

MANAGEMENT OF PSORIASIS WITH SPECIAL REFERENCE TO VAMANA KARMA

DR.R.K.YADAVA

MD (Ayu), Ph-D, Lecturer in Kayachikitsa, S R M Govt. Ayurvedic college, Bareilly-243005 (U.P) - INDIA
e-mail- drrkyadava@gmail.com

ABSTRACT

A clinical study is carried out at Pancha Karma unit of S R M Government Ayurvedic College Hospital Bareilly on five patients suffering from Psoriasis. The patients were randomly selected from out patient department on the basis of the criteria developed for the same. Out of the five four were male and one female, having age between 17 to 40 years. After admission to the indoor all of them were subjected to special preparatory method called snehana for a period of seven days. On the eighth day vamana karm was performed, followed by specific dietary regimen called as samsarjana krama. The response of the treatment was assessed on weekly basis depending on the regression of the symptoms following the therapy. It was found that all the individuals have shown significant improvement in symptoms like itching, scaling, and circular lesions present on skin in second and third week after the therapy.

KEY WORDS

Pancha karma a special treatment comprising five different procedures which result in purification of human body. Vamana - emesis with medicated substances. Samsarjana krama - a method to gradually switching over from light to heavy diet. Kshudra kushtha- A group of skin diseases which have relatively better prognosis.

INTRODUCTION

Human race has developed in leaps and bounds since their existence. During the process it has also encountered many hurdles in one or another form. Though the biggest hurdle seems to be the different diseases challenging their existence. Psoriasis is one among such diseases. Prevalence of psoriasis seems to be increasing day by day as more and more cases are coming to seek medical advice. In modern medicine this disease is supposed to be the result of autoimmunity. If there are scaling erythematous papules on the scalp and extensor aspect of the arms and legs is suggestive of psoriasis. Psoriatic lesions are often accentuated on the sites of repeated trauma, such as the elbows and knees. The papules and plaques of psoriasis are often surrounded by a silvery white micaceous scale that is relatively easily removed in layers. In psoriasis there is many fold increase in the normal number of the basal cells of the epidermis. This increase in the basal cell population reduces the turnover time of the epidermis from normal 27 days to three or four days. As far as the treatment is concerned the most effective is control of localized psoriasis with topical corticosteroids, topical coal tar preparations and ultraviolet light or sun light exposure.

In this way the treatment is symptomatic and there are

always chances of recurrence so that the patient has to take medicines for an indefinite period. In Ayurvedic text disorders of skin are described under the heading of kushtha. Which is further divided into mahakushtha and kshudra kushtha. This classification is based upon the prognosis. Mahakushtha are relatively difficult to treat than kushtha. According to the Ayurveda there is vitiation of 'kushtha saptaka' viz. rasa, rakta, twacha, lasika, vata, pitta and kapha. There are two conditions known as kitibha and ekakushtha described as a type of kshudra kushtha simulate the clinical features of psoriasis. From the point of view of the treatment it is said that the toxins produced as a result of the disease are deep seated and they require repeated purification procedures as it is mentioned that " bahu doshah samshodhyah kushthi". There is indication to carry out vamana every fortnight while virechana on monthly basis with due attention so that complications may not occur. The purpose of the present study to evaluate the efficacy of shodhana chikitsa and to relieve the suffering of the patient affected with psoriasis.

MATERIAL AND METHODS

1. Criteria for selection of patients-

- Patients attending the out patient department from near by areas of Bareilly were considered to ensure regular follow up.
- Patients within the age group of 15 - 60 years were considered fit for the study.
- Preferably male patients who may tolerate the exertion of vamana karma, and female in case of she volunteers herself knowing all the facts.

2. Criteria for exclusion of patients -

- Patients simultaneously suffering from diseases like hypertension, diabetes, malignancy or other disorders with serious outcome and pregnant ladies were kept as unfit for the study and also the patients who were unwilling to stay at hospital.

3. Preparation of patient

After keeping the patient in indoor snehana and swedana was performed as a part of purva karma. Snehana was given with the help of pure cow ghee and the dose was optimized to 50 grams twice daily to be given mixed with milk. This is followed by swedana with the application of mild steam or covering the patient with a thick blanket. This procedure was repeated for a period of seven days and vamana to be performed on eighth day.

4. The vamana karma

It is a process of emesis which is induced with the

MANAGEMENT OF PSORIASIS WITH

help specific medicines. Kapha vardhaka ahara like 'dahi bada' is advised to the patient in the evening prior to the day of vamana. The patient is advised to take milk in ample amount in the morning on the day of vamana. Decoction of madhuyasti and saindhava lavana is prepared. Madanphala powder in a dose of 10 grams mixed with honey is then given to the patient. As soon as the patient starts feeling nausea or water brash he is advised to take decoction of madhuyasthi in a full capacity of stomach. Generally bout of emesis starts spontaneously, if not patient is advised to touch his uvula with the fingers to induce emesis. Both intake and output chart is maintained. This process is repeated again with the decoction prepared from saindhava lavana. The desired effect i.e. pittanta vamana is usually achieved following five to six bouts. Typical shining yellow colour appears in vomitus. General condition of the patient, pulse, blood pressure and respiratory rate is recorded throughout the procedure. In the end of the procedure the subject is advised to take fumes of kantakari.

5. The samsarjana krama

It is a special dietary regimen which is followed after vamana karma. During this regimen liquid diet is given to the patient on the day of vamana after that gradually increasing the amount of cereals in the diet. Patient is allowed to take normal routine diet after a week.

6. Assessment of the symptoms

Major symptoms which were included for the assessment were itching, scaling, maculopapular, erythematous skin rashes. The symptoms were graded as nil (0), mild (1), moderate (2), and severe (3). The assessment was before and two weeks after the therapy and the response was compared.

7. Follow up therapy

A common follow up therapy was advised to all the patients which included the drugs like Pancha tikta ghruta guggulu tablet in a dose of 500 mg twice daily. Arogyavardhini vati 250 mg twice daily. Nimbadi churna three grams with bakuchi churna one gram twice daily and jatyadi taila mixed with coconut oil was advised for local application.

RESULTS AND OBSERVATIONS

Significant improvement in symptoms was observed in all the patients. Itching and scaling were relieved and remarkable regression of skin rashes was found. No untoward effect was observed in any of the patients.

DISCUSSION

Psoriatic lesions not only destroy the skin continuity it also causes a social dilemma to the patient. Majority of the people regard this disease as contagious and avoid direct contact with the patients. There is hopelessness on the treatment front too. It is a never ending sequence with patient regularly taking steroids, anti-histaminics, antibiotics and other preparations. These limitations related to the disease encourage treatment procedures other than modern medicine. According to the Ayurvedic literature

the disease psoriasis may be correlated with Ekakushtha and Kitibha. Both these conditions are supposed to be the result of vitiation of vata and kapha. The vamana karma is a specific procedure done for the elimination of kapha dosa. Simultaneously vata dosa is also taken care of. When snehana is given prior to the vamana its effect appears up to the skin as it appears soft, moist and sticky. Snehana provides a solvent like medium in which the toxins may get dissolved. When the procedure of vamana is performed it may create a kind of osmotic pressure towards the intestines. With this pressure sneha present which is present in the distant part of the body starts coming towards intestines easily along with the toxins dissolved within. From the intestines it is gradually expelled out from the body.

With the application of vamana karma, a cleaning effect is found in the body. The medicines which are given after that eventually show better therapeutic action on the disease. Thus, it may be postulated that more receptor sites are available for the drug action. There is also a decreased autoimmune response as the concentration of autoimmune complexes may have reduced. Medicines used may also provide a kind of rejuvenating effect on the skin too.

Single schedule of vamana karma seems to be insufficient as there is recurrence of symptoms was observed in one patient following a period of six months. So, at least two schedules in one patient are required in one year. The process of vamana causes exertion on the body. Thus, there are always chances of complication. This could be avoided by careful selection of the patient and with the presence of an expert during the whole process along with fully equipped emergency kit.

CONCLUSION

Concluding the article it may be said that vamana karma is highly beneficial in case of psoriasis if performed with precautions. Two applications of the therapy per year are sufficient to relieve the symptoms of psoriasis. It is a preliminary study of five patients only. So, the complete statistical data are in a development phase. But, encouraging response found on five patients does provide a ray of hope towards the effective management of psoriasis.

REFERENCES

1. Charaka-charaka samhita, chikitsa sthana, chapter 7, kushtha chikitsa, choukhamba Publication Varanasi.
2. Charaka-charaka samhita, kalpa sthana, chapter-1, choukhamba publication, varanasi
3. Charaka-charaka samhita, siddhithana, choukhamba publication Varanasi.
4. Harrison's- principles of internal medicine, pg. 233, 11th edition, Mc Graw Hill publication
5. Kasture H.S.- Ayurvediya panchakarma vigyan, shri baidyanath publication, Jhansi.
6. Singh R.H. Concepts of panchakarma therapy, choukhamba publication Varanasi.
7. Yadava R.K.- Basic concepts and practical applications of panchakarma therapy, paper Presented at national seminar on pancha karma I.V.R.I. Bareilly, 2007