

RETHINKING JEEMUTAKA IN VAMANA KARMA FOR KUSTHA: POTENT PURIFIER OR CLINICAL CHALLENGE?

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ABSTRACT

kustha, a broad classification of skin disorders in Ayurveda, is primarily *Tridoshaja* with predominant involvement of *Kapha* and *Pitta*.^[1] *Shodhana Chikitsa*, especially *Vamana Karma*, is considered the first line of management in *Kapha*-dominant *Kustha*.^[2] Among various *Vamaka Dravyas* mentioned in the classical texts, *Jeemutaka* (*Luffa echinata* Roxb.) holds a significant place due to its potent emetic action and specific utility in *Kapha* disorders.^[3] Traditionally administered in various forms, its use as *Kashaya* offers a potentially safer, controlled, and therapeutically efficient method of inducing *Vamana*. This article aims to explore the classical references, pharmacodynamic profile,^[4] and therapeutic rationale behind the administration of *Jeemutaka Kashaya* in the context of *Kustha Chikitsa*. The study also attempts to highlight the scope of *Jeemutaka* as a *Vamaka Dravya* in present-day clinical practice and the need for its systematic validation through well-designed research.

KEYWORDS: *Jeemutaka*, *Kustha*, *Vamana*.

INTRODUCTION

kustha, one of the most challenging categories of skin disorders described in *Ayurveda*, is considered a *Tridoshaja Vyadhi* with predominant involvement of *Kapha* and *Pitta Doshas*.^[5] This condition is not just a skin problem, it reflects deeper issues in the body, often caused by long-term metabolic problems and poor functioning of *Dhatu*s. The management of *Kustha* necessitates a comprehensive approach, where in *Shodhana Chikitsa*—especially *Vamana Karma*—is emphasized as the first line of treatment in *Kapha*-dominant presentations.^[6] According to *Acharya Charaka* and *Sushruta*, proper expulsion of vitiated *Kapha* through *Vamana* helps in breaking the *Samprapti* at its origin and facilitates better absorption of subsequent therapies.^[6]

Among the various *Vamaka Dravyas* mentioned in classical texts, *Jeemutaka* (*Luffa echinata* Roxb.) is highlighted in *Samhitas* for its efficacy in inducing *Vamana*.^[7] Traditionally administered in multiple forms, the *Kashaya* form of *Jeemutaka* provides a more controlled and pharmaceutically stable preparation, which ensures proper dosage regulation and patient compliance.^[8] Its *Tikta-Katu Rasa*, *Ushna Virya*, and

Kapha-Vata Shamana properties make it a suitable *dravya* for inducing *Utkleshana* and subsequent *Vamana*.^[9]

Nowadays, there is a strong need to understand and confirm *Ayurvedic* treatments in a scientific way. This study aims to revisit and examine the classical rationale, pharmacological profile, and clinical applicability of *Jeemutaka Kashaya* as a *Vamaka Dravya* in the management of *Kustha*, with an intent to bridge classical knowledge and clinical relevance.^[10]

AIM AND OBJECTIVES

- ❖ To study the efficacy of *jeemutaka* as a *vamaka Dravya*
- ❖ To study the efficacy of *jeemutaka Vamana* in the management of *kustha*.

MATERIALS AND METHODS

- ❖ The study was carried out in Panchakarma department in Sri Kalabyraveswara Swamy Ayurvedic College Hospital and Research Centre Vijayanagar, Bangalore, India.

Duration of the study

14 days

CASE REPORT**Vedana vritthantha****Case report- 1**

A 32-year-old male patient presented to the OPD with complaints of severe itching, burning sensation, reddish discoloration, and flaky skin lesions distributed all over the body, including the scalp, persisting for the past 10 years. The symptoms had a gradual onset and progressively worsened over time, without any significant seasonal variation. There is no family history of similar skin conditions or associated systemic comorbidities. The patient had been taking homeopathic treatment for 2 years (details of medicines unknown), which was discontinued one year ago due to personal reasons, and since then, no treatment has been taken. He follows a non-vegetarian diet, consuming meat twice a week, and frequently consumes outside and junk food. There is no history of any past surgeries, major illnesses, or hospitalizations. The patient denies any addictions, and his sleep is occasionally disturbed due to itching.

Case report – 2

A 36-year-old female presented to the OPD with complaints of bilateral foot lesions characterized by itching, burning sensation, and mild flakiness, which began approximately six months ago. The lesions have been progressively spreading, prompting her to seek medical attention for the first time. There is no family history of similar dermatological conditions, and she reports no other medical comorbidities. The patient has not initiated any prior treatment for these symptoms. Her

dietary habits include regular consumption of home-cooked meals, with a non-vegetarian diet. Notably, she consumes curd daily during the afternoon and at night, frequently consumes refrigerated food items, and drinks tea or coffee four times a day. She also reports habitual daytime sleeping. There is no history of allergies to soaps or other known allergens.

Case report – 3

A 40-year-old male driver presented to the OPD with a 20-year history of progressive skin lesions, initially appearing on his back and rapidly spreading across his body within weeks. The lesions are characterized by severe itching, burning sensation, serous discharge, thickened skin, and discoloration ranging from reddish to black. Intense scratching often leads to bleeding. There is no family history of similar dermatological conditions or other significant illnesses. The patient has no known chronic illnesses or previous medical conditions. His occupation involves long hours of driving, leading to irregular sleep patterns, frequent night shifts, and exposure to varying climates and water sources. Dietary habits include daily consumption of non-vegetarian and junk food, with frequent intake of tea or coffee (4–7 times daily) to combat sleepiness. Fifteen years ago, he underwent Virechana with approximately 60% relief. Since then, he has been receiving annual Shodhana therapies tailored according to seasonal factors and dosha involvement, resulting in up to 80% improvement. However, a recent trip to another state with disrupted sleep and dietary changes led to a rapid flare-up of lesions with unbearable itching. The patient denies any addictions and reports that sleep is frequently disturbed due to occupational demands and itching.

Vital data**Table no. 1: Vital data.**

	Patient-1	Patient-2	Patient-3
Pulse	75/min	71/min	79/min
Respiratory rate	16/min	14/min	18/min
Blood pressure	120/80 mm hg	110/90 mm hg	120/80 mm hg
Temperature	98.1°F	97 °F	98 °F
Height	5.4 feet	5.1 feet	5.11 feet
Weight	60 kgs	65 kgs	70 kgs

General examination**Table no. 2: General examination.**

	Patient-1	Patient-2	Patient-3
Appearance	ill look	normal look	Good look
Built	Moderately built	Well built	Well built
Nourishment	Moderately nourished	Well nourished	Well nourished
Pallor	Absent	Absent	Absent
Icterus	Absent	Absent	Absent
Cyanosis	Absent	Absent	Absent
Clubbing	Absent	Absent	Absent
Lymph nodes	Absent	Absent	Absent

Examination**Skin examination****Inspection****Table no. 3: Inspection.**

	Patient-1	Patient-2	Patient-3
Type of lesions	Moist and scaly lesions	Moist lesions	dry, scaly eruptions
Site	Both upper and lower limbs, back, abdomen region, genitals face and scalp	Both upper and lower limbs, back, abdomen region, genitals face and scalp	Both upper and lower limbs, back, abdomen region, genitals face and scalp
Discharge	Serosanguinous fluid	absent	absent
Colour	Whitish to reddish	Whitish to reddish	Whitish to reddish
Moisture	Retained	Retained	dry
Temperature	warm	Normal on touch	Normal on touch
Texture	Normal to mild rough	Normal	rough

Samprapthi gataka**Table no. 4: Samprapthi gataka.**

<i>Nidhana</i>	<i>Ojokshaya, (auto immune)</i>
<i>Dosha</i>	<i>Pitta shleshma vata (bhrājaka pitta)</i>
<i>Dooshya</i>	<i>Lasika, raktha, twak, mamsa</i>
<i>Srotos</i>	<i>Rasavaha, rakthavaha, mamsavaha, swedavaha and ojevaha srotas</i>
<i>Sroto dusti prakara</i>	<i>Sanga, vimargagamana</i>
<i>Agni</i>	<i>Mandagni</i>
<i>Ama</i>	<i>Jataragni and dathwagnijanya</i>
<i>Udbhavasthana</i>	<i>Amashaya</i>
<i>Sancharasthana</i>	<i>Sira, Damani, tiryak sira</i>
<i>Vyaktasthana</i>	<i>Twak</i>
<i>Adhishtana</i>	<i>Twak, lasika, rakta, mamsa</i>
<i>Rogamarga</i>	<i>Bahya</i>

Nidhana**Table no. 5: Nidhana.**

<i>Sannikrista nidana</i>	<i>Pitta pradhana tridosa</i>
<i>Utpadaka nidana</i>	<i>Ojo kshaya (Auto immune)</i>
<i>Vyanjaka nidana</i>	<i>Mithya ahara vihara, sheeta kala</i>

Poorvarupa

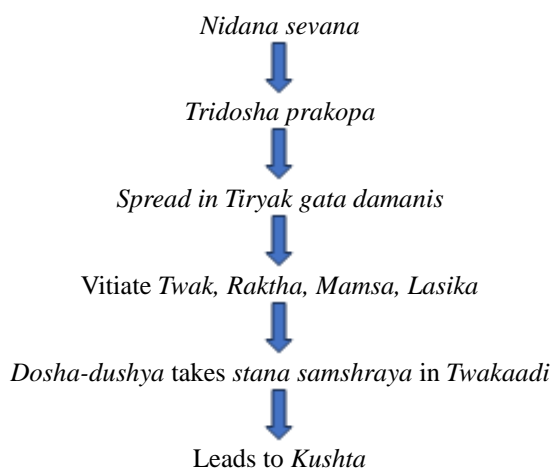
Avyaktha.

Anupashaya

Sheeta kala, Withdrawing of medication.

Roopa

Puya raktha Yuktha pidakas in whole body associated with *kandu*, burning sensation and pain.

Samprapti

Treatment plan**Poorvakarma****Table no. – 6**

	Patient - 1	Patient-2	Patient-3
Deepana pachana	Trikatu choorna – ½ spoon with warm water before food 2 times a day Agni tundi vati- 1 tablet TID before food	Trikatu choorna – ½ spoon with warm water before food 2 times a day Agni tundi vati- 1 tablet TID before food	Trikatu choorna – ½ spoon with warm water before food 2 times a day Agni tundi vati- 1 tablet TID before food
Snehapana (till attain samyak snigdha lakshana)	With Panchathiktha gritha Day 1- 30ml Day2-60ml Day3-90ml Day4-120ml	With Panchathiktha gritha Day 1- 30ml Day2-60ml Day3-90ml	With Panchathiktha gritha Day 1- 30ml Day2-60ml Day3-90ml Day4-120ml Day 5- 160ml
Vishrama kala	Sarvanga abhyanga with suryapaki thaila followed by aragwadadi parisheka Kafha kara ahara (dahi vada, curd rice , milk payasam, milk sweets, curd etc)	Sarvanga abhyanga with suryapaki thaila followed by aragwadadi parisheka Kafha kara ahara (dahi vada, curd rice , milk payasam, milk sweets, curd etc)	Sarvanga abhyanga with suryapaki thaila followed by aragwadadi parisheka Kafha kara ahara (dahi vada, curd rice , milk payasam, milk sweets, curd etc)

Pradhanakarma**Table no. 7: Pradhanakarma.**

	Patient - 1	Patient-2	Patient-3
<i>Proir To vama kama</i>	Sarvanga abhyanga with suryapaki thaila followed by aragwadadi parisheka	Sarvanga abhyanga with suryapaki thaila followed by aragwadadi parisheka	Sarvanga abhyanga with suryapaki thaila followed by aragwadadi parisheka
<i>Vamana kama (With jeemutaka sheetha kashaya)</i>	Total number of urdwa vega-6 Total number of upavega-2 Total number of adovega-9	Total number of urdwa vega-5 Total number of upavega-1 Total number of adovega-15	Total number of urdwa vega-8 Total number of upavega-0 Total number of adovega-4

Paschat karma**Table no. 8: Paschat karma.**

	Patient - 1	Patient-2	Patient-3
Paschatkarma	<ul style="list-style-type: none"> Mukha-paani prakshalana with ushna jala Kavala with saindava sadhitha ushna jala Dhoomapana after 30minutes of procedure Other Instructions given Moniterd pateint Gave ushna jala with sugar and salt after 3hours due to weakness Gave samsarjana krama for 5 days 	<ul style="list-style-type: none"> Mukha-paani prakshalana with ushna jala Kavala with saindava sadhitha ushna jala Dhoomapana after 30minutes of procedure Other Instructions given Moniterd pateint till next day morning 11 am Gave IV (as pateint was dehydrated and had severe weakness) Gave samsarjanakrama for 7 days 	<ul style="list-style-type: none"> Mukha-paani prakshalana with ushna jala Kavala with saindava sadhitha ushna jala Dhoomapana after 30minutes of procedure Other Instructions given Moniterd pateint Gave samsarjana krama for 3 days

OBSERVATION AND RESULTS

- **Case 1:** A 32-year-old male with a 10-year history of widespread lesions experienced increased *Adhovega* during *Vamana*, leading to incomplete *Dosha Nirharana* and significant post-procedure weakness.
- **Case 2:** A 36-year-old female with recent onset bilateral foot lesions tolerated the procedure well but

reported moderate dehydration and fatigue post-*Vamana*.

- **Case 3:** A 40-year-old male with chronic lesions observed a rapid flare-up post-travel; *Vamana* induced with *Jeemutaka* led to incomplete relief.

Table no. 9: Observation and Results.

Parameter	Patient-1		Patient - 2		Patient - 3	
	Before	After	Before	After	Before	After
Chief complaints						
• Dryness	8	2	5	1	10	3
• Itching	10	3	4	2	10	4
• Burning	6	1	0	0	2	0
• Discharge	4	1	0	0	2	0
Lesion size						
• Coin	coin	sand	sand	less	coin	sand
• sand						
Lesion type						
• Raised	9	5	2	0	10	6
• Well defined	9	4	2	1	9	6
• Red patches with silvery-white scales.	9	5	2	1	9	7
Itching	10	4	4	1	8	4
Burning sensation	8	4	1	0	3	1
Pain	2	0	0	0	3	1
Powdery discharge	8	1	0	0	8	3
Skin hydration						
• Dry	6	1	2	1	6	2
• Rough	6	1	2	1	6	1

DISCUSSION

The use of *Jeemutaka sheetha Kashaya* as a *Vamaka Dravya* in *Kustha Chikitsa* aligns with classical *Ayurvedic* principles. *Acharyas* have emphasized the role of *Vamana Karma* in *Kapha-Pitta* predominant disorders, where *Shodhana* helps in eliminating the root cause and breaking the *Samprapti*. *Jeemutaka* being *Tikshna*, *Ushna*, and *Kapha-Pittaghna*, serves this purpose effectively.

The intense *Vega Janana* observed reflects its strong *Dosha Utkleshana* and *Vamakata*. However, the slightly lower *Urdhwa Nirharana* compared to *Madanaphala* may be due to its quick onset of action and possible premature exhaustion of *Vega*. The predominance of *Pitta Nirharana* indicates that *Jeemutaka* is more suitable in *Kapha-Pitta* conditions rather than *Kapha*-dominant cases alone, confirming the classical guideline that *Vamaka* drugs should be selected according to *Rogi Bala*. The dehydration and fatigue symptoms observed support the need for preparatory *Sneha* and *Swedana*, and careful *Vamana krama* under close supervision.

Though lesion reduction was mild, it signifies that proper *Shodhana* creates the right foundation for *Shamana Chikitsa* to act more effectively. Thus, the study reinforces that *Jeemutaka* is a powerful yet demanding *Vamaka Dravya*, and should be used with *Yukti* considering patient strength, disease severity and *Kala*.

CONCLUSION

The use of *Jeemutaka sheetha Kashaya* as a *Vamaka Dravya* in the management of *Kustha* demonstrates significant emetic potency, however, it may not be suitable or safe for all patients. Unlike *Madanaphala*,

which is *Sheeta* and *Mridu* in nature, *Jeemutaka* is *Tikshna* and *Ushna*, often causing intense physiological responses such as irritation, fatigue, dehydration, and discomfort throughout the procedure.

Full *Dosha Nirharana* through *Urdhwa Marga* was not consistently achieved, and many patients did not experience the classical *Vamana Sukha Lakshana* (feeling of clarity, lightness, or satisfaction) post-procedure. In fact, some found the process physically and mentally exhausting, especially those with *Avara* or *Madhyama Satva*.

In today's clinical setting, where individuals often present with reduced *Roga-Bala*, heightened sensitivity, and altered gut strength, the use of *Jeemutaka* requires great caution, precise patient selection, and close post-procedural monitoring. While it holds value as a classical *Vamaka Dravya*, its routine use must be re-evaluated and approached with thoughtful *Yukti* and individualized care.

Declaration of patient consent

The patients consent form has been obtained, granting permission to report the case, including images and other clinical information in the journal.

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