



AYURVEDIC MANAGEMENT OF KITIBA KUSHTA W.S.R TO PSORIASIS – A CASE STUDY

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ABSTRACT

Skin diseases are more prevalent in the present era due to the modernized lifestyle. In this era, people are more concerned about their external beauty. In general Practice, 10-15% of the cases are skin diseases. Among all the skin diseases psoriasis is the most prevalent and chronic one. The incidence of psoriasis has increased over the last decades. This may be due to changes in human lifestyle, excess use of cosmetics, unhealthy and incompatible food habits, unprotected pesticide usage, nutritional deficiency, mental stress, and lack of physical exercise are commonly observed. WHO considers skin diseases as psycho cutaneous disease, which affects the body as well as mind; it emphasizes the relation between skin and mind. In Ayurveda, all the skin diseases are explained under a broad heading kushta (skin disease) and it is further classified as maha kushta (major skin disease) and kshudra kushta (minor skin disease). Kitiba kushta (psoriasis) is one among the kshudra kushta (minor skin disease). It affects tridosha (3 elements), rasa (body fluid), rakta (blood), and mamsa dhatu (muscular tissue), hence the treatment of kitiba kushta (psoriasis) is a challenging task. This article explains the case of kitiba kushta (psoriasis) with an ayurvedic approach towards the management.

KEYWORDS: Ayurveda, Kitiba kushta, Psoriasis, Shamana chikitsa, Shodana chikitsa

INTRODUCTION

The main aim of Ayurveda is to maintain the health of a healthy person and providing appropriate treatment to cure the disease. For which some codes of conduct are explained in classics. In modernized life, people are more attracted to the western lifestyle, food habits, and mental stress leading to many psychic and somatic disorders. Among those psoriasis is the one that is a more stressful disease for both patients and the physician. In Ayurveda, skin diseases are explained under a broad term called kushta (skin disease). They are further sub-divided into maha kushta (major skin disease) and kshudra kushta (minor skin disease).¹ Excess intake of incompatible food habits, sedentary lifestyle, preservatives, and pesticide usage, mental stress, etc are considered as the main cause for the kushta (skin disease),² which causes rasa (body fluid), rakta (blood), and mamsa (muscular tissue) dushti (vitiation) with tridosha dushti (vitiation of 3 elements)³. All types of kushta are considered tridoshaja (involvement of 3 elements). The specific dosha (element) involvement in the specific type of kushta (skin disease) is based on the particular dosha involvement in its samprapti (prognosis). Kitiba kushta (psoriasis) is one among the kshudra kushta (minor skin disease) having the Kapha (phlegm) – Vata (wind) predominancy.⁴ It has lakshanas (clinical features) like shyava vivarnata (blackish discoloration), khara sparsha (rough to touch), parusha (hardness to touch) which closely resembles psoriasis.⁵

Psoriasis is a chronic inflammatory skin disease that affects 2-3% of the world's population⁶. It is characterized by the presence of well-defined, erythematous, and scaly papules and plaques that occur especially over the scalp, ears, genitalia, and skin over bony prominences. The global prevalence of psoriasis varies from 0.12–8%, indicating that it is a common dermatosis. India has the prevalence of psoriasis varies from 0.5–1.5%.⁷

**Case History**

A 22-year-old female patient came to OPD with chief complaints of whitish scaly patches present all over the head associated with severe itching since 1 year. Brownish red patches with white scaly lesions over lower back and abdomen associated with itching since 1 year.

Past History

No history of Diabetes mellitus, Hypertension, Thyroid dysfunction, or any metabolic disorder. No history of any major surgery.

Family History

No relevant family history as no one had a similar kind of illness in the family.

History of Present Illness

The patient was apparently normal 1 year back. Gradually she developed reddish small lesions over head, back, and abdomen, associated with itching. Over time the size of lesions got increased and they turned into brown patches covered with whitish scales. The itching was severe during the night and scaly discharge on itch. She consulted many general practitioners and dermatologists and took allopathic medications. She got symptomatic relief while taking these medications and got worse after the stoppage of the treatment. She was mentally disturbed about her illness. So she came to our OPD for taking Ayurvedic treatment.

Personal History

Appetite – reduced

Bowel – hard stools, once in 2 days

Micturition – normal frequency (6-7 times /day) and color

Sleep – disturbed due to itching

Diet – mixed

Daily dietary routine

7:30 – Coffee/tea

9:30 – 10:30 – Breakfast – Lemon rice, roti with spicy chutney, upma, dosa, idli

2:00 – 3:00 – Lunch – Ragi mudde, rice, and sambar

5:00 – Coffee/ tea

9:30-10:00 - Dinner – Ragi mudde, rice, sambar, curd

Non-veg – Chicken/mutton/fish – once a week

Occupation – homemaker and works in the field

Socioeconomic status – Lower middle class

Treatment history – Took allopathic medications

Habits – Coffee/tea - 3 times a day

Examination

Ashta sthana pareeksha:

Nadi (pulse) – *Kapha Vata*

Jihva (tongue) – *Lipta* (coated)

Mala (bowel habit) – *Vikruta* (abnormal) – hard stools, once in 2 days

Mutra (micturition) – *Prakruta* (normal)

Shabda (sound) – *Prakruta* (normal)

Sparsha (touch) – *Khara sparsha* (roughness of skin)

Druk (vision) – *Prakruta* (normal)

Akruti (built) – *Madhyama* (moderate built)

General Examination

Blood pressure – 130/80mmHg

Pulse – 86 bpm

Temperature – 98.6 F

Respiratory rate – 20 cycles per minute

Systemic Examination

Skin and integumentary system :

Shape – irregular



Size – large patches (10-12cm)
 Colour – brownish red covered with white scales
 Texture – rough
 Distribution – lower back, abdomen, head
 Candle grease test – positive

Materials and Methods

During the course of treatment, the patient was treated with *shodhana* (detoxification) therapy followed by administration of the *shamana aushadhis* (palliative treatment).

Table 1: Shodana chikitsa (Detoxification therapy)

Procedure	Medicine given	Dose	Duration	Pathya
<i>Deepana pachana</i>	<i>Chitrakadi vati</i>	2 tablets 2 times a day before food with warm water	For 3 days	Rice rasam
	<i>Panchakola Phanta</i>	50ml 3 times a day before food	For 3 days	Rice rasam
<i>Snehapana</i>	<i>Panchatikta ghrta</i>	30ml, 80ml, 110ml, 150ml early morning in empty stomach	For 4 days	Sips of hot water Ganji on getting hunger
<i>Abhyanga</i>	<i>Yashtimadhu taila</i> + <i>Bashpa Sweda</i>	-	For 3 days	Rava idli Kichadi
<i>Virechana</i>	<i>Trivrut lehya</i> – 50gm <i>Draksha kashaya</i> 100ml	After abhyanga and swedana on an empty stomach	3 rd day of abhyanga	Sips of hot water Ganji after stopping of vega

Total number of vega – 20

Advised to follow *samsarjana krama* (graduated dietetic protocol) for 3 day

Table 2: Shamana aushadhi (Palliative medicines)

Shamana aushadi	Dose		Anupana	Time
<i>Panchatikta ghrta</i>	10ml	Once a day	Hot water	Early morning on an empty stomach
<i>Arogyavardhini vati</i>	2 tablets	2 times a day	Warm water	After food
777 oil	-	2 times a day	-	For external application
<i>Manibhadra guda</i>	5gm	Once a day	Hot water	At bedtime
<i>Mahamanjishtadi kwatha</i>	15ml	2 times a day	Warm water	Before food
<i>Siddartaka snana churna</i>	-	-	-	For external application

Observation and Result

After a course of *shodhana* (detoxification) therapy with *shamana aushadhis* (palliative treatment), there was a reduction in lesions, scaly white discharge, and itching.

DISCUSSION

In this case report a patient with whitish scaly lesions present on the head, brownish lesions with scaly discharge, and both are associated with severe itching with a history of 1 year. Patient's *agni* (digestive fire) was in *avara avstha* (low level) and had irregular diet pattern, use of curd with night meal, frequent and excessive intake of non-vegetarian food, frequent consumption of junk foods like bakery items, etc., excess use of coffee tea, not doing regular exercise, sedentary lifestyle, irregular bowel habits resulted into *kitiba kushtha* (psoriasis). After proper examination and diagnosis, the patient was successfully treated with classical ayurvedic principles i.e. *shodhana* (detoxification) and *shamana chikitsa* (palliative treatment). The probable modes of action of the treatment given are explained below. The first and foremost important part of ayurvedic management is to correct *agni* (digestive fire) and in *shodhana chikitsa* (detoxification therapy) *deepana-pachana* (gastro stimulant) is to be done as the *poorva karma* (preliminary measures). So the patient was administered *Chitrakadi vati*⁸ (where *chitraka* is the main ingredient which is said as the choice of drug for *deepana-*



pachana (gastro stimulant)) and *Panchakola phanta*⁹ to enhance digestive fire and to digest the *ama*. Later the patient was administered *Panchatikta Ghrita*¹⁰, a medicated ghee, for 4 days, with the dose of which was increased daily (*Arohana snehapana*) based on the time taken for digestion of the previous day dose. It contains 5 bitter herbs and it is mainly indicated in skin diseases, eczema, worm infestation, etc. Cow's ghee is considered an ideal base among the 4 lipid bases for the preparation of Ayurvedic formulations to target specific organs or tissues. The lipophilic action of ghee facilitates the transportation of active ingredients of herbal origin to the target tissue and their final delivery inside the cells¹¹. Ghee is having anti-inflammatory activity due to its constituents like linoleic acid, which helps in reducing inflammation of the skin in psoriasis¹². After the intake of medicated ghee for 4 days, the patient was given a whole-body massage with *Marichadi Taila*¹³, medicated oil, followed by a steam bath for 3 days. External application of emollients and other fatty substances has been proven to benefit the skin in psoriasis¹⁴. After this, *Virechana* (purgation therapy) was induced with *Trivrut Lehya*¹⁵, a herbal preparation causing purgation along with *Draksha kashaya*, which enhances the action of purgative medicine¹⁶. This whole process, called Shodhana in Ayurveda, helps for detoxification and purifies the body.

After this patient was administered with *Panchatikta ghrita*, *Arogyavardhini vati*, *Mahamanjishtadi kashaya*, *Manibhadra guda* daily along with 777 oil and *Siddarthaka snana churna* for external application. *Panchatikta ghrita* probably reduces the lesions of psoriasis due to its anti-inflammatory, anti-oxidant, and immunomodulation effects in psoriasis. *Mahamanjishtadi kashaya*, a polyherbal decoction, is usually recommended in Ayurveda for a variety of skin disorders. 777 oil is medicated oil where shwetha kutaja is the main ingredient that reduces dryness of skin associated with psoriasis and may help in reducing the hyperproliferation of keratinocytes. Siddarthaka snana churna is a polyherbal medicine mainly indicated in psoriasis to reduce the dryness and scaling of psoriasis. Manibhadra guda was administered as nitya virechana. Along with all the medications following proper pathya and avoiding apathy practice plays a very important role in any case of skin disorder.

CONCLUSION

Psoriasis is a very common autoimmune disease and can be managed successfully by conventional medicine, poses challenges to a physician due to the long duration of the disease, social problems, tolerance, side effects, and complications over a long period. In Ayurveda, skin diseases are classified under the broad term Kushta and psoriasis can be considered as Kitiba kushta, which is a type of kushta. In the Ayurveda treatment principle of skin, disorder includes shodhana chikitsa (purification procedures) such as *Vamana* (emesis), *virechana* (purgation), and *shamana chikitsa* (palliative treatment) such as internal medicines and external applications. In the present case report, a case of scalp psoriasis and psoriasis over the abdomen and back was treated with virechana followed by internal administration of *Mahamanjishtadi kashaya*, *Arogyavardhini vati*, *Manibhadra guda*, *Panchatikta ghrita* along with the external application of 777 oil and *Siddarthaka snana churna*.

Hence it can be concluded that the ayurvedic principles are effective in the management of psoriasis. Following *pathyapathya* (do's and don'ts) like *Ahara* (food), *Vihara* (lifestyle), *Achara* (regimen), and *Vichara* (thoughts) help to control the recurrence of disease and to maintain the health.



Figure 1: Before treatment



Figure 2: After treatment

**REFERENCE**

1. Tripathi B, editor. *Charaka samhita of Agnivesha volume 2, Chikitsa sthana;Kushta chikitsa:chapter 7,verse 13*.Varanasi:Chaukhamba surbharati prakashan,2014;p 302
2. Tripathi B, editor. *Charaka samhita of Agnivesha volume 1, Nidana sthana;kushta nidana;chapter 5,verse6*. Varanasi:Chaukhamba surbharati prakashan,2014;p 625
3. Tripathi B, editor. *Charaka samhita of Agnivesha volume 1, Nidana sthana;kushta nidana;chapter 5,verse5*. Varanasi:Chaukhamba surbharati prakashan,2014;p 624
4. Tripathi B, editor. *Charaka samhita of Agnivesha volume 2, Chikitsa sthana;Kushta chikitsa:chapter 7,verse 28-29*.Varanasi:Chaukhamba surbharati prakashan,2014;p 306
5. Tripathi B, editor. *Charaka samhita of Agnivesha volume 2, Chikitsa sthana;Kushta chikitsa:chapter 7,verse 22*.Varanasi:Chaukhamba surbharati prakashan,2014;p 305
6. Neena K, Kumar AS. *World clinic series- Dermatology: Psoriasis. 1st edition. New Delhi: Jaypee publications; 2015;p 11-12*
7. Neena K, Tejaswi TR. *Step by step Psoriasis Management. 1st edition. New Delhi: Jaypee publications; 2011;p 1-6*
8. Tripathi B, editor. *Charaka samhita of Agnivesha volume 2, Chikitsa sthana;Grahani chikitsa:chapter 15,verse 96-97*.Varanasi:Chaukhamba surbharati prakashan,2014;p 567
9. Acharya Sharangadhara. *Sharangadhara samhitha with Dipika commentary of Kashirama. Edited by Pandit Parashuram Shastri Vidyasagar. 2nd edition. Madhyama khanada; Churna kalpana: Chapter 6, verse 13-14: Varanasi: Nirnaya sagar press, 2013;p 180*
10. Shastri RD, editor, 14th ed. *Bhaishajyaratnavali of Kaviraj ambikadatta shastri, Kushta rogadohikara:chapter 54,verse 257-260*. Varanasi:Chaukhamba surbharati prakashan,2001;p 633-634
11. Mahakalkar A, Kashyap P, Bawankar R, Hatwar B. *The versatility of cow ghee-an Ayurveda perspective. Am J Drug Deliv Ther 2014;1:p 28-34*.
12. Ali H, Nawaz H, Saleem M, Nurjis F, Ahmed M. *Qualitative analysis of desi ghee, edible oils, and spreads using Raman spectroscopy. J Raman Spectrosc 2016;47:706-1*
13. Acharya Sharangadhara. *Sharangadhara samhitha with Dipika commentary of Kashirama. Edited by Pandit Parashuram Shastri Vidyasagar. 2nd edition. Madhyama khanada; Sneha paribhasha: Chapter 9, verse 148-152: Varanasi: Nirnaya sagar press, 2013;p 227*
14. Finlay A. *Emollients as adjuvant therapy for psoriasis. J Dermatol Treat 1997;8:S25-7*.
15. Sharma PV, editor, 9th ed. *Ashtanga hrudaya of Vagbhata, Kalpa sthana;virechana kalpadhyaya:chapter 2,verse 9*. Varanasi:Chaukhamba surbharati prakashan,2005;p 742
16. Tripathi B, editor. *Charaka samhita of Agnivesha volume 1, Sutra sthana;Shadvirechana shatashritiya adhyaya;chapter 4,verse13*. Varanasi:Chaukhamba surbharati prakashan,2014;p 82