



Case Study

EFFECTIVENESS OF VAMANA KARMA IN KITIBHA KUSTHA WITH SPECIAL REFERENCE TO PSORIASIS - A CASE STUDY

Chakraborty Subhrajyoti^{1*}, Pooja², Shalini³

*1PhD Scholar, ²MD Scholar, ³Assistant Professor, Department of Kayachikitsa, Banaras Hindu University, Varanasi, India.

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ABSTRACT

Any disease pertaining to skin causes adverse impact on psychological and social well-being results in depression, social isolation, loneliness and reduce quality of life. WHO has classified skin diseases a psycho-cutaneous disease which emphasizes the relation between skin and psyche. Hence skin ailments are given high priority by the patients. Skin diseases are commonly observed thanks to altered lifestyle including improper and altered food habits, mental stress, improper sleeping habits and poor hygiene. In Ayurveda, the majority the skin diseases are incorporated under *Kustharoga* and are classified as *Mahakustha* (major skin disorders) and *Kshudra kustha* (minor skin disorders). *Kitibha kustha* is explained under *Kshudra kustha* in *Ayurvedic Samhitas*. The signs and symptoms of *Kitibha kustha* are same as that of psoriasis explained in modern science. **Aim:** The aim was to gauge the importance of *Vamana karma* (bio-purificatory measures) in *Kustha*. **Materials and Methods:** A male patient aged 18 years presented with the signs and symptoms of slightly raised well-defined brownish patches over upper middle back, behind both ears and around both alar nasal sulcus associated with itching diagnosed it as *Kitibha kustha* and was treated with *Vamana karma* (emesis) followed by prior *Deepan karma* and *Bahya & Abhyantar snehan* (internal & external oiling) followed by *Swedan* (fomentation). **Results:** At the conclusion of *Vaman*, *Pittantik vamana* was achieved. Patient had significant relief from *Kandu* (itching), scaling and reduction of erythema after the procedure. Photographic changes were kept for comparison. **Conclusion:** This present case study revealed the importance of *Vamana karma* in *Kitibha kustha* (Psoriasis).

INTRODUCTION

Among other sense organ, skin is the one which protects us from various external invasions. Skin is the larger one which is available for inspection by eyes as well as exposed to injury and disease. Skin is the seat of complexion which depends on factors like nutrition, hygiene, circulation, age, immunity, genetic traits, mental state etc.

Ayurveda says "*Dosha Dhatu Mala Mulam Hi Shareeram*"^[1]. If there's any *Dusti* among this factors it will causes *Vikaras* to the individual.

In Ayurveda skin is correlated to *Twak* and all the *Twak vikara* in Ayurveda are discussed under the broad heading of *Kustha*^[2]. Acharya Charaka mentioned *Kustha* in *Ashtamahagad* i.e., difficult to treat or cure.

"Kushnati Shareerasya Shonitam Vikrute"

It means vitiation of *Rakta Dhatu* leads to *Kustha*^[3]. *Twak Vikaras Nidana* are most typically arises due to *Mithyahara, Vihara, Manasika* vitiate *Tridosha* which further leads to the affliction and aggravation of *Rasa, Rakta, Mamsa* and *Lasika*^[4]. Further *Kustha* is split into *Mahakustha* and *Kshudrakustha*. The present study can be correlated with *Kitibha Kustha* due to its similar symptomology. According to Charaka Acharya, *Kitibha Kustha* among *Kshudra kustha* is one of the *Raktapradoshaja Vikara* caused by vitiation of *Vata* and *Kapha Dosha* in excess which having *Lakshanas* like *Shyava Varna* (blackish

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brown colour), *Kina Khara Sparsham* (rough on touch), *Parusham* (dryness), *Ruksha Pidika* (skin eruption) and *Kandu* (itching)^[5]. *Kitibha kustha* manifests due to vitiation of *Sapta dhatus*, they are *Tridosha*, *Twak*, *Rakta*, *Mamsa* and *Lasika*. All the sign and symptoms of Plaque psoriasis are similar with *Kitibha Kustha*. So we can consider it as plaque psoriasis.

Psoriasis is taken into account as an auto-immune skin disease with prevalence of 0.44-2.8 percent in India. It has remarkable socioeconomic impact. Psoriasis is often present as erythematous plaque with silvery scales^[6]. Plaque psoriasis is typical sort of psoriasis where each lesion separated from other lesions with diameter of millimetres to centimetres. Plaque psoriasis also called as psoriasis vulgaris^[7]. Elbow, knees and lower back are commonly involved areas in plaque psoriasis while scalp, nails, flexures, palm are other site. plaque psoriasis lesions become red after scrapping^[8]. Clinical manifestations like psoriatic arthritis, psoriasis pustules, and psoriatic erythroderma also as some cases of psoriasis palmoplantaris are to be considered as severe.

In modern medical science treats psoriasis with PUVA and corticosteroids^[9]. Even though the recurrence of psoriasis is common, it is also important to note that they have considerable side effect when used for the longer period.

In Ayurveda, on the basis of *Bala*, *Dosha* and *Vyadhi avastha*, *Shodhan* and *Shaman Chikitsa* is described for the *Kustha*. Due to *Bahu doshavastha*, *Shodhan* is required to eliminate the aggravated *Doshas* which helps to treat the root cause of the disease. So here a case of *Kitibha kustha* is successfully treated with *Vaman karma* followed by *Shaman ausudhi*.

AIMS AND OBJECTIVES

To evaluate the effectiveness of *Vamana karma* in *Kitibha Kustha* (psoriasis).

Case Description

An 18 years old boy with MRD no 4550165 on 5th January 2022 visited Kayachikitsa OPD of Sir Sundarlal hospital, Institute of Medical Science, Banaras Hindu University. Patient approached with complaints of blackish- brown discoloration of skin over upper back, nasal ridge, behind ears and scalp associated with severe itching especially while gets sweat. He is suffering since 3 years and got bleeding from lesions while scrapping.

History of Present Illness

Patient was apparently normal but after 3 years ago his parents noticed brownish black discoloration of skin in upper back and scalp. Then they consulted doctor in local and took treatment. For few days the lesions subsided but later it aggravates and spread to nasal ridge, behind ears associated with

severe itching and bleeding while scratching. Patient consulted allopathic hospitals and also took homeopathic medicine but found no significant relief while the lesions progressed continuously. So patient approached our hospital for treatment of the same.

Past history- No history of Thyroid disorder/DM/HTN

Family history- No Significant history

Immunization history- Up to date

Personal history

Bowel: Irregular constipated bowel

Bladder: 7-8 times/day

Sleep: Normal

Diet: Non-veg and veg but history of excessive intake of fish, chicken and Curd.

Occupation: Student appearing for higher secondary examination.

Habits: No habits

Bala (strength): *Prabar*

Agni (digestive fire): *Agnimandya (Vishamagni)*

Psychological history: The patient was feeling embarrassed and depressed psychologically. Low esteemed and get hesitate in front of friends and others.

General Examination

Pallor- Absent

Icterus- Absent

Cyanosis- Absent

Clubbing- Absent

Lymph node- Not palpable

Oedema- Absent

BP- 110/70 mm of Hg

Pulse- 78 beats/min.

Local Skin Examination

Inspection

1. Shape- Circular lesions over upper back.

2. Color- Dark brownish black

3. Lesions-Plaques

Palpation

1. Warmth touch with rough texture

Sign

1. Candle Grease Sign- Positive

Laboratory Investigation

1. Blood routine- Normal

2. Rest other system findings was normal

MATERIALS AND METHODS

Centre of Study: This study was carried out in Kayachikitsa and Panchakarma Department of Sir Sundarlal hospital, Institute of Medical Science, Banaras Hindu University, Varanasi.

Treatment

Sodhana Chikitsa (purification) and *Shamana Chikitsa* (palliative) was given to the patient in the following sequence.

Amapachana (appetizer) • *Arohana Snehapana* (oleation therapy) • *Vaman* (Emesis) • *Samanoushadhi*

(Internal medicine) • *Pathya-Apathya* (Do's and Don'ts) *Palan*.

In *Sodhana Chikitsa*, patient was administered with *Vamana Karma* (emesis) in proper sequence of *Purvakarama, Pradhankarma, Paschytkarma*.

Table 1: Showing Purva and Pradhan karma

Procedure	Medicine	Dose		Duration	Route
		Date			
<i>Amapachan</i>	<i>Panchakol churna</i>		Twice daily with lukewarm water before food	5 days	Oral
		21/1/22	3 grams		
		22/1/22	3 grams		
		23/1/22	3 grams		
		24/1/22	3 grams		
		25/1/22	3 grams		
<i>Abhyantara Snehapana</i>	<i>Mahatikta ghrita</i>		<i>Matra</i> taken with lukewarm water at early morning	7 days	Oral
		26/1/22	30 ml		
		27/1/22	60 ml		
		28/1/22	90 ml		
		29/1/22	120 ml		
		30/1/22	150 ml		
		31/2/22	180 ml		
		1/2/22	210 ml		
<i>Bahya Sarvanga Snehan and Sarbanga Swedan</i>	<i>Neem tail Bashpaswed</i>	Quantity sufficient (2/2/2022 and 3/2/2022)		2 days after completion of <i>Snehapan</i>	External application
<i>Vaman</i>	<i>Madanphalyoga</i> (<i>Madanphal, Vacha, Yasthimadhu, Saindhav madhu</i>)	<i>Antarnakha mushti matra</i> (3/2/2022)		1 day after <i>Abhyanga</i> and <i>Swedan</i> at early morning	Oral

Table 2: Showing evaluation of Samyak Vamana

<i>Vamana karma</i>		Evaluation at the end of process			
Time	Blood pressure	<i>Maniki Shuddhi</i> (Measurement)	<i>Antiki Shuddhi</i> (Interpretation)	<i>Vaigiki Shuddhi</i> (No. of Vega)	<i>Laingiki Shuddhi</i> (symptoms)
6.20 A.M	110/70mmHg	Input -5200ml Output - 5400ml	<i>Pittantaka vamana</i>	Vega	Lightness of the body, clear voice, proper response to external stimuli, no flatulence, no bleeding
7.10 A.M	120/76mmHg			Upa-vega	
7.40 A.M	120/70mmHg			8	

Paschyat Karma

After *Samyaka Vamana Lakshana*, *Virechanik dhoompan* was given for 5 minutes in each nostril with *Vachadi dhoom varti*. Patient had 8 Vegas and 5 Upavegas during *Vaman Karma*. It was *Prabar Sudhhi* and *Prabar*

bala patient. Samsarjana krama for 7days with 2 Annakala was explained to the patient in the form of *Peya, Vilepi, Yusha, Krut –akruta Yusha* followed by normal diet^[13].

In *Shamana Chikitsa*, patients were advised to take *Panchatikta ghrita guggul, Haritaki churna* along with *Brihat dantaphala tail* for local application. Follow up was done for 1month with *Shaman aushudhi* and further evaluation was done without medicine for next 3 months to observe any side effects and re-appearance of the lesions.

Table 3: Shaman chikitsa

Medicine	Dose	Anupan	Route	Duration
<i>Panchatikta ghrita guggul</i>	500mg BD after food	Lukewarm water	Oral	1 month
<i>Haritaki churna</i>	5gm at HS	Lukewarm water	Oral	1 month
<i>Brihat dantaphala tail</i>	Quantity sufficient	-	External application	1 month

Pathya Apathya (Do's and Dont's)

- *Pathya- Laghu Anna* (light diet), *Griha Yukta Anna, Purana Dhanya, Mudga, Jangala Mamsa ras.*
- *Apathya- Ati Guru Anna* (heavy diet), *Amla Rasa, Dugdha, Dadhi* (curd), *Anupa Mamsa, Matsya, Tila, Guda* (jaggery), Suppression of natural urges, day sleep, night awakening, stress, excessive sun exposure.

OBSERVATION AND RESULTS

Table 4: Showing Grading- PASI

Nature of plaque	Lesion score	Head		Upper trunk
		E	I	S
Erythema	0 - None	3		3
Itching	1 - Slight	3		3
Scaling	2 - Moderate			
	3 - Severe		2	1
	4 - Very severe			
Total Lesion Score(A)		8		7

Table 5: Showing Grading on the Basis of Area Involved

Area affected %	Involved Area %	Grade	Head	Upper trunk
Area Score (B)	0 %	0	4	2
	<10 %	1		
	10-29 %	2		
	30-49 %	3		
	50-69 %	4		
	70-89 %	5		
	90-100 %	6		

Table 6: Table Showing assessment criteria

Assessment Criteria	Initial Visit		After <i>Snehapan</i>		After <i>Vamana Karma</i>	
	Head	Upper trunk	Head	Upper trunk	Head	Upper trunk
Erythema	3	3	2	1	1	0
Itching	3	3	2	1	0	0
Scaling	2	1	1	0	1	0
Total Lesion Score (A)	8	7	5	2	2	0
Area Score (B)	4	2	2	1	1	1
Total A×B	32	14	10	2	2	0
Total body surface area	32×0.1	14×0.2	10×0.1	2×0.2	2×0.1	0×0.2
Total PASI Score	3.2	2.8	1	0.4	0.2	0

Table 7: Showing evaluation of Subjective parameters

S.No	Sign and Symptoms	Initial visit	After Snehapan	After Vamana karma	1 month after Vamana karma w/ medicine	3 months after Vamana karma w/o medicine
1	<i>Shyava Varna</i>	+++	++	+	-	-
2	<i>Kina Khara Sparsham</i>	+++	++	-	-	-
3	<i>Parusham</i>	+++	+	-	-	-
4	<i>Kandu</i>	+++	+	-	-	-

Table 8: Showing images of before and after Treatment



DISCUSSION

Patients with *Kushta* seek solace from various healthcare systems. The symptoms of *Kushta* are caused by the interaction of the seven body *Dhatus* and vitiated *Doshas*. In the case at hand, an 18-year-old male patient complained of a blackish-brown darkening of skin across his upper back, nasal ridge, behind his ears, and head, along with acute itching, especially when he perspires, along with blood from lesions when he scraped at them.

Sodhana therapy has been stressed by all Acharyas in the treatment of *Kushta*. *Sodhana* is the name of the treatment that rids the body of the unhealthy *Doshas*. Due to the fact that *Kushta* is a

condition that is difficult to treat by nature, it is referred to as "*Dushchikitsya*," however by using *Sodhana*, the cure of the diseases becomes easier by eliminating the root cause and hence *Sodhana* has great importance in *Bahudoshavastha*.

Dry, itchy, raised skin patches (plaques) covered in scales are a symptom of plaque psoriasis. They could be few or numerous. Depending on the skin tone, the patches have different colours. According to Ayurveda, based on its clinical characteristics, it can be compared to the *Kitibha kustha*. *Vata* and *Kapha dosha* are the two main *Doshas* in *Kitibha*. It is the *Raktavahastrotas vyadhi*. *Samhitas* provide

descriptions of the *Shodhan* and *Shaman Chikitsa* for the control of *Kushtha*^[14].

“Agre ithi sarpiradishu.....”^[15]

According to Chakrapani, the *Rupavastha* of *Kustha* states that any treatment for *Kustha* should begin with *Ghritha pana* (*Snehapanavidhana chikitsa*). In the current study, the patient received *Shodhan*, *Shaman*, and *Bahirparimarjan chikitsa*. For the past three months, additional follow-up has been conducted. Following the order of *Puvakarma*, *Pradhan karma*, and *Paschyat karma*, the treatment plan was initiated. *Deepan-Pachana Dravya*, or *Agnivardhak* and *Amapachak*, was presented in *Purva Karma*. *Panchakol churna* was utilized for that, and it was administered for 5 days. Following then, *Abhyantar Snehan* received by *Mahatikttaghritha* for seven days. It helps to achieve *Vatashamana*. *Neem tail* was utilized for *Bahyasnehan* because it promotes blood circulation, lessens dryness, and minimises irritation followed by *Sarbanga swedan*. *Sarbanga swedan* does the *Doshavilayana* (liquefies the *Doshas*) and transports them from *Shakhas* to *Koshta* to extinguish them. Additionally, the *Strotorodha* is removed (obstruction in the *Strotas*).

Probable action of Aam pachan - Panchakol churna

Pippali, *Pippalimula*, *Chavya*, *Chitrak*, and *Sunthi* are all ingredients in *Panchakol churna*. The majority of the medications contain *Ushna Virya* and *Laghu Ruksha* properties, which means that they all have *Katu rasa*. As a result, they work on the *Kapha-Vata dosha*, break down *Ama*, and stimulate appetite. Therefore, all of the formulation's content is *Deepan-paachan*. It is an Ayurvedic formula used for its cleansing and digestive properties. It increases hunger and digestive fire while eliminating *Ama*. It is a digestive stimulant that promotes bile secretion from the liver and stomach acid production. Therefore, *Panchakol churna* causes *Ama pachan* and intensifies the digestive fire (*Agni*) so that *Ghritha* can be easily digested during *Snehapan*.

“Rogah sarve api mande agneh”^[16]

Mandagni can also cause *Kustha*, hence *Panchakol churna* restores the *Agni* to normal.

Probable action of Snehapana – Mahatikta ghritha

Before employing *Panchakarma*, *Snehana* and *Swedana* is mandatory.

“Snehoanilam Hanti Mrudu Karoti |

Deham Malanam Vinihanti Sangam ||

Snigdhasya Sookshmeshvayaneshuleenam |

Swedastu Dosham Nayati Dravatvam” ||^[17]

Snehapana pacifies *Vata*, brings softness in body parts along with *mala* accumulated and stagnated in body parts get loosened. *Mahatiktaka Ghritha* which is mentioned in *Kustha chikitsa* by Acharya Charak used in this case study for *Abhyantara Snehapana* having superior *Kusthaghna* properties and *Kapha-*

Pittahara Guna. So it bring vitiated *Doshas* to *Koshtha*, pacifies *Vata* by *Sneha Guna*.

Probable action of Bahya Snehan and Swedan

For the purpose of *Abhyanga* (external oleation) the *Neem tail* is used. *Neem tail* are having properties like *Tikta*, *Kashay rasa* and *Katu vipaka* which does the *shaman* of *Kapha dosha*. Its *Snigdha guna* reduces the *Rukshatva*, *Kharatva* and *Parushata*. It has properties like *Kusthaghna* and *Kandughna*. The nature of tail is *Sukshmagamitva*^[18] means it helps drugs to go into the minute channels and does the proper absorption. *Neem tail* has antiseptic, antifungal, anti-inflammatory, antimicrobial property. Thus *Neem tail* is effective in this present condition. While in *Sarbanga Swedana* it causes liquefaction of *Doshas*. Thus *Doshas* get *Anuloma Gati* and brought towards *Koshtha*.

Probable action of Vaman karma

Vaman aids in the removal of the *Koshtha's* vitiated *Doshas*, primarily *Kapha* and *Pitta*. The *Ushna*, *Tikshna*, *Vyavayi*, and *Vikasi guna* characteristics of *Vamanopaga dravyas* such as *Madanphal churna*, *Vacha churna*, *Saindhav*, *Madhu* and *Yashtimadhu phanta* increase absorption rate and aid in reaching *Hriday* (heart). It travels to *Dhamani* from *Hriday* and reaches all *Sthula* and *Sukshma strotas*^[19] there. It works at the cellular level, eliminating all toxins from the body. In *Vamak dravyas*, the *Agni* and *Vayu mahabhutas* are more prevalent. As a result, it possesses the *Urdhwabhagahar prabhav*, which causes the *Doshas* to be expelled from the mouth in an upward direction. This treatment is particularly successful in removing exacerbated *Doshas* in *Kitibha Kustha*.

Probable mode of action of Panchatikta Ghritha Guggul

Bhaishjyaratnavali Kusthrogadhikara^[20] mentions *Panchatikta ghritha guggul*. *Ghee*, *Guggul*, and *Panchatikta gana dravyas* are this drug's primary ingredients. Because all of the ingredients of *Panchatikta Ghritha Guggul* have *Tikta rasa*, *Laghu*, and *Ruksh guna*, it serves as an anti-itching agent and has *Kled* and *Vikrut meda upashoshan* and *Vranashodhak*²¹ properties. *Kleda* (body wastes), *Meda* (fat), *Lasika* (plasma), *Rakta* (blood), *Pitta*, *Swed* (sweat) and *Shleshma* are the main targets of its action. As it contains *Katu*, *Tikta*, *Kashay*, *Madhur Rasa*, *Ushna veerya*, and *Katu Vipak*^[22], *Guggul* (*Commiphora mukul*) has good properties to operate on *Vikrut kleda* (abnormal body wastes) and *Meda* (fat), as well as *Mamsa dhatu* (flesh). *Guggul* boosts the immune system by stimulating bodily activity. *Ghritha* helps transfer ions to a target organ because of its lipophilic activity. *Ghritha's* lipophilic characteristic makes it easier for the medicine to enter cells and get to the mitochondria and nuclear membrane. Additionally, it aids in giving skin its regular texture. Therefore, all of

these characteristics act primarily at the cellular level of the skin, reducing keratinization of the cell layer and improving cell cycle, which reduces symptoms like itching, a discoloured complexion, unctuous, perspiration, and white or red patches and restores the skin's normal texture.

Probable mode of action of *Haritaki churna*

Haritaki has property of *Anulomana* and also mentioned as *Kusthaghna*^[23]. It is used to purify micro channels of the body (to reduced *Strotovibandha*). Thus it excrete out the vitiated *Doshas* from the body and used as *Anulomaka*. It helps in *Kostha sudhi* of the patient on regular basis as patient suffered from constipation and irregular bowel clearance.

Probable mode of action of *Brihat Dantaphala tail*

Brihat Dantaphala tail is useful in skin diseases like psoriasis, itching, eczema due to its *Kusthaghna* and *Kandughna* property^[24]. Ingredients of *Brihat Dantaphala* pacify *Tridosha*, anti-inflammatory property, moisturizes the skin and improves skin complexion. It's having *Katu*, *Tikta*, *Kashaya rasa* and *Usna virya* predominance helps to pacify vitiated *Vata-Kapha doshas*. Thus it indicates or applied in *Kitibha Kustha*.

CONCLUSION

A serious illness that affects both the body and the mind is *Kushtha*. Plaque psoriasis and *Kitibha Kustha*, a kind of *Kshudra Kustha*, are connected. The *Kitibha Kustha* can be successfully treated with the *Sodhan (Vaman)*, *Shaman* (internal medicines), and *Bahirparimarjan Chikitsa* (external application), according to the aforementioned case study. In *Bahudosha Avastha*, *Sodhana* is of paramount importance. According to Acharya Sushruta, the *Bahudoshaavastha* of *Kushta* places a high value on repeated *Sodhana*. *Kustha Vyadhi* typically occurs repeatedly. In this study, the patient experiences rapid relief following the conclusion of the *Snehapan* and the removal of lesions attained following *Vamana karma*. Following the conclusion of *Vamana karma*, follow-up was conducted at regular intervals for three months. In order to prevent the recurrence of the lesion, *Shaman ausudhi* was provided, coupled with the appropriate *Nidana parivarjana* to be kept up with the *Chikitsa*. Given that this is a single case study, it is advised that more patients be included in the research study to demonstrate the efficacy of the treatment methods.

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***Address for correspondence**

Dr. Chakraborty Subhrajyoti

PhD Scholar,
Department of Kayachikitsa,
Banaras Hindu University,
Varanasi.

Email:

ayurvedacharyasubhra@gmail.com

Mobile: 7980816373

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