

## ROLE OF VAMANA KARMA AND NIMBADI CHURNA WITH PATOLADI KWATHA AS ANUPANA IN THE MANAGEMENT OF EKA KUSHTA W. S. R. PLAQUE PSORIASIS - A REVIEW ARTICLE

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### ABSTRACT

In today's world everyone sees what you appear to be. Appearance is nothing but the skin. Skin diseases are affecting the mankind since time immortal. Skin is a mirror that reflects external and internal pathology, and is also the seat of complexion, which maintains beauty and personality. It provides individual identity in the society. In Ayurveda, almost all the skin disease are explained under Kushta-Rogadhikara and classified as 7 Maha Kushta and 11 Kshudra Kushta. The signs and symptoms of Eka-Kushta in Ayurveda are similar to that of Plaque-psoriasis explained in modern medicines. Chikitsa in Ayurveda is grouped under Shodhana and Shamana. Eka Kushta is a Kapha Vataja Vikara and Vamana Karma is said to be an effective tool in Kapha and Kapha Pradhan Tridoshaja Vyadhis. As Shamana Chikitsa is more effective after the Shodhana Chikitsa and the Bhrajaka Pitta is responsible for the normal texture of the skin, so the drugs that are capable of maintaining normalcy of Bhrajaka Pitta with properties such as Dipana, Pachana, Raktashodhana, Krimighna etc should be used for this purpose. For the above reasons, Vamana Karma and Nimbadi Churna with Patoladi Kwatha as Anupana can be taken as an effective remedy of Eka Kushta.

**KEYWORDS:** Eka-Kushta, Plaque - Psoriasis, Nimbadi churna, Vamana, Patoladi Kwatha, Anupana.

### INTRODUCTION

Skin is the largest organ in the human body. In a normal adult it weighs 4kgs and covers 2m square area. Patients of skin disease always experience physical, emotional and socio-economic embarrassment in the society.<sup>[1]</sup>

In Ayurveda, almost all the skin disease are explained under Kushta-Rogadhikara and classified as 7 MahaKushta and 11 Kshudra Kushta.<sup>[2]</sup> Kushta is considered to be under Ashtamahagad Rogas and Aupsargika Rogas. Eka Kushta is one among 11 varieties of Kshudra Kushta described in Ayurvedic classics characterised by Aswedana, Mahavastu, Matsyashakalvat tvacha' by Acharaya Charaka<sup>[7]</sup> and Abhraka Patrasama by Acharaya Bhavprakasha.<sup>[6]</sup> These Lakshanas seem to be more nearer to Plaque Psoriasis.

Psoriasis affects about 2 to 3% of the population<sup>4</sup>. The world wide prevalence of Psoriasis is around 1.5% but studies have reported higher prevalence rates on an average about 5%. The prevalence of psoriasis in J&K is 3.4%. It is equally common in both men and women and can start at any age. Plaque Psoriasis is one among the most common disorders encountered in clinical practice

characterised by erythematous, circumscribed, white silvery skin lesions.<sup>[4]</sup>

### REVIEW OF LITERATURE

#### Definition of Eka- Kushta

- Eka Kushta is the prime among all varieties of Kshudra Kushta.
- Eka Kushta is defined as one variety of Ashtadasha (18 types of skin diseases) Kushta which is characterized by Aswedana, Mahavastu and Matsyashakalawat Twacha.<sup>[2]</sup>

#### Various definitions of psoriasis are as follows

Psoriasis is derived from greek word meaning "Itching condition" or "being itchy". It is a common, chronic, relapsing /remitting, immune mediated systemic disease characterised by skin lesions, including red, scaly patches, papules, and plaques, which usually itch.

Psoriasis is a common, genetically determined, inflammatory skin disorder of unknown cause which in its most usual form is characterized by well demarcated, raised red scaling patches, that preferentially localize to the extensor surfaces.<sup>[13]</sup>

**Roxburgh****Nidana (Etiology)<sup>[2]</sup>**

The etiological factors explained for all types of Kushta can be categorized as follows

**Dosha Hetu**

**Aharaja Nidana** - Excessive intake of Amla (sour), Lavana (salt), Kashaya (astringent) Rasa, Guru (food which are heavy to digest), Snigdha (food made of ghee & fried substances) and Drava Ahara (food articles containing excess of oil and liquid contents), Adhyashana (eating food before the digestion of previous meal), Vishamashana (eating food irregularly and at improper time), Atyashana (eating excessive food), Asatmya Ahara (eating food which is not suitable for an individual).

**Viharaja Nidana** – Atapasevana (excessive exposure of the body to the sun rays), Anila Sevana (exposure of the body to the cold wind), Atishrama (excessive physical work), Divaswapna (indulgence in day time sleep).

**Vyadhi Hetu**

**Mithya Ahara / Viruddha Ahara** - Incompatible food, Dushi Visha (artificial poisoning), polluted water, Shitoshna Vyatyasa Sevana (sudden diving into cold water or drinking cold water after fear, exhaustion and coming from sunlight) Practice of Physical exercise and sunbath after heavy meals.

**Mitya Vihara** - Suppression of Chardi, Mutra Vegas (suppression of vomiting and urine urges), sexual indulgence after Snehana Karma (oleation therapy).

**Mithya Achara** - Papa Karma, Guru Tiraskara, Sadhu Ninda (Idiopathic causes like doing sin, not respecting teachers, etc.)

**Ubhaya Hetu**

**Aharaja Nidana** – Excessive intake of Ksheera (milk), Dadhi (curds), Navanna (food prepared with fresh grains), Pishtanna (food containing excess of oil), Navadhanya (fresh grains), Masha (urad dal), Kulatha (horse gram), Matsya (fish), Varaha (excess of meat), Mulaka (raddish), Guda (jaggery), Madhu (honey).

**Mitya Ahara** - Vidahi Vidagdha Ahara (food which increases pitta / burning sensation), intake of food in Ajirna Avastha (indigestion phase). Viruddha (incompatible food), Ahara-Gunataha Viruddha. For example intake of Mulaka (radish), Lashuna (garlic) with Milk; Gramya Anupa Audaka mamsa with milk (intake of marshy animal's meat with milk), intake of fish with Milk.

**Etiology<sup>[7,12]</sup>**

The exact etiology is unknown. But inherited and environmental factors influence the development of Psoriasis.

- 1. Genetics:** About 35% of patients show a family history.
- 2. Infection:** It is a non-infectious disease but streptococcal infection, usually in the form of a sore throat is a well-recognized precipitating event
- 3. Mental Stress:** Psoriasis may develop for the first time during period of stress or it may aggravate the pre-existing lesions.
- 4. Hormones and metabolism:** The course of Psoriasis becomes worse with puberty or at menopause. It often improves during pregnancy and relapses after child birth.
- 5. Ultra-violet Radiation:** Majority of patients find improvement in their lesions on the exposure to natural sunlight. However 15% find aggravation in pre-existing lesions.
- 6. Epidermal Keratinocyte Proliferation:** It is found that Psoriatic skin compromises only three layers of epidermal cells. Psoriatic lesions have an increased epidermal cell proliferation rate i.e 28 days which reduces to 4 days.
- 7. Tumour Necrosing Factor:** TNF is found to be increased in skin and joints of those with cutaneous Psoriasis and Psoriatic Arthropathy. This suggests a major role of cytokins in the clinical expression of Psoriasis.
- 8. Immunological Aspects:** CD-8 positive lymphocytes in the epidermis CD-4 positive lymphocytes in the dermis.
- 9. Drugs**
  - Antimalarial drugs (quinine, chloroquine), Lithium, Indomethacin, Gold,  $\beta$ -blockers (Propranolol, Nadolol, Digoxin) – worsen condition
  - Alcohol and smoking increases the incidence.
  - Cortico-steroidal withdrawal- aggravate the condition

**Samprapti (Pathogenesis)**

Nidanas of Kushta aggravates the Doshas, causes Agnimandya (indigestion) and in other hand produces Dhatu Shaitilyata (cause weakness of the muscles etc). Among all the Doshas, Vata and Kapha get aggravated predominantly and causes the Shithilyata of Dushyas like Twaka (skin), Rakta (blood), Mamsa (muscles), Lasika (channels) and obstruct the Lomakupa (sweat glands) leading to the Sangatmaka Vikriti (vitiating) in Swedavaha Srotas (channels of sweat glands). This Prakupita (vitiating) Doshas enters into Rasaraktadi Paribhramana (systemic circulation) especially Sanchara (movement) in Tiryaka Siras (vein) and lodges in Bahya Roga Marga viz. Twaka and resulting in Mandalotpatti (formation of skin lesions).

**Pathogenesis<sup>[12]</sup>**

Psoriasis appears to be largely a disorder of keratinization. The process comprising the pathophysiology of Psoriasis include

- Abnormalities in the kinetics of epidermal proliferation (hyperproliferation).
- Dilatation and proliferation of dermal blood vessels.
- Activation of immune pathways (accumulation of inflammatory cells particularly neutrophils and T – lymphocytes).

The basic defect is rapid replacement of epidermis in psoriatic lesion (3-4 days instead of 28 days in normal skin)

**Roopa (Symptomatology)****Aswedana**

Aswedanam means no perspiration / no sweating on the skin. Aswedana symptom is mainly because of increased Rooksha guna of Vata.

**Mahavastu**

The symptom Mahavastu in Eka Kushta may be due to the Vaikrita Kapha Dosha. Mahavastu refers that the lesions occupy large area, either as a single big or as multiple small lesions.

**Matsyashakalopamam**

This can be considered as a cardinal feature of Eka Kushta. It refers that the affected Twacha in Eka Kushta resembles the scaly skin of a fish.

This may also suggest that, the lesions in Eka Kushta resemble mica sheets.

**Clinical Features of Psoriasis<sup>[1,7,10,11,12]</sup>**

1. **Evolution of Disease:** Psoriasis usually shows chronic, indolent lesions which persist for months. It seldom has an acute onset.
2. **Plaques:** It consists of well-defined raised lesions which may be few or numerous covering large areas of the trunk and limbs.
3. **Scaling:** Scaling may be predominate giving a thick plaque which is similar to limpets on the sea -shore called as 'Rupioid'. These lesions are surmounted with silvery, white, loose and lamellar scales due the presence of air trapped between them.
4. **Erythema:** This may be conspicuous especially in lesions on the trunk and flexures. Colour is deep pink to red but may be modified by skin colour.
5. **Pustules:** These are rare on the trunk and limbs. They are fairly common and deeply seated on the palms and soles.
6. **Size:** The lesions vary from a few mm. to very extensive plaques.

**Chronic plaque psoriasis (Psoriasis vulgaris)**

This is the most typical and common form of the disease. The technical name for plaque psoriasis is Psoriasis Vulgaris (vulgaris means common). A Plaque is the

name used to describe the lesion i.e, well defined patches of red, raised skin, sharply defined erythematous Plaques or Raised inflamed red lesion covered by a silvery white scales with fairly symmetrical distribution.

Hence, from the above factors it is clear that, the Lakshanas of Eka Kushta explained in the context of Charaka Samhita are similar to the signs and symptoms of chronic plaque psoriasis explained in the western system of medicine.

Comparison of symptoms of Eka Kushta with that of chronic plaque psoriasis is explained in Table 1.

**Table 1: Comparison of symptoms of Eka Kushta with that of chronic plaque psoriasis.**

Eka-Kushta	Psoriasis
Aswedana	Dry and rough leisons
Mahavastu	Cover the entire body
Matsya shakalvata	Well demarked raised patches with large silvery loose scaling
Krishna-aruna varnata	Erythmatous, black in colour

**Chikitsa of Eka- Kushta:<sup>[2]</sup>** Eka Kushta is a relapsing and most distressing disease. In such condition, Shodhana becomes very important to expel out the Doshas.

1. **Snehana** – Acharyas have advised to use Snehapana in Shudha Koshta only which will be helpful for Vamanadi Purva-Karma.
2. **Swedana** – In such patients, mostly 'Atapadi Anangni' Sweda are used. The other types may increase Kleda.
3. **Vaman** – Eka Kushta is a Vata-Kapha Pradhan Vyadhi. Hence, Charakacharya, has advised to use Kutaja, Madan, Patol etc. for induction of Vamana.
4. **Virechana** – As every type of Kushta is Tridoshaja, when associated with Pitta, Kushti can advised Virechana following Vamana. Trivritta, Danti, Triphala etc. are advised for the same.
5. **Basti** – Both Anuvasana and Asthapana are contra-indicated in Kushta. In Siddhithana, Charakacharya advises to use Madhu-Taila-Saidhava with Shatapushpa kalka.
6. **Nasya** – If Kapha Prakopa and Krimi Avastha are present in Kushta, Nasya can be advised. Saindhava, Danti, Maricha are indicated.
7. **Dhumapana** – Vairechanik type is advisable.
8. **Rakta-mokshana** – In Alpavastha, Pracchana Karma and in Mahat Avastha (widely spread), Sira Vyadhan is indicated. For the process, Shring, Alabu, Jaluka are used.
9. **Lepa-ksharadi Prayoga** – Only after proper Shodhana process.

In case of Kushta, extra precaution has to be taken for execution of Shodhana process. Chakrapani comments that Dosha Nirharan should be done frequently in Kushta

but Doshas expelled should be in Alpa Matra i.e small amounts. Excessive expulsion at a single time may prove harmful to the patient.

### Prakriti vighata

Shodhana causes expulsion of vitiated Doshas. But a small remnant of such morbid material may be responsible for recurrence of the disease. Hence proper Shamana Aushadhi must be administered to the patient. For this, Churna, Vati, Asava, Arishta, Leha etc. should

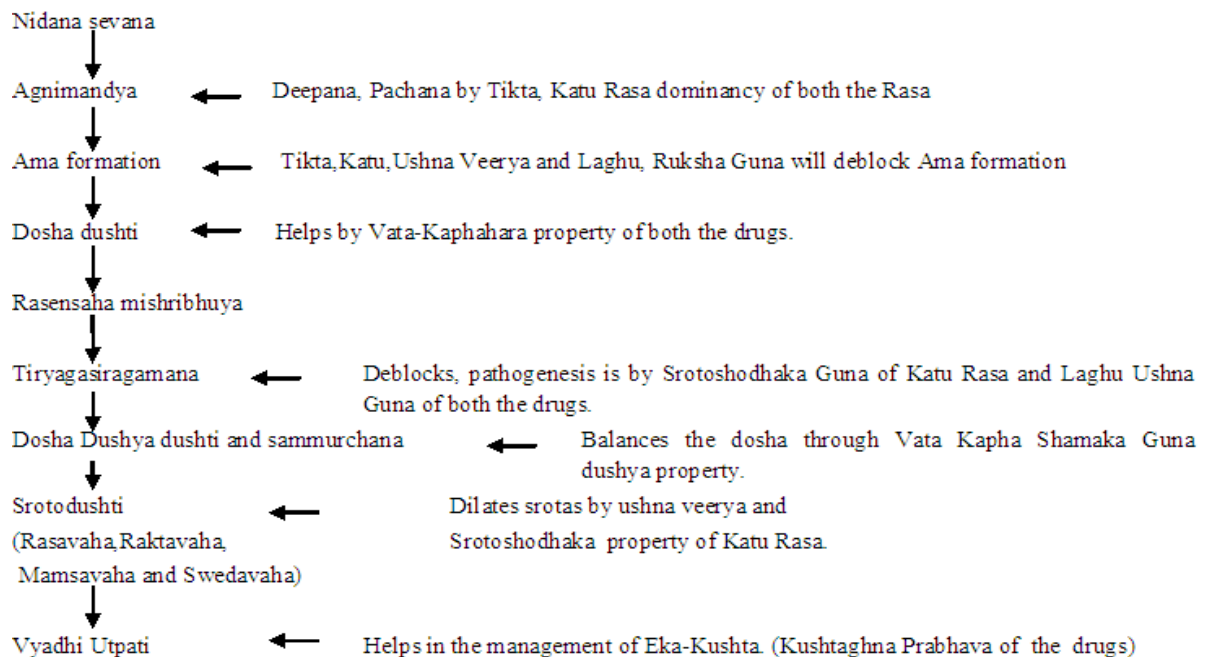
be used as internal medication. In case of Eka Kushta, treatment should be done as per Pradhan Lakshana and associated Lakshanas. e.g. Panchatikta Guggula, Panchanimbadi Churna, Kaishore Guggula etc.

### Pathyapathya

Patients are advised to have Mudgadi Aahara and avoid Guru-Amla Aahara, milk and its derivatives, sea-food etc.

## DISCUSSION

### Samraprti Vighatana (Probable Mode of Action of Nimbadi Churna and Patoladi Kwatha)



### Probable Mode of Action of Vamana<sup>[14]</sup>

- Dipana- Pachana mainly Amadosha Nashaka and Agni Vardhaka.
- Snehapana mainly Vata Shamaka, Daha Shamaka, decreases scaling and dryness.
- Abhyanga mainly decreases scaling and dryness.
- Sarvanga Sweda decreases obstruction and increases Swedana (Sroto Shodhaka).
- Vamana mainly Kaphadoshanashaka and increases Agni.
- Samsarjana Krma mainly Agni Dipaka and increases immunity.

## CONCLUSION

- Eka Kushta being a Kshudra Kushta has Vata-Kapha dominance & even involvement of Tridosha.
- Eka Kushta in modern parlance has similarity with Psoriasis.
- Negligence in early stage and re-occurrence of Psoriasis is a common phenomenon.
- Chinta is Mansika nidana which lead to vataprokapa which clearly shows the psychosomatic nature of the disease.

- Excessive intake of Amla, Lavana and Katu Rasa are common causative factors for Eka-Kushta.
- Family history was supporting in many patients which suggests that the disease is hereditary.
- Plaque variety of Psoriasis is very common
- Rasa, Rakta, Mamsa and Swedavaha Srotodusti were found chiefly and Kapha and Vata were main.
- It is said to Dirga Vyadhi, so it is more curable when less chronic. Therefore, it should be treated as soon as possible for better results.
- As Eka- Kushta is a Vata-Kapha dominate disease, Vata-Kapha Shamaka treatment should be given, Vamana Karma and Nimbadi Churna with Patoladi Kwatha as Anupana fulfils the above criteria.

## REFERENCES

1. Nicolas A Boon, Nicki R Colledge, Brian R Walker, editors. Davidson's Principles and Practice of Medicine. 22nd ed. London: Churchill Livingstone Elsevier Publication; 2nd Part, 28th Chapter, 2014; 1252.
2. Charaka Samhita (Ayurveda Dipika commentary of Chakrapanidatta revised by Charaka and Dridabala).

- Jadavji Trikamji Acharya, editor. 5th ed. Varanasi: Chaukhamba Sanskrit Samsthana; Chikitsa sthana, 2011; 7/21: 451-452.
3. Charaka Samhita (Ayurveda Dipika commentary by Chakrapani Datta). Jadavji Trikamji Acharya, editor. 1st ed. Varanasi: Chaukhamba Prakashan; Nidana sthana, 2011; 5/6: 217.
  4. Nicolas A Boon, Nicki R Colledge, Brian R Walker, editors. Davidson's Principles and Practice of Medicine. 22nd ed. London: Churchill Livingstone Elsevier Publication; 2nd Part, 28th Chapter, 2014; 1288.
  5. Bhavamishra. Bhavaprakasha (Vidyotini commentary). Brahma Shankar Mishra, editor. 3rd ed. Varanasi: Chowkambha Sanskrit Series Office; Madhyama Khanda, 54th Chapter, 1961; 518-541.
  6. Charaka Samhita (Ayurveda Dipika commentary of Chakrapanidatta revised by Charaka and Dridabala). Jadavji Trikamji Acharya, editor. 5th ed. Varanasi: Chaukhamba Sanskrit Samsthana; Chikitsa sthana, 2011; 7/21: 451-452.
  7. Nicolas A Boon, Nicki R Colledge, Brian R Walker, editors. Davidson's Principles and Practice of Medicine. 22nd ed. London: Churchill Livingstone Elsevier Publication; 2nd Part, 28th Chapter, 2014; 1288.
  8. Charaka Samhita (Ayurveda Dipika commentary of Chakrapanidatta revised by Charaka and Dridabala). Jadavji Trikamji Acharya, editor. 5th ed. Varanasi: Chaukhamba Sanskrit Samsthana; Chikitsa sthana, 2011; 7/21: 451-452.
  9. Ayurpharm Int J Ayur Alli Sci., 2016; 5(2): 15–26. www.ayurpharm.com ISSN: 2278-4772.
  10. Ayurpharm - International Journal of Ayurveda and Allied Sciences, 26.
  11. A P I Textbook of Medicine: Edited by G. S. Sainani, 6th Edition, 2001.
  12. Common Skin Diseases- Roxburgh, 16th ed., ELBS, London.
  13. Ayurvediya Panchakarma Vigyana- Kasture H.S., Ed, 1978.