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

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ABSTRACT

In Ayurveda, Kushta is a broad term including all types of skin diseases. Kitibha kushta, one of the Khudra kushta (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 kushta we have effectively managed the disease by the means of Virechan (purgation) and Shamana chikitsa.

KEYWORDS: Kitibha kushta, Psoriasis, Shodhana, Shamana chiktsa, 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 Kushta 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 ‘Kushta’ Vyadhi (disease). A total of 18 types of Kushta in which 7 are termed as Mahakushta (major skin ailments) and 11 as Khudra kushta[3] are explained in detail.

According to Ayurveda, all types of Kushta are considered as Tridosha (Vata-pitta-kapha induced) i.e., they are caused by vitiation of all the three Doshas. Seven Vyadi 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)[3]. Each Kushta is categorized according to its Doshik dominance in which Kitibha kushta falls under Vata-kapha 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 Shama 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), Dwesha (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, Manohava
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 Doshadushya sammurchana (pathogenesis), Shodhana was utmost needed.
- Firstly, we went for Pachana (digestion of toxins) treatment but the main focus was on the Vyadhi pratyanek chikitsa (disease oriented treatment) and hence a blend of above two treatment modalities was planned. Abhyantar chikitsa (oral medication) along with Sthaniya karma (local treatment) such as Abhyanga, Nadi and Patrapottali sweda, Sthaniya dhara and Shirodhara were performed according to Dosha dominance, Dushya, Rugna prakriti, Bala etc. This led to Pachana and Shithilikaran (liquefication) of Sthaniya lina dosha which was a preparation for Shodhana chikitsa. Then by achieving Niramata (digested Aam or toxins) and favorable pre Shodhana state, we started Vardhman snehapana (consumption of Sneha in increasing amount).
- During Snehapana all the Sthaniya karmas were performed which helped in Dosha-dushya vighatana (separation of Dosh from Dushyas), Dousha vilayana (Dosa dissolution) ultimately leading to Shakha koshta gati (migration from limbs to abdomen).
- When Samyak snehana lakshanas (symptoms of ideal oleation) were achieved and Dosa gati (movement of Doshas) was observed, which was Adha gati (towards lower abdomen) in this patient, Virechana was planned with Trivritta leha as Shodhana chikitsa. Trivritta is Shrestha virechak dravya[6] (primary drug) with Madhur ras 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 Pratyanek 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.

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**Bahya Karmopachar (Local Treatment Modalities)**
- Sarvanga Abhyanga- Madhuyastyadi tail with Nadi sweda.
- Patrapottali sweda- Nimba patra+Yashshimadhu, 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-Mahatikata ghrita (day 1-35ml, day 2-75ml, day 3-115ml, day 4-150ml, day 5-190ml) | Virechan as Shodhana | Paschyat karma (post procedure)- Madhyam shuddhi samsarjan krama |
|----------------------------------------------------------|----------------------|------------------------------------------------------------------|
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**Shamana Chikitsa**
- Raktapachak vati 2 tablet + Yashtimadhu choorna 500mg+ Mahamanjisthadi kadha 40ml as Anupana thrice a day.
- Mahatikata ghrita 10ml twice a day (empty stomach).
- Sthanik Ksheer dhara (Yashtimadhu + Manjistha + Sariva siddha ksheer)

**Table 1.2: Follow up and Outcomes**

| Follow up | Treatment | Significance and relief |
|-----------|-----------|-------------------------|
| 1<sup>st</sup> follow up (after 20 days of discharge) | 1.Raktapachak vati 2 tablet + Yashtimadhu 500mg+ Mahamanjisthadi kwath 40ml thrice a day 2.Mahatikata ghrita 10ml twice a day (empty stomach) for 10 days then Anulomana (mild purification) with Trivritta leha 15gms 3.Sthanik Ksheer dhara (Yashtimadhu + Manjistha + Sariva siddha ksheer) | 1.Raktapachak vati and Mahamanjisthadi kwath combinedly manage Raktagata kwath (toxins) which results into Rakta-prasada (blood purification) by eliminating associated Doshas. 2.For remnant Dosa shamana and to avoid recurrence, Shamana snehan with Mahatikata grita followed by Anulomana with Trivritta leha was administered. 3.Koshna (lukewarm) Ksheer dhara with its Snighdha, Madhur guna pacifies Vata dosha which helped to stop cracking. |
| 2<sup>nd</sup> follow up (after 30 days of first follow up) | 1.Raktapachak vati 1 tablet + Mamsapachak vati 1 tablet with Mahamanjisthadi 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:  
- Karacharana paristoda shaman  
- Twaka mruduta/ Prasadana |
| 3<sup>rd</sup> follow up (after 15 days of second follow up) | 1.Rasapachak vati 2 tablets+ Abhraka bhasma 60mg+ Yashtimadhu 500mg+ Tapyadi loha 1 tablet 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 Apathyavevana (unhealthy diet), Abhyantar chikitsa was prescribed accordingly. Dineshavallyadi tail was given for local application as it balances Kapha dosha, heals wounds and |
**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 (etiopathogenic 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 (vitiating) and its severity, we framed our treatment into Pachana along with Vyadhi pratyanik 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-prasadan by eliminating associated Doshas was administered. As a Sneha dravya Mahatiktaka Ghrita, which is stated as principle drug to treat Rakta 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 snehapan 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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