



ISSN 2456-3110

Vol 7 · Issue 6

July 2022

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

An Ayurvedic Management of *Kitibha Kushta* (Plaque Psoriasis) - A Case study

Akshatha K. Shirwar¹, Ashwinikumar S. Bharati²

¹Post Graduate Scholar, Department of Agadatantra, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.

²Professor and HOD, Department of Agadatantra, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.

ABSTRACT

Skin disease makes a great impact as other serious medical conditions when assessed by effects on health-related quality of life. Skin diseases are ranked as the fourth most common cause of human illness, resulting in an enormous non-fatal burden. According to Global burden of diseases, skin and subcutaneous diseases are increasing at an alarming rate since few decades. Due to altered lifestyle, lack of physical exercise, unhygienic, mental stress, over eating, nutrition deficiency, skin diseases are commonly observed. All the skin diseases in Ayurveda have been discussed under the broad heading of *Kushta* which is further divided into *Mahakusta* and *Kshudra Kusta*. *Kitibha Kusta* is included under *Kshudra Kusta* which simulates with signs and symptoms of Psoriasis. Psoriasis is chronic disorder which is commonly encountered in day today's clinical practices accounting for wide spread prevalence. As it is relapsing in nature it requires treatment for long duration. In this case study, 41 years old male patient had come to OPD of Agadatantra with chief complaint of *Kandu* (itching), dry silvery white patches over both the elbow, blackish discoloration over lower limbs, abdomen and back treated with *Shodhana Chikitsa* [Body purification] using *Virechana Karma* and *Shamana Chikitsa* using *Panchatikta Guggulu Ghrita*, *Bilvadi Gutika*, *Manjista Choorna* as *Lepa* and *Marichadi Taila* for application. Thus, this paper highlights a case study of *Kitibha Kusta* (Plaque Psoriasis) treated with Ayurvedic principles.

Key words: *Kitibha Kusta*, *Virechana*, *Panchatikta Guggulu Ghrita*, *Avipattikara Choorna*, *Case Report*

INTRODUCTION

Psoriasis is a common, long-term (chronic) skin disease. In India the prevalence of psoriasis varies from 0.44 to 2.8%.^[1] Onset of psoriasis is most common in the second to fourth decades. It is a chronic disease marked by periods of remissions and exacerbations. Remissions may last for a week to many years. Psoriasis is characterized by the development of

erythematous, well defined, dry, scaly papules and plaques of size ranging from a pinhead to palm-sized or larger.^[2] The scales are abundant, loose, dry and silvery white. The most common type of psoriasis is plaque psoriasis causes dry, itchy, raised skin patches (plaques) covered with scales. There may be few or many. They usually appear on the elbows, knees, lower back and scalp. After scraping the surface in plaque psoriasis lesion becomes red.

In Ayurveda all the skin disease are broadly classified under the concept of *Kushta* which is divided into *Mahakushta* and *Kshudrakushta*. *Kitibha Kushta* is one among *Kshudra Kustas* where the signs and symptoms of which simulates with that of Plaque psoriasis. *Kitibha Kusta* having symptoms like *Shyava Varna* (discoloration), *Kinakhara Sparsha* (rough in touch/scaly), *Parushatva* (hard), *Ruksha* (dry).^[3] Every *Kusta* manifests due to dearrangement of seven factors like *Vata*, *Pitta*, *Kapha*, *Twak* (skin), *Rakta* (blood), *Mamsa* (Muscle and *Lasika* (lymphatic

Address for correspondence:

Dr. Akshatha K. Shirwar

Post Graduate Scholar, Department of Agadatantra, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.

E-mail: akshataakshu63@gmail.com

Submission Date: 13/05/2022 Accepted Date: 21/06/2022

Access this article online

Quick Response Code



Website: www.jaims.in

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system).^[4] According to *Acharya Charaka* as a *Samanya Chikitsa*, disease with *Bahudoshavastha* necessarily needs to be treated with *Shodhana* line of management for elimination of aggravated *Doshas*.^[5] As the multiple lesions were found in *Adhobhaga*, *Virechana* was chosen as a line of treatment for *Shodhana*.

CASE REPORT

A patient xyz, aged 41 years, male had come to OPD of Agadatantra SDMCAH, Hassan complaining of blackish brown, rough and whitish scaly multiple lesions associated with itching over bilateral elbow, over both lower limbs, abdomen, back associated with severe itching and pain since 6 months.

History

Patient was said to be normal 3 years back. Noticed with blackish brown, rough and whitish scaly lesions associated with itching. Initially found over bilateral elbow succeeding over both lower limbs, abdomen, back associated with severe itching and pain. Took symptomatic treatment with the Ayurvedic medications. As he did not find any relief he was admitted on May 17th 2019 at SDM, Hassan and underwent *Virechana*. Symptoms were subsided. Presently the same complaint relapsed once again [Failure in following of *Pathya (Ahara, Vihara)*] with the similar features aggravated with multiple lesions since 6 month.

As the symptoms were aggravating, patient approached our hospital and opted for an admission on physician's advice for better management. Not known case of HTN or DM or any other pathological conditions. No any family history found regarding Psoriasis or any other dermatological conditions. All the blood investigation reports were within normal limits.

Personal history

- Appetite - decreased
- Bowel - irregular
- Micturition - regular (4-5times /day)

- Sleep - disturbed due to itching
- Addiction - Alcohol 2 times in a week
- Diet - Mixed (takes non veg food thrice a week)

General examination

- Pallor : Absent
- Icterus : Absent
- Cyanosis : Absent
- Clubbing : Absent
- Lymph node : not palpable
- Oedema : Absent
- BP : 130/90 mmhg
- Pulse : 78bpm
- Respiratory rate : 18/min
- Temperature : 98°F

Ashtasthana Pariksha

- *Nadi* - *Kapha vata*
- *Mala* - *Vibhanda*
- *Mutra* - *Prakruta*
- *Jihva* - *Alipta*
- *Drik* - *Prakruta*
- *Shabdha* - *Prakruta*
- *Sparsha* - *Khara sparsha*
- *Aakriti* - *Madhyama*

Dashavidha Pariksha

- *Prakriti* - *Pitta vata*
- *Vikriti* - *Kapha vata*
- *Satva* - *Madhyama*
- *Sathmya* - *Madura, Katu*
- *Ahara Shakti* - *Madhyama*
- *Vyayama Shakti* - *Madhyama*
- *Sara* - *Asthi*
- *Samhanana* - *Madhyama*

- Agni Shakthi - Madyama

- Vaya - Madhyama

Samprapti Ghataka

- Doshha : Vata (Vyana Vayu), Pitta (Bhrajaka), Kapha (Kledaka)

- Dhātu : Rasa (Toda, Vaivarnya), Rakta (Sweda), Mamsa

- Upadhātu : Tvacha

- Agni : Jataragni Mandya

- Srotas : Rasa, Rakta, Mamsa

- Sroto Dusti Prakara : Sanga

- Udbhava Sthana : Amashaya

- Sancharasthana : Sarvasharira

- Adhistana : Twak, Rakta, Mamsa, Lasika

- Vyakta Sthana : Tvak

- Roga Marga : Bahya

- Swabhava : Chirakari

- Sadhyasadhyata : Krichrasadhya

Anga Pratyanga Pareeksha

Per Abdomen Examination

Inspection : shape of abdomen – distended

Umbilicus - normal, inverted

Hyperpigmentation scars over abdomen.

Palpation : Soft, no tenderness, no organomegaly

Percussion : Tympanic sounds heard except the area of liver dullness

Auscultation : Sound - absent

Central Nervous System

Patient is conscious, well oriented to time, place and person.

Respiratory System

Inspection : Shape of chest - bilaterally symmetrical

Palpation : Trachea – centrally placed

Tactile vocal fremitus - Normal

Percussion : Resonant sounds heard except the cardiac dullness

Auscultation : Normal Vesicular breath sounds heard

Cardiovascular System

Inspection : No scar, no swelling

Palpation : Non tender

Percussion : Defined area of cardiac dullness

Auscultation : Apex beat felt at 5th intercostal space

S1 and S2 heard, No added sounds or murmurs heard

Integumentary System Examination

Inspection

Location - bilateral lower limb, upper limb, back, abdomen

Shape - circular lesion

Color - blackish white

Discharge - Absent

Palpation

Temperature - felt

Texture of lesion - rough and scaly

Tests

- Candle grease test - positive

- Auspitz sign - negative

- Koebner phenomenon - positive

- Distribution of lesion - symmetrical

MATERIALS AND METHODS

Centre of study: This study was carried out in OPD of Agadatantra SDM College of Ayurveda and Hospital, Hassan, Karnataka.

Table 1: Hetu (Causative factor)^[6]

Aahara
Anupa Mamsa Sevana (3 times a week)
Madya (weekly twice)

Vihara
Ratri Jagarana Sweda Atipravrutti (sports)
Manasika
Chinta Bhaya Shoka (from personal illness and social stigma)

Treatment^[7]**Table 2: First line of treatment : Deepana Pachana**

Day 1 and Day 2	Chitrakadi Vati	1-1-1 (B/F)
	Panchakola Phanta	50ml-50ml-50ml (B/F)

Table 3 : Second line of treatment : Shodhana

Day 3 rd	Snehapana with Panchatiktaguggulu Ghrita - 40ml (7 AM)	Ganji when felt hungry
Day 4 th	Snehapana with Panchatiktaguggulu Ghrita - 80ml (7 AM)	Night - Kichadi
Day 5 th	Snehapana with Panchatiktaguggulu Ghrita - 120ml (7 AM)	
Day 6 th	Sarvanga Abhyanga with Yeshtimadhu and Marichadi Taila followed by Bashpa sweda.	Diet: Morning and Afternoon - rava idli / rice rasam
Day 7 th	Sarvanga Abhyanga with Yeshtimadhu ^[8] and Marichadi Taila followed by Bashpa sweda.	Night : kichadi
Day 8 th	Sarvanga Abhyanga with Marichadi Taila ^[9] followed by Bashpa Sweda. Virechana with Avipattikara Choorna – 50g and Draksha Kashaya 100ml.	Taken Ganji once felt hungry (4:40pm)

Patient had 14 Vegas during Virechana Karma, Madhyama Shuddi. Samsarjana Karma for 5 days with 2 Annakala was explained to patient. Samsarjana karma was included with Peya, Vilepi, Yusha, Krushara for 5 days.

Shamana Oushadhi after Virechana (Discharge Medicine)

Medicine	Dose	Duration
Manjista Lepa	10gm (daily twice) External Application	20 days
Bilwadi Agada	1-1-1 A/F (Internally)	20 days
Marichyadi Taila	10ml (daily twice) External Application	20 days
Kantisanana Choorna	10 gm (once daily) External Wash	20 days
Septilin Syrup	10ml-10ml-10ml A/F (Internally)	20 days
Avipattikara Choorna	1 tsp at night A/F (Internally with warm water)	20 days

**DISCUSSION**

In Ayurveda all skin diseases are categorized under "Kushtha". Kitibha Kushta is one among Kshudra

Kustas where the signs and symptoms of which simulates with that of Plaque psoriasis. Even if it is cured relapses are common. It is the *Vyadhi* of *Raktavahastrotas*, having *Sampraptighataka* of *Vata* and *Kapha Dosha*, *Twak*, *Lasika*, *Rakta* and *Mamsa*. Acharya *Charaka* has highlighted the role of Panchakarma therapy by stating that the disease treated by *Shodhana* will never recur, whereas the treatment with *Shamana* therapy may reoccur in due course of time. Among the *Shodhana*, *Virechana Karma* is opted as the accumulation of *Doshas* predominantly seen in *Adhobhaga*. In the present study *Shodhana*, *Shamana* and *Bahirparimarjan Chikitsa* was given to the patient. The treatment schedule was started by following the sequence of *Purvakarma*, *Pradhankarma* and *Paschyat Karma*. In *Purvakarma*, *Deepan – Pachana Dravya Chitrakadi Vati* and *Panchakola Churna* were given which are *Agnivardhak* and *Amapachak* for 2 days. After that *Abhyantara Snehapana* was given with the *Panchatikta Guggulu Ghrita* for 3 days for the purpose of *Vatashamana*. For the *Bahya Sneha*, *Sarvanga Abhyanga* with *Yeshtimadhu* and *Marichyadi Taila* for 2 days. It reduces the dryness, Desquamation (scaling) followed by *Sarvangaswedana*. It does the *Doshavilayana* (liquefies the *Doshas*) and brings them from *Shakhas* to *Koshta* to eliminate them. It also removes the *Strotorodha* (obstruction in the *Strotas*). Later *Virechana* with *Avipattikara Choorna* 50g and *Draksha Kashaya* 100ml.

Action of Snehapana = Panchatikta Guggulu Ghrita

The ingredients were predominantly of *Tikta Rasa*, *Ruksha* and *Laghu Guna*. It acts mainly on *Kleda*, *Meda*, *Lasika*, *Rakta*, *Pitta* and *Kapha* which helps in balancing the vitiated *Dosha* and *Dhatu*. It subsides the symptoms like *Rukshata*, *Daha*, etc., It has properties like *Deepana*, *Pachana*, *Strotoshodhak*, *Raktashodhak*, *Raktaprasadak*, *Kushtaghna*, *Kandughna* and *Varnya*. The *Ghrita* has lipophilic action which helps to carry drugs to the target organs, it enters to its cellular level and delivers to mitochondria and nuclear membrane. It maintains the normal texture of skin.

Action of Abhyanga with Marichyaditaila

For the purpose of *Abhyanga* or *Bahyasnehana* (external oleation) the *Marichyaditaila* is used. The most of *Dravyas* of *Marichyaditaila* are having properties like *Katu*, *Tikta*, *Kashaya Rasa* and *Ushna Virya* which does the *Shamana* of *Kapha* and *Vata Dosha*. Its *Snighdha Guna* reduces the *Rukshatva*, *Kharatva* and *Parushata*. It has properties like *Raktashodhana*, *Kushtaghna* and *Kandughna*. The nature of *Taila* is *Sukshmagamitva* means it helps drugs to go into the minute channels and does the proper absorption. The *Kashaya Rasa* of these *Dravyas* helps to reduce the *Kleda*. *Marichyadi Taila* is antiseptic, antifungal, anti-inflammatory, anti-immuno modulatory property. Thus, *Marichyadi Taila* is effective in subsiding symptoms of *Kitibha Kushta* due to these properties.

Action of Virechana Karma

The *Virechana Dravyas* which are having properties like *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi*, *Vikasi* it reaches to the heart due to their potency it enters into *Dhamanis* and circulates throughout the *Sthula* and *Sukshmastrotas*. By its *Agneya Guna* it liquefies the *Dosha Sanghat*. This *Doshasanghat* gets *Chhinna-Bhinna* and circulates throughout the *Strotas* and didn't get sticks anywhere because the *Snehana* was done in the *Purvakarma*, as like honey not sticks to the vessel which is coated by oil. This *Doshasanghat* passes through the minute capillaries and moves towards the *Koshtha* and ultimately reaches to the *Amashaya*. The *Virechana* drug has the predominance of the *Jala* and *Prithvimahabhuta*, so it acts as a *Adhobhagaharaprabhava*. It does the elimination of the vitiated *Dosha* from the *Gudamarga*.^[10]

Action of Manjista Lepa

As imbalanced *Pitta Dosha* vitiates the blood and impairs its normal functioning. *Manjista* is one of the most useful herbs helps to purify the blood and treats all type of skin disorders. This is due to its *Pitta* balancing and *Raktashodhaka* (blood purifier) properties.

CONCLUSION

In *Kushta Chikitsa* both *Shamana* and *Shodhana* therapy plays very important role. Plaque Psoriasis and *Kitibha Kushta* shares the similar symptoms. By this case study we can infer that *Kitibha Kushta* can be cured with *Virechana Karma* followed by *Shamana Chikitsa* using *Bilwadi Gutika*, *Avipattikara Choorna*, *Septilin syrup*, *Marichyadi Taila* as an external application for 20 days. Modalities of *Shodhana* and *Shamana Chikitsa* along with *Bahirparimarjana Chikitsa* are yielded for achieving better results.

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How to cite this article: Akshatha K. Shirwar, Ashwinikumar S. Bharati. An Ayurvedic Management of Kitibha Kushta (Plaque Psoriasis) - A Case study. *J Ayurveda Integr Med Sci* 2022;6:194-199.

Source of Support: Nil, **Conflict of Interest:** None declared.
