

EFFECT OF CLASSICAL VAMANA KARMA IN THE MANAGEMENT OF *EKA KUSHTA* WITH REFERENCE TO PSORIASIS - A CASE STUDY

Dr. Neetu Kheenchi^{1*}, Dr. Rajeev Kumar Pandey², Dr. Divya Gupta³

*¹PG Scholar, Dept. of Panchakarma, MMM Govt. Ayurveda College, Udaipur, Rajasthan India. India.

²Associate Professor, Dept. of Panchakarma, MMM Govt. Ayurveda College, Udaipur, Rajasthan India.

³Lecturer, Dept. of Panchakarma, MMM Govt. Ayurveda College, Udaipur, Rajasthan.

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*Corresponding Author

Dr. Neetu Kheenchi

PG Scholar, Dept. of Panchakarma,
MMM Govt. Ayurveda College,
Udaipur, Rajasthan India. India.



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ABSTRACT

Psoriasis is one of the most frequently observed dermatological conditions and is known for its chronic nature as well as its significant psychological and social burden on affected individuals. This case report describes the management of a psoriasis patient using *Vamana therapy* (*Shodhana and Shamana*) as outlined in Ayurvedic texts. **Case:** A 35-year-old male presented with erythematous, dry, scaly patches accompanied by intense itching and a burning sensation for the past two years. **Management:** *Pachana* was carried out using *nagarmotha phanta*, *chitrakadi vati* and *mahasudarshan ghanvati*. Internal oleation was administered with *Mahatiktaka Ghrita* and *karpasthyadi taila* following an *arohana krama* (gradually increasing dosage). External oleation was performed with *Nimba Taila*, and *karanj taila* followed by whole-body steam therapy using *Kwatha*. For *Vamana*, *Akanthapana* with cow's *takra* was provided. The *Vamana* drugs included

Madanphala Churna (7gm), *Yashtimadhu phanta* (100ml), *Saindhava* (10gm), and honey (100ml) for making the paste. *Nimba kwath*, *Yashtimadhu phanta* and *lavnodaka* was used as the supporting *vamanopaga* dravya.

KEYWORDS: Psoriasis, *Ekakushta*, *Shodhana*, *Shamana*.

INTRODUCTION

Psoriasis is a long standing, noncommunicable, and often painful dermatological disorder that leads to disfigurement and disability, significantly diminishing patients' quality of life. It can appear at any age but is most frequently observed in individuals aged 50–69.^[1] Globally, its prevalence ranges from 0.09%^[2] to 11.4%,^[3] highlighting its widespread impact. Although the exact cause of psoriasis is not yet established, genetic susceptibility has been documented,^[4] and the involvement of the immune system continues to be a major focus of investigation. While psoriasis is suspected to have autoimmune features, no specific autoantigen has been conclusively identified. Various external and internal factors including minor injuries, sunburn, infections, certain medications, and psychological stress may trigger or exacerbate the condition.^[5] Psoriasis affects both the skin and nails and is associated with several comorbidities. The skin manifestations typically present as well-defined, symmetrical, erythematous papules and plaques covered with silvery-white scales, often accompanied by itching, burning, or pain. Between 1.3%^[6] and 34.7%^[7] of affected individuals may develop psoriatic arthritis, a chronic inflammatory condition leading to joint deformities and disability. Additionally, 4.2% to 69% of patients exhibit nail involvement.^[8-10] People with psoriasis also face an elevated risk of cardiovascular and other noncommunicable diseases.^[5,11,12]

In Ayurveda, most skin conditions fall under the broad category of *Kushta*. As a holistic science, Ayurveda emphasizes lifestyle regulation and dietary discipline alongside herbal and herbo-mineral therapies for managing disorders such as psoriasis. According to Ayurvedic principles, all types of skin diseases share common etiological factors. These include consumption of incompatible food combinations (e.g., fish with milk), intake of heavy or unctuous drinks, suppression of natural urges, strenuous physical activity in hot weather or after heavy meals, and improper exposure to heat or cold. Other contributing factors include drinking cold water after sun exposure, eating raw or undigested food, disregarding *panchakarma* guidelines, excessive consumption of fresh grains, curd, fish, salty or sour foods, black gram, radish, pastries, sesame, milk, or jaggery. Indulgence in sexual activity during indigestion, daytime sleeping, and unethical behavior are also described as causative factors.

METHODE AND MATERIALS

Signs and Symptoms^[13]: Psoriasis is described as one of the types of *kṣudra kuṣṭha*, a group of comparatively less severe yet persistent skin disorders. The primary *doṣas* involved are *Vāta* and *Kapha*. Characteristic clinical features include diminished sweating (*asweda*), widespread skin lesions (*mahavastu*), fish-like scaling of the skin (*matsyaśakalopama*), and a pinkish discoloration of the affected areas (*aruṇa varṇa*).

CASE REPORT

A 35-year-old male comes to the Panchakarma OPD in September 2025 with complaints of erythematous patches, intense itching, burning sensation, and dry, scaly lesions persisting for one year. He had been undergoing modern allopathic treatment during this period but experienced only temporary relief. Due to inconsistent follow-up and lack of sustained improvement, the patient sought Ayurvedic management and visited the Department of Panchakarma. Following a detailed history taking and *aṣṭavidha parikṣa*, the condition was diagnosed as psoriasis.

Vamana karma:- *Vamana* is one of the principal *Panchakarma* therapies in Ayurveda, involving the therapeutic induction of emesis. Similar to a surgical protocol, it is performed in three stages: pre-operative, operative, and post-operative. The preparatory phase includes administering internal medications to enhance digestion for about four to seven days, followed by internal oleation for three to seven days. This is succeeded by external oleation (oil massage) and sudation, which help mobilize the vitiated *doṣas* into the gastrointestinal tract. The main procedure involves administering oral medicines to induce vomiting, while the post-procedure phase consists of a specific dietary regimen maintained for three to seven days. The entire treatment process was thoroughly explained to the patient, and written informed consent was obtained.

Pre-operative Preparation (*Pūrvakarma*): To enhance digestion (*dipana–pacana*),^[14] the patient was given *nagarmotha phanta*, *chitrakadi vati* and *mahasudarshan ghanvati* for five days. This was followed by *internal oleation*, using *Mahatiktaka Ghrita* and *karpasthyadi taila* following an *arohana krama* (gradually increasing dosage) for seven days. Oleation was discontinued on the seven day upon achieving the desired signs of adequate oleation. Daily monitoring was conducted for indicators such as proper evacuation of stool and flatus (*vata anulomana*), improved digestive capacity (*diptagni*), oily or loose stools (*snigdha* and *asaṃhata varchas*), softness and oiliness of the skin (*mṛdu* and *snigdha aṅgata*), aversion to

fat (*snehodvega*), feelings of tiredness (*glani*), and heightened clarity or alertness (*vimalendriyata*).^[16] Once oily stools appeared, internal oleation was stopped. During this phase, the patient was advised to follow specific dietary and lifestyle guidelines (*ahara* and *vihara*).

External Oleation and Sudation (Abhyanga and Swedana):-External oil application and steam therapy were performed the day after completing internal oleation (the *visrama* day) and again on the day of *Vamana*, using *nimba oil* and *karanj oil*.

Pradhāna Karma^[17]: On the day of *Vamana*, the patient underwent pulse and blood pressure, the findings were: pulse 80/min, BP 128/80 mmHg. For *Vamana*, *Akanthapana* with cow's *takra* was provided. The *Vamana* drugs included *Madanphala Churna* (7gm), *Yashtimadhu phanta* (100ml), *Saindhava* (10gm), and honey (100ml) for making the paste. *Nimba kwath*, *Yashtimadhu phanta* and *lavnodaka* was used as the supporting *vamanopaga* dravya. The patient was guided to vomit with minimal strain by widening the mouth, relaxing the throat, and bending the upper body slightly forward. If the natural urge diminished, gentle throat stimulation using two fingers was advised.^[18] During the procedure, *Yashtimadhu phanta* was repeatedly administered after each *vega* to sustain the emesis until the appearance of *pitta* in the vomitus.^[19] The *Vamana* bouts (*vegas*) were assessed subjectively *7vegiki*.^[20] The endpoint (*pittanta*) was confirmed. Signs of proper *Vamana* (*samyak lakṣaṇa*) such as a feeling of lightness in the abdomen (*udara laghava*) and clarity of mind and senses (*prasanna atmendriya*) were observed.

Postoperative Care (Pashchat Karma):-After completion of the therapy, the patient was instructed to wash the hands, feet, and face with warm water, followed by *Dhumpana* (herbal fumigation). A special dietary regimen (*Samsarjana Krama*) was recommended for seven days.^[21] The purification level (*suddhi prakara*) was assessed as good (*parvar*).

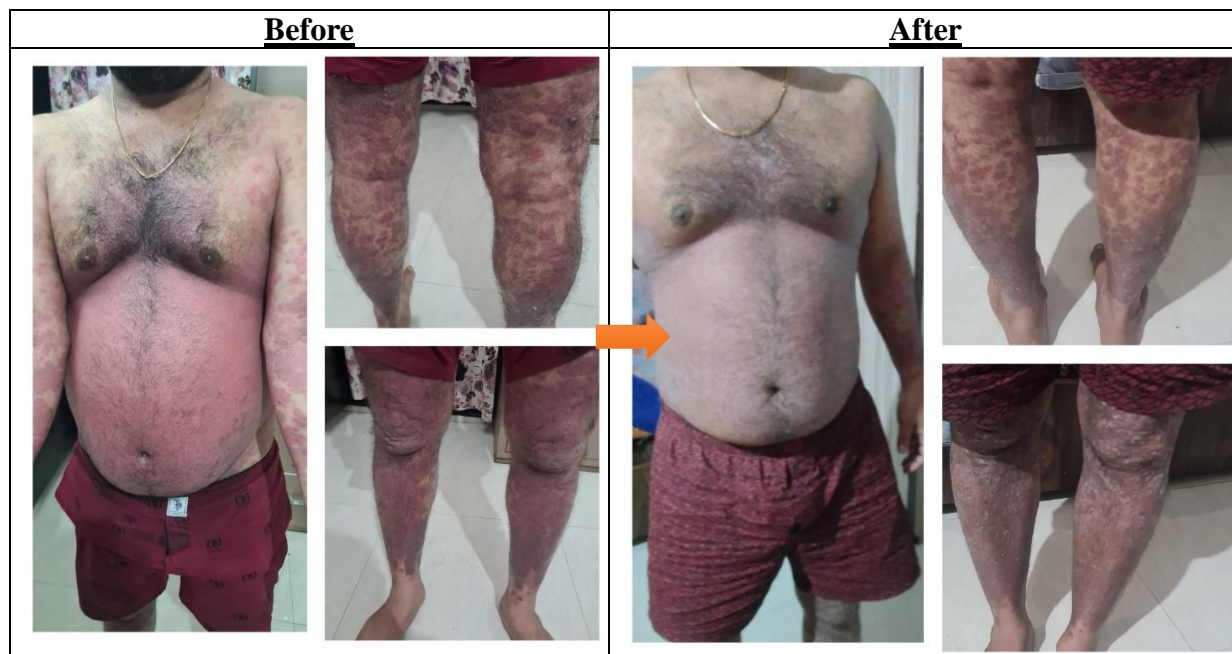
Samshamana Therapy:-For the *Samshamana* phase, the following medicines were administered:

- *Arogyavardhini Vati*
- *Panchatikta Ghrita Guggul*.

Results:-The case was effectively managed with *Vamana* therapy, and *Shamana* therapy was prescribed.

Table 1: Signs and symptoms observed during therapy, along with follow-up data.

S. No	Sign and Symptoms	Day 0	Day 15
1.	Erythematous Skin Patches	+++	++
2.	Scaly Lesions	++	+
3.	Intense Itching	+++	++
4.	Burning Sensation	++	+
5.	Pain	++	+



DISCUSSION

As explained by Acharya Charak, conditions that are primarily *Kaphavata* in nature with an association of *Pitta* disorders can be effectively managed. Since psoriasis is predominantly a *Kaphavata* disorder, *Vamana* therapy helps in removing *Amadoṣa*, enhancing digestive fire (*Agni*), pacifying *Vata*, reducing burning sensations, decreasing scaling and dryness, clearing obstructions, promoting sweating (*Swedana*), relieving itching, and balancing *Kapha* dosha.

CONCLUSION

Although *Ekakushtha* (psoriasis) is challenging to treat, timely and accurate diagnosis can provide significant relief. In the present case, the therapy proved highly effective in managing the symptoms of psoriasis.

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