

## AN AYURVEDIC MANAGEMENT OF KITIBHA KUSHTHA: A CASE STUDY

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## ABSTRACT

The word "*Kushtha*" refers to a disease that despises skin. *Kitibha kushtha* is a type of *kshudra kushtha* that predominates over Vata *Kapha dosha*. Psoriasis is a chronic and dreadful disease that can have substantial psychological and social impacts on a patient's life. Psoriasis is a non-contagious, chronic, inflammatory and proliferative skin disorder characterised by red, thickened plaques with silvery scales. Objectives: This study evaluated the efficacy of *Antaparimarjan* and *Bahiparimarjan chikitsa* in *Kitibha Kushtha*. Materials and Methods: Here, we report a case of a male patient of middle age presented with *Shyava varnata*, *Parushata*, and *Kanduta* for 30 years to OPD. The disease manifests psychosomatically. Based on symptoms and clinical findings, the case was diagnosed as *kitibha kushta*. This case was treated effectively through therapeutic interventions in Ayurveda, i.e., *Antaparimarjan* (internal administration of drugs) and *Bahiparimarjan Chikitsa* (local application). The patient reported significant improvement in signs and symptoms.

**Key words:** *Kitibha kushtha*, Psoriasis, *Jivantyadi Malhar*, *Raktamokshan*

## INTRODUCTION

*Kushtha* is one of the most commonly affected illnesses to humanity. It has been mentioned in nearly all the *Sthanas* of *Charaka Samhita*, which shows the prime importance of the diseases affecting human beings. *Kushtha* is one of the most dreadful diseases afflicting

man. In Ayurveda, *Kushtha* refers to "*kushnati vapu iti kushtham*" <sup>[1]</sup>. Mainly *kushtha* is of 2 types- *Maha-kushtha* and *kshudra kushtha*. *Kitibha kushta* is a variety of *Kshudra kushta*. According to *Charaka Acharya*, *Kitibha Kushta* is one of the

*Raktapradoshaja Vikara* caused by vitiation of *Vata* and *Kapha Dosha* in excess having *Lakshanas* like *Shyava Varna* (blackish brown colour), *Kina Khara Sparsham* (rough on touch), *Parusham* (Dryness), *Ruksha Pidika* (skin eruption) and *Kandu* (itching)<sup>[2]</sup>. Psoriasis is recognised as the most prevalent immune-mediated inflammatory disease involving skin and joints and is associated with abnormalities of other systems<sup>[3]</sup>. Plaque psoriasis is the most common clinical type of psoriasis. Even though the condition is not life-threatening, it isn't easy to treat, and response rates vary widely<sup>[4]</sup>. Psoriasis is derived from the Greek words ‘Psora-itch’ and ‘iasis-condition’<sup>[5]</sup>. With a prevalence of 0.44-2.8% in India, it commonly affects individuals in their 3rd or 4th decade, with males being

affected more than females<sup>[6]</sup>. The chronic and recurring nature of disease hampers family, social and economic life to a greater extent. The cause of psoriasis is not fully understood; genetic predisposition may be one of the causes. This case was treated effectively through interventions by Ayurveda, i.e., *Antaparimarjan* and *Bahiparimarjan Chikitsa*. The patient reported significant improvement in signs and symptoms.

### CASE REPORT

A 47-year-old male patient came to Kayachikitsa OPD of MAPH, Worli, Mumbai-18. The patient took medicines from somewhere and got mild relief at the first stage. Symptoms aggravated later.

The patient presented to OPD with the following complaints:

1. *Shyav varni twak vaivarnya*
2. *Twak parushya*
3. *Kandu*
4. *Malavarodha*
5. *Khandit nidra*

for 30 years  
on and off

- Family History - No family history of psoriasis/ arthritis/ auto-immune diseases
- Past Medical History—There is no history of recent onset of Fever, COVID-19, Jaundice, or any major illness.
- H/O – Haemorrhoids, for six months
- Past Surgical History- Nil
- Drug Allergies- Not yet known.
- Addiction –No H/O smoking, alcohol or illicit drug use.
- O/E - Blood pressure - 110/70 mmHg, Pulse rate - 76/minute, Temperature – 97.6 F
- Weight - 59 kg
- S/E -RS – AEBE Clear
- CVS – S1S2 Normal, CNS – Conscious, oriented
- P/A – Soft, non-tender
- Dermatological Findings –  
Plaque presentation all over the body  
Scaling all over the body, Dryness all over the body  
*Ashtavidh Parikshan* –
  1. *Nadi – Vatapradhan pitta*
  2. *Mal – Grathit malpravritti*
  3. *Mutra – Samyak*
  4. *Jivha – Saam*

5. *Shabda – Samyak*
6. *Sparsha – Khara*
7. *Druk – Avishesh*
8. *Aakruti - Krush*

### NIDAN PANCHAK HETU

<i>Nidan</i>	
<i>Aahar</i>	<i>Chaha chapati, Chicken and fish, Mirchi sevan</i>
<i>Vihar</i>	<i>Diwaswap, Ratri khandit nidra</i>
<i>Mansik</i>	<i>Atichinta, Krodha</i>

### PURVARUP

1. *Aswedan*
2. *Twak vaivarnya*

### SAMPRAPTI GHATAK<sup>[7]</sup>

वातादयस्त्रयो दुष्टास्त्वग्रक्तं मांसमम्बु च । दूषयन्ति स कुष्ठानां सप्तको द्रव्यसंग्रहः ॥  
च.चि.७/९

- *Dosha - Tridosha (Vatapradhan kapha anubandha)*
- *Dushya - Twak, Rakta, Lasika, Sweda*
- *Srotas - Rasavaha, Raktavaha, Mamsavaha, Swedhvaha*
- *Adhishthana - Twacha*

➤ Rogamarga - Bahya

### SAMPRAPTI



### VYADHI VINISHCHAY

*Kitibha kushtha* wsr chronic plaque psoriasis

**DIAGNOSIS AND ASSESSMENT** – Criteria of assessment were based on.

1. PASI Scoring (Psoriasis Area and Severity Index) <sup>[8]</sup>
2. Severity of Signs and Symptoms
  - Induration
  - Itching
  - Scaling
  - Nature of lesion
  - Colour of lesion
  - Dryness



## RESULT

Table no. 1

Symptomatic Relief

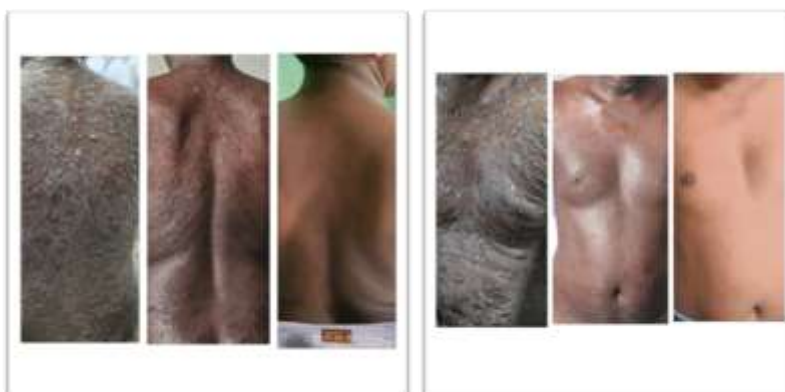
PASI Score	Before Treatment	After 2 months	After Treatment
Percentage	46.2%	17.4%	2%

Table no.2-

PASI Scoring(Psoriasis Area and Severity Index)

Parameters	BT (Before Treatment)	AT (After-Treatment)
Induration	Slight	Absent
Itching	Severe	Absent
Scaling	Severe	Absent
Nature of lesion	Prominently visible	Not visible
Colour of lesion	Blackish	Normal skin color
Dryness	Present	Absent

## BEFORE AND AFTER CHANGES



## THERAPEUTIC INTERVENTION IS AS FOLLOWS –

वातोत्तरेषु सर्पिवमनं श्लेष्मोत्तरेषु कुष्ठेषु ।<sup>[9]</sup> पित्तोत्तरेषु मोक्षो रक्तस्य विरेचनं चाग्रे॥ च.चि.७/३९

1.NidanParivarjan

2.Pachan

3.ShamanSnehapan

4.Raktamokshan

5.ShamanAaushadhi

6.Bahya Parimarjan Chikitsa

1. Pachan – Pachan with Triphala, Musta and Guduchi 3 Gm Bd Before Meal for Five Days Given.
2. Shaman Snehapan – Mahatiktak Ghrit 15 Ml in The Morning with Warm Water
3. Raktamokshan – Siravedh Followed by Shaman Snehapan on the 15<sup>th</sup>,30<sup>th</sup> And 45<sup>th</sup> Day of Admission
4. Bahyaparimarjan Chikitsa – Jivantyadi Malhar for Local Application Twice a Day
5. Shaman Aaushadhi -

Aarogyavardhini Vati	250 mg BD	Koshna jal	Before food
Mahamanjishthadi kwath	20 ml BD	Koshna jal	Before food
Shunthi siddha Eranda Sneha	20 ml HS	Koshna jal	Bed time

## DISCUSSION

➤ **PACHAN** – *Tikta dravyas* with *laghu* vanished *guna* does *aampachan*, relieving *rasa rakta dhatwagnimandya*.

➤ **SHAMAN SNEHAPAN** <sup>[10]</sup>

*Sneha*, which soothes the disease, is called *shamana sneha*. *Sneha* pacifies the doshas all over the body. *Shamana* means to pacify the doshas in their *swasthana*, i.e., their site. *Hemadri* states that *Shamana Snehana* normalizes the aggravated dosha without expelling and disturbing the normal dosha. *Shaman Sneha* is administered when there is 'kshudvato' (urge of food intake); it is administered 'ananna' (without food).

**MATRA OF SHAMAN SNEHAPAN** <sup>[11]</sup>

*Sharangdhara* has determined the dose depending upon a person's digestive capacity. *Sneha* for a person of good digestive capacity is one *pala*; for a person of medium digestive property, it is three *karsha*; and for a person of poor capacity, it is two *karsha*, which is considered *pradhana*, *madhyama*, and *his mantra*, respectively.

**MAHATIKTAK GHRIT** <sup>[12]</sup> –

*Mahatiktak ghrīt kalka dravya* are *tikta rasatmak*, *katu viapki* and *ruksha guantmak*. *Swaras* of *Amalaki* is dominating the *kalpa*. *Amlaki* is *Pancharasatmak*, sheet, *Madhur vipaki*, and *rasayan* and helps form *Sarvaan dhatu*. *Ghrīt* is *Madhur rasatmak*, *Madhur vipaki*. *Mahatiktak ghrīt* acts against *ushna tikshna guna* of *pitta*, *ruksha guna* of *vaat*. It has properties like *snehan*, *dhatu shaithilya nashan*, *Raktaprasadan Kandugha*, and *Varnya*. *Ghrīt* has a lipophilic action that allows it to carry drugs to the target organs; it enters its cellular level and delivers them to mitochondria and nuclear membranes. It maintains the typical texture of the skin.

**RAKTAMOKSHAN** <sup>[13]</sup>

*Siravedha* is predominantly indicated in *Pitta*, *Rakta* and *Kaphaja Vyadhies* or when *Pitta* or *Kapha* is in *Anubandha* to *Vata Dosha*. In such conditions of *Vata Prakopa* due to *Kapha* and *Pitta Avarana*, *Siravedha* can help to remove the *Avarana* of *Pitta* and *Kapha Dosha*, giving way for *Anuloma Gati* of vitiated *Vata* that indirectly cures the *Vatika* symptoms along with

symptoms produced by *Kapha dosha*. *Rukshata* is mainly due to *vata Dosha*; *Virechana* corrects it by *Vatanuloman*, ultimately reducing *Rukshta*. *Kandu* indicates the involvement of *Kapha*, *Ras* and *Rakta Dushya*. Expulsion of *Dosha's* and impure blood through *Siravedha* causes *srotoshuddhi* and *Ryan vayu niyaman*, resulting in *Prakrut Rasa Nirman*, *Prakrut Rakta Dhatu Utpatti*, which ultimately leads to *prakrit Twak nirmiti*.

**BAHYAPARIMARJAN CHIKITSA** <sup>[14]</sup>

*Jivantyadi Malhar* is a classical preparation comprising *ghrit*, *teel tail*, *Sarjarasa*, *Madhucchista*, and herbs, namely *Kampillaka*, *Manjishtha*, *Jivanti* and *Darvi*. It has antibacterial, antimicrobial, antifungal, immunomodulatory, and antioxidant properties. Bee wax, one of its ingredients, is reported to have potent antimicrobial properties. The *grit* and oil provide a base for the medication. When a *lepa* is applied over the skin opposite to the direction of hairs on the skin, it gets absorbed by *Bhrajaka Pitta*. It enters circulation through *Siramukha* and *Swedavaha Srotas*. After this, new metabolites are formed, and the vitiated *Dosha* is pacified.

**SHAMAN AAUSHADHI** –

1. *Aarogyavardhini vati* <sup>[15]</sup> – It is *katu tikta rasatmak*, *ruksha*, *ushna*. It is *Deepak*, *pachak*, *srotorodhnashak*, *vatanulomak*, *Sukshma malshodhak*. It acts on *rasa dhatwagni*, further enhancing the next *dhatu* quality by breaking the *samprapti*.
2. *Mahamanjishthadi Kwath* <sup>[16]</sup> – It is *tikta rasatmak*, *ushna* and is *Kapha-Pitta Shamaka*. It has *Kushthaghna*, *Krimighna*, *Raktashodhaka*. It acts on *rasa raktagat samata*.
3. *Shunthi siddha eranda Sneha*—It is an *aampachan* and *vatanuloman*. It acts as a *mrudu recheck* and helps relieve *malavarodha*.

## CONCLUSION

This therapeutic intervention, i.e. *Antaparimarjan* and *Bahirparimarjana chikitsa*, gives more than 90% relief of signs and symptoms of the disease followed by non-recurrence. This ayurvedic management proves to



be effective in managing skin disease with good results and considerable improvement in the patient's general well-being.

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