 30ml with increasing order)

Duration: 03days for Agni deepan & 6 days for *Snehapan*

B) Selected external Ayurvedic Drugs-

Drug: *Snehan* with *Marichadi tail*

Dose: Application one day before *Vaman*
The *taila* was applied on the whole body.

Duration: a day before *vaman*

C) Selected Internal Ayurvedic Drugs for vaman

Drugs- *Dugdha* (2500ml), *Yashtimadhu Phanta* (1000ml), *Madanphala choorna* (3gm), *Vacha choorna* (5gm) it is administered on the day of *Vaman*.

Materials and Methods:

Place of study- Mahatma Gandhi Ayurvedic College and Hospital, Wardha Maharashtra.

Type of study

Simple random single case study

Selection of internal medicines

Oral medications were selected on the basis of their properties useful in pacifying vitiated *Dosha* in *Ekakushta* and ability to relieve signs and symptoms of *Ekakushta*.

Samprapti Ghatak

Dosh : *Tridosha*

Dushya : *Rasa, Rakta.*

Adhishtana : *Twaka.*

Plan for schedule

In all types of *kushta*, *snehapan* is recommended at early stage. (5) *Snehana* is a *purva karma* that decides the whole outcome of *shodhana*. (6) The treatment plans as the *sadhyasnehan* along with *sadhyavaman*. *Snehapana* is given on the basis of *agnideepana* attained on that particular day of *snehapan*. *Snehan* enables body soft, provides *snigdhatwa*, and liquefies *dosha* & increase *kledata* in the body. (7) Like this, it manages *dosha* & helps in bringing them from *shakha* to *koshta*. Under the influence of adequate *snehan*, *shodhan* will be proper & there by restoration of *dhatuamyata* is achieved. (8)

Trikatu choorna (3 gm) was administered for deepana effect as mentioned as *purvakamra* before *Vamana*. After that the administration of medicine (*panchatiktaguggulghruta*) was started with an initial dose of 30 ml at 6 A.M. on first day and goes on increasing to 60 ml, 90 ml, 120ml, 160 ml & 240ml for 6 days successively. Soon after *snehapan*, warm water is given in order to cleanse the mouth & for proper digestion of *sneha*. Patient is advised not to sleep during day time & when he feels thirst warm water is given for drinking.

Next day onwards, the quantity of ghee is increased depending on *agnibala* & *pachanshakti* of patient. The maximum quantity of consumed *panchatiktaguggulghruta* on last day is 240ml. Patient is instructed to take hot water bath for 2 consecutive days to get *mrudusweda*. Since all the *kusthas*, *sweda* is contraindicated. (9)

Vaman karma

Seven days after *snehapan*, patient is subjected to undergo *vaman karma*. A day previous to *vaman karma*, the patient is instructed to take food that promotes production of *Kapha* like curd, mash, ice-cream & milk diets which have the quality of *kaphatklesha*. (10)

After examining the pulse, blood pressure and respiration etc; on day of *vaman karma* during *kaphakala* i.e. 5 A.M. the patient is subjected to local *abhyanga* with *marichadi tail* and *mrudusweda* to chest & back before starting the process. (11) The *kapha* toxins accumulated in the body are effectively removed by *vaman*, one of the five therapies of Panchakarma in Ayurveda. *Vaman* is therapeutic vomiting, which is medicated emesis therapy. A People with high imbalance of *kapha* are given this type of treatment, which looseness & mobilize the toxins, in an effort to eliminate them from body. Waste products (vitiated *doshas*) are eliminated through the upper gastrointestinal tract i.e. through mouth. The objective of *vaman* therapy is to include vomiting in the person to get rid of mucus that causes excess *kapha*. *Madanphala* is said to be the best therapeutic emetic agent. Milk is used as a medium *vamanpaga*, (which facilitates the *vaman*.) (12)

Vaman management

After *abhyang* & *swedana* (sudation), patient is asked to drink milk as much as he can consume. Patient consumed 2500 ml of milk at first instance. After that *vaman* drug which contains *madanphala churna* (*Randia dumetorum*) 3gm, *vacha churna* (*Acorus calamus*) 5gm, *saindhav* (Rock salt) 5gm and honey 25ml is mixed together and administered with 50ml of milk.

After administering emetic drug waited for 15 minutes for self-induction of *dosha* elimination by *vaman*. This duration is for facilitating the *dosha* movement. The onset of perspiration on forehead indicates liquefaction of *dosha* & horrification indicates that the *dosha* are *dislodging* from their seat of stagnation, abdominal distention indicates that the *dosha* have reached the stomach. This act is followed by nauseating & salivation that conforms the upward movement of *dosha*. At the end of procedure, it is observed that *pittant vaman*. Spontaneous vomiting was started within fifteen minutes. The proper *Vaman* symptoms were noted by observing the vomitus.

Inference/observations:

The *Antiki*, *Vaigiki*, *Maniki*, *Laingiki* purifications are as follows.

Procedural summary	Measures
Mainiki (measurement) Input	2500ml
Output	3800ml
Antiki (Procedural Inference)	Pittantik vaman
Vegiki (No. of vomiting's)	6
Laingiki (Symptoms)	Kapha chadrika Present in vomitus & no bleeding was observed.

Score (14)

Within each area, the severity is estimated by three clinical signs: Severity parameters are measured on a scale of 0 to 4, from none to maximum. The body is divided into four sections (head (H) (10% of a person's skin); arms (A) (20%); trunk (T) (30%); legs (L) (40%)). Each of these areas is scored by itself, and then the four scores are combined into the final PASI. For each section, the percent of area of skin involved, is estimated and then transformed into a grade from 0 to 6:

0% of involved area	Grade: 0
< 10% of involved area	Grade: 1
10–29% of involved area	Grade: 2
30–49% of involved area	Grade: 3
50–69% of involved area	Grade: 4
70–89% of involved area	Grade: 5
90–100% of involved area	Grade: 6

Patient given an output of 3800ml of content in 6 Vegas (emetics). Expresses the “*madhyama shuddhi*”. (13) The entire process of *vaman* is completed in duration of 65 minutes. Patient felt relaxed, lightness in whole body, remarkable relief from itching & gradual reduction of lesion as shown in figure 2 (compared to figure one of before treatment). As patient is self-expressive of diminishing of emesis, *dhumapana* (therapeutic smoke inhalation) is given.

Grading- PASI (Psoriasis Area Severity Index)
Table no.1 (15, 16) Table showing Dose, Route, Kala and Anupan of purva karma drugs

Sr No	Name Of Medicine	Dose	Route	Kala	Anupan
1	<i>Trikatu churna</i>	3gm twice a day	Oral	Before meal	Luke warm water
2	<i>Panchatiktaguggulghruta</i>	30ml –1 st day 60ml- 2 nd day 90ml- 3 rd day 120ml-4 th day 160ml-5 th day 240ml-6 th day	Oral	Early morning at 7A.M	Luke warm water

Table no 2- (17) Showing ingredients of external preparations with their properties used in purva karma (Abhyanga & swedana)

Sr No	Name of Medicine	Ingredients	Properties and use
1	<i>Marichadi Tail</i>	<i>Krishna Marich, Haratala, Manshila, Musta, Arkadugdha, Ashwamara, Jatamansi, Nishotha, Gomayarasa, Indrayana, Kushta, Haridra, Daruharidra, Devadaru, Shwetachandan, Gomutra, Sarshptaila</i>	<i>Raktashodhak, Vranropak, Twachya, useful in skin disease. Dadru, shwittra, kushtha.</i>

Table no 3- (18) Table showing ingredients of Vaman karma with their properties

Sr. No	Name of Ingredients	Latin name	Dose	Properties
1	<i>Madanphala Churna</i>	<i>Randia dumetorum</i>	3gm	<i>Vamanopag,</i>
2	<i>Vacha Churna</i>	<i>Acorus calamus</i>	5gm	<i>Vamanopag,</i>
3	<i>Saindhav Lavan</i>	<i>Rock salt</i>	5gm	<i>Abhishyandi, Shodhak</i>
4	Honey	--	25ml	<i>Abhishyandi, Yogavahi</i>
5	Milk	--	2500ml	<i>Vamanopag</i>
6	<i>Yashtimadhu phant</i>	<i>Glycyrrhiza glabra</i>	1000ml	<i>Vamnopag</i>

Table no 4- (14) Showing ingredients of *Vaman karma* with their properties

Sr.no		Grade	Erythema (redness),	in duration (thickness)	Desquamation (scaling).
1	0% of involved area, < 10%	grade: 0	0	0	0
2	10% of involved area,	grade: 1	1	1	1
3	10–29% of involved area	grade: 2	2	2	2
4	30–49% of involved area	grade: 3	2	2	2
5	50–69% of involved area,	grade: 4	3	3	3
6.	70–89% of involved area,	grade: 5	3	3	3
4	90–100% of involved area,	grade: 6	4	4	4

Table no 5: Table showing changes in signs and symptoms during each follow up

Sr. no	Sign and Symptoms	Before treatment	1 st follow up	2 nd follow up
1	Erythema (Redness),	3	1	1
2	Induration (Thickness)	3	3	0
3	Desquamation (Scaling).	2	1	0
4	Itching	3	1	0

Discussion

Psoriasis is a Papulo Squamous disorder of the skin, characterized by sharply defined erythematous squamous lesions. They vary in size from pinpoint to large plaques. At time it may manifest as localize or generalized Pustular eruption.

Ekkushtha is accepted as psoriasis because the description and characteristic feature of it are coinciding with description of psoriasis.

Aswedanam - The lesion of this disease are dry & rough, *Mahavastu* - Lesions are found all over the body, *Matsya Shakalopamam* - Well-defined raised macules, papules, erythematous plaques which are covered with silvery scales. *Krishna Aruna varna* - erythematous lesion. (19)

It is counted as *Kshudrakushtha* hence *Kushtahar* drugs as well as immunity enhancing drugs can be beneficial for this morbid disease. Such as *Panchatikta ghrita guggul & Panchatikta ghrita* as it is explained in *Bhaishajya ratnavali*, *kushta adhyay* .and for external application *Marichyadi* tail also explained. (15,17)

Ekakushtha is a *Kapha* predominant type of *Kushtha*, and *Vamana* is indicated for *Kapha* predominant disease. (20) *Vamana* shows a significant reduction in the level of malondialdehyde (MDA) which is a free radical & significant increase in super oxide dismutase (SOD) & glutathione reductase (GSH) which proves potent action of these two procedures in reducing the oxidative state. *Vamana* acts on microcellular level, eliminate the toxins from body & helps in maintaining normal function of body.

It strengthens the immune mechanism and helps in preventing relapse. It is just a bio purification of the body. After *Shodhana* in *Kushta Snehana* is indicated hence *Shamana Sneha* with *panchatikta Ghrita* is given in after *Vamana* respectively. After *shodhana*, *vata*

dosha increases, for increase *vata* the best treatment is *Snehna*.(21) *Kushtha* is *raktaprdoshaj vikar* mentioned by *Acharya Charak*, so while treating it specific consideration of *rakta dhatu* is essential. *Yakrita* and *Pleeha* are main site of formation of *Rakta Dhatu*. (22) *Vasa*, *Nimb*, *Patola*, and *Amrita* are potent hepato-protective action. These drugs act on the formation site of the *Rakta Dhatu* and break the basic pathogenesis of *Kushtha*. These drugs act as potent Antiproliferative property against the T-cells which plays key role in pathogenesis of psoriasis, also inhibiting keratinocyte proliferation.

Conclusion

Psoriasis can be compared with *Ekakushtha* on the basis of symptom complex.

Ekakushtha sankledapradhan and *bahudoshavasthajanya* condition with the dominance of *kapha* and *vata dosha*.

Itching, erythema, scaling and size of lesion are moderately reduced after *Vaman karma*.

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Before Vamana



After Vamana


