

Efficacy of *VamanaKarma* in *Ekkustha*: A Case Report

Abstract:

Ekkushtha as per Ayurveda can be correlated with psoriasis in conventional medicine. It is a chronic skin disorder characterized by thick, scaly and erythematous plaques. Any disease pertaining to skin causes adverse impact on psychological and social wellbeing resulting in reduced quality of life. In Ayurvedic texts, *Ekkushtha* is categorized under *KshudraKushtha*¹ with its pathogenesis linked to the imbalance of *Kapha* and *Vata Doshas*². *Vamana Karma* expels aggravated doshas particularly *Kapha* from the body thereby offering relief in conditions like psoriasis.

KEY WORDS: *Ekkustha*, *Vamana*, Psoriasis

Introduction

Ekkustha, in Ayurvedic texts, is a chronic skin disorder characterized by symptoms such as *Aswedanam* (anhidrosis), *Mahavastu* (extensive lesions), and *Matsyashakalopamam*³ (scales resembling fish). The pathogenesis of *Ekkustha* involves the vitiation of *Vata* and *Kapha* doshas, which, in conjunction with the *dushyas*—*Twak* (skin), *Rakta* (blood), *Mamsa* (muscle), and *Lasika* (lymph)—leading to the manifestation of the disease.

According to the Charaka Samhita, the etiological factors (Nidana) contributing to the development of *Kushtha* include the intake of incompatible foods (*Viruddha Ahara*), suppression of natural urges (*Vegadharana*), and exposure to environmental factors such as excessive heat. These factors disturb the equilibrium of the doshas, resulting in their accumulation and subsequent localization in the skin and related tissues. The vitiated doshas obstruct the channels (*Srotas*), impairing the normal function of the skin and leading to the characteristic lesions observed in *Ekkustha*.

Psoriasis is a chronic, immune-mediated inflammatory skin disease characterized by the rapid proliferation of keratinocytes, leading to the formation of erythematous, scaly plaques, commonly on the elbows, knees, scalp, and lower back. Beyond its cutaneous manifestations, psoriasis is associated with systemic comorbidities, including psoriatic arthritis, cardiovascular diseases, metabolic syndrome, and psychological disorders such as depression and anxiety. These comorbidities contribute to a significant reduction in patients' quality of life and increased healthcare burdens. It affects approximately 2–3% of the global population, with variations in prevalence across different regions and ethnic groups. The disease exhibits a bimodal age of onset, typically between 15–20 years and 55–60 years.

The pathogenesis of psoriasis involves a complex interplay between genetic predisposition and environmental triggers, leading to immune system dysregulation. Activated T-cells and pro-inflammatory cytokines, such as tumor necrosis factor-alpha (TNF- α) and interleukins (IL-17, IL-23), play pivotal roles in the inflammatory cascade that drives keratinocyte hyperproliferation.

Conventional treatments often provide transient relief, prompting exploration of alternative therapies. *Vamana Karma*, a principal *Shodhana* (purificatory) procedure, aims to expel aggravated doshas, particularly Kapha, thereby addressing the disease's root cause. This case report elucidates the efficacy of *Vamana Karma* in managing *EkKustha*, highlighting its potential as a holistic approach in psoriasis treatment.

Case Presentation

A male patient aged 25 years, visited OPD of Patanjali Ayurveda Hospital, Patanjali Yogpeeth Phase-1 Haridwar, Department of Panchakarma, Date 09/02/2024, with following details.

Name of Patient – XYZ

Age – 25 years

Gender – Male

Nationality – Indian

State – Uttarakhand

District – Haridwar

★ Appearance – Lean built

★ Physical and mental disposition – Conscious and well oriented

★ Occupation and socio-economic status – Engineer

★ On examination, well-demarcated, erythematous plaques with overlying silvery-white scales are observed, consistent with plaque psoriasis⁴—the most common form of psoriasis. This condition is characterized by hyperproliferation of keratinocytes and chronic inflammation mediated by T-cell activation and cytokine release, including interleukins IL-17 and IL-23. Common triggers include stress and dietary factors, such as spicy foods, which can exacerbate the condition.

Chief Complaints

Persistent itching, redness, discomfort from scaly plaques on scalp, elbows , abdomen and knees since 9 years. Flare ups worsen with stress, affecting sleep quality and daily activities. Visible lesions lead to feelings of embarrassment and anxiety, impacting self-esteem and social interactions. Constipation on and off since 5 years.

Histories

- **Medical History:** Diagnosed with Psoriasis 9 years ago
- **Personal History:**
 - Bowel- Irregular
 - Urine frequency- 6-7 times a day
 - Appetite- Good
 - Sleep- Disturbed
 - Tongue- Coated
 - Working hours- 6-7 hours
- **Family History:** No any significant history found.
- **Dietary Habits:** Vegetarian diet(Irregular eating pattern, 3 meals per day, High in carbohydrates, mostly from refined sources)
- **Lifestyle:** Sedentary lifestyle with limited physical activity

General Examination

General condition- Weak and thin	Icterus-Absent
Pallor-Absent	Cynosis-Absent
Height-164 cm	Weight-58 kg
Temp- 97.8 [°] f	Pulse-78/min
BP-130/90mmHg	RR.-16/min

Dashvidha Pariksha

<i>Prakriti- Vata kaphaj</i>	<i>Vikriti- Vikriti vishamsamvaya</i>
<i>Sara- Twaka sara</i>	<i>Samhanana- Avara</i>
<i>Pramana- Madhyam</i>	<i>Satmya- Madhyam</i>
<i>Satva- Pravara</i>	<i>Ahara Shakti- Madhyam</i>

89

90 **Ashtavidha Pariksha⁵**

<i>Nadi- Vata kaphaj</i>	<i>Mutra- Samanya</i>
<i>Mala- Alpa, Saam</i>	<i>Jihva- Lipta(coated)</i>
<i>Shabda- Samanya</i>	<i>Sparsha- Mridu/Sita</i>
<i>Drik- Samanya</i>	<i>Aakriti- Madhyam</i>

91

92 **Systemic Examination**

GIT- Soft non-tender	CNS- S1 S2 heard normal	R.S- normal vesicular breathing sound heard
----------------------	----------------------------	--

93

94

95

96 **Skin Examination**

97 Lesions- Erythematous papules and plaques with white silvery scales Surface-

98 Dry/Rough

99 Candle grease sign- Present

100 Auspitz sign- Present

101 **Investigations**

CBC	Normal in limits
ESR	15mm/hr
LIPID PROFILE	Normal in limits
LFT	Normal in limits
RBS	110mg/dl

102

103 **Nidana**104 *Virudh ahara, Ratri jagrana*

105

106 **Samprapti**107 As per Acharya Charaka, the *Samprapti* involves seven *Dravyas* including three *Doshas*108 *Vata, Pitta and Kapha* and four *Dushyas* *Twak, Rakta, Mamsa, and Lasika* .Acharya Charaka

emphasized the dual role that *Nidana* plays in vitiating *Tridosha* and disrupting the usual configuration, in *Dhatus*. This leads to final manifestation of *Ekkustha*.

<i>Dosha–Vata-Kapha</i>	<i>Dushya-Twakaa, Rakata</i>	<i>Srotas - Rasavaha, Raktavaha, Mamsavaha, Swedavaha</i>
<i>Agni-Mandagnijanya</i>	<i>Udbhavasthana-Amapakvashaya</i>	<i>Sancharsthana-TiryagSira</i>
<i>Adhisthana-Twacha, Dushya-Twakaa, Rakta, Mamsa, Lasika</i>	<i>Vyadhimarga-Bahya</i>	<i>Swabhava-Chirakari</i>

Vyavachedakanidana (Differential Diagnosis)

<i>Ekkustha</i>	<i>Kitibha</i>
<i>AswedanamMahavastuMatsyashakalopamam</i>	<i>ShyavamKinakharasparshamParusham</i>

Vyadhi Vinischaya: Ekkustha

Treatment

Date	Shaman Aushadhi	Aushadh Matra	Anupana
9/02/2024	<i>Deepana Pachana with PanchkolChurna and Chitrakadi Vati</i>	1/2tsf BD Empty stomach- 2Tab BD After food	Warm Water
10/02/2024- 14/02/2024	<i>Snehpana with PanchtiktaGhrita for 5 days</i>	Day 2- 30ml Day 3 -60ml Day 4- 110ml Day 5-140ml Day 6- 180ml	Warm Water

15/02/2024	Sarvanga Abhyanga with <i>Kayakalp Taila</i> <i>Sarvang VashpaSwedana</i>	Day 7 and 8	Warm Water
16/02/2024	Sarvanga Abhyanga with Kayakalp Taila Sarvang Vashpa Swedana followed by Vamana	Day 9	Yavagu Pana Akatha Doogdhapana Vamana Aushadha Yastimadhuphanta Saindhav yukta Jala
16/02/2024- 22/02/2024	Samsarjana Karma	From Day 9	

122

123

Vamana Aushadha

S.No	Contents	Quantity
1.	<i>Madanphala Churna</i>	10 gm
2.	<i>Yashtimadhu Churna</i>	10 gm
3.	<i>Vacha Churna</i>	2 gm
4.	<i>Nimba Churna</i>	3 gm
5.	<i>Saindhav Lavana</i>	5 gm
6.	<i>Madhu</i>	20 ml

124

125 No. of Vegas- 8

126 *Shudhi- Uttama*127 *Antiki Shudhi- Pittanta*128 *Laingiki Shudhi-* *Kale Pravrutti, Kramat Kapha Pitta Anila Pravrutti, Hrut, Parshwa,*129 *Murdha, Strotas, Indriya Shudhi, Laghuta*

130

131 **Diet after Vamana-**

Samsarjana Karma: Days-	Pradhana Shudhi(Maximum Purification)	Madhyama Shudhi(Moderate Purification)	Avara Shudhi(Mild Purification)
--	--	---	--

1	Peya (thin rice gruel)	Peya(thin rice gruel)	Peya(thin rice gruel)
2	Peya (thin rice gruel)	Peya(thin rice gruel)	Vilepi (thicker rice gruel)
3	Peya (thin rice gruel)	Vilepi (thicker rice gruel)	Akruta Yusha (vegetable/lentil soup)
4	Vilepi (thicker rice gruel)	Vilepi (thicker rice gruel)	Kruta Yusha (vegetable soup with ghee, saindhavlavana)
5	Vilepi (thicker rice gruel)	Akruta Yusha (vegetable/lentil soup)	Kritanna (normal meal with rice, bread)
6	Akruta Yusha (vegetable/lentil soup)	Kruta Yusha (vegetable soup with ghee, saindhavlavana)	Kritanna (normal meal with rice, bread)
7	Akruta Yusha (vegetable/lentil soup)	Kruta Yusha (vegetable soup with ghee, saindhavlavana)	Kritanna (normal meal with rice, bread)
8	Kruta Yusha (vegetable soup with ghee, saindhavlavana)	Kritanna (normal meal with rice, bread)	Kritanna (normal meal with rice, bread)
9	Kruta Yusha (vegetable soup with ghee, saindhavlavana)	Kritanna (normal meal with rice, bread)	Kritanna (normal meal with rice, bread)
10	Kritanna (normal meal with rice, bread)	Kritanna (normal meal with rice, bread)	Kritanna (normal meal with rice, bread)

11	Kritanna (normal meal with rice, bread)		

RESULT:

SIGNS AND SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
<i>Matsyashaklopamam</i> (Scaling)	Present	Absent
<i>Mandala</i> (Erythema)	Present	Absent
<i>Kandu</i> (Itching)	Present	Absent
<i>Bahalatva</i> (Epidermal Thickening)	Present	Absent

BEFORE TREATMENT AND AFTER TREATMENT COMPARISON



DISCUSSION:

This case highlights the effectiveness of Vamana Karma (therapeutic emesis) as a *Shodhan* therapy in managing *Ekkustha* (psoriasis). According to Ayurvedic principles, *Ekkustha* is predominantly *Kapha-Rakta* pradhana, and *Vamana* serves to expel vitiated Kapha and Pitta doshas. The entire *Doshas* are transported to the alimentary canal (*Koshtha*) by *Snehan*, from where it is expelled from the body via oral route. By lowering the body's pro-inflammatory cytokines and restoring the vitiated doshas, it restores internal equilibrium. *Panchtikta Ghrit* (containing *Azadirachta indica*, *Trichosanthes dioica*, *Tinospora cordifolia*, *Adhatoda vesica*, *Solanum xanthocarpum*, and Cow's ghee) used for *Snehpana*, which has anti-inflammatory and detoxifying qualities, was used to nourish skin tissues and support the cleansing process. External therapies *Abhyanga* and *Swedana* improved circulation and loosened scales to alleviate symptoms. In order to prevent *Ama* development and promote long-lasting remission, post-procedural food regimens guaranteed the restoration of gut health. Post-*Vamana*, the patient showed marked improvement in symptoms, supporting classical Ayurvedic texts. The outcome indicates that individualized Panchakarma therapy can yield significant benefits in chronic dermatological conditions.

CONCLUSION:

Vamana Karma proves to be an effective therapeutic intervention in the management of Ek-
Kushtha. After the *Vamana* procedure in an *Ekkustha*(Psoriasis) patient, significant
improvement in skin lesions was observed, characterized by reduced scaling and erythema.
The patient reported decreased itching and discomfort, enhancing overall quality of life.
By addressing the root cause, which involves the aggravation of *Kapha* and *Vata* and the
presence of toxins (Ama) in the body, *Vamana Karma* not only alleviates the symptoms but
also helps in preventing the recurrence of the disease.
Detoxification facilitated by *Vamana* helped eliminate toxins, restoring balance in the body.
Regular follow-up and supportive therapies, including dietary adjustments and topical
treatments, are essential for maintaining long term results and preventing recurrence.
The study supports the integration of *Vamana* Karma into the treatment regimen for chronic
skin disorders like psoriasis, highlighting its potential as a complementary therapy.

REFERENCES:

1. Agnivesha. (2016). Charak Samhita (revised by Charaka and Dradhabala, with introduction
by Vaidya Samrata Shri Satya Narayan Sastri, with elaborated Vidyotini Hindi commentary
by Pt. Kashinath Sastri and Dr. Gorakha Natha Chaturvedi; Part 2, Reprint ed.). Chaukhamba
Bharati Academy. (Charaka Chikitsa Sthan Vaatvyadhirogadhikar, Chapter 7/21, p. 252).
2. Agnivesha. (2016). Charak Samhita (revised by Charaka and Dradhabala, with introduction
by Vaidya Samrata Shri Satya Narayan Sastri, with elaborated Vidyotini Hindi commentary
by Pt. Kashinath Sastri and Dr. Gorakha Natha Chaturvedi; Part 2, Reprint ed.). Chaukhamba
Bharati Academy. (Charaka Chikitsa Sthan Vaatvyadhirogadhikar, Chapter 7/29, p. 253)
3. Agnivesha (2001) Charaka Samhita with Ayurveda dipika commentary of
Chakrapanidatta. In: Acharya YT (Ed.), Revised by Charaka and Dridhabala, Chaukhamba
Sanskrit Sansthan, 5th(Edn.), Chikitsa Sthana 41(7): 452
4. Gibbs S. Skin disease and socioeconomic conditions in rural Africa: Tanzania. *Int J
Dermatol.* 1996;35(9):633-9. ayurvedjournal.com
5. Sastri, L. P. (2015). Yogratnakar (Vidyotini Hindi Commentary) (Chapter 1, p. 5).
Chaukhambha Prakashan.

193

194

195

196

UNDER PEER REVIEW IN IJAR