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Study of Ayurvedic Management of *Kitibhkushta*: A Case Study

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ABSTRACT

Psoriasis is a long lasting autoimmune disease characterized by itching, dryness of the skin and white silvery scales. The prevalence of psoriasis in India is estimated to be between 0.44% and 2.8%. The psoriatic lesions are produced due to rapid skin cell production due to various etiological factors. At present only oral as well as topical corticosteroids are the main stay in the management of psoriasis, but it is still a challenge to the modern medical science.

The signs and symptoms of Psoriasis can be correlated with *KitibhKushta* as described in Ayurvedic system of medicine. In Ayurveda, all skin disorders are described under the broad heading of *Kushta* which is being further divided into two types i.e. *Mahakushta* and *Kshudrakushta*. *Kitibhkushta* is one of the types of *Kshudrakushta* which is commonly encountered in today's clinical practice. It is a type of *Vata-Kapha* predominating skin disorder with the involvement of *Rasa, Rakta, Twak* as important *Dushyas*. This paper highlights a case study of *KitibhKushta* (Psoriasis) treated with the Ayurvedic principles of *SthanikShodhan* and *Shaman chikitsa*.

KEYWORDS

KitibhKushta, Psoriasis, Shaman Chikitsa, Jaloukavacharan, Takradhara



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INTRODUCTION

Psoriasis is a chronic, inflammatory, hyperproliferative skin disease. It is characterized by well defined erythematous scaly plaques, particularly affecting extensor surfaces, scalp and nails⁹. Skin diseases are commonly observed due to altered lifestyle, lack of physical exercise, improper diet habits, mental stress and nutritional deficiency. About 10 to 15% of OPD patients reported worldwide comprise of dermatological problems. In modern science, the main stay of treatment for psoriasis includes oral and topical corticosteroids but the steroids when used for longer duration causes hepatotoxicity and nephrotoxicity.

In Ayurveda all skin diseases are described under the broad heading of *Kushta* which is being further divided into two types i.e. *Mahakushta* and *Kshudrakushta*. *Kitibh Kushta*¹ is one of the types of *KshudraKushta* which can be correlated with Psoriasis based on its signs and symptoms. Due to *Mithyaaahar* and *viharaTridosha* gets vitiated which further leads to vitiation of *dushyas* like *Twak*, *Rakta*, *Mansa* and *Lasika*². This *Dosha-dushyasammurchana* leads to *sthansanshraya* at *Twak* and *kushta* develops. Though, *KitibhKushta* is a disease having *Vata-Kapha* predominance¹.

This patient is having *Vata* dominance which can be elicited with the presence of symptoms like *Shyawata*, *Kina kharSparsha* and *Parushata*¹. So considering all these facts pacification of vitiated *dosha* by *shaman chikitsa* along with *sthanikshodhanchikitsa* is being applied to treat the disease.

CASE REPORT

HISTORY OF PRESENT ILLNESS:

A 40years old male patient who was apparently alright before 4 years developed Skin lesions over scalp and backside of both ears associated with white powdery discharge, silvery scaling, blackish discolouration and dry and rough skin. Patient is a Software engineer and belongs to upper-middle socioeconomic class. He consulted for allopathic and homeopathic treatment before but there was no considerable relief. After that he came to Kayachikitsa OPD of B.S.D.T.'S Ayurved Hospital and Research Centre, Wagholi, Pune on 18/01/2020.

HISTORY OF PAST ILLNESS:

No history of Diabetes, Hypertension or any other major illness.

SURGICAL HISTORY:

Cholecystectomy 20 years back

FAMILY HISTORY:

No significant history



GENERAL EXAMINATION:

Pulse: 80/min

B.P.:130/70 mm of Hg

RR: 20/min

Weight: 73kg

Built: Normal

Appetite: Less.

Tongue: Coated

Bowel: Irregular Bowel Habit

Micturition : Normal

Sleep: Disturbed

SKIN EXAMINATION:

Site: Scalp and back of both ears

Colour: Blackish discolouration

Surface: Rough and Dry

Scaling: Present

Itching: Absent

Discharge: Absent

NIDAN PANCHAK:

Hetu:

AaharajHetu: Vishamashan, Abhishyandiaa har, Viruddhaaahar, excessive intake of peanuts, curd etc.

ViharajHetu: RatrauJagaran, Avyayam

ManasikHetu: Chintadhikya++.

Purvarupa: TwakRukshata

Rupa: Shyavata, Parushta, Kina

Kharasparsha

SampraptiGhatak:

Dosha: VatapradhanKapha

Dushya: Twak, Rakta, Rasa

Agni: Jathragni and Dhatwagnimandya

Strotas: Rasawaha, Raktwaha

StrotoDushti: Sanga and Vimargagaman

Udbhavsthana: Aamashay and Pakwashaya

Adhishtan: Twak(Scalp and back of both ears)

Rogamarga: Bahya

Swabhav: Chirkari

Samprapti:

Due to *Nidanasevana*, *Vata-kapha* gets vitiated and later they vitiate *twak, rasa, rakta*. This *dosh-dushyasammurchana* leads to *twakdushti* in the form of *Shyavata, parushta, kharataandrukshata*. This is *KitibhKushta*(Psoriasis).

INVESTIGATIONS:

Within normal limit

DIAGNOSIS: -KitibhKushta

ASSESSMENT CRITERIA:

Signs and Symptoms were assessed on the basis of gradings given in Table 1

Table 1 Assessment criteria and Gradings

Criteria	Absent	Mild	Moderate	Severe
<i>Shyavata</i> (Blackish Discoloration)	0	1	2	3
<i>KinakharaSparsha</i> (Roughness with Scaling)	0	1	2	3
<i>Parushata</i> (Dryness)	0	1	2	3
<i>Ugra Kandu</i> ³ (Itching)	0	1	2	3
<i>Strava</i> ³ (Discharge)	0	1	2	3

TREATMENT:

Patient was administered with *Shaman Chikitsa* and *SthanikChikitsa* like *Jaloukavacharanand Takradhara* at



scalpalong with *Nidanparivarjan* and *Pathyasevan*.

Details of the treatment are given in Table 2.

Table 2 Treatment Protocol: **SHAMAN CHIKITSAFOR 15 DAYS:**

Formulation	Dose	Main Ingredients	Mode of Action
<i>AarogyavardhiniVati</i> (250mg)	2-0-2 Morning and Evening	<i>Kutki, Guggulu, Triphala, Chitrak, Nimb, Parad, Gandhak, LohaBhasma, TamraBhasma, AbhrakBhasma, Shilajit</i>	<i>Kushtagn, Deepan, Pachan, Malashodhan, Vatanuloman, Tridosshar</i> (Enhances metabolism, Effective in removing aam and accumulated toxins from the body)
<i>MahamanjishthadiGhanvati</i> ⁴ (250mg)	2-0-2 Morning and Evening	<i>Manjishtha, Kutaki, Guduchi, Triphala, Kahdir, Nimb, DaruHaridra, Vidang, Chitrak, Shatavari, Bakuchi, Karanja, Ativisha, Patha etc.</i>	<i>Kushtagn, Krumighna, Raktashodhak, VarnyaandVranropak.</i>
<i>Gandhak Rasayan</i> ⁵ (250mg)	2-0-2 After Food	Purified <i>Gandhak, ChaturjaatKashay, Guduchi Kashaya, Triphla Kashaya, BringrajaKashaya and AadrakSwaras</i>	<i>Kushtagn, Raktashodhak, Twachya, Vranaropak</i>
<i>TriphalaVati</i> (250mg)	0-0-2 At bed time only	<i>Haritaki, Bibhitaki, Amlaki</i>	<i>Kushtagn, Deepan, Malashodhan, Vatanulomana</i>
<i>Nimb Tail</i>	Local application at bed time only	<i>NimbaKwath, TilaTaila</i>	<i>Kandughna, Krumighna</i>

STHANIK CHIKITSA:

Upakrama	Duration	Mode of Action
<i>Jaloukavacharan</i> (1 <i>Jalouka</i> at each lesion)	Twice in 15 days	Expels out vitiated blood and helps in removing congested blood
<i>Takradhra</i> (<i>Amlaki siddha Takra</i>)	For 7 days	<i>Takra</i> acts as <i>Kushtagn</i> by moistening and softening the lesions while <i>Amalaki</i> acts as <i>Raktaprasadak</i> and stress relieving, anti-inflammatory and antioxidant.

OBSERVATION AND RESULTS

The changes were observed after the treatment and graded as given in Table 3 Figure 1 and 2.

Table 3 Results Before and After Treatment

Symptom	Score Before Treatment (BT)	Score After Treatment (AT)
<i>Shyawata</i> (Blackish Discoloration)	2	1
<i>Kina kharaSparsha</i> (Roughness with Scaling)	3	0
<i>Parushata</i> (Dryness)	3	0
<i>UgraKandu</i> (Itching)	0	0
<i>Strava</i> (Discharge)	0	0



Figure 1 Before Treatment



Figure 2 After Treatment

DISCUSSION

Kitibhkushta is one of the *Kshudrakushta* which can be correlated with Psoriasis⁶ of modern science based on its signs and symptoms like itching, blackish discoloration of skin along with silvery scaling and white powdery discharge. In Ayurvedic literature, the mainstay of treatment for *Kushta* disease comprises of *Shodhan* and *Shamanchikitsa* based on predominance of *Dosha*. The patient was diagnosed as a case of *KitibhKushta*. Though, *KitibhKushta* is predominantly a *Vata-KaphapradoshajVyadhi*, this patient has dominance of *VataDosha* which can be elicited with the presence of symptoms like *Shyawata*, *Kina kharSparsha* and *Parushata* but absence of *Kandui.e* itching at the site of skin lesions. *Acharya Charak* while describing the treatment of *Kushta*

mentioned that all *Kushtas* are *Tridoshaja* in nature and should be treated according to the dominance of *dosha*. Hence treatment was planned accordingly which includes *dravyas* which have properties like *AgniDeepan*, *AmaPachan*, *Malashodhan*, *Vatanuloman*, *Twachya*, *Varnya*, *Vranaropaka*, *Raktshodhak* and *Tridoshhara*. Along with treatment patient was also advised *Nidanparivarjana* and *Pathyasevan*.

Effect of *Jaloukavacharan*: *Acharya Sushrut* recommended *Jaloukavacharan* for the superficial *Raktadushti*⁷. *Jalouka* expels out vitiated blood very sharply from affected part of the body. Saliva of *Jalouka* has property of anti-coagulants, analgesic, anaesthetic properties which are much helpful in removing congested, vitiated blood from local lesion quickly. Regeneration of new tissues with pure blood circulation of the diseased part ultimately results in the re-arrangement of skin layers reducing *Twak-Vaivarnya*, *Twak-Jadyata*.

Effect of *Takradhara*: In *Ayurveda*, *Takradhara* therapy is indicated in *Vata-Pitta* disorders. Previous research work shows that it gives good results in Stress induced diseases like Hypertension, Psoriasis, Ulcerative colitis etc. *Takra* acts as *Kushtagn* while *Amalaki*⁸ acts as *Rasayan* and *Raktaprasadak*. Buttermilk



contains large amount of lactic acid. It is scientifically proved that lactic acid is used to moisten and lessen the appearance of thickened Psoriatic patches. ;/

CONCLUSION

Above case study is a documented evidence of successful management of *KitibhKushta* with the help of Ayurvedic principles of *Shodhanand Shaman chikitsa*. *KitibhKushta* can re occur in some of the patient depending on various factors like *mithyaaahara, vihara* hence patient is advised to follow *Pathyapathya* meticulously and also for regular follow up to avoid the recurrence and further spread of the disease.



REFERENCES

1. Agnivesha (2011), Revised by Charaka and Dridhbala, Charak Samhita, with the Ayurveda Deepikacommentary of Chakrapanidatta, Edited by Vaidya Yadavaji Trikamaji Acharya, ChaukhambaSurbharatiPrakashan, Varanasi, Chikitsasthan 7/21,22, Page-451.
2. Agnivesha (2011), Revised by Charaka and Dridhbala, Charak Samhita, with the Ayurveda Deepikacommentary of Chakrapanidatta, Edited by Vaidya YadavajiTrikamajiAcharya, ChaukhambaSurbharatiPrakashan, Varanasi, Chikitsasthan 7/9, Page-450.
3. Sushruta (2008), Sushrut Samhita, with NibandhaSangrah commentary of Dalhanacharya, Edited by Vaidya YadavajiTrikamajiAcharya, ChaukhambaSurbharatiPrakashan, Varanasi, Nidan Sthana 5/13, Page-286.
4. Sharangdhar Acharya (2012), Sharangdhara Samhita, containing Anjananidana of MaharshiAgniveshaannoted with Dipika Hindi Commentary by Doctor BrahmanandTripathi, Chaukhamba Surbharati Prakashan, Varanasi, Madhyam Khand, Dvitiyaadhyaya, Page 154.
5. Vaidya Laxmipati Shastri (2013), Yogaratnakar, with Vidyotinihindi commentary, Choukhamba Prakashanreprint Rasayanadhikar, 1-4, Page- 501.
6. Stuart H. Ralston, Ian D. Penman, Mark WJ Strachan, Richard P Hobson, Elsevier, (2018). Davidson's Principals and Practice of Medicine, 23rd edition, Page 1268,1269.
7. Sushruta (2008), Sushrut Samhita, with NibandhaSangrah commentary of Dalhanacharya, Edited by Vaidya YadavajiTrikamajiAcharya, ChaukhambaSurbharatiPrakashan, Varanasi, Chikitsasthan 9/6.
8. B Antony, M Benny and TNB Kaimal. A Pilot Clinical Study of evaluate the effect of Emblicaofficinalis extract (AMLAMAXTM) on markers of systemic inflammation and dyslipedemia. Indian Journal of Clinical biochemistry, 2008/23 (4), 378-38.