

AYURVEDIC MANAGEMENT OF *KITIBHAKUSHTA* - A CASE STUDY

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ABSTRACT

Skin is a barrier protecting the underlying tissue from physical, chemical and biological toxic agents and any adverse effect leads to many of the conditions. It is the interaction of skin with external factors such as climate, physical, chemical and biological agents which determines the manifestation of various skin disorders. The number of patients opting for Ayurvedic treatment has been increasing day by day due to less adverse effects and permanent curative methods. Ayurvedic literature has provided substantial information regarding the diagnosis and management of skin disorders. *Kitibhakusta*, one among the type of *Kshudra kusta* have been explained by different *Acharyas* with their treatment modalities in detail. Here, an attempt is made on *Kitibhakusta* with *Shamanachikitsa* and found better improvement in the symptoms.

Keywords: *Arogyavardinivati, Kaishoraguggulu, Kitibhakusta, Manjishatadikashaya, Psoriasis*

INTRODUCTION

Ayurveda, a science of life consists of various branches. Skin is considered as the most important branch while explaining the *chikitsa*. *Kitibhakusta* is a *tridoshaja* type of *Kusta* with *vata* and *kapha pradhana doshas*¹. It is classified under *Kshudra kustas*¹. The reference of the diseases is found in all the classical texts with their *Nidana, Lakshanas* and *Chikitsa*. Different treatment modalities like *Shodhana* and *Shamana* along with *Bahirparimarjana chikitsa* are dealt in detail for *Kitibhakusta*. This disease is correlated with Psoriasis as the *lakshanas* are quite similar. The *Chikitsa siddanta* followed in

this patient is *Shamanachikitsa*. Even though the treatment modality starts with *Shodhana* in *Kusta*, but due to *Avarabala* of the patient, only *Shamana* was given and found relief. The patient was given with *Amapachana* followed by *Kustahara Shamanaushadhis* for 45 days.

ABOUT THE DISEASE:

Kitibhakushta is one among the *Kshudrakushta*. *Nidana panchakas* of *Kitibhakushta* is not stated separately in any of the *Brihatrayees* except the *lakshanas*. Therefore the general *Nidana, Purvarupa,*

Samprapti of *Kushta* has to be considered for *Kitibhacushta*. Acharya Charaka, Sushruta and Vagbhata dealt with *Kushtaroga* in detail. Acharya Sushruta considers *Kushta* as *Aupasargika roga*². Madhavakara explained *nidanapanchakas* as same as that of Brihatrayees³. Sharangadhara and Bhavaprakasa have followed Acharya Charaka. Bhela samhita describes the *lakshanas* of *Kitibhacushta* as *Druda* and *Punasravati*⁴. Kasyapa has followed the same as that of Charaka⁵. Yogaratnakara and Vangasena dealt with *Nidanapanchakas*, *Chikitsa* of the same as that of the Brihatrayees. Sahasrayogam,

which comprises of different formulations of various diseases, also mentioned about *Kushta*. One separate chapter only has been kept for *kushta* in *Basavarajeeyam* and told the disease as *Aupasargika vyadhi*⁶.

Derivation: According to Shabdhalpadruma, the word meaning of *Kitibha* is *kesa keeta*⁷.

Nidana: Specific Nidana for *Kitibhacushta* has not been explained in the Ayurvedic classics. Hence the general *nidana* for the *Kushtaroga* (*Samanya kushtaroga nidana*) are to be considered.

Aharaja- Mithyahara vihara	Viharaaja	Manasika
<i>Adhika madhu-dadhi- snigdha padartha sevana</i>	<i>Diwaswapna</i>	<i>Chinta</i>
<i>Adhika madhura- amla- lavana sevana, Tila sevana</i>	<i>Maithuna</i>	<i>Krodha</i>
<i>Chilichima matsya along with dugdha</i>	<i>Vyayama</i>	<i>Bhaya</i>
<i>Paya sevana after amla sevana</i>	<i>Vyavaya after ahitasana</i>	<i>Shokha</i>
<i>Phanita</i>	<i>Chardi vegadharana</i>	
<i>Atimatrahara etc</i>	<i>Sheetodaka sevana after bhaya, shrama, santapa</i>	

Purvaroop:

<i>Aswedanam</i>	<i>Kandu</i>	<i>Kharatvam</i>
<i>Atiswedanam</i>	<i>Nistoda</i>	<i>Usmayanam</i>
<i>Parusyam</i>	<i>Suptata</i>	<i>Gauravam</i>
<i>Atislaksnata</i>	<i>Pariharsa</i>	<i>Svayathu</i>
<i>Vaivarnyam</i>	<i>Lomaharsa</i>	

Samprapti:

According to Acharya Charaka, *Nidana sevana* leads to *prakopa* of *tridosha* and thus the vitiated *doshas* will get *ashraya* in *Twak*, *Rakta*, *Mamsa* and *Ambu* causing the *shaithalyatha* in these *dhatu*s leading to the manifestation of *Kushtaroga*⁸. According to Acharya Sushruta⁹, *Vata prakopa* occurs, later it carries the *prakupita pitta* and *kapha* into the *tiryag sira* and does vitiation of *bahya marga* (*Twak*, *Rakta*, *Mamsa* and *Ambu*). After vitiating these, *doshas* will produce *mandala*. According to Acharya Vagbhata, because of the *nidana sevana mala vridhi* will take place which will invade the *tiryak gata sira* vitiating *Twacha*, *Takta*, *Mamsa*, *Ambu* and produces *vaivarnyata* of *twacha* leading to *Kushta*.

According to Bhela, *Ushma sannirodha* leads to *Vata dushti* and later leads to other *dosha sanchaya*. These

sthanika doshas move in to the *siras* to cause *rakta dushti* and *avarodha* of *Rakta* and *Mamsa*.

Lakshanas: The *lakshanas* of *Kitibhacushta* is available in various Ayurvedic texts are as following: Acharya Charaka describes as '*shyavam kinakarasparsam parusham kitibham smrutam*'¹⁰.

- *Shyava varna* - because of *Vata dosha*,
- *Kharatwam- Vata dosha*, *karkasha sparsha* will be present
- *Parusham- rukshata* of the *twacha* will be present due to involvement of *vata dosha*,
- *Krishna varna-aruna varna* of *vata*.

Acharaya Sushruta adds *Snigdha*- This can be understood as *snigdha sparsa* when there is an excessive *Kleda guna* is present. Also when there is predominance of *Kapha dosha* in *Kitibha* this may be

observed. Other features added are *Srava* and *Ugrakandu*

Vrudhi (increase in size), *Guru* (heavy), *Punarutpadhyante* (recurring repeatedly after getting cured) are the *lakshanas* mentioned in *Kasyapasamhita* apart from *Charaka Samhita*. According to *Bhela Samhita*, the *lakshanas* of *Kitibhacushta* as *Drudam*, *Puna prasravati*, *Vartate cha samutpannam*. *Kasyapa samhita* and *Bhela samhita*, both has been explained the reoccurrence. *Madhavanidana*, *Vagbhata*, *Yogaratanakara* have followed the same as that of *Charaka*. While explaining about the *lakshana*, we will come across the word *Kina* which means *Vranasthana*.

Sadhyasadhyata:

Sadhya kushta- *Eka doshaja*, *Vata- Kapha pradhanata*, *Kruchra sadhya kushta-* effort, if it is either of *Kaphapitta mishrita* or of *Vata-pitta* or of alone *Pitta dosha*.

Yapya kushta- If the *doshas* are in *Medodhatu* and the *rogi* takes proper *bheshaja* and follows *pathya*, he will be free from *roga*. *Asadhya kushata-* If the following features like, *sarva lingayukta*, *abala*, *trushna*, *daha*, *santhagani*, presence of *jantu*, *doshas* which have reached *asthi*, *majja* and *shukra dhatus*

Upadrava :¹¹

Prasravana, *Angabheda*, *Patana anyangavayavanam*, *Trushna*, *Jwara*, *Atisara*, *Daha*, *Dourbalya*, *Arochaka* and *Avipaka*.

PSORIASIS¹²:

Definition: The word psoriasis is derived from the Greek word, *Psora* means to itch or scale and *Ias* means, condition. It is a non- infectious, inflammatory dermatosis.

Prevalence: Estimates of the occurrence of psoriasis in different parts of the world vary from 0.1- 3%. The few studies that have been performed in India reveals the incidence of Psoriasis attending clinic and hospital range from 0.8- 5.6%.

The onset of disease is commonly seen in the second, third and fourth decade of life. Higher prevalence in males than in females was noted in most Indian studies.

Aetiology: 1. *Genetic cause of Psoriasis* – A combination of genes is involved with increasing person's susceptibility to the conditions leading to psoriasis. 2. *Local factors* – Psoriasis tend to develop at sites of injury to the skin. 3. *Seasonal variations* – Most of the patients worsening of their skin lesions during winter. 4. *Emotional stress* – Psoriasis is more stress sensitive than other skin diseases. 5. *Infections* – Upper respiratory tract infections and tonsillitis 6. *Drugs* – A number of drugs can worsen or induce pre-existing latent Psoriasis, including anti-malarial drug chloroquine, ACE inhibitors, Beta blockers, Lithium which is used in bipolar disorder, Indomethacin, a non-steroidal anti-inflammatory drug (NSAID) etc.

Clinical features: Psoriasis is characterised by development of asymptomatic or mildly pruritic erythematous well- defined scaly papules and plaques of various sizes. The scales are dry, loose, abundant and silvery- white (due to the presence of air trapped in between the layers of scales) or micaceous.

Physical examination: Psoriasis may appear anywhere on the body though some areas are favoured like scalp, ears, face, trunk, extremities, genital region and nails. Classically the lesions are distributed symmetrically over the areas of bony prominence such as elbows and knees. The lesions are also commonly occur on the trunk and scalp and in the intergluteal cleft. **Auspitz sign:** When hyperkeratotic scales are mechanically removed from a psoriatic plaque by scratching, within few minutes, small blood droplets appear on erythematous surface. **Koebner's Phenomenon:** Psoriatic lesions may develop along with the scratch lines in the active phase. This is called Koebner phenomenon. **Candle grease sign:** When a psoriatic lesion is scratched with the point of a dissecting forceps, candle grease like scale can be repeatedly produced even from the non-scaling lesions.

General management of Psoriasis:

1. Topical agents - Emollients reduces scale and diminishing itch. Topical agents like Dithranol, Tar, Calcipotriol, Corticosteroids are used to treat psoriasis.

2. Ultraviolet and PUVA therapy- in management of moderate to severe psoriasis. PUVA treatment induces clearance to a similar degree.
3. Systemic treatment - Methotrexate, Oral retinoids, Ciclosporin are used.

Samanaya Chikitsa in Ayurveda:

Since the disease manifestation starts from the *nidana*, first line of treatment should be *nidana parivarjana*. *Kushta* is *tridoshajanya vyadhi*, therefore first predominant *doshas* should be treated and then *anubhandha doshas*.

Shodhana karmas are indicated in *bahudoshaavastha*. *Vamana karma* is indicated for *kaphapradhana* and *doshoklesa kushta* explained in Charaka *chikitsasthana*. *Raktamokshana* is done at every six months, *virechana* is to be done at every one month and *vamana* is to be given every 15 days. After completing the *shodhana karma*, *shamana chikitsa* is indicated to pacify the remaining *doshas*.

Charaka has described *shamana chikitsa* with *tikta* and *kashaya Dravyas*. *Shamanaaushadhi* is more effective, when it is administered after *samshodhana*. The use of external therapy is also important in *Kushtaroga* since the *sthanasamasraya* and *vyaktasthana* is *twacha*. According to Acharya Sharangadhara, *Kushtaroga* occurs due to *dosha bahulyata*. These *doshas* are *tiryagami* and very difficult to treat by *shamana aushadhi*. Acharya Vagbhata says that, *snehapanam* is given to the *Kushtarogi* in the *purvarupa avastha*.

Brief History about patient: A housewife female patient by name ABC of 28 years old with vitals like Pulse rate-80/min, Blood Pressure- 110/70 and having 35 kgs of body weight.

Chief Complaints: *Shirokandu* and white powdery discharge, *Shyava* and *Parushyata*, *Kandu*, *Daha* and, *Ragata* of *twacha* in all over the body including Head - 3years

Associated with: Loss of appetite and gradual weight loss since the occurrence of chief complaints.

History of present illness: Patient was apparently healthy 3years back. One day she noticed *Shirokandu* and white powder over *Shiras*. There was severe itching and peeling of skin and powder from the head. After few days the *Shyavavarna* and *Parushyata* of *twacha* noticed over Face and both upper limbs later spread to front and back portion of the body including lower limbs. Patient also complains of *Shotha* in both upper limbs and *Shoola* and *Shotha* in *Angulis* also. The condition worsens by intake of Non vegetarian and other spicy food. The itching was severe and continuous and aggravated at night time, peeling of the skin was present.

Chikitsa Vrittanta for this problem taken treatment from the modern doctor the condition worsened. Patient also noticed some hypersensitivity reaction because of modern medication.

On Examination:

CVS- S1 S2 heard

R.S- Normal vesicular breath sounds heard

Per abdomen- Soft, No tenderness and No Organomegaly

Rest other system found to normal.

Examination findings: Particular examination for Psoriasis as a diagnostic like

- Auspitz' sign,
 - Candle grease sign and
 - Kobners phenomenon
- } found positive

Investigation: Blood- CBC: Hb% - 10 mg/dl, **ESR-** Found increased 40mm/1sthr, Rest other said to be under normal value.

Treatment schedule:

Tab *Arogyavardhini*¹³ 1tab three times before food for 5 days, Tab *Anulomana-D.S* 1tab night for 2 days, Tab *Psorakot* 1tab three times after food for 30 days, *Manjishatadikashaya*¹⁴ 4tsp three times with equal water before food for 30days, 777 oil for external application to all over the body for 15 days, *Kaishoraguggulu*¹⁵ 500mg 1tab two times after food, *Durduratraditaila* application for *Shiras*

Follow up- 15 days, **Total study duration-** 45 days.

Image- 1 to 7 Showing before treatment and after treatment



PASI SCORE:

Worksheet												
Lesion score	Head (h)			Trunk (t)			Upper limbs (ul)			Lower limbs (ll) + buttocks		
	BT	AT	AF	BT	AT	AF	BT	AT	AF	BT	AT	AF
Observation	BT	AT	AF	BT	AT	AF	BT	AT	AF	BT	AT	AF
Erythema (E)	4	0	0	3	0	0	4	0	0	4	0	0
Induration (I)	3	0	0	3	0	0	4	0	0	4	0	0
Scaling (S)	4	0	0	4	0	0	4	0	0	4	0	0
SUM=E+I+S	11	0	0	10	0	0	12	0	0	12	0	0
% of area affected	1-9%	0	0	10-29%	0	0	1-9%	0	0	10-29%	0	0
Area score	1	0	0	2	0	0	1	0	0	2	0	0
Subtotal = sum x area score	11	0	0	20	0	0	12	0	0	24	0	0
Body area = subtotal x amount indicated	X 0.1			X 0.3			X 0.2			X 0.4		
	0.11	0	0	6.0	0	0	2.4	0	0	9.6	0	0
PASI SCORE = H + T + UL + LL												
PASI SCORE (BT) = 0.11+6.0+ 2.4 + 9.6 = 18.11												
PASI SCORE (AT) = 0 + 0 + 0 + 0 = 0												
PASI SCORE (AF) = 0 + 0 + 0 + 0 = 0												

RESULT		
Lakshanas	Before treatment	After treatment
Shirokandu and white powdery discharge	Present	80% improved
Shyava and Parushyata	Present	80% improved
Kandu	Present	Absent
Daha and	Present	Absent
Ragata of twacha in all over the body including Head	Present	Absent
Auspit's Sign	Positive	Negative
Candle Greese Sign	Positive	Negative
Koebner's Phenomenon	Positive	Negative

Here, **Samanya Kushta Pathyaa Apathya**¹⁶ is followed in case of *Kitibhakushta*

Pathya: Yava, Godhuma, Shali, Mudgadaka, Masura, Makshika, Janghalamamsarasa, Ashadamasaphala, Patola, Brihatiphala, Kakamachi, Nimbapatra, Lashuna, Punarnava, Meshashringi, Chakramarda, Bhallataka, Khadira, Chitraka, Jatiphala, Nagapushpa, Kunkuma, Koshataki, Karanja, Tilasarshapa, Nimba, Sarshapa, Tilataila, Laghuanna, Go, Ashva, Ushtra, Mahishamutra, Kasturi, Gandhaka, Tiktapadartha Kshara said to be best pathya in Kushta.

Apathya: Papakarma, Kritaghnaabhava, Guru Nindana, Gurugharshana, Viruddapanashana, Diwaswapna, Teekshana atapasevana, Vishamasana, Vegadharana, Swedakarma, Vyayama, Amalatisavana, Masha, Dravaanna, Guruanna, Navanna, Vidahi, Vishtambi, Mulaka, Sahyadri, Vindyajala, Anupadesha pashupakshi mamsa, Dadi, Ksheera, Madhya, Guda are said to be apthya in Kushta.

DISCUSSION

As patient is said to be *Krusha*, not possesses enough strength so found to be *ayogya* for major *Shodhana*. Here *Amapachana* and *Vatanulomana chikitsa* has been done as preliminary treatments. The medications given in the patient like *Manjistadi Kashaya* which acts as *rakta shodhaka* and *Kaishora guggulu* which is having anti-inflammatory action gave best result in this patient. For *Amapachana*, *Arogyavardhini vati*, in which the main ingredient is *Katuki*, does the *bhedana* action and thus does *Amapachana*. After *amapachana*, *Shamanaushadhis* which are having *Kustagna* action are given.

The ingredients in *Arogyavardhini vati* are *parada*, *gandhaka*, *loha-abhraka-tamra bhasmas*, *triphala*, *shilajatu*, *eranda* and *guggulu*, all having *tikta pradhana rasa* and has *Kustagna* property. *Kaishora guggulu* which mainly acts as anti-inflammatory which comprises of *triphala*, *trikatu*, *trivrut*, *vidanga*, *danti*, *guduchi* and *guggulu*, does *krimigna* as well as *vrana ropaka* action. *Manjistadi kashaya* which

comprises of *katu*, *tikta pradhana rasa dravyas* has *Kustahara* property and does *Rakta Shodhaka*.

CONCLUSION

The symptoms in the patient found moderately relief. If the patient was given *shamanaushadhis* after *shodhana chikitsa* would have got completely relief. As the patient was having *Avarabala*, *shodhana chikitsa* has not been conducted and before starting of *Shamana chikitsa*, *Amapachana* was done. The *Shesha dosha* was pacified by advocating *Shamana Sneha* with *Panchatiktakaghrita* around 10-15ml two times before food with lukewarm water. Along with these medication following proper *pathya* will give better results. Patients will notice the severity of the condition during winter and rainy season so before to these seasons it is essential to take proper treatment for this ailment so that the severity of the disease will be reduced. Even though the treatment protocol is *Shodhana* to *Shamana*, this patient found utmost relief only by oral medications.

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