



A Clinical observation of Psoriasis (*KÍÔÍbha*) under the influence of *Vamana* & *Virecana Karma* along with *Ayurvedic Formulations*

Dr. Umesh Choudhary ,Dr. Ajai Kr. Pandey*

*MD Scholar, ** Assistant Professor, Department Of Káyachikitsá, Faculty of Ayurveda, IMS, BHU, Varanasi- **Corresponding Author:** Dr. A. K. Pandey, Assistant Professor, Department of Kayachikitsa (Internal medicine, Institute of Medical Sciences, Banaras Hindu University, Varanasi, 221005, UP, India,221005, UP.

Introduction:

Psoriasis is a non-contagious, autoimmune and papulo-squamous disorder of the skin characterized by severe itching, dryness of the skin and white silvery scales. The psoriatic lesions are produced due to rapid skin cell reproduction, which is influenced by variety of etiological factors. The exact cause, pathogenesis and management of psoriasis is still vague in conventional system of medicine. However, biomedical science has believed that genetic component, faulty life style and angiopathy play a significant role in the genesis of this disease. No doubt, at present only oral as well as topical corticosteroids are the main stay in its management, but psoriasis is still a challenge to the modern medical world. Seeing this fact, many research scholars and young biomedical scientist are inclined towards other systems of medicine to search out the remedial measures for psoriasis. The features of Psoriasis are fairly resemblance to the *KÍÔÍbha* (a type of *KÒÚdra KÚÒÔha*) as described in Ayurvedic system of medicine. It is a type of *VÁta-Kapha* predominating skin disorder with involvement of *Rasa, Lasíkā, Tvacā* and *Rakta* as an important *Dūśyas*, which is described in the context of *KÚÒÔha Roga*. In Ayurveda, pacification of vitiated *DoÒÁs* and cellular bio-purification of *Àma* like internal toxic metabolite and accumulated metabolic waste products are the main stay in its management. Cellular biopurification is the unique approach of *Ayurvedic Pañcakarma* therapy. In this concern out of five-fold *Pancakarma* therapy, *Vamana* (therapeutic emesis) and *Virecana* (therapeutic Purgation) procedure are important one for removal of toxic metabolite and accumulated metabolic waste products. By virtue of these procedures the body channels becomes clean, healthy and viable. This clinical observation is carried out to evaluate the effect of sequential administration of *Vamana* & *Virecana karma* followed by administration of Ayurvedic drugs in a selected patient of psoriasis.

Case presentation: A 55-year-old man presented with complaints of marked patches of raised, reddish skin covered by silvery-white scale with marked itching all over body that had started 1-year earlier and getting worse in the last three months. Besides this, he had also complaints of body ache, reduced appetite, constipation & weakness. For this, he took modern medication including corticosteroid but in spite of improvement, he got no any relief in clinical symptoms. Therefore, after detail history taking thorough physical and systemic examination, the patient was treated for psoriasis under influence of *Vamana/Virecana Karma* followed by herbal Ayurvedic drugs. We carefully examined all the reports made available to us pertaining to the investigations and treatment done till date in this case. All the routine investigation was done. His itching ceased, skin lesions, and other associated symptoms return to normal. At present, his appetite and bowel function is normal and he feels well.

Conclusion: This observation reveals that *Vamana* & *Virecana Karma* followed by *Ayurvedic* drugs is found beneficial in this patient of Psoriasis. Side by side, it also pacifies the other associated complaints of the patients. Thus, the therapeutic approach, which is used in this patient found to be very safe, cost effective and improve the overall health status of patient. This observation is not finally conclusive but it is a lead for further study.

Key words: *Ayurveda, Psoriasis, KiÔibha, Vamana Karma, Virecana Karma.*

Introduction

Psoriasis is an autoimmune disorder of the skin results in hyper proliferation of the skin and it is often seen in people between 15 to 40 yrs of age. The word Psoriasis is derived from the Greek word '*Psora*' meaning '*itch*'. The aetiology of Psoriasis is still unknown. It is a chronic skin disease characterized by dry skin, raised, rough, red areas on the skin covered with fine silvery scales. Psoriasis is considered as incurable, long term and non-contagious skin disorders. It is outcome of rapid skin cell proliferation, characterized by severe itching, dryness of the skin and white silvery scales. The dry flakes and skin scales are thought to be result of the rapid build up of skin cells. Psoriasis commonly affects the skin of the elbows, knees, and scalp, but it can affect any areas, including palms of hands and soles of feet, and genitals. In contrast to eczema, psoriasis is more likely found on the outer surface of the joint¹.

Psoriasis in moist areas like the navel or area between the buttocks (intergluteal folds) may look like flat red patches. These atypical appearances may be confused with some other skin disorders like fungal infections, yeast infections, skin irritation, or bacterial infections. Patients with more severe form of psoriasis have a social embarrassment, job stress, emotional distress, and other personal issues because of the appearance of their skin. There are five types of psoriasis: plaque, guttate, inverse, pustular and erythrodermic. The most common form of psoriasis is plaque psoriasis, which is commonly seen as red and white hues of scaly patches appearing on the top first layer of the epidermis (skin)².

In *Ayurveda*, variety of skin disorders have been described in the context of *KÚÒÔha Roga*, *KiÔibha* is one of them. The features of *KiÔibha* are well comparable to the latest knowledge of conventional medicine in the field of *Psoriasis*. *Ayurveda* believes that vitiation of *VÁta* and *Kapha DoÒa* by dietary and lifestyle errors play a key role in the genesis of this chronic skin disease. Besides this, *Àma* like external & internal metabolic waste products, variety of stressors and genetic/hereditary factors also play significant role in patho-physiology of psoriasis. The vitiated *DoÒa* and *Malas* with and without metabolic waste products affect the skin and blood tissues^{3,4,5}. They also influence watery elements of the affected region on skin. Thus, the affected skin by *DoÒa/Malas* becomes discoloured (white or copper colour), scaly and thin. In the pathogenesis of psoriasis, the vitiated *VÁta* dries the water element of skin and initiate rapid growth of skin tissue. The vitiated *Kapha DoÒa* and *Malas* lead to itching on the affected skin. The blood, which is affected by *VÁta*, *Kapha* and *Malas* adversely, influences healing process and later on, it is deeply rooted in different tissues. Although the management of Psoriasis is still evolving, but centuries back *Ayurveda* clearly advocated its management by adopting way of care and cure based on holistic model. In this connection *Vamana & Virecana Karma* (therapeutic emesis and purgation) are an important systemic biopurificatory measures described in *Ayurvedic* lexicons under *Pañcakarma*, which cleans the toxic/reactive/antigenic by product from body channels. By virtue of this the tissues become vitalise and viable. Therefore, the drug entry at subtle level is increased^{6,7}.

Case presentation

A 55-years-old man of Baliya District, U.P., India; has been presented himself with complaints of marked itching with silvery patches all over body that had started 1-year earlier. During this period, he concerned so many Dermatologist of conventional system of medicine and they were prescribed him oral as systemic corticosteroid. However, he got temporarily relief at the time of use of corticosteroid and reappear again after withdrawal of the same. This had been getting worse in the last three months. In spite of cure he had also complaints of body ache, reduced appetite, constipation & weakness. By someone advice he came Sir Sunder Lal Hospital, Kayachikitsa, OPD, IMS, BHU, Varanasi, UP, India, for *Ayurvedic* management and admitted in MKC ward. The detail accounts of the patient are given below.

On physical examination: His general condition was ill looking but the growth and development were normal. His weight was 70 kg and his height was 156 cm. His pulse rate and blood pressure were 86/min & 124/76 mmHg respectively. Respiratory rate was 20/min and oral temperature was 37.6 °C. No cyanosis,

clubbing, oedema and lymph-adenopathy were noted. Family history was negative for any skin, hereditary or metabolic disorders. He has mixed dietary habit, constipated bowel habit along with addiction to smoke.

Body surface examination is shown in Fig1. a, b, c and d.

- * Reddish-Blackish roughs multiple patches
- * Silvery scale present over the affected body part
- * Marked itching present all over the affected body part.

On systemic examination:

Per abdomen, respiratory system, cardiovascular system and central nervous system clinically found within normal limit.

Investigatory profile is given in a separate table 1.

Fig.-1 (Before starting treatment)



a. Face end including chest and arm



b. Lateral aspect of body part including rt. Arm



d. Posterior aspect of body part.



e. Anterior aspect of

TREATMENT PROTOCOL

Materials & Methods

The patient fulfilling the criteria of psoriasis is selected from OPD of Kayachikitsa, S.S.Hospital, IMS, BHU, Varanasi. After detailed history taking, physical examination and routine investigations, the patient was subjected to sequential administration of the following therapeutic procedures.

- First three days *Citrakādi VaŌi*- 2 BD along *TrikaŌu CŪrĀe*- 1gm BD with warm water were given.
- *Pañcatikta Ghēta* was given as a dose of 30 ml, 60 ml, 90 ml, 120 ml and 150 ml with *TrikaŌu CŪrĀe*- 1gm OD and Luke warm water for 5 days.
- *DaḌamūla KvĀtha NĀ±i Sveda* for another 3 days.
- Curd and Cheese were given in the meals at night prior to therapeutic emesis.
- Next day morning, *Vamana Karma* (therapeutic emesis) is carried out by giving *Madanaphala yoga* along with drugs, which is helpful in emesis.
- *Samsarjana Karma* is performed next 5 days and on 6th days normal dietary regimen was recommended.
- Advised to the patient to follow normal dietary regimen for a weak.
- After that, *Virecana Karma* (purgation) is performed at night with 60 ml of castor and 250 ml of milk.
- After that Ayurvedic formulation were prescribed for one month.
- The observations were made at monthly interval for three months. During this period, purificatory measures (*Vamana* and *Virecana Karma*) were not carried to the patient.

Vāmaka Yoga (Emetic formulation) -*Madanaphala CŪrĀe*- 5gm, *VacĀ CŪrĀe* 3gm, *Saindhava Lavana*- 1gm, Honey 20 ml and other Materials - Milk-4.75 litre, Saline Water-5 litre⁸.

PŪrva Karma (Preparatory procedure)

Dīpana/pācana is performed with *Citrakādi VaŌi* along *TrikaŌu CŪrĀe* for three days.

Snehana karma- *Pañcatikta Ghṛta* is given along with *TrikaŌu CŪrĀe*.for five days before *Vamana karma* in order of increasing dose as described in material and methods.

SarvĀnga Svedana is given for three days with *DaḌamūla KvĀtha* .

Early night before *Vamana Karma*, *Kapha Prakopaka Āhāra* (Diet that provoked *Kapha Doṣa*) is recommended.

PradhĀna Karma (Principle procedure)

Vamana Process- On 8th day, after *SarvĀnga Sveda*.

1st - *DŪgdhapĀna* (approx 250 ml) is given.

2nd - *Vamaka yoga* is given then waits for 15 minutes up to the urge of emesis.

3rd - Again *AkanŌha DŪgdhapĀna* is given in sequential manner (milk used around 4.5 liter).

4th - Saline water is given up to *Samyaka Vamana i.e Pittānta* (seeing yellowish liquid contents seen in vomits).

Total saline water given =5 lts.

- Total Input= 4.75 lts milk +5 lts Saline water=9000 ml = 9.75 Lt.
- Total quantity of vomits = 10 lts.
- Extra Output= 250 ml.

Feature observed in the Patient just after emesis:

- Features of purification= *PittÁnta* (yellowish coloration seen at the end of emesis).
- Extra output during therapeutic emesis (250 ml).
- Mental and sensorial wellbeing.
- Purification of body channels.
- Lightness of the body.
- Pacify features related to Psoriasis/*KÍÔÍbha* (specially itching and *color*).

***PÁĐcÁta Karma* (Postoperative procedure)**

Medicated *DhÚmrápÁna* is given for 4 bouts to the removal of sticky viscid substances in the oropharyngeal region.

Sāisarjana Karma- special diet is recommended for 5 days.

Advised to take normal diet after a weak.

After that, *Virecana Karma* is performed with 60 ml castor oil + 250 ml milk at night for purification of lower GI tract.

After that, patient was discharged with the given oral and topical *Ayurvedic* formulation for one month.

1. *Gandhaka RasÁyana* (500 mg)- 1 BD after meal.
2. *KaiĐora Guggulu* (250 mg) - 2 BD after meal.
3. *HaridrÁ Khan±a*- 4 gm OD with Luke warm water in the morning.
4. 777 Oil for Local application over the affected body part twice in a day.

Pathya -Advised to take Rice, *Godhūma*, *Mudagda*, *Paneer* and Green leafy Vegetable.

Apathya –Advised to avoid fried, spicy, heavy, alcoholic viverages and oily food items.

The condition of patient at the time of discharge is given below⁹.

- Silvery-white scales minimise.
- Itching reduced.
- Decrease reddish discolouration and patches of skin.
- Appetite -improved.
- Bowel function- normal.
- Psychological stabilization.
- He feels well at the time of discharge.

In the **first** follow up (after one month), the treatment response was assessed based on clinical symptomatology. After a course of *Vamana & Virecana Karma* and one month of *Ayurvedic* medicines, 50% improvement was observed in the clinical symptoms.

- Silvery-white scales.

- Itching over the affected body part.
- Reddish discolouration and patches of skin.
- The improvements are shown in Fig 2- a, b, c & d.

The patient was routinely examined and advised to continue the following medicine for one month and asked to report.

- Cap. Herbal Antibiotic (250 mg)- 1 TDS after meal.
- *Àrogyawardhani VaÔĩ* (250)- 1 Tab H /S after meal with Luke warm water.
- 777 Oil for Local application twice/day.
- Diet as advised in previous schedule.

In the **second** follow up (after one month), it was found that the patient had got 70% improvement in term of patient's view was as follows:-

- Silvery-white scale.
- Itching all over the body.
- Reddish discolouration and patches on the skin.
- Personal findings (appetite, bowel habit, micturition habit and sleep) of the patient are normal.
- The features of Psoriasis are given in Fig. 3- a, b, c and d

Fig2. (After first follow up)



a. Ant. aspect of trunk including B/L arm upper arm



b. Post. Aspect of trunk including B/L



c. Ant. aspect of B/L lower limb.



d. General feature of Psoriasis

Fig.3 (Second follow up)



a. Patient of Psoriasis in standing posture b. Anterior aspect of trunk including B/L upper limb.



c. Posterior aspect of trunk including B/L Upper limb d. Posterior aspect of B/L Lower limb.

Fig.4 (Third follow up)



a. Ant. aspect of trunk including B/L U.L.



b. Post. aspect of trunk



c. Lateral aspect of trunk



d. Ant. aspect of trunk including

After thorough interrogation, physical and systemic examination, the following medicines advised for another one month.

- *Gandhaka RasÁyana* (500 mg)- 1 BD after meal.
- *777 Oil* for Local application twice/day.

In the **third** follow up, we found the patient was completely recovered from the features of Psoriasis (*KÍÔÍbha*) only scars are there. The features of improvement are shown in fig.4- a, b, c and d.

After physical and systemic examination only *777 oil* is advocated for locally application for 6 weeks and told to report their condition time to time in OPD days.

Conclusion

According to *ĀcĀrya Caraka (Kalpa Sthana 1/5)*, the emetic substance which is empowered with *UòĀea, TikòĀea, SÚkòĀma, VyavÁyi* and *VikÁsi* qualities, reaches the *Hédya* by its own penetrating power and from there, it goes into the *DhamanÍs* (channels) and entering the big and minute *Srotasa (SthÚla anu srotrebhyah)* throughout the body (*Kevelam Īareeragam*), liquefies the *DoòĀs* lodge there, by its *Àgneya* (biochemical) quantities and breaks (*Vicchindati*) the *DoòĀ* by its *TikòĀea* qualities¹⁰. The *DoòĀ* thus liberated, enters the circulation broken and when the patient’s body had been sufficiently lubricated by the previous *Snehana*, the *DoòĀ* cannot stick up anywhere, just as honey cannot stick up in a vessel, which is anointed with oil and therefore the *DoòĀ* naturally comes to the *KoòòĀha*. From the alimentary canal the *DoòĀ* is finally vomited out by the action of *UdÁna VÁyu*^{11,12}. The emetic which starts its action in the alimentary canal enters the circulation and brings the *DoòĀ* along with it, into the alimentary canal for elimination from there. In the present clinical study the results showing the improvement in the symptoms. So, by administration of *Snehana, Svedana, and Vamana* are very much beneficial in patients of Psoriasis¹³. Thus, we can say that *Vamana Karma* along with other *Ayurvedic* drugs, which is used in this patient are, found to be safe, cast effective, it not only correct the skin lesions but also improve over all function.

Table A.

Before treatment					After third follow up				
CBC		test		-	CBC		test		-
WBC:	10,600	Cells	/	Cumm,	WBC:	9,000	Cells	/	Cumm,
N ₇₁ ,	L ₁₅ ,	M ₇ ,	E ₇ ,	B ₀	N ₆₈ ,	L ₂₅ ,	M ₃ ,	E ₄ ,	B ₀
RBC:	3	x	106	/ ml,	RBC:	3.2	x	106	/ ml,
Hb	:		12.6	gm.	Hb	:		13.2	gm.
PLT:	2,	47,000	Cells	/ Cumm	PLT:	3,	44,000	Cells	/ Cumm
Blood				Sugar:	Blood				Sugar:
FBS:		93.4	mg	/dl,	FBS:		88.5	mg	/dl,
PPBS:		141.3	mg	/dl.	PPBS:		125	mg	/dl.
LFT:				Normal.	LFT:				Normal.
BT/CT:				Normal.	BT/CT:				Normal.
RFT:	Normal.				RFT:	Normal.			
ECG:	WNL				ECG:	WNL			
X-Ray Chest PA View:	Cardiac shadow				X-Ray Chest PA View:	Cardiac shadow			
	WNL					WNL			

Drug References:

1. *Madana Phala Yoga, Vacā Cūrṇa (Caraka Samhita).*
2. *Pañchatikta Ghéta (Cakradatta).*
3. *Trikaòu Cūrṇa (Suòruta Samhita).*
4. *Haridā khaṇṇa, Citrakādi Vaòi, Eraṇṇa taila (ĪÁrangdhara Samhita).*
5. *Gandhaka RasÁyana (Rasa Ratna Samucchaya).*
6. *Kaiòora Guggulu (ĪÁrangdhara Samhita).*
7. *Haridra Khanda (Bhaiòajya RatnÁwali).*
8. *Àrogya Vardhani Vaòi (Rasa Ratna Samucchaya).*

9. Herbal Antibiotic (Organic India ltd).
10. 777 oil (Dr.JRK'S Siddha Research & Pharmaceuticals PVT. LTD.).

Bibliography:

1. Davidson's Principles and Practice of Medicine, 17th Edition, Churchill Livingstone, 1996
2. Harrison's of Internal Medicine, 17th Edition, 2008 Principles.
3. Caraka Samhitá, Eng. translation by R.K.Sharma & Bhagawána DÁsa, Chowkhambhá Sanskrit Series Office, Varanasi, 2009.
4. With English Translation of Text and DalhaÆa's Commentary along with critical notes, Edited by P.V.Sharma. Chowkhambhá ViÐva bhÁratí, Varanasi, 2005.
5. Cakradatta, Edited by Dr. Indra Deva Tripathi, Chowkhambhá Sanskrit Sansthana, Varanasi, 2005.
6. Singh R.H.: Panchakarma Therapy, Published by Chowkhambhá Sanskrit Series Office, Varanasi, 2007.
7. ĪÁrangdhara Samhitá, Edited by Shri Radha Krishna Parasar, Baidyanath Ayurveda Bhawana, Nagpur, 1994.
8. Ayurvediya Panchakarma VigyÁna, Edited by Kasture H. S., Shri Baidyanath Ayurveda Bhawana Limited, Allahabad, 2006.
9. Chandaliya Sachin : A clinical study on standardization of Vamana Karma w.s.r to Antiki, Maniki ,Laingiki, Vaigiki criteria-2003.
10. Mukundilal Dwivedi: Ayurvediya Panchakarma Chikitsa, Chowkhambhá Sanskrit Pratisthana, Delhi, 2008.
11. Parida Akhil: A comparative study of Vamana & Virechana on psoriasis.-2008.
12. BhaiÒajya RatnÁvali 8th Edition, Ambika Datta Shastri, Chowkhambhá Sanskrit Sansthana, Varanasi, 1987.
13. Rasa Ratna Samucchaya, Edited by Dr. Indra Deva Tripathi, Chowkhambhá Sanskrit Bhawana, Varanasi, 2003.