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CLINICAL EVALUATION OF VAMAN KARMA FOLLOWED BY SHAMAN CHIKITSA IN THE MANAGEMENT OF SIDHMA KUSHTHA: A CASE REPORT

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ABSTRACT:

Introduction:

Sidhma Kushtha, a chronic and cosmetically distressing form of *Maha Kushtha*, poses significant therapeutic challenges in conventional medicine. *Ayurvedic* texts emphasize a twofold approach-*Shodhana* and *Shamana*-for its effective management. This case report presents the rationale of applying classical *Vaman Karma* followed by *Shaman Chikitsa*, aiming to establish a holistic, *dosha*-specific intervention in line with traditional *Ayurvedic* wisdom.

Main Clinical Finding:

A 24-year-old male presented with hypopigmented to erythematous maculopapular lesions with scaling and pruritus over anterior chest, lasting for 5-6 years.

Diagnosis:

Based on *Ayurvedic* and clinical assessment, the diagnosis was established as *Sidhma Kushtha*. The disease severity was evaluated using the Pityriasis Rosea Severity Score (PRSS), which recorded a score of 16 before treatment, indicating a moderate to severe condition.

Intervention:

The treatment included *Pachan*, *Snehapana* with *Mahatiktak Ghrita*, *Vaman Karma* using classical *Vamak Yoga*, followed by three months of *Shaman Chikitsa* with *Krumikuthar Rasa* and *Vidangarishta*.

Outcome:

The PRSS score improved remarkably from 16 to 1 post-treatment, with visible lesion clearance, reduction in pruritic and improved skin texture.

Conclusion:

This case highlights the clinical utility of classical *Shodhana* and *Shamana* therapies in chronic skin disorders like *Sidhma Kushtha*.

KEYWORDS: *Sidhma Kushtha*, *Vamana Karma*, *Shodhana chikitsa*, PRSS Score, Case Report.

INTRODUCTION:

Skin, the largest organ of the body, performs multiple important functions such as protection from external stimuli, regulation of heat, secretion, excretion, formation of Vitamin D, respiration, sensory perception and immunological functions of the body.[1] Patients with skin disease are often stigmatized, sometimes due to the spurious belief that their appearance is the result of contagious disease. Population prevalence studies reveal an enormous burden of undiagnosed, untreated skin disease.

The disease in which vitiated *Vatadi dosha* causes the discoloration of the skin is known as *Kushtha.*[2] In *Kushtha vyadhi*, there is putrefaction of the skin and other Dhatu in body.[3] According to *Ayurveda* all skin diseases are included in *Kushtha.*[4] *Kushtha* is chronic and severe disease of skin. *Kushtha* is said to be one among the *Ashtamahagada*[5] which are difficult to manage. *Kushtha* is devided into two types according to its severity i.e. *Mahakushtha* and *Kshudrakushtha.*[6] *Mahakushtha* and *kshudrakushtha* is also devided into 7 and 11 subtypes respectively.[7]

PATIENT INFORMATION:

A 24-year-old male student presented with complaints of hypopigmented to erythematous maculopapular lesions localized over the anterior chest region, persisting for the past 5-6 years. The lesions were associated with moderate pruritic and fine scaling. The patient reported progressive exacerbation of symptoms over time, leading to psychological discomfort and self-consciousness, particularly due to the persistent visibility of the lesions. He had previously sought treatment through allopathic modalities, including topical corticosteroids and antihistamines, which provided only transient relief without substantial remission. Due to the chronicity of the condition and unsatisfactory outcomes from conventional therapy, the patient opted for *Ayurvedic* intervention. There was no history of systemic illness, comorbidities, or long-term medication use. Family history was non-contributory, and there were mixed (*Mishra aahar)*, and he reported a history of frequent consumption of *tikta* (~bitter), *kashay* (~astringent), and *lavana rasa* (~salty-tasting) food, along with psychological stress and occasional smoking, all of which were considered potential etiological factors from an *Ayurvedic* perspective.

CLINICAL FINDINGS:

Patients' general examination, *Ashtavidha parikshan* and *Dashavidh Parikshan* mentioned in Table no. 1.

TIMELINE:

A chronological overview of the Medicine administered with date and year is mentioned in the Table No. 2

DIAGNOSTIC ASSESMENT:

Assessment was done with PRSS Score.[8]

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The severity of the disease was determined according to the Pityriasis Rosea Severity Score. Two regions were evaluated for calculating the PRSS: 1) the head and torso (t) along with other complex areas and 2) the upper and lower limbs (e) as well as other simpler areas. First, the reach of the disease was assessed utilizing a scale of 0 to 3 (0 = lack of lesions, 1 = 1 to 9 lesions which tended to be mild, 2 = 10 to 19 lesions which could be somewhat complex, 3 = 20 or more lesions which were often extensive).

To thoroughly assess the severity of the skin conditions, four key symptoms were evaluated on a scale of absent to most severe: redness, swelling, flaking, and overall appearance. The extent of redness (erythema) was rated from none too bright red and raised. Swelling (infiltration) was scored from flat skin to clearly puffy lesions. Flaking (scale) examined the range from smooth to heavily scaling skin. A comprehensive severity score was also assigned after considering all factors, ranging from no visible issues to most extreme presentation. Together, these ratings aimed to provide a robust analysis of lesion seriousness.

THERAPEUTIC INTERVENTION:

The patient was initially subjected to *Pachan Chikitsa* (~digestive correction therapy) for seven days to enhance *Agni* (~digestive fire) and facilitate proper bio-purification. This regimen included administration of *AK pills* at dose of 500 mg twice daily before meals, along with 20 ml of *Vidangarishta*, also administered twice daily before meals, both accompanied with lukewarm water as *Anupana.* Following this preparatory phase, the patient underwent routine hematological investigations, electrocardiogram (ECG), and chest X-ray to assess baseline systemic fitness prior to *Shodhana Chikitsa.* Informed written consent was obtained for performing *Vaman Karma* (~therapeutic emesis).

The *Vaman Karma* procedure was structured into three classical stages: *Purvakarma* (~pre-operative procedures), *Pradhan Karma* (~main procedure), and *Paschatkarma* (~post-operative regimen). During the *Purvakarma* phase, the patient was administered *Snehapana* (~internal oleation) using *Mahatiktaka Grita.* As the patient was assessed to have *Madhyam Kosthi* (~moderate gastrointestinal capacity), *Samyaka Snigdha Lakshanas* (~clinical signs of adequate unction) were observed within four days. The progression of *Snehapana* was closely monitored through parameters such as onset of hunger (*Kshudhabodha*), digestion time *(Jarankaala*), and emergence of classical features like *Twak Snigdhata* (~unctuousness of skin), *Snehadvesha* (~aversion to fat), and presence of *Adhastat Sneha Darshan* (~oleation in stool). Details about *Snehapana* chart is mentioned in Table No. 3. This ensured optimal preparation of the gastrointestinal tract for the emesis procedure in accordance with *Ayurvedic* protocol.

During the *Snehapana Kala* (~internal oleation period), the patient was advised a specific light and easily digestible diet comprising green gram soup, green gram *khichadi, bhakari* and lukewarm water to support digestion and maintain digestive balance. After achieving *Samyaka Snehana Lakshanas,* one day of *Snehavishram* (~rest after oleation) was observed. On this day, external oleation *(Sarvanga Baspa Snehana)* was performed using sesame oil, followed by full-body steam sudation *(Sarvanga Baspa Swedana).* The diet during this rest day included curd rice, dugdha (~milk), and mendu vada, which are recognized as *Kapha-vardhaka aahara* (~Kapha-aggravating foods) to prepare the body for emesis.

On the day of *Pradhankarma* (~main emesis procedure), the patient was first instructed to complete natural morning urges. Following this, external *snehana* and *swedana* were repeated using *til taila* (sesame oil) and steam fomentation. Thereafter, 1.5 liters of lukewarm milk was administered for *Akantha Pana* (~full-stomach milk intake). Five minutes later, *Vamaka Yoga* was administered. The emetic formulation included powdered *Madanphala Pippali, Yashtimadhu, Indrayava, Patola, Vidanga, Nimba Patra Churna, Vyosha, Madhu* (~honey) and *Saindhava* (~salt). As the patient began experiencing nausea, perspiration, and abdominal bloating within 30 minutes of ingestion, *Yashtimadhu Kwatha* (~decoction of licorice), a classical *Vamanopaga Dravya* (~adjuvant decoction for emesis), was administered to facilitate effective emesis.

Throughout the procedure, vital parameters including pulse, respiratory rate, and blood pressure were monitored closely to ensure patient safety. The total quantity of Dravya consumed was approximately 10 liters, and the expelled volume was 10.2 litres, resulting in 11 vega (~emetic bouts). *Antiki Shuddhi* (~end stage of purification) was achieved with the presence of *Pittanta* (~bile-dominant vomitus), while *Laingiki Shuddhi* (~subjective signs of purification) were observed in the form of *Sharira Laghavta* (~lightness of body), *indreeya prasannata* (~clarity of sense organs), *Udara gaurava haani* (~relief from abdominal heaviness), and *Shirashula Nivrutti* (~alleviation of headache), indicative of *Pravar Shuddhi* (~excellent purification).

Following the procedure, the patient was instructed to cleanse the mouth, hands, feet and face with lukewarm water and to rest supine for 45 minutes. Subsequently, *Dhumapana* (~medicated smoking) was advised to stabilize the senses. A structured *Samsarjana krama* (~post-purifactory graduated diet) was followed for seven days to restore digestive strength and metabolic stability. The patient was counseled on *Parihara Vishaya* (~dietary and lifestyle restrictions to be followed post *Vamana*).

Upon completion of *Samsarjana krama*, *Shaman Chikitsa* (~palliative management) was initiated and continued for a duration of three months. The regimen included *Krumikuthara rasa* and *Vidangarishta*, selected for their *Agnidipana, Krimighna* and *Raktashodhana* (~digestive, anthelmintic and blood purifying) properties, aimed at consolidating the therapeutic effects and preventing recurrence. *Aushadh Matra, Kaala* and *Anupana* of the *Shaman* medicines mentioned in Table No. 4. Also, its properties are mentioned in Table No. 5.

FOLLOW-UP AND OUTCOME:

PRSS = Nt (Et+It+St) Ne (Ee+Ie+Se)

The subscript “t” indicates one side of the trunk and the head, and the subscript “e” indicates one side of the extremities. The pruritic symptoms were also assessed with a 0 to 3 scale as follows:

0 = absence of pruritus

1 = mild (if it occurred only intermittently and it did not interfere with work or rest)

2 = moderate (if it was present for much of the day, but at a more tolerable level)

3 = severe (if it interfered with daytime activities or sleep)

Before Treatment PRSS = Nt (Et+It+St) + Ne (Ee+Ie+Se)

= 2(3+2+3) + 0(0+0+0)

= 2(8) + 0(0)

= 16 + 0

= 16

BT PRSS = 16

After treatment PRSS = Nt (Et+It+St) + Ne (Ee+Ie+Se)

= 1(1+0+0) + 0(0+0+0)

= 1(1) + 0(0)

= 1 + 0

= 1

AT PRSS = 1

DISCUSSION:

Vaman karma, a detoxification therapy in Ayurveda, was employed in this case to expel vitiated doshas, particularly *Vata* and *Pitta*, implicated in *Sidhma Kushtha*. The process involves rigorous preparatory steps such as *Snehapana* (~internal oleation) with *Mahatiktak Ghrit*, followed by induced vomiting with specific herbal formulations (*Vamaka yoga*). The observed volume of vomitus (10 L 200 ml) indicated substantial elimination, suggesting effective cleansing of accumulated toxins (~*Aam*) from the body. This purification likely contributed to the reduction in disease severity post-treatment. *Vamana karmas* efficacy in *Sidhma kushtha* can be attributed to its ability to restore *doshic* balance and enhance metabolic functions. By alleviating excess *Pitta* and *Vata doshas*, which are associated inflammatory skin condition and discoloration, respectively. *Vamana* promotes physiological harmony. The associated nausea, increased sweating, and abdominal distension during the procedure showed systemic de-toxing, correlating with the age-old concept of Vamana being a detoxification procedure.

After *Vamana karma*, *Shaman Chikitsa* (~pacification therapy) was given as a supportive treatment for consolidation and also to prevent the recurrence. In this phase *Krumikuthar Ras* and *Vidangarishta* were administered having digestive stimulant, anthelmintic and carminative activities. These drugs are *agnivardhaka* (~digestive), restorative to minor residual *doshic* imbalances and immune system function, which in life's processes are also critical to improve.

Significant reduction of PRSS from 16 to 1 is the clinical effectiveness of the integrated *Ayurvedic* protocol. Combining both the severity and the extent of skin lesions, the PRSS evaluating erythema, infiltration, scale and pruritus is appropriate. The shift towards normal observed indicates not only the relief in symptoms, but therapy of *Ayurveda* may also be addressing pathophysiologic substrate involved in the genesis of *Sidhma Kushtha*.

CONCLUSION:

This case study demonstrates that *Vaman* Karma followed by *Shaman* Chikitsa is effective in managing *Sidhma Kustha.* After the treatment PRSS Score was reduced to 1 from 16. Also, remission in sign and symptoms of patient was observed after treatment. *Kushtha* is difficult to cure hence prolong treatment in form of *Shodhana* and *Shamana* is needed to avoid recurrence of disease.

Patient Perspective:

"I had taken allopathic treatment for one and half years, which gave only temporary symptomatic relief. Eventually, the doctors told me that the condition may not be curable. I had lost hope. But after starting Ayurvedic treatment, I finally experienced significant and lasting improvement. The lesions almost disappeared, and the itching stopped. This not only healed my skin but also restored my confidence. I truly feel helpful again because of Ayurveda."

Declaration of AI in scientific writing:

Artificial intelligence tools, including ChatGPT by OpenAI, were used solely for language enhancement, formatting assistance and editorial clarity. All clinical observations, interpretations and conclusions are the author's original work.

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Author's Contribution Statement:

Conceptualization and Case management: XXXX & XXXX

Manuscript Writing and Review: XXXX & XXXX

Data Collection and Literature Review: XXXX

Data Availability Statement:

All data supporting the findings of this case are available with the corresponding author and can be provided upon reasonable request.

Limitation of the present study

Despite the positive outcomes, limitations such as single-case design and lack of histopathological confirmation exist. Controlled clinical trials with larger sample sizes are essential for validating these observations.

Declaration of patient consent

The authors certify that they have obtained patient consent. The patient has consented to the use of clinical information and images for academic publication. Efforts have been made to conceal identity.

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Nil.

Conflicts of interests

There are no conflicts of interest.

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Table no. 1: General Examination, *Ashtavidh Parikshan* & *Dashavidha Parikshan* of the patient

On Examination	Ashtavidha Parikshan	Dashavidha Parikshan
P- 76/min	Nadi- Vatakaphaj	Dushya- Rasavaha, Raktavaha, Mansavaha, Pureeshavaha strotasa
BP- 120/80 mm of Hg	Jivha- Alpasama	Desha- Sadharana
RS- AEBE Clear	Mala- Samyak	Bala- Madhyama
CVS- S1 S2 Normal	Mutra- Samyaka	Kala- Visarga
CNS- Conscious, Oriented	Shabda- Prakruta	Agni- Agnimandya
P/A- Soft, No tenderness	Sparsha- Anushnasheeta	Prakruti- Kaphavataj
	Druka- Prakruta	Vaya- Tarunyavastha
	Akruti- Madhyama	Akruti- Madhyama
		Satmya-Shadrasa
		Ahara- Mishra Ahara

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Table no. 2: Sequence of Clinical Intervention and their duration with Date and Year including preparatory, primary and follow up treatments for *Sidhma Kushtha* management

Date and Year	Clinical Events and Intervention
28/08/2023-03/09/2023	*Pachan Chikitsa* (~digestive correction) with *AK Pills* and *Vidangarishta*
04/09/2023-08/09/2023	*Snhehapana* with *Mahatiktaka Ghrita* followed by *Snheavishram*
09/09/2023	*Vaman Karma* administered
09/09/2023-15/09/2023	*Samsarjana Krama* (~post-purificatory diet)
16/09/2023-16/12/2023	*Shaman Chikitsa* with *Krumikuthara Rasa* and *Vidangarishta*

Table no. 3: *Snehapana* chart showing dose titration, time of administration, digestion time (~*Jarankaal*), hunger perception (~*kshudhabodh*), and development of *Samyak Snehana Lakshanas*

***Snehapan* Day**	**Dose**	**Time of *Snehapana***	**Time of *Kshudhabodh***	***Jarankala***	***Lakshanas***
1st	30ml	6.30am	10.45am	3 hrs 15mins	-
2nd	60ml	6.45am	1.05pm	6 hrs 20 mins	*Shirashoola (Alpa),*
3rd	90ml	6.40am	4.30pm	9 hrs 50 mins	*Asamhata varchas*
4th	120ml	6.30am	6.45pm	12 hrs 15 mins	*Adhastad sneha darshana, Twakasnigdhata, Snehadwesha*

Table no. 4: Details of *Shaman Chikitsa* post-*Vamana Karma* including medicines used, dosage, time of administration and *Anupana*

Sr.No.	***Kalpa***	***Dosage***	***Kala***	***Anupana***
1	Krumikuthar Ras	250mg	After food	Lukewarm water
2	Vidangarishta	20ml	After food	Lukewarm water

Table no. 5: Therapeutic properties *(~Guna)* of the formulations used in *Shaman Chikitsa*

Sr.No.	***Kalpa***	***Guna***
1	Krumikuthar ras	Anthelmintic, Digestive stimulant, Carminative, Appetizer
2	Vidangarishta	Anthelmintic, Digestive stimulant, Carminative, Appetizer, Blood purifies

Figures:

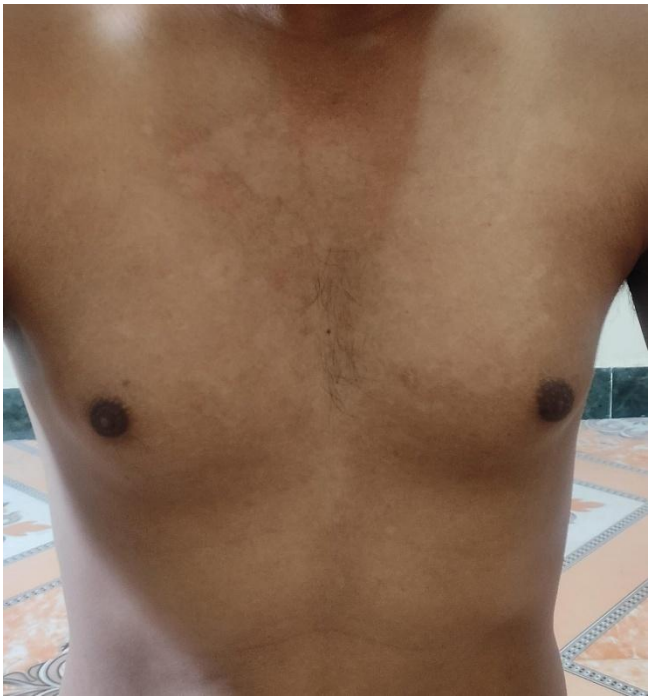

Fig. 1: Pre-treatment Clinical Presentation of *Sidhma Kushtha*

(Hypopigmented to erythematous maculopapular patches on the anterior chest with irregular margins and superficial desquamation.)

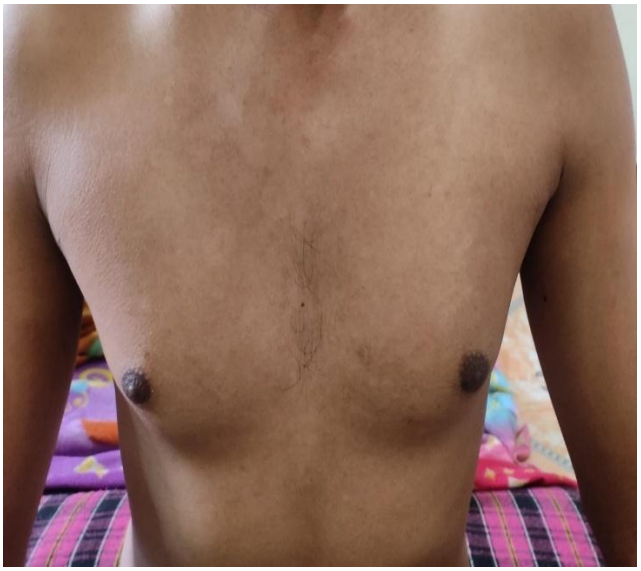

Fig. 2: Clinical presentation During Snehapana Kala

(Noticeable fading od erythematous patches on anterior chest with improved skin texture and residual hypopigmentation.)

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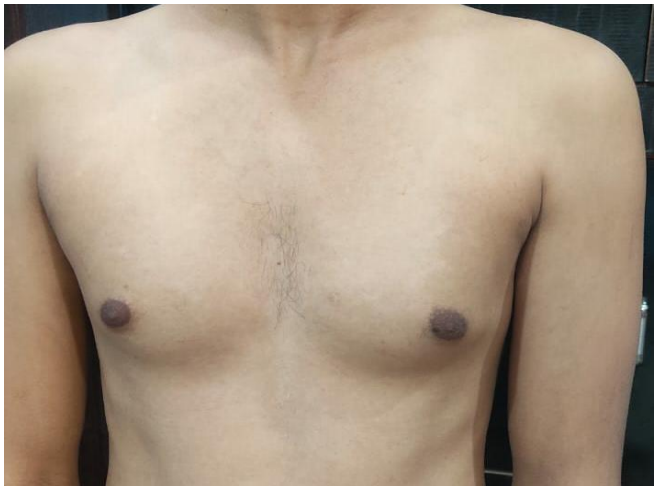

Fig. 3: Post-treatment Clinical Outcomes (After 3 months of Follow-up)

(Near-complete resolution of chest lesions with residual hypopigmentation. Restored skin texture with minimal post-inflammatory marks.)