

## ROLE OF AYURVEDA MEDICINE IN MANAGEMENT OF KITIBHA KUSHTA (PSORIASIS) – A CASE STUDY

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### ABSTRACT

Healthy and beautiful skin is desire of every person. In present era due to altered food and life style skin diseases are more common. In Ayurveda all the skin diseases cover under *Kushta*. *Kitibha Kushta* is type of *Kshudra Kushta* having symptom like *Shyavam* (Greyish discoloration), *Kinakharasparsham* (Rough in touch), *Parusha* (Hardness) of skin. Psoriasis is chronic, inflammatory, hyperproliferative skin disease, characterized by well defined, erythematous scaly plaques, particularly affecting extensor surfaces and scalp and usually follows a relapsing and remitting course. In contemporary medical science it is treated with psoralens and ultraviolet A radiation and steroid therapy, which is having high recurrence rate and side effects. Present case is a 60-year-old male patient presented with complaints of skin lesions all over body especially in lower and upper limbs with severe itching. Patient is treated with *Virechana Karma*, *Shamana Aushadis* and

*Daivavyapashraya Chikitsa*. *Kushta* having tendency of recurrence. By proper *Nidana Parivarjana*, *Roga-Rogi Pareeksha*, understanding *Agnibala*, *Satva*, *Satmya*, *Doshadushya Sammurchana* and adopting *Trividha Chikitsa* and *Pathyapathya* helps in management of *Kitibha Kusta* (Plaque psoriasis) effectively.

**KEYWORDS:** *Kitibha Kushta*, Psoriasis, *Virechana*.

## INTRODUCTION

*Twak* (Skin) is *Matruja Avayava*,<sup>[1]</sup> it symbolizes the type of body *Prakriti* and reflects the quality of *Rasa* and *Rakta* in the body. *Kushta* means *Kushnati Rogam*<sup>[2]</sup> i.e derangement of skin in terms of color and structure. *Kushta Vyadhi* mentioned as *Mahagada*<sup>[3]</sup> (Major disease) and *Deergakala Vyadhi* (Chronic disease). *Nidana* for *Kushta* is *Mithya Ahara Vihara* and *Papa Karma* (Bad deeds).<sup>[4]</sup> *Kushta* is *Tridoshaja Vyadhi* and does the *Dushana* of *Twak*, *Rakta*, *Mamsa* and *Lasika*.<sup>[5]</sup> It is classified into *Mahakushta* and *Kshudra Kushta*, even told as *Aparisankhya* in number.<sup>[6]</sup> *Kitbha Kushta* is one among *Kshudra Kushta* characterised by *Shyava*, *Kinakhara Sparsha*, *Parusha Lakshanas*.<sup>[7]</sup> All the symptoms resemble plaque psoriasis. Psoriasis is a common, chronic skin disease. The most common type of psoriasis is plaque psoriasis causes dry, itchy, skin patches covered by silvery white scales.<sup>[8]</sup> Psoriasis has prevalence rate about 0.44% to 2.8% in India.<sup>[9]</sup> In modern science it is treated by PUVA (Psoralens & Ultraviolet A radiation) and conservative treatment.<sup>[10]</sup> Psoriasis is relapsing in nature and difficult to treat. But in ayurveda by *Nidanaparivarjana*, *Roga-Rogi Pareeksha*, knowing *Agnibala*, *Dehabala*, *Satva*, *Satmya*, *Desha*, *Kala*, understanding *Dosha Dushya Sammurchana* and *Samprapti* it is easy to treat. *Acharya Charaka* told repeated *Shodhana* in *Bahudosha Avastha* in *Kushta Vyadhi*.<sup>[11]</sup> Various internal and external medicines were explained in *Kushta Chikitsa*. Along with this *Daivavyapashraya Chikitsa* should done. This one such case study patient was treated with *Virechana Karma* and *Shamana Aushadis*. Patient symptoms got relieved and improvement is evident by inspection and photographs.

### Patient information

**Chief complaints:** Patient complaints of dry greyish white discolored skin lesions all over body especially lower and upper limbs with severe itching since 3 months.

**Associated complaints:** pain in skin lesions and mild swelling in lower limbs since 15 days.

**History of present illness:** A 60-year-old male patient presenting with complaints of dry greyish white discoloration of skin all over body especially more in upper and lower limbs with severe itching associated with mild pain in skin lesions. Not k/c/o Diabetes mellitus, Hypertension, Thyroid, Asthma. Known case of psoriasis for 15 years. Patient was apparently normal before 15 years then gradually developed itching in skin with reddish discoloration over scalp and powdery discharge also. Initially for this he took allopathic medicines in nearby clinic and found no relief in symptoms. After that he consulted higher center, treated with steroids

medicines and got temporary relief. Symptoms will get aggravate in winter and relieved during summer season. For this many years symptoms were on and off with medicines and climatic changes. Now from past three months symptoms got aggravated with severe itching, so patient visited *Roganidana* opd of government ayurveda medical college, Bengaluru and got admitted in our hospital for further management.

**Past history:** No history of Diabetes mellitus, Hypertension, Thyroid and Asthma.

**Family history:** All family members are said to be healthy.

**Treatment history:** Patient underwent steroid therapy and topical applications whenever symptoms aggravated details of which are not known.

### **Personal history**

Bowel - Irregular, occasionally hard stools Bladder - 5-6 times/day, 1-2 times/night Sleep - Disturbed sleep due to itching in skin Diet – vegetarian diet

Psychological history: The patient was feeling depressed psychologically due to long standing illness and by symptoms.

### **General examination**

Built – Good built

Nourishment – Well nourished

Blood pressure – 110/80 mm hg

Pulse – 88 beats/min

Respiratory rate – 18 cycles/min

Temperature – 97.2 °F

Height – 176 cm

Weight – 85 kg

Pallor - Absent

Icterus – Absent

Cyanosis – Absent

Clubbing – Absent

Lymphadenopathy – Absent

Edema – Absent

***Asta Sthana pareeksha***

*Nadi* – Vata kapha, 88 beats/min

*Mala* – once a day. *Badha Mala*

*Mutra* – 5-6 times /day & 1-2 times / night

*Jivha* – *Ishath Lipta*

*Shabda* – *Prakrutha*

*Sparsha* – *Parushata* and *Khara Sparsha* of *Twak*

*Drik* – *Prakrutha*

*Akrithi* – *Uttama*

**Systemic examination**

Respiratory system: Bilateral equal air entry, normal vesicular breath sounds.

Cardiovascular system: S1-S2 sounds heard, no murmurs.

Gastrointestinal system: Per abdomen soft, no tenderness.

Central nervous system: Conscious and oriented to time & place.

**Local examination:** Skin examination

Site of lesion: Upper limbs, lower limbs, back region.

Distribution: Symmetrical

Character of lesion: Number of lesions – Multiple

Size - 1.5 to 2 cm

Color – Greyish white in color

Arrangement: Solitary in nature.

Itching: Present

Severity: Severe

Inflammation: Absent

Discharge: Occasional watery discharge

Superficial sensation on lesion: Hardness of lesions with scaling.

Tests

Candle grease sign: Present

Auspitz sign: Present

Koebner sign: Absent

***Samprapti ghataka***

*Dosha*: Vata Pitta Kapha

*Dushya: Twak Rakta Mamsa*

*Ambu Ama: Jataragnijanya ama*

*Agni: Jataragni*

*Srotas: Rasavaha, Raktavaha*

*Srotodustiprakara: Sanga*

*Rogamarga: Bahya*

*Udhavasthana: Amashaya*

*Vyaktasthana: Twacha*

*Rogaswabhava: Chirakari*

*Sadhyasadhyatha: Sadhya*

### Diagnosis

*Kitibha Kushta* based on the *Pratyatma Lakshana* mentioned in the classics

### Intervention

**Table 1: First line of treatment: *Deepana Pachana*.**

Day	Medication	Dose
Day 1	<i>Chitrakadi Vati</i>	1-1-1 B/F
Day 2	<i>Chitrakadi Vati</i>	1-1-1 B/F
Day 3	<i>Chitrakadi Vati</i>	1-1-1 B/F

**Table 2: *Virechana Karma*.**

Day	Procedure	Medication	Dose	Diet
Day 4	<i>Snehapana</i>	<i>Guggulu Tiktaka Gritha</i>	30 ml	<i>Peya</i>
Day 5	<i>Snehapana</i>	<i>Guggulu Tiktaka Gritha</i>	60 ml	<i>Peya</i>
Day 6	<i>Snehapana</i>	<i>Guggulu Tiktaka Gritha</i>	120 ml	<i>Peya</i>
Day 7	<i>Snehapana</i>	<i>Guggulu Tiktaka Gritha</i>	180 ml	<i>Peya</i>
Day 8, 9 & 10	<i>Sarvanga Abhyanga and Bhaspa Sweda</i>	<i>Marichyadi Thaila and Yasti Madhu Taila</i>	Q. S	Rice Rasam
Day 11	<i>Sarvanga Abhyanga and Bhaspa Sweda Virechana karma</i>	<i>Marichyadi Thaila and Yasti Madhu Taila Trivrit Lehya</i>	50 gms	<i>Peya</i>

Patient had 18 Vegas during *Virechana Karma*, it was *Madhyama Shudhi*. So *Samsarjana Krama* planned for 5 days with 2 Anna Kala.<sup>[12]</sup> It includes *Peya*, *Vilepi*, *Yusha* and *Krushara*.

**Table 3: *Shamana Aushadhis* after *Shodhana*.**

Medicine	Dose	Duration
<i>Mahamanjistadi Kashaya</i>	20ml-0-20ml A/F	One month
<i>Triphala Churna</i>	0-0-1tsp A/F	One month

<i>Arogyavardini Vati</i>	1-0-1 A/F	One month
<i>Gandaka Rasayana</i>	1-0-1 A/F	One month
<i>Mahatikta Gritha</i>	2tsp-0-0 empty stomach	One month
<i>Nalpamaradi Taila</i>	E/A	One month

#### Follow Up and Outcomes Table 4

Score	0	1	2	3
Number of patches	Absent	Solitary	Segmentary	Generalized
Itching	Absent	Mild	Moderate	Severe
<i>Shyava varna</i>	Normal skin tone	Mild brownish discoloration	Moderate discoloration	Severe greyish discoloration
<i>Kina Khara Sparsha</i>	Normal skin texture	Mild rough lesions on touch	Moderate rough lesions on touch	Severe roughness on touch with scaling
<i>Parusha</i>	Normal skin	Mild hardness	Moderate hardness	Severe hardness

**Table 5: Assessment scores.**

Clinical features	Before treatment	After treatment (after 3 months)
Number of patches	3	1
Itching	3	0
<i>Shyava varna</i>	3	0
<i>Kina Khara Sparsha</i>	3	0
<i>Parusha</i>	3	0

#### OBSERVATION AND RESULTS

At starting patient counseling was done. Then *Deepana Pachana* medicine started and *Amapachana* achieved. During *Snehapana*, *Vishrama Kala* and *Virechana* no fresh complaints were noticed. By the end of *Samsarjana Krama* patient was symptomatically well. Then he discharged by advising *Shamana Aushadhis*, *Pathya Ahara* for one month duration. After one month patient came for follow up, patient conditioned improved very well. Thereafter regular follow up observations were made and results were evident by photographs mentioned below.



**Before treatment (08/SEP/2023)**





**After Shodhana (26/SEP/2023)**



**After 3 months (10/DEC/2023)**

## DISCUSSION

After taking detail history of patient and based on *Pratyatma Lakshanas* the case is diagnosed as *Kitibha Kushta*. Acharya Charaka explains it as *Vata Kapha Pradhana*<sup>[13]</sup> while Acharya Sushruta explains as *Pitta Pradhana*<sup>[14]</sup> But all the *Kushta*'s are *Tridoshaja* in nature and does the *Dushana* of *Twak*, *Rakta*, *Mamsa* and *Lasika*. The aggravated *Doshas* from *Koshta* reaches *Shaka* and takes *Sthanasamshraya* in *Twak Dhatu*, causes *Astadasha Kushtas* and even *Aparisankya* (Innumerable) types of skin diseases. Before planning treatment, the detail *Nidana* assessment should be done to do *Nidana Parivarjana* to decrease the disease progress. Based on *Lakshana*'s the main *Doshas* involved in disease can be known. *Doshaanusaara chikitsa* is very important in *Kushta Vyadhi* than diagnosis. Detail *Roga-Rogi Pareeksha* and knowledge about *Ama*, *Agnibala*, *Satva*, *Satmya* is needed before giving *chikitsa*. *Kushta* is *Kleda Pradhana Vyadhi* and *Tridoshaja* in nature, so in *Bahu Dosha Avastha* repeated *Shodhana* is indicated. In present case as *Shodhana Chikitsa*, *Virechana* is planned. *Virechana* is *Pradhana Tama* in *Tridosahara*, in *Rakta Dhatu Dusti* and *Kledahara*

in *Kushta*. And also, *Dosha* present more in *Adhoshaka* and *Kala* is suitable for *Virechana karma*. Initially *Amapachana* is achieved by *Chitrakadi Vati*<sup>[15]</sup> as it *Kaphavatagna* and does *Deepana Pachana* action. Then *Snehapana* with *Guggulu Tiktaka Gritha* is given, as it is *Tikta Pradhana*, *Kaphahara* and indicated in *Kushta Vikara*. Adding *Saindava Lavana* helps in absorption of *Sarpi*. *Sarpipana*<sup>[16]</sup> lubricates & softens *Doshas*, improves *Agni*, does *Vataanulomana*. Then *Sarvanga Abhyanga* with *Marichyadi Taila* and *Yashtimadhu Taila* does *Vatashamana*, *Kandughna*, *Kushtaghna*. *Bhaspa Sweda* is advised. Both *Abhyanga* and *Swedana* helps in bringing *Doshas* from *Shakas* to *Koshta*. *Virechana* with *Trivrit Lehya* as it is *Pittaghna*, *Vata Anulomaka* and *Sukha Virechaka*. Thereafter *Samsarjana Krama* for 5 days is advised. Later *Shamana Aushadhis* like *Mahamanjistadi Kashaya*, *Triphala Churna*, *Arogyavardini Vati*, *Gandaka Rasayana*, *Mahatikta Gritha* and *Nalpamaradi Taila* is advised. *Mahatikta Gritha*<sup>[17]</sup> is *Rasayana* and *Vatashamaka* after *Shodhana*. *Pathya Apathya* have been explained to patient. So, *Nidana Parivarjana*, Repeated *Shodana*, *Shamana Aushadhis*, *Pathya Ahara* is very important in *Kushta Chikitsa* to avoid recurrence.

## CONCLUSION

Skin is the largest organ of body. It is not just barrier but also vehicle for biological and social communication to external world. It is a seat of *Varna* and *Kanti*. Due to altered food habits, lifestyle and stress people are becoming more prone to skin diseases. Those who affected are facing physical and mental illness. Proper understanding of *Nidana* and treating the route cause is much essential. If *Papa Karma* is *Nidhana*, *Daiva Vyapashraya Chikitsa* should do initially. Based on *Dosha* predominance various *Shodhana* and *Shamana Aushadhis* were explained in classics. In this case *Kitibha Kushta* having 15 years history was treated successfully by *Virechana Karma*, *Shamana Aushadhis* and *Daiva Vyapashraya Chikitsa*. By the end of 3 months patient was feeling well and asymptomatic. So, through *Ayurveda* medicine one can successfully treat the long standing *Kushta Vyadhi*.

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## REFERENCES

1. Acharya Agnivesha, Vaidya Yadavji Trikamji Acharya ed. Charaka Samhitha, revised by Acharya Charaka, redacted by Dridhabala with Ayurvedadipika commentary by Sri Chakrapani Datta, reprint edition of, Sharira Sthana, chapter, 2021; 3: 6-310.



2. Raja Radhakanta Dev ed. Shabda kalpadrum, Reprint, Nag publishers, Delhi, 1987; 5: 102.
3. Acharya Agnivesha, Vaidya Yadavji Trikamji Acharya ed. Charaka Samhitha, revised by Acharya Charaka, redacted by Dridhabala with Ayurvedadipika commentary by Sri Chakrapani Datta, reprint edition of, Indriya Sthana, Chapter, 2021; 9: 8-368.
4. Acharya Agnivesha, Vaidya Yadavji Trikamji Acharya ed. Charaka Samhitha, revised by Acharya Charaka, redacted by Dridhabala with Ayurvedadipika commentary by Sri Chakrapani Datta, reprint edition of, Chikitsa Sthana, Chapter, 2021; 7, 450: 4-8.
5. Acharya Agnivesha, Vaidya Yadavji Trikamji Acharya ed. Charaka Samhitha, revised by Acharya Charaka, redacted by Dridhabala with Ayurvedadipika commentary by Sri Chakrapani Datta, reprint edition of, Nidana Sthana, Chapter, 2021; 5: 3-216.
6. Acharya Agnivesha, Vaidya Yadavji Trikamji Acharya ed. Charaka Samhitha, revised by Acharya Charaka, redacted by Dridhabala with Ayurvedadipika commentary by Sri Chakrapani Datta, reprint edition of, Nidana Sthana, Chapter, 2021; 5: 4-216.
7. Acharya Agnivesha, Vaidya Yadavji Trikamji Acharya ed. Charaka Samhitha, revised by Acharya Charaka, redacted by Dridhabala with Ayurvedadipika commentary by Sri Chakrapani Datta, reprint edition of, Chikitsa Sthana, Chapter, 2021; 7: 22-451.
8. Davidson's principles & Practice of Medicine, Brain R. Walker, Nicki R. Colledge Stuart H. Ralstone, editor. Reprint Edition, Skin disease, 21: 27-1260.
9. Dogra S, Mahajan R. Psoriasis: Epidemiology, clinical features, co-morbidities, and clinical scoring. Indian Dermatol online J, 2016; 7(6): 471.
10. P://www.webmd.com/skinproblems-and treatments/psoriasis/understandingpsoriasis-treatment [last Accessed on,2019;01].
11. Acharya Agnivesha, Vaidya Yadavji Trikamji Acharya ed. Charaka Samhitha, revised by Acharya Charaka, redacted by Dridhabala with Ayurvedadipika commentary by Sri Chakrapani Datta, reprint edition of, Chikitsa Sthana, Chapter, 2021; 7: 41-452.
12. Acharya Agnivesha, Vaidya Yadavji Trikamji Acharya ed. Charaka Samhitha, revised by Acharya Charaka, redacted by Dridhabala with Ayurvedadipika commentary by Sri Chakrapani Datta, reprint edition of, Siddhi Sthana, Chapter, 2021; 1: 11-618.
13. Acharya Agnivesha, Vaidya Yadavji Trikamji Acharya ed. Charaka Samhitha, revised by Acharya Charaka, redacted by Dridhabala with Ayurvedadipika commentary by Sri Chakrapani Datta, reprint edition of, Chikitsa Sthana, Chapter, 2021; 7: 29-451.
14. Acharya Sushruta, Vaidya Yadavji Trikamji Acharya ed. Sushruta Samhitha with Nibanda Sangraha commentary of Sri Dalhanaacharya, reprint edition of, Nidana Sthana,

chapter, 2021; 5: 16-497.

15. Acharya Agnivesha, Vaidya Yadavji Trikamji Acharya ed. Charaka Samhitha, revised by Acharya Charaka, redacted by Dridhabala with Ayurvedadipika commentary by Sri Chakrapani Datta, reprint edition of, Chikitsa Sthana, Chapter, 2021; 15, 520: 96-97.
16. Acharya Vagbhata, Vaidya Bhisagacharya Harisastri Pradakara ed. Astanga Hridayam Samhitha with Sarvangasundari commentary of Arunadatta, reprint, Sutra Sthana, Chapter, 2022; 11, 16: 30-31, 215.
17. Acharya Agnivesha, Vaidya Yadavji Trikamji Acharya ed. Charaka Samhitha, revised by Acharya Charaka, redacted by Dridhabala with Ayurvedadipika commentary by Sri Chakrapani Datta, reprint edition of, Chikitsa Sthana, Chapter, Shloka, 2021; 7: 148-457.