



Case Study

A CASE STUDY ON AYURVEDIC MANAGEMENT OF *KITIBHA KUSHTHA* (PSORIASIS)

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ABSTRACT

In Ayurveda, *Kushtha* is a broad term including all types of skin diseases. *Kitibha kushtha*, one of the *Kshudra kushtha* (minor skin ailment) has most similarities with the symptoms of Psoriasis which is the most prevailing skin disease in today's era. It affects almost 2% worldwide population. The high chances of recurrence and its reluctant nature makes it a matter of concern for modern medicine as they have a limited line of treatment. But in the case of Ayurveda, *Shamana* (pacifying treatment) and *Shodhana chikitsa* (detoxification treatment) along with *Nidan parivarjan* (abstinence from disease causing factors) play an important role in overcoming this disease. In this case study of *Kitibha kushtha* we have effectively managed the disease by the means of *Virechan* (purgation) and *Shamana chikitsa*.

KEYWORDS: *Kitibha kushtha*, Psoriasis, *Shodhana*, *Shamana chikitsa*, *Virechan*.

INTRODUCTION

In today's era a variety of diseases has surrounded and captured human beings in one or the other way. But there are a number of diseases which have been running in human race since ages and *Kushtha* is one of them. It has a wide range of manifestation which makes it difficult to conquer. In Ayurveda, all the skin ailments are described under '*Kushtha*' *Vyadhi* (disease). A total of 18 types of *Kushtha* in which 7 are termed as *Mahakushtha* (major skin ailments) and 11 as *Kshudra kushtha*^[1] are explained in detail.

According to Ayurveda, all types of *Kushtha* are considered as *Tridoshaja* (*Vata-pitta-kapha* induced) i.e., they are caused by vitiation of all the three *Doshas*. Seven *Vyadhi ghatak* (disease causing components) are said to be responsible to manifest this disease which are *Tridosha*, *Twacha* (skin), *Lasika* (fluid), *Rakta* (blood), and *Mamsa* (muscular structure)^[2]. Each *Kushtha* is categorized according to its *Doshik* dominance in which *Kitibha kushtha* falls under *Vata-kaphaja* phenomenon. It is characterized as *Shyavam*, *Kinakharasparsha* and *Parusha*^[3,4] which means black color scaling, rough skin lesions and thickened skin respectively which are closely related to symptoms of Psoriasis.

Psoriasis is a chronic inflammatory, non-contagious auto immune disease which is characterized by dry, itchy clearly defined scaly plaques (thickened skin) which occurs specially on the scalp, ears, skin over the bony prominence and may cover the whole body. Modern medicine treats

this disease by using steroids and PUVA^[5] which has limitations and chances of recurrence is high with a variety of side effects. Here, Ayurveda plays a key role where we can limit this disease to a far extent.

In this present study, we have tried to give a safe and effective remedy to palmoplantar psoriasis where patchy thickening and scaling of the entire surface of the palm and soles with blackish lesions is seen along with 'psoriatic nail dystrophy'. As a line of treatment *Nidan Parivarjan*, *Shodhana* and *Shamana chikitsa* were selected. All the factors such as *Aharaj* (dietary habits), *Viharaj* (lifestyle) and *Manasik* (mental traits) contributing to the manifestation of disease were tried to keep at bay.

Case Report

Present Complaints

A 17yr old female patient came to the OPD with chief complaints of scaly, thickened, blackish lesions on both soles with mild painful fissures, blackish discoloration of both palm and nails with mild itching- since 4yrs.

History of Present Illness

The onset of the disease was with the discoloration of right toe's nail which was 6 years before. Gradually, the above mentioned symptoms started to appear for which the patient took allopathic medicines including steroids for 2 years. The on and off nature of the disease led the patient to take homeopathic medicines before 6 months which didn't prove so well as the condition worsened after ceasing the allopathic medicines. Hence for the

complete relief, patient came to the Panchakarma OPD of Seth Tarachand Ramnath Charitable Ayurvedic Hospital, Pune.

History of Past Illness and Family History

No history of any major illness like Diabetes, hypertension or other metabolic disorders. No history of any skin disease in family.

Relevant Physical Examination and Clinical Findings

Prakruti (basic body trait)- *Vata pradhan pittanubandhi* (*Vata* dominant *Pitta* recessive).

Ahara (dietary habits)- *Katu ras* (punget) dominant, street food like Vada pav, Pav bhaji, Chinese, Samosa, Maggie, chips, bakery products consumption in abundance, *Lavanadhikya* (salty food), chocolates four times in a week.

Vihara (lifestyle)- *Ratrau jagaran* (night awakening) -up to 4 am.

Manasik (mental traits)- *Krodha* (anger), *Bhaya* (fearful), *Dweshya* (hatred), *Matsarya* (jealousy) in prevalence.

Vyasana (habits)- Tea 4 times a day.

Mala (Defecation)- *Prakrut, Samhat* (with normal consistency) once a day

Mutra (urination)- *Prakrut* (normal) 4-5 times a day

Laboratory Investigations

ESR- 40mm/hr BUL- 24 mg%

Hb- 12.4 gm% Sr. Creatinine- 1mg%

WBC- 8400/cmm Urine routine- WNL

Platelet- 2.38 lacks/cmm

Diagnostic Assessment

Samprapti Ghataka (Pathogenetic Factors)

1. *Dosha- Tridosha (Vata- kapha dominant)*
2. *Dushya- Rasa (Twak), Rakta, Mamsa, Nakha (Asthi dhatu mala)*
3. *Strotas* (channels or pathways)- *Rasavaha, Raktavaha, Manovaha*
4. *Rogamarga* (pathway of disease)- *Bahya*
5. *Udbhavastan* (origin)- *Aamashaya* (stomach)
6. *Vyaktasthan* (site of manifestation)- *Twacha* (skin)
7. *Roga swabhava* (nature of disease)- *Chirakari* (chronic)

Treatment Plan

- The patient came to seek Ayurvedic treatment after being treated with other pathies and having no satisfactory result. The nature of disease was *Chirakari* (chronic) and the *Doshas* were deep seated (*Lina dosha*) along with extensive *Dushti* (impairment) of *Rakta dhatu*. To break this *Dosha-dushya sammurchana* (pathogenesis), *Shodhana* was utmost needed.

- Firstly, we went for *Pachana* (digestion of toxins) treatment but the main focus was on the *Vyadhi pratyaneek chikitsa* (disease oriented treatment) and hence a blend of above two treatment modalities was planned. *Abhyantar chikitsa* (oral medication) along with *Sthanik karma* (local treatment) such as *Abhyanga, Nadi* and *Patrapottali sweda, Sthanik dhara* and *Shirodhara* were performed according to *Dosha* dominance, *Dushya, Rugna prakriti, Bala* etc. This led to *Pachana* and *Shithilikaran* (liquification) of *Sthanik lina dosha* which was a preparation for *Shodhana chikitsa*. Then by achieving *Niramata* (digested *Aam* or toxins) and favorable pre *Shodhana* state, we started *Vardhaman snehapana* (consumption of *Sneha* in increasing amount).

- During *Snehapana* all the *Sthanik karmas* were performed which helped in *Dosha-dushya vighatana* (separation of *Dosha* from *Dushyas*), *Dosha vilayana* (*Dosha* dissolution) ultimately leading to *Shakha koshta gati* (migration from limbs to abdomen).

- When *Samyak snehana lakshanas* (symptoms of ideal oleation) were achieved and *Dosha gati* (movement of *Doshas*) was observed, which was *Adho gati* (towards lower abdomen) in this patient, *Virechana* was planned with *Trivritta leha* as *Shodhana chikitsa*. *Trivritta* is *Shresta virechak dravya*^[6] (primary drug) with *Madhur rasa* in dominance leading to *Pitta-kapha shaman* and hence *Trivritta leha* does *Sukhapurvak rechan* (without causing any harm). After ensuring *Samyak virikta lakshanas* (symptoms of ideal purgation), *Madhyam shuddhi samsarjan krama* (a specific dietary pattern followed after purification treatment) was given.

- After *Shodhana* and *Samsarjan krama*, *Shamana chikitsa* was prescribed to the patient for *Shesha dosha pachana* (digestion of remnant *Doshas*) and *Rasayana karma* (rejuvenation treatment) so that the chance of recurrence is nullified.

Pachana and Vyadhi Pratyaneek Chikitsa- Initially according to *Dosha-dushya* and nature of the disease, following treatment was formulated.

Abhyantar Chikitsa

- *Aarogyavardhini* 1 tablet + *Manjisthadi kadha* thrice a day.
- *Raktapachak vati* + *Mamsapachaka vati* 2 tablet each in *Vyanodankal* (after lunch and dinner).
- *Avipattikar choorna* 1gram with warm water at night.

Bahya Karmopachar (Local Treatment Modalities)

- Sarvanga Abhyanga- Madhuyastyadi tail with Nadi sweda.
- Patrapottali sweda- Nimba patra+Yashhimadhu, Manjishtha churna+Madhuyastyadi tail
- Takra dhara+Shiro dhara- Musta, Aamalaki siddha takra (medicated buttermilk)
- Local application of Shatadhauta ghrita ointment.

Shodhana Chikitsa

Table 1.1: Course of Treatment

Snehapana as Poorvakarma- Mahatiktaka ghrita (day 1- 35ml, day 2- 75ml, day 3- 115ml, day 4- 150ml, day 5- 190ml)	Virechan as Shodhana Virechaka (purgative)- Trivritta leha 25gms Virechanopaga (which helps in purgation)- Pathyadi kadha 50ml 1.Vaigiki (total number of Vegas) - 15 2.Aantiki (culmination)- Kaphanta virechan (culmination with Kapha) 3.Laingiki (symptoms after purification)- Indriyaprasadan (refreshment), Angalaghav (lightness), Samyak kshudhbodh (appetite), Vyadhilakshanopasham (relief)	Paschyat karma (post procedure)- Madhyam shuddhi samsarjan krama.
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Shamana Chikitsa

- Raktapachak vati 2 tablet + Yashtimadhu choorna 500mg + Mahamanjishthadi kadha 40ml as Anupana thrice a day.
- Mahatiktaka ghrita 10ml twice a day (empty stomach).
- Sthanik Ksheer dhara (Yashtimadhu + Manjishtha + Sariva siddha ksheer)

Table 1.2: Follow up and Outcomes

Follow up	Treatment	Significance and relief
1 st follow up (after 20 days of discharge)	1.Raktapachak vati 2 tab+ Yashtimadhu 500mg+ Mahamanjishthadi kwath 40ml thrice a day 2.Mahatiktak ghrita 10ml twice a day (empty stomach) for 10 days then Anuloman (mild purgation) with Trivritta leha 15gms 3.Sthanik Ksheer dhara (Yashtimadhu + Manjishtha + Sariva siddha ksheer)	1.Raktapachaka vati and Mahamanjishthaadi kwath combinedly manage Raktagata samata (toxins) which results into Rakta-prasadana (blood purification) by eliminating associated Doshas. 2.For remnant Dosha shamana and to avoid recurrence, Shaman snehapan with Mahatiktaka ghrita followed by Anuloman with Trivritta leha was administered. 3.Koshna (lukewarm) Ksheer dhara with its Snighdha, Madhur guna pacifies Vata dosha which helped to stop cracking.
2 nd follow up (after 30 days of first follow up)	1.Raktapachak vati 1 tab+ Mamsapachak vati 1 tab with Mahamanjishthadi kadha thrice a day. 2.Trivritta leha 1tsf at bedtime. 3.Sthanik takradhara (Aamalaki + Musta siddha takra)	Sthanik takradhara was asked to perform as it stimulates wound healing (caused due to cracking). By its Sheeta guna and soothing properties, it does Rakta prasadana. As mentioned in Dhara kalpa ⁽⁷⁾ , Takradhara has following properties: <ul style="list-style-type: none"> • Karacharana paristoda shaman • Twaka mruduta/ Prasadana
3 rd follow up (after 15 days of second follow up)	1.Rasapachak vati 2tab+ Abhraka bhasma 60mg+ Yashtimadhu 500mg+ Tapyadi loha 1tab with Paripathadi kadha thrice a day. 2.Rasayanakali-mahakalyanaka ghrita 15ml	As patient came with mild rise in symptoms due to cold weather conditions and Apathya sevana (unhealthy diet), Abhyantar chikitsa was prescribed accordingly. Dineshavallyadi tail was given for local application as it balances Kapha dosha, heals wounds and

	3. <i>Trivritta leha</i> 1tsf at bedtime. 4. <i>Dineshavallyadi tail</i> for local application.	enhances <i>Varna</i> (skin tone) by <i>Raktaprasadan kriya</i> .
4 th follow up (after 15 days of third follow up)	Same as above.	All the above symptoms were relieved.

Clinical Images

Before treatment



After treatment



DISCUSSION

If we plan to manage any disease, we need to analyse it first i.e. how did it start, what makes it to become aggravated, its intensity and many more factors, especially in a disease like *Kushtha*, which is known for its long term persistence, we must ask for the *Hetu* (etiological factors) first. In our case, we found out that the patient indulged with all such factors that caused vitiation of *Tridosha* specially *Kapha-vata prakopa* (aggravation). So, when it comes to management, where we found *Linadoshavastha*, *Rakta-mamsa-twaka dushti* (vitiation) and its severity, we framed our treatment into *Pachana* along with *Vyadhi pratyani chikitsa* followed by *Shodhana*. For this, *Arogyavardhini* as it preferably used in *Kapha-vataj kushtha* and has potency to resolve all forms of it was given. Along with this *Raktapachaka vati* and *Mahamanjishthadi kwath* combinedly as both manage *Raktagata samata*, which results into *Rakta-prasadana* by eliminating associated *Doshas* was administered. As a *Sneha dravya Mahatiktaka Ghrita*, which is stated as principle drug to treat *Raktaj vikara* and all forms of *Kushtha* by the means of *Shodhana* was chosen. In *Kushtha* (psoriasis) *Manas dushti* (mental instability) is remarkably seen, so for relaxing the state of mind we preferred *Shirodhara (Takradhara)* as it acts on *Manas* and *Prana vaayu*. In *Bahya karma upachar*,

Patrapottali with *Kushthagna* (counteracting skin ailments) *Dravyas* for *Sthanik raktaprasadana* and *Vata shaman* was done. *Sthanik takradhara* was also performed as the skin was dry, crack and hard. By virtue of its *Vranaropan* (wound healing) and soothing properties it helped to nullify all the symptoms by pacifying *Vata-kapha Doshas* and did *Raktaprasadan*. After *Shodhana*, for pacification of remnant *Doshas* *Shaman Chikitsa* was prescribed. As stated in *Sutra* by *Charak acharya*, in case of *Kushtha* we need frequent *Shodhana* to avoid the chances of recurrence, hence we continued *Shamana snehapana* and *Anulomana* in suitable time intervals.

CONCLUSION

This case study can be a documented evidence for effective and proven management for *Kitibha kushtha* (psoriasis) through *Shodhana (Virechan)* and *Shamana chikitsa*. Repetitive use of above mentioned form of treatment can help in management of disease effectively. *Kitibha kushtha* has relapsing tendency and Ayurveda has fruitful resources to counteract this nature of the disease.

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