



EFFECT OF INDUCED EMESIS (VAMAN)) AND EXTERNAL APPLICATION OF SOMRAJI OIL IN VITILIGO – A CASE STUDY

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ABSTRACT

Vitiligo is a common skin disorder of our country characterised by white patches due to hypofunction of melanocytes of the skin. Its alternative name is Leukoderma. It affects 1% to 4 % of population. Fifty percent of cases appear before age of 20 years and result in significant cosmetic and psychiatric morbidity. The disease has a long history and use of Bakuchi in treatment of Vitiligo was started from the period of Charak Samhita. The condition frequently associated with autoimmune origin and sometimes with thyroid abnormality. Clinical efficacy of available modern modalities like tropical corticosteroids, psoralene with UV light exposure (PUVA), tropical immunomodulators etc has phototoxic reaction without promising results.

INTRODUCTION

The clinical outcome of natural products is inconclusive due to few clinical trials in Ayurveda and Chinese medicine [1-6]. Few clinical studies initiated from Ayurveda scholars have unsatisfactory outcome. Therefore, we want to search a useful treatment modality from ayurvedic resource.

It is known that melanin formation of skin is regulated by melanocyte stimulating hormone released from pituitary gland and 25% of vitiligo patients have antibodies against melanocytes. The formation of antibodies may be due to the accumulated toxins. Charak advised purificatory therapy prior to medication in all vitiligo cases [7, 8].

Somraji Taila is a classical Ayurvedic herbal oil used in treatment of Vitiligo having Somraji/Bakuchi (psoralea corylifolia) as main ingredient [9]. A case study was planned to evaluate efficacy of Vaman and somraji Tail from the OPD of IPGAER at Shyamadas Vaidya Sastra Pitha, Kolkata.

Case Introduction

A 35 years old female having OPD Registration No- 1024/13-14 came to the OPD of SVSP complaining of whitish patch on large part of back (both upper and lower) since last six years. The patches first appeared as a small one on back and gradually spread on whole back in a scattered manner over progress of time.

Brief History

Patient was normotensive and euglycemic and no history of any familial disorder was present. Patient was having non-vegetarian diet habit and no addiction. The near relatives did not have any documented skin disorder.

Base Line Finding

Clinical Examination revealed Vitiligo macules distributed well throughout upper and lower back. The Vitiligo macules were found to be oval in shape, variable sized, and milky white in colour.



The border was sharply demarcated. The typical “Trichome” finding was present i.e. three colours of margin (depigmented area surrounded by hypopigmented and then normal skin colour). The biochemical and haematological findings were within normal limit before treatment (mentioned in Table No. 01)

Diagnosis

Patient was diagnosed as having Segmental Vitiligo based on characteristics of patches.

Assessment Criteria

Patient was assessed at two months interval based on repigmentation of whitish patches and their documentation was done by photograph and trace paper. Trace paper and Photographic documentation at two months interval for 6 months was preserved for visual comparison. Biochemical and haematological profile were done for assessing the wellbeing of the patient.

Case Conception and Treatment Selection

The Vitiligo is thought to be of autoimmune origin and available treatment like topical therapy, phototherapy, systematic therapy, surgical therapy and depigmentation do not improve the condition of patient on a large run. CHARAK SAMHITA mentions Vitiligo to be a papjanya vicar (disease occurring due to sinful activities) and is incurable but curable only in a handful of patient who are purified by purificatory therapy and who are devoid of effect of sinful activity Therefore it was decided to assess the effect of Vaman Karma in Vitiligo.

Treatment Plan

Treatment strategy was divided in two parts

1. Samsodhana Karma (Purification) by Vaman
 - a. Purba karma(agni deepan,snehan and svedan)
 - b. Pradhan karma (Vaman)
 - c. Paschata karma (samsarjana karma)

2. Somraji Oil Application

At first the patient received *agnideepan* (accelerate digestion capacity) interms of Chitrakadi Gutika (API).Then bahya *snehan* (external application) with Nimb Tail and oral oil medication (Abhyantara sneha pana) with Maha Tikta Ghrita in increasing dose starting from 30 gram on Day 01 and ending with 150 gram on Day 05. Sarvanga svedan was administrated for 03 Days by modified Dry Heat chamber (Usna Sveda).

Then Vaman was induced by administration of paste of Madanphaladi Yoga (Madanphala 3 gms, Vacha-1 gms, Saindhav Lavan-2 gms, Madhu-Quantity sufficient) and milk and Ikshu Rasa (sugarcane juice). After proper Vaman the routine protocol of Samsarjan Karma was followed as per standard procedure .Total three sitting of Vaman was done at 3 month interval and Somraji Tail was applied throughout the treatment period.

Case Progress

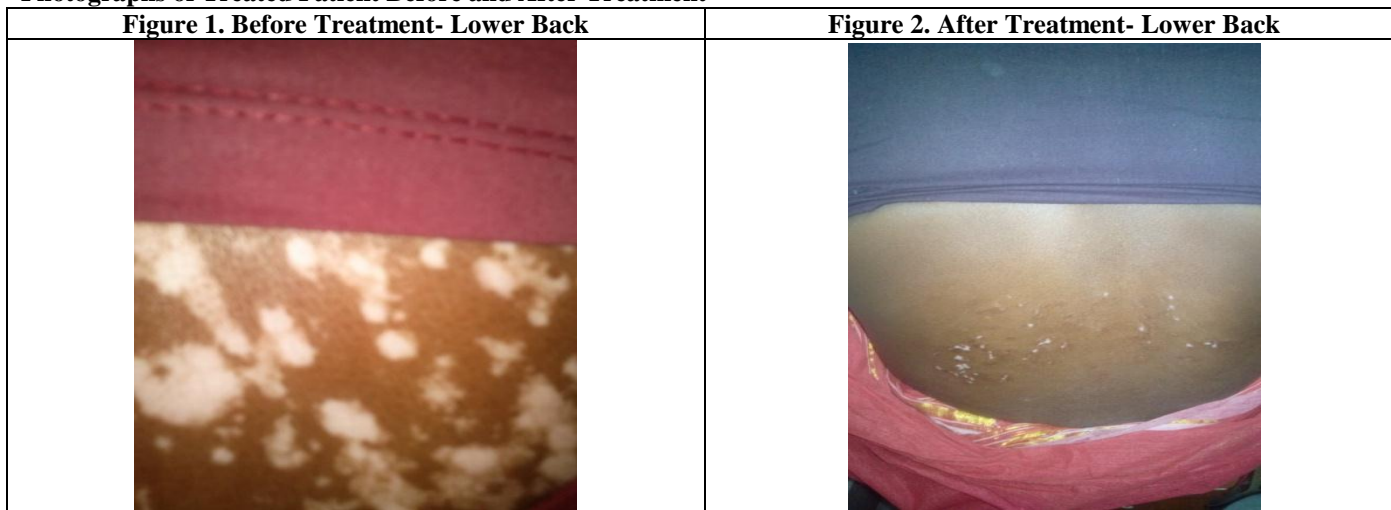
Patient was advised to avoid non vegiterian and and amla (sour) food article as far as possible.

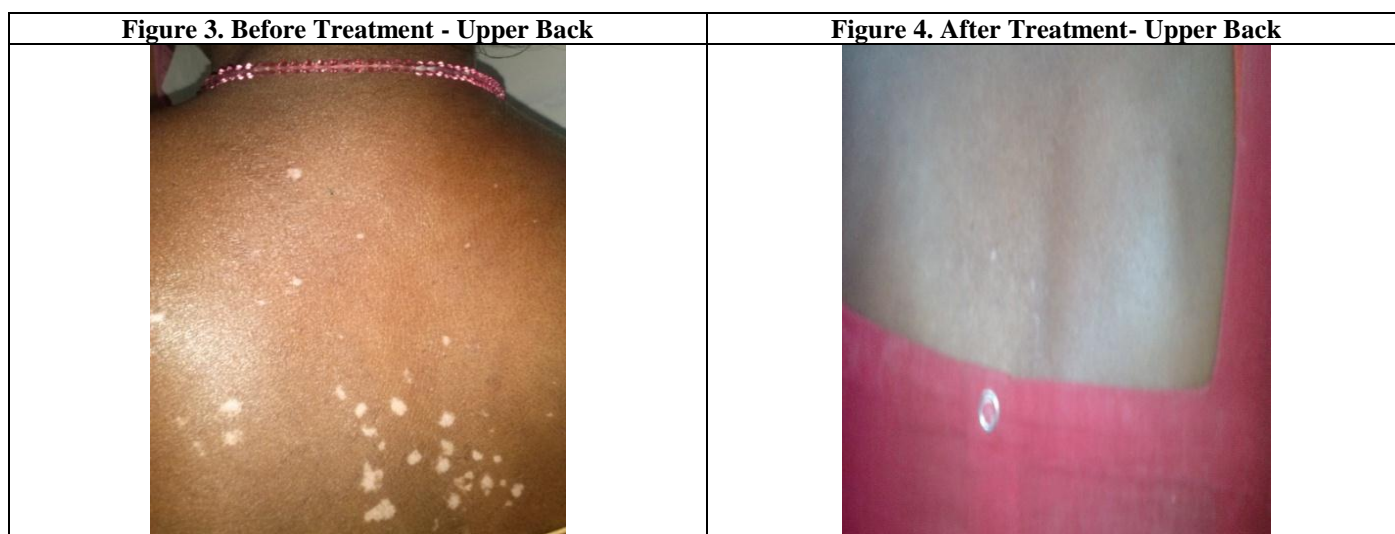
No alteration of blood biochemistry was noted. The lesion started to show repigmentation after 15 days of 1st Vaman and after 6 month nearly 80 – 90 % of repigmentation was achieved as evident from the pictures taken at 3 months interval.

End Point Finding

After completion of 6 months of treatment, nearly all patches of upper back (15-20 in number) showed repigmentation and disappearance of all patches (photo no-1,2,3,4).The whitish patches of lower back which were generalised over large portion of lower back showed marked improvement (nearly 80-90% improvement). No major changes in blood reports were noticed at the end of treatment. There were no electrolyte imbalance noted after each vaman procedure and also after end of treatment.

Photographs of Treated Patient Before and After Treatment



**Table 1. Blood Reports before and after treatment**

Blood Report	Before Treatment	After Treatment
Hemoglobin	12 gm/dl	13.3 gm/dl
Total Count	4.3 thou/cmm	5.2 thou/cmm
ESR	12	06
FBS	90 mg/dl	87 mg/dl
PPBS	112 mg/dl	106 mg/dl
LFT- Total Bilirubin	0.7 mg/dl	0.9 mg/dl
ALT	50 Unit/Lit	45 Unit/Lit
AST	30 Unit/Lit	38 Unit/Lit
ALP	60 Unit/Lit	54 Unit/Lit
Total Protein	7.4 gm/dl	7.2 gm/dl
Lipid Profile-		
Total Cholesterol	90 mg/dl	110 mg/dl
LDL Cholesterol	70 mg/dl	66 mg/dl
HDL Cholesterol	55 mg/dl	45 mg/dl
Triglyceride	110 mg/dl	124 mg/dl
Urea	28 mg/dl	24mg/dl
Creatinine	0.8 mg/dl	0.9 mg/dl
Sr.Sodium	136 mmol/L	134 mmol/L
Sr. Potassium	4.0 mmol/L	3.8 mmol/L
Sr. Chloride	102mmol/L	104mmol/L

Treatment Implication

Based on the above findings i.e. photographic documentation as well as trace paper documentation, it can be safely concluded that Vaman has got excellent role in treating vitiligo. Its action on autoimmune skin disorder like vitiligo by removing toxins needs further large scale study. The action of bakuchi on skin (melanocytes) is well known but simultaneous action along with Vaman need to be studied on large scale.

CONCLUSION

Vaman is a form of classical Panchkarma therapy mentioned in Ayurveda. It is very useful in auto immune skin disorders and being used since many years. This case

report safely established its efficacy in Vitiligo but large scale collaborative study are suggested.

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CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

STATEMENT OF HUMAN AND ANIMAL RIGHTS

All procedures performed in human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.



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