

# INTERNATIONAL AYURVEDIC **MEDICAL JOURNAL**







**Case Report** ISSN: 2320-5091 **Impact Factor: 6.719** 

# AN AYURVEDIC MANAGEMENT OF KITIBHA KUSHTHA (PSORIASIS): A CASE **STUDY**

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https://doi.org/10.46607/iamj17p8042024

(Published Online: May 2024)

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Article Received: 08/04/2024 - Peer Reviewed: 05/05/2024 - Accepted for Publication: 21/05/2024.



#### **ABSTRACT**

#### **Background**

Skin is the first line of defence for our body against harmful physical, chemical, and pathological agents. Healthy skin also contributes to a person's aesthetics. Thus, apart from daily routines, skin disorders also affect the selfconfidence of the patient. Skin disorders constitute one of the largest groups of health problems in general clinical practice. Kushtha is a broad term which covers almost all the skin diseases in Ayurveda. In general, Twak vikara are mainly caused due to altered lifestyle, lack of physical exercise, poor hygiene, mental stress and improper diet. Kushtha is further divided into Maha and Kshudra Kushtha. Kitibha Kushtha is one of the Kshudra Kushtha.

## Need and scope of the study.

With the rise in psoriasis and psoriatic medications for longer duration (more than a year), patients also face numerous side effects related to other systems. Many patients could be observed applying combination creams (steroids with psoriasis), changing the whole and sole picture of the earlier lesions. Hence, to avoid and make treatment aspect easier to prevent the recurrence. In the present case study, a 58-year-old male patient in the Kayachikitsa OPD of R.A. Podar Medical College (Ayu.), Mumbai had symptoms of hyperpigmentation with dry, scaly lesions all over body and itching all over the body, which increased during the night and was treated with Rukshan-virechan karma and Raktamokshan respectively. The symptoms were prevailing for three months. In this case, Rukshan Chikitsa helped cure Ambu dushti, whereas Virechan karma helped cure Sampraptibhanga. Raktamokshan helped to avoid the recurrence of the medical condition. Generally, Twak Vikar is mainly caused by *Tridosha, Rasa, Mansa,* and *Kleda dushti*. Thus, treatment with *Rukshan-Virechan & Raktamokshan Chikitsa* provided successful relief, which was observed in the patient.

**Key words:** Kitibh Kushtha, Psoriasis, Rukshan, Virechan, Raktamokshan.

#### INTRODUCTION

In Ayurveda, Kushtha refers to "kushnati vapu iti kushtham". [1] Mainly kushtha is of 2 types- Mahakushtha and kshudra Kushtha. Kitibha Kushtha is one of the skin diseases categorised under Kshudra Kushtha, according to Charak. It is chronic, and diseaseaffected skin manifests with Shyava (blueish black), khin sparsh (scaling), Khara sparsha (rough with sharp edges), Twak Parushyata (hard, rough to touch), Ruksha (Dry), and Kandu (itching). Kitibha Kushtha is mainly due to Vatakaphapradhanata. [3] It is not life-threatening, but its appearance, nature of severe itching, and chronicity hamper the usual routine of life. This study used psoriasis as Kitibha Kushtha because the characteristic features are very similar. Psoriasis is a chronic and dreadful disease that can have a substantial psychological and social impact on a patient's life. Psoriasis is a non-contagious, chronic, inflammatory and proliferative skin disorder characterised by red, thickened plaques with blackish scales. [4] The lesions vary in size and degree of inflammation. Psoriasis is categorised as generalised or localised based on the severity of the disease. Psoriasis is derived from the Greek words "Psora-itch" and 'iasis-condition'.[5] With a prevalence of 0.44-2.8% in India, it commonly affects individuals in their 3<sup>rd</sup> or 4<sup>th</sup> 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.

Tridosha, Rasa, Mansa, and Kleda dushti7 mainly cause Kitibha Kushtha. Thus, treatment with *Rukshan-virechan & Raktamokshan chikitsa*. This case was treated effectively through therapeutic interventions for *Ayurveda*. The patient reported significant improvement in signs and symptoms.

#### **CASE DESCRIPTION**

A 58-year-old male residing at Borivali visited M.A. Poddar Hospital, Worli, on 14th April 2022. He presented with hyperpigmentation all over his body, with induration, erythema, scaling, and itching over B/L lower limbs, B/L upper limbs, groin region, back, chest, and abdomen region. The patient was habituated to a mixed diet earlier but was advised to follow a vegetarian diet as a part of treatment.

Family History - No family history of psoriasis/ arthritis.

Past Medical History -No history of Recent onset of Fever/COVID-19/Jaundice and any major illness

Past Surgical History- Nil

Drug Allergies - Not yet known.

Addiction -No H/O smoking, alcohol or illicit drug use.

O/E-

Temperature: 97.6 F

Blood pressure: 130/80mm of Hg

Heart rate: 78//min Respiratory rate: 18/min

S/E-

RS - AEBE clear. CVS - S1S2 Normal.

CNS - Conscious and oriented.

Bowel sounds -Normal

Neurological- Gait, power, tone, sensation, and reflexes are intact and functioning normally. Musculoskeletal: There is no swelling, effusion, tenderness, or joint deformities. There is a normal range of motion in all joints.

**Dermatological Examination** 

Erythrosquamous lesions with induration, erythema, and scaling over B/L lower limbs, B/L upper limbs, groin region, back, chest, and abdomen region. Positive Auspitz sign (capillary bleeding occurring after the overlying scale is removed).

# ASSESSMENT OF CLINICAL FEATURES BASED ON THE GRADATION SYSTEM

#### Shyava - Discolouration of skin

| 1 | Normal skin tone                 | 0 |
|---|----------------------------------|---|
| 2 | Mild Brownish Discoloration.     | 1 |
| 3 | Moderate Brownish Discoloration. | 2 |
| 4 | severe Brownish Discoloration.   | 3 |

# Kinakara Sparsha - Roughness of skin

| 1 | Normal skin texture                       | 0 |
|---|---|---|
| 2 | Mild rough lesions on touch               | 1 |
| 3 | Moderate rough lesion on touch            | 2 |
| 4 | Severe rough lesion on touch with scaling | 3 |

#### Twak Rukshata - Dryness of skin

| 1 | No line on scrubbing with nail                         | 0 |
|---|--|---|
| 2 | Faint line on scrubbing by nail                        | 1 |
| 3 | Tingling and even words can be written by nail         | 2 |
| 4 | Excessive Rukshan leading to Kandu and crack formation | 3 |

#### Parushatwam - Hardness of skin

| 1 | No hardness                       | 0 |
|---|-----------------------------------|---|
| 2 | Mild hardness lesions on touch    | 1 |
| 3 | Moderate hardness lesion on touch | 2 |
| 4 | Very thick lesion with scaling    | 3 |

# Kandu - Itching

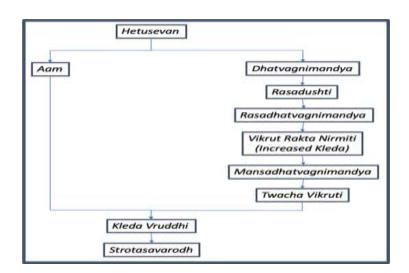
| 1 | No itching  | 0 |
|---|---|---|
| 2 | Mild/occasional localized itching which is tolerable    | 1 |
| 3 | Moderate generalised itching                            | 2 |
| 4 | Very severe itching disturbing sleep and other activity | 3 |

The intensity of symptoms observed in the patient was as follows: Shyava (3), Kinakara Sparsha (3), Twak Rukshata (3), Parushatwam (2) and Kandu (3).

In this case study, only subjective parameters were used to assess treatment. Objective parameters were considered for the integumentary system Examination.

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# **SAMPRAPTI:**



doi: 10.46607/iamj17p8042024 | IAMJ April - May 2024 | www.iamj.in

# **MATERIAL AND METHODS**

# **TREATMENT**

#### **RUKSHAN THERAPY**

For *Rukshan*, I administered *Bakuchyadi yoga (Bakuchi, Triphala, Guduchi, Musta)* 12 gm in the morning and evening with lukewarm water for 21 days, along with Chitraka *Haritaki Avleha* 10 gm at night after lunch.

**VIRECHANA THERAPY:** Virechana Therapy is a type of Panchakarma. In this therapy, the patient un-

dergoes controlled purgation to flush out body toxins. The treatment is performed in three steps.

## 1) POORVA KARMA

The poorva karma of Virechana is Deepana Pachana and Snehana. Deepana Pachana was administered Aampachak Vati 500mg BD for five days. Snehapana (Internal Oleation) was done by administering Panchatikta Ghruta as follows.

| Day 1 | panchatikta Ghrita | 40ml  |
|-------|--------------------|-------|
| Day 2 | Panchatikta Ghrita | 60ml  |
| Day 3 | Panchatikta Ghrita | 90ml  |
| Day 4 | Panchatikta Ghrita | 120ml |
| Day 5 | Panchatikta Ghrita | 150ml |
| Day 6 | Panchatikta Ghrita | 190ml |
| Day 7 | Panchatikta Ghrita | 240ml |

During all these days, the Patient was advised to drink Lukewarm water. Only a light and liquid diet was advised during that time. The symptoms of *Samyak Snigdha* were observed, such as *Vatanulomana*, *Deeptagni*, and *Varcha Snigdhata*. The *Snehapana* was stopped on the 7<sup>th</sup> day. On the 8<sup>th</sup> and 9<sup>th</sup> day, the Patient was subjected to *Sarvanga Snehan* followed by *Swedana*.

## 2) PRADHAN KARMA

On the 10<sup>th</sup> day before the administration of *Virechana, Dravya Abhyanga* and *Sarwanga Swedana VEG CHART* 

were carried out in the morning. the Patient was given Arghavadga Kapila 500mg with Abhyadi Modak 500 mg at 9:30 AM. Pulse, Respiration, Blood Pressure and Temperature were recorded regularly during Pradhan karma. No motions after administration of Virechana Dravya were counted till symptoms of proper purgative like stopping of purgation on its own, passing of stool with mucous in the last one or two motions and feeling of lightness in the body appeared. 9 Vegas (no of motions) were observed.

| Veg no | Malasvroop            | Vyadhi lak-<br>shan | Blood pressure(mmhg) | Pulse (min) |
|--------|-----------------------|---------------------|----------------------|-------------|
| 1      | Peetvarni             | -                   | 120/70               | 52          |
| 2      | Peetvarni +drava mal  | -                   | 120/80               | 54          |
| 3      | Peetvarni +drava mal  | -                   | 120/80               | 60          |
| 4      | Shvyavarni +drava mal | -                   | 120/70               | 55          |
| 5      | Peetvarni +drava mal  | Udardah ++          | 120/80               | 60          |
| 6      | Peetvarni +drava mal  | -                   | 120/80               | 60          |
| 7      | Peetvarni +drava mal  | -                   | 120/80               | 60          |
| 8      | Peetvarni +drava mal  | -                   | 120/80               | 58          |
| 9      | Peetvarni +drava mal  | Udardah+            | 120/80               | 60          |

#### 3) PASHCHAT KARMA

After completing Virechana Karma, the patient was kept on Sansarjan Kram, considering the Shuddhi to

be a Heena type of Shuddhi. The patient was advised to rest and eat Peya, Vilepy, Akruta Yush, and Kruta Yush, was recommended for three days.

| Days       | Lunch      | Dinner       |
|------------|------------|--------------|
| First Day  | -          | Peya         |
| Second Day | Vilepy     | Akruta Yush  |
| Third Day  | Kruta Yush | Samanya Ahar |

After *Sansarjan Kram* was complete, the previous medicine routine was continued, and *Guduchi, Yashthimadhu, and Haridra siddha Gruhata* were also administered for local application.

#### SIRAVEDHA KARMA

According to the course of the disease and the involvement of *Dosha Dhatu*, *Agni Bala*, *Sharira*, and *Manasa Bala* of the patient, *Siravedha Karma* (bloodletting) was planned. *Guduchi*, *Haridra*, *and Yashthimadhu Siddha Ghritam Snehapana* were giv-

en 30 ml in the morning for 15 days. Then, *Siravedha Karma* was done from the median cubital vein of the patient. *Siravedha Karma*(bloodletting) was done four times with an interval of every seven days, and each time, 40 ml of blood was removed.

# **PATHYA-APATHYA**

*Pathya* (Do's): Good options include old grain, bitter vegetables, green beans (Mung), and a light diet.

Apathya (Don't): Salt in excessive amounts, curd, jaggery, sour, oil, milk, rice and a heavy non-vegetarian diet. Fried food, daytime sleeping.

#### RESULTS

| Parameters                      | At Initial stage | After 1 month | After 3 months |
|---------------------------------|------------------|---------------|----------------|
| Shyvavarna (bluish black color) | +++              | ++            | +              |
| Khin sparsh (scaling)           | +++              | ++            | -              |
| Ruksha (Dry)                    | +++              | +             | -              |
| Kandu (itching)                 | +++              | +             | -              |
| Parushatwam – Hardness of skin  | +++              | +             | -              |



#### DISCUSSION

# PROBABLE MODE OF ACTION 1] VIRECHANA KARMA

Virechana karma is a method of bio-purification. The process of Virechana proceeds with Deepana and Pachana, which reduces the amount of waste. Aam and normalise the Agni or metabolic activity. After that in Snehapana, panchatikta Ghrita was taken. Panchatikta Ghrita contains Nimba, Patola, Vyagri, Guduchi, Trifala. The drugs possess Ushna, Tikshna, Vyavayi, Vikashi, Katu, Tiktarasatmaka and Katu Vipaka. It was observed that the action of drugs was mainly due to the properties of these drugs, which have Deepan, Pachana, Amapachaka, Strotoshodhaka, Raktaprasadan, Raktashodhaka, Kandughna, Kushthaghna and Varnya mechanisms of actions. They acted mainly to eradicate doshas from the whole body and brought them into Koshtha. It also alleviated symptoms like itching, discolouration and dryness due to aggravated Vata and Kapha doshas. Sarvanga Abhayanga and Swedana removed the obstruction in Srotas and brought the vitiated Dosha from Shakha to Kostha. Kushtha is a tridodhaja vyadhi and involves all the seven dhatus as dushya. In Kushtha, Rakta is considered one of the main dhatu involved in the prasara stage of Kushtha samprapti. As the Pitta and Rakta have an AshrayaAshrayi relationship, the treatment modalities of Pitta and Rakta dhatu resemble each other. Therefore, virechana therapy was helpful in this disease. Also, Virechana karma cleanses the Kostha and brings down the morbid Dosha from the body and helps to maintain the Dosha and Dhatu Samya or keep up the homeostasis and leads to the refurbishment and rejuvenation of body tissues and also boosts the body. Immunity and cleanses the Srotas (microchannels).

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# **Source of Support: Nil**

#### **Conflict of Interest: None Declared**

How to cite this URL:Saloni Kulkarni & Mukund Magare: An ayurvedic management of kitibha kushtha (psoriasis): a case study. International Ayurvedic Medical Journal {online} 2024 {cited May 2024} Available from: <a href="http://www.iamj.in/posts/images/upload/393">http://www.iamj.in/posts/images/upload/393</a> 398.pdf