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 immemorial. 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 Tridosha 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, Vana Kushta 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, Vanama, 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.[1]

In Ayurveda, almost all the skin disease are explained under Kushta-Rogadhikara and classified as 7 MahaKushta and 11 Kshudra Kushta. 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[2] and Abhraka Patrasama by Acharaya Bhavprakasha.[3] These Lakshanas seem to be more nearer to Plaque Psoriasis.

Psoriasis affects about 2 to 3% of the population.[4] 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 erythematos, circumscribed, white silvery skin lesions.[4]

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. Kushta which is characterized by Aswedana, Mahavastu and Matsyashakalawat Twacha.[2]

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’. [5]
Roxburgh

Nidana (Etiology)[2]
The etiological factors explained for all types of Kushta can be categorized as follows

Dosa 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 Vyatayasa 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), Pishthana (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[7,12]
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, β-blockers (Propanolol, Nadolol, Digoxin) – worsen condition
   • Alcohol and smoking increases the incidence.
   • Cortico-steroidal withdrawal- aggravate the condition

Samprapti (Pathogenesis)
Nidanas of Kushtha 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 Komakupa (sweat glands) leading to the Sangatmaka Vikriti (vitiation) in Swedavaha Srotas (channels of sweat glands). This Prakupita (vitiated) Doshas enters into Rasarakta Paribhramanas (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
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 Kushtha 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 Kushtha. It refers that the affected Twacha in Eka Kushtha resembles the scaly skin of a fish.

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

Clinical Features of Psoriasis
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 erythematosquamous 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 Kushtha explained in the context of Charaka Sanhita are similar to the signs and symptoms of chronic plaque psoriasis explained in the western system of medicine.

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

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

<table>
<thead>
<tr>
<th>Eka-Kushta</th>
<th>Psoriasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aswedana</td>
<td>Dry and rough lesions</td>
</tr>
<tr>
<td>Mahavastu</td>
<td>Cover the entire body</td>
</tr>
<tr>
<td>Martsyakshakalvata</td>
<td>Well demarked raised patches with large silvery loose scaling</td>
</tr>
<tr>
<td>Krishna-aruna varnata</td>
<td>Erythmatous, black in colour</td>
</tr>
</tbody>
</table>

Chikitsa of Eka- Kushta
Eka Kushtha 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 Snehapan in Shudha Koshtha 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 Kushtha 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 Kushtha is Tridoshaja, when associated with Pitta, Kushthi can advised Virechana following Vamana. Trivritta, Danti, Triphala etc. are advised for the same.
5. Basfi – Both Anuvasana and Asthapana are contra-indicated in Kushtha. In Siddhisthana, Charakacharya advises to use Madhu-Taila-Saidhava with Shatapushpa kalka.
6. Nasya – If Kapha Prakopa and Krimi Avastha are present in Kushtha, Nasya can be advised. Saindhava, Danti, Maricha are indicated.
7. Dhunapana – 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.

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

**Samprapti Vighatana (Probable Mode of Action of Nimbadi Churna and Patoladi Kwatha)**

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Nidana satvam
Agniimandya  <- Deepana, Pachana by Tikta, Katu Rasa dominancy of both the Rasa
Ama formation <- Tikta, Katu Ushna Veerya and Laghu, Ruksha Guna will deblock Ama formation
Dosha dushti  <- Helps by Vata-Kaphahara property of both the drugs.
Rasanga mishibhuya
Tiryagraganama  <- Deblocks, pathogenesis is by Srotoshodhaka Guna of Katu Rasa and Laghu Ushna Guna of both the drugs.
Dosha Dushta dushti and sammurchana <- Balances the dosha through Vata Kapha Shamaka Guna dushta property.
Srotodushti  <- Dilates srotas by ushna veerya and
(Rasavaha, Raktavaha, Srotoshodhaka property of Katu Rasa.
Mamsavaha and Swedavaha)
Vyadhi Upadhi  <- Helps in the management of Eka-Kushtha (Krusatagunha Prabhava of the drugs)
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**Probable Mode of Action of Vamana**[14]
- 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 Kushtha being a Kshudra Kushtha has Vata-Kapha dominance & even involvement of Tridosha.
- Eka Kushtha 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-Kushtha.
- 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 Kushtha 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**
2. Charaka Samhita (Ayurveda Dipika commentary of Chakrapanidatta revised by Charaka and Dridabala).


