

AYURVEDIC MANAGEMENT OF KITIBHA KUSTHA W.S.R TO PSORIASIS: A CASE STUDY

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ABSTRACT

Kitibha Kustha is one of the *Kshudra Kustha* runs a chronic course generally considered difficulty to cure and even if it is cured prolapse are common. *Kitibha Kustha* is described as one with symptoms like *Shyaavam Kina* (The lesion are Blackish brown/ Ash Color), *Khar Sparsam* (Rough on the touch just like the scar of wound), *Parusham* (Hard and dry in nature). Here, *Tridosha*, *Rasa*, *Rakta* and *Mamsa dhatu* are mainly affected. Psoriasis is the oldest recorded skin disease. *Kitibha* has been simulated with the disease Psoriasis. It is a papulosquamous disorder of the skin, characterized by sharply defined erythematous squamous lesions. **Case Report**-A female patient of 45 yrs old came to our hospital having the chief complaint of skin lesion over upper, lower limb, scalp, abdomen and over back region associated with severe itching and powdery discharge distributed all over the body. This paper highlights a successful therapeutic management of *Kitibha Kustha* which is treated with the Ayurvedic principles in particular *Shodhana Chikitsa* along with *Shaman Aushadhi* which

reflects a satisfactory result with no remission after one month follow up of complete resolving of lesions.

KEYWORDS: *Kitibha Kustha*, *Shamana*, *Shodhana Chikitsa*, Psoriasis.

INTRODUCTION

Kustha is described as one of the most chronic disorders (*Maha-gada*) by Acharya Sushruta.^[1] *Kitibha Kustha* is described as one with symptoms like *Shyaavam Kina* (The

lesion are Blackish brown/ Ash Color), *Khar Sparsam* (Rough on the touch just like the scar of wound), *Parusham* (Hard and dry in nature).^[2] It is predominantly caused by vitiated duo *Kapha* and *Vata*.^[3] *Kustha* disease occurs due to *dosha bahulyata* these *doshas* are *tiryaggami* & very difficult to treat by *shamana chikitsa*. *Acharyas* have emphasized on repeated *shodhana therapy* in the management of *Kustha*.^[4] Specially in *Kapha* dominated *Kustha* (*Kitibha Kustha*) *Vamana* and *Virechana* are the *Shodhana Karma* indicated. *Kitibha Kustha* is compared with psoriasis due to its maximum resemblance with it. Psoriasis is the oldest recorded skin disease. It is one of the most intriguing and perplexing disorder of skin.

It is a papulosquamous disorder of the skin, characterized by sharply defined erythematous lesions.

CASE PRESENTATION

Chief complaints: A 45-year female patient came to OPD of National College of Ayurveda and Hospital, Barwala (Hisar) who was apparently normal before 8 years developed skin lesion over upper & lower limb, scalp, abdomen and back region associated with severe itching and powdery discharge distributed all over the body.

Previous interventions: Antibiotics, anti-histamines and topical steroids.

Previous illness history: No history of DM, HTN and any major surgery.

Food habits: *Guru Ahara* (heavy food), *Dadhi* (curd) at night, *Mamsa Sevana* (meat), and like habit of taking milk with food.

Family history: NAD

Psychological history: Stressed.

On inspection: Circular skin lesion with silvery scaly patches distributed over upper and lower limbs, scalp, hands, abdomen and back region associated with severe itching, dry, round, rough lesions.

On skin examination: Candle grease sign was positive. _

Laboratory investigation: CBC – Hb% - 9.05%, TC – 11,600 /Cu.mm, DC - P - 68% L 33% E 3% ESR - 60 mm/hr, Platelet count - 3.70 lakhs / hr.

Table No. 1.1: Shows assessment criteria of *kitibha kustha*.

S. No.	Score	0	1	2	3
1.	No.of patches	Absent	Single patch	Segmentary	Generalized
2.	<i>Shyava</i>	Normal skin tone	Mild brownish discolouration	Moderate discolouration	Severe black discolouration
3.	<i>Kinkara</i>	Normal skin	Mild rough	Moderate rough	Severe rough

	<i>sparsha</i>	texture	lesions on touch	lesions on touch	lesions on touch
4.	<i>Parushatwa</i>	Normal skin	Mild hardness of lesion	Moderate hardness of lesion	Severe hardness of lesion
5.	<i>Kandu</i>	No itching	Mild/ocasionally itching which is tolerable	Moderate generalized itching	Very severe itching disturbing sleep and other activity

Final diagnosis – Kitibha Kustha (Psoriasis)

Informed consent

Written informed consent was taken before starting the treatment.

Therapeutic intervention

Shodhana procedure

1st-3 days: *Chitrakadi vati* 125mg 2-2-2 (20minutes before food) for *Deepana-Pachana*

4-7 days: *Snehapana* with *Panchtikta Ghrita* (In *Aarohan matra* 30ml, 60ml, 90ml and 120 ml) 8th day: *Sarwanga abhyanga* with *Nalapamaradi taila* and *Ushnjala snana*

9th days: *Vaman* with *Madanphala Pippali, Vacha, Saindhava and Madhu*

9th -15th day: *Samsarjan karma* with *Manda, Peya, Vilepi, Yusha*

16th Days: Normal Diet

17-19th Days: *Snehapana* with *Panchtikta Ghrita* (In *Aarohan matra* 30ml,60ml,90ml and 120 ml)

20-21st Days: *Sarwanga Abhyanga* with *Nalapamaradi taila* and *Ushnaambu snana*

22nd Day: *Virechan* with *Trivrut Avleha* -40gm and *Nimbaamrutadi Eranda taila* -40ml with milk 22nd -28th day: *Samsarjan karma* with *Manda, Peya, Vilepi, Yusha*

Patient was discharged after *Vaman karma* on 10th day during *Samsrjan karma* and again admitted on 17th day for *Virechan karma* and further discharged on 23rd day, *Samsarjan karma* was followed for 7 days and follow up after 20 days (43rd day).

No adverse effects were noted during the study.

Shamana aushdhi

Sr. No	Medicine	Dose	Anupana	Duratio n
1.	<i>Aarogyavardhini Vati</i> 125 mg	2-0-2 15 minutes after food	Luke warm water	20 days
2.	<i>Kaishor Guggulu</i> 250 mg	2-0-2 5 minutes after food	Luke warm water	20 days

3.	<i>Gandhak Rasayana</i> 250 mg	1-1-1 10 minutes after food	Luke warm water	20 days
4.	<i>Patolkaturohinyadi</i> <i>Kashaya</i>	30ml-30-30ml 15 minutes before food	With equal amount of water	15 days
5.	Winsoria oil	For external Application (2 times)		20 days

RESULTS

Assesment after the treatment

Sr. No	Signs and symptoms	Before Treatment	After Treatment
1.	No.of patches	3	1
2.	<i>Shyava</i>	3	0
3.	<i>Kinkara sparsha</i>	2	0
4.	<i>Parushatwa</i>	3	0
5.	<i>Kandu</i>	3	0



Fig. no. 1.1: Shows *Kitibha Kustha* lesions Before and After treatment.

DISCUSSION

We started the treatment *Agnideepana* with *Chitrakadi vati* for 3 days. After that *Snehpana* was planned with *Panchtikta Ghrita* in *Arohana Matra* for next 4 days starting from 30 ml to 120 ml. After *Snehpana* there was decrease in scaling and dryness of lesions. *Snehana* enables body soft, provides *Snigdhatwa*, and liquefies *dosha* & increase *Kledatava* in the

body. On the next day, *Sarwanga Abhyanga* was done with *Nalapamaradi Taila* and *Swedan* with *Ushna jala*. After *Vamana* and *Virechana* Procedures was completed as per above schedule. 7 vegas of *Vamana* was obtained while *Virechana* was completed by getting 26 vegas. So, *Uttama Vegiki Lakshanas* was obtained during the study.

Drugs having *Tikta*, *Snigdha Guna*, *Kusthaghna*, *Kandughna* were taken as drug of choice for the present case study. These drugs are useful in skin disease specifically associated with itching, pigmentation, burning sensation & liver detoxification. Winsoria oil contains, coconut oil processed with *Vidaphala* (*Wrightia tinctoria*), *Manjistha* (*Rubia cordifolia*) and *Sariva* (*Hemidesmus indicus*). It retards hyperkeratinization, silvery scales, inflammatory response, reduce exfoliation, discoloration of the skin and also prevents itching and formation of scales and sores. *Pathya Apathya* were advised alongwith regular follow-ups by the patient.

After medication for 20 days, itching was reduced and skin lesions become lighter. The medicines were repeated for 1month, for next 20 days only Winsoria oil for external application was given until lesions was lighter and normal skin tone was matched.

CONCLUSION

We observed a significant improvement in the symptoms of patient. No recurrence reported 3 months after the end of treatment. So it can be concluded that Shaman Aushadhi along with authentic Shodhana procedures will be effective in chronic cases like Kitibha Kustha. However further research should be done on a large sample to draw a unbiased conclusion.

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