

AYURVEDIC UNDERSTANDING AND MANAGEMENT OF KITIBHA KUSHTA (PLAQUE PSORIASIS) IN CHILDREN - A CASE REPORT

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ABSTRACT

Kushta is a *Raktavaha Srotas vyadhi*. It is a disease in which there will be discolouration, loss of sensation of touch, appearance of rashes, excess or no perspiration. This disease is related to skin and appendages and may even show systemic manifestations. There are eighteen types of *Kushta*. Seven out of them are coming under the category of *Maha Kushta* and eleven are considered as *Kshudra kushta*. Its clinical features are *Shyaava*, *Kinakhara sparsha*, *Parusha*. In another context, features like *Sraavi*, *Vritta*, *Ghana*, *Ugrakandu*, *Snigdha Krishna* are also told. Plaque Psoriasis is one among the different types of psoriasis. It is characterised by dry, raised, red skin lesions or plaques covered with silvery scales. A 14-year-old female patient was brought to the Out Patient Department of Kaumarabhritya, SDM College of Ayurveda and Hospital, Hassan by parents with complaints of multiple blackish brown plaques all over the body associated with severe itching since 9 months. Condition aggravates during intake of spicy and junk food items in excessive quantity. This condition can be understood as *Kitibha kushta*. After a detailed evaluation and thorough clinical examination, started with *Deepana Pachana*, *Snehapana* and later *Sarvanga Abhyanga*, *Nadi Sweda* and *Vamana* was done. There were significant improvements in the condition of the patient. Later, she was discharged with medicines, especially to prevent its recurrence and to be continued at home for a period of 15 days.

Keywords: *Kitibha Kushta*, *Snehapana*, *Vamana*.

INTRODUCTION

Kushta is a *Raktapradoshaja vyadhi*. It occurs as a result of predominance of *Pitta* along with *Rakta* and *Twak* as its *Adhishtana*¹. It is a disease related to skin and appendages which may even show systemic manifestations. There may be disturbance in the mental and social health of the patient as a result of the cosmetic

reasons². Some consider *Kushta* as a *Deergha roga* (Chronic and long standing). Majority of *Kushta* are occurring due to the involvement of *Tridosha* and typical presentations are as a result of the predominant *Dosha*³. Seven important factors responsible for the

occurrence of *Kushta* are *Tridosha-Vata, Pitta, Kapha* and four *Dhatus-Twak, Lasika, Mamsa* and *Shonita*⁴. When indulges in *Virodhi annapanani* (consuming mutually contradictory food and drinks), *Drava* (liquid), *Snigdha* (unctuous) *Guruni* (heavy) *ahara, Chardi vegadharana* (suppression of natural urges), *Ativyayama* (indulgence in excess exercise) and *Atisantapat* (exposure to intense heat) soon after having food, immersion in cold water immediately after sun exposure, involving in excess work causing tiredness, *Ajirna* (having food during indigestion) and *Adhyashana* (intake of food before the digestion of previous meal), improperly administered *Panchakarma* therapies. *Atisevana* (Excessive consumption) of *Navanna* (freshly harvested grains), *Dadhi* (curd), *Matsya* (fish), *Lavana amlanishevanam* (salt and sour substances). *Atisevana* of *Masha* (black gram), *Mulaka* (radish), *Pishtanna* (flour preparations), *Tila* (sesamum), *Ksheera* (milk) and *Guda* (jaggery). *Diwaswapna* (sleeping during daytime) in *Ajirna avastha* (indigestion), disrespecting teachers, doing *Papa karma* results in the increase of *Tridoshas* thereby derangement in *Twak, Rakta, Mamsa* and *Ambu*, resulting in *Kushta*⁵.

The *Purvarupa* of *Kushta* includes *Sparshaghnavata* (loss of touch sensation or numbness), *Atisweda na va* (excessive perspiration or absence of perspiration), *Vaivarnyata* (discolouration of skin), *Unnathi* (elevated patches), *Kota, Lomaharsha* (horripilation), *Kandu* (itching), *Toda* (piercing pain), *Shrama* (physical exhaustion) and *Klama* (mental fatigue). *Vrananaam adhikam shulam* (excessive pain in the ulcerated wound area), *Sheekhra utpatti* (quick origin) and *Chirasthiti* (persisting continuously), *Daha* (burning sensation) and *Suptaangata* (numbness of extremities)⁶.

There are eighteen types of *Kushta*. Out of them, seven are considered under the category of *Maha kushta*. They are *Kapala, Audumbara, Mandala, Rishyajihva, Pundarika, Sidhma* and *Kakana*. Other eleven are considered under the category of *Kshudra kushta*. They are *Eka, Charma, Kitibha, Vipadika, Alasaka, Dadru, Charmadala, Pama, Sphota, Shataru* and *Vicharchika*⁷.

Clinical features of *Kitibha* is explained as *Shyaavam* (blackish brown in colour), *Kinakhara sparsham* (rough like a corn) and *Parusham* (coarse)⁸. In another context, *Kitibha* is explained as *Sraavi* (exudative), *Vrittam* (round), *Ghanam* (thick), *Ugra kandu* (severe itching), *Snigdha* (Unctuous), *Krishna* (black)⁹.

Psoriasis is an inflammatory skin disease with increased epidermal proliferation usually, characterised by erythematous lesions with silvery scale affecting skin, nails, joints and has various systemic associations¹⁰. Psoriasis may start at any age, but it is unusual before 5 years. There are two epidemiological patterns of psoriasis-referred to as Type 1 and Type 2. The former one has an onset in teenage and early adult years, often with a family history of psoriasis. Whereas the latter one, with its onset in the fifties or sixties when a family history is less common¹¹. It is a hyperproliferative disorder, the proliferation being driven by a complex cascade of inflammatory mediators. Over expression of type-1 cytokines such as IL2, IL6, IL8, IL12, IFN-gamma and TNF-alpha has been demonstrated¹².

Plaque Psoriasis is one among the different types of psoriasis. It is one of the most common type and affects almost 85%. It is characterised by dry, raised, red skin lesions or plaques covered with silvery scales. The lesions may be single or even numerous. Plaques may involve large areas of skin. These plaques itch or may be even painful and can occur anywhere on the body, including genitals and the soft tissues inside the mouth¹³. In Stable plaque psoriasis, individual lesions are well demarcated and range from a few millimetres to several centimetres in diameter. They are red in colour, with a dry silvery-white scale, which may only be obvious after scraping the surface. Usually, the elbows, knees and lower back are the commonly involved sites. Scalp is involved in approximately 60% of patients¹⁴. It can be round, oval or irregularly shaped, well-defined, erythematous plaques with easily detachable, silvery white lamellated scales on the surface. Typically occur symmetrically on the extensor aspects of the limbs, scalp and sacral area¹⁵.

Case History:

A 14-year-old female patient was brought to the Out Patient Department of Kaumarabhritya, SDM College of Ayurveda and Hospital, Hassan by parents with complaints of multiple blackish brown plaques all over the body associated with severe itching since 9 months. Condition gets aggravated especially during the intake of non-vegetarian food items, excess spicy food items and junk food.

History of Present Illness:

The patient was apparently healthy 9 months back. The she developed multiple blackish brown plaques all over the body. From the outset, itching was present. Later itching got increased and when approached to our hospital, severe itching was present. For the above-mentioned complaints, they have consulted a Skin specialist in a nearby hospital, where it was diagnosed as Plaque psoriasis and they were advised to start external application with some ointments and lotions. They have started using it and continued for almost a month, slight reduction in itching immediately after application was there, but later again starts itching. There was not much notable changes in the

skin and arresting of spread to other areas. Parents have noted that the condition is aggravating when spicy, oily and junk food items were taken. There was not any change in colour or appearance of the plaques. This child was having a habit of having excess of spicy food items, non-vegetarian food items, junk foods and sea food. She is fond of curd also. She was not at all ready to change this dietary habit, even after the skin changes were noticed. Gradually, it was noticed that when those diet is consumed by the child, slowly the condition is worsening.

Even after trying those medications for a single course of almost one month, they did not get any satisfactory relief, for which they have decided to bring the child for a better evaluation and management in SDM College of Ayurveda and Hospital, Hassan. After a detailed interrogation with the parents regarding the diet, life style and habits of the child and the history of her present illness and after a thorough evaluation regarding the present condition of the child, she was admitted to the Inpatient department of our hospital and planned for *Deepana pachana, Snehapana* and *Vamana*.

Examination:**Table 1:** Assessment of general condition of the child:

Bowel	Regular
Appetite	Good
Micturition	Regular
Sleep	Sound

Table 2: Systemic examination

Cardiovascular System (CVS)	S1 S2 heard, no murmurs
Respiratory System (RS)	Normal Vesicular breath sounds heard, Bilateral air entry +
Gastrointestinal System (GI)	P/A-Soft, Non tender.
Integumentary	Skin colour: Normal, Type of skin lesion- plaques, Scales Texture: Dry, Location: All over the body. Distribution: All over the body. Colour: Blackish brown, Itching: Severe, Discharge: No, Symmetry: B/L symmetrical Removal of scales revealed bleeding points (Auspitz sign) Minor trauma on uninvolved skin provoke development of new lesions (Koebner phenomenon).

Table 3: Chief Complaints:

SL No.	Complaints
1	<i>Shyaava</i> (blackish brown in colour)
2	<i>Kinakarhasparsham</i> (rough like a corn)
3	<i>Parusham</i> (coarse)
4	<i>Vrittam</i> (round)
5	<i>Ghanam</i> (thick)
6	<i>Ugrakandu</i> (Severe itching)

Treatments Given: A single course of treatment which consists of *Deepana Pachana*, *Snehapana*, *Prakshalana*, *Sarvanga Abhyanga*, *Nadi Sweda* and *Vamana* was given.

Table 3: Treatments Given:**(a) Snehana & Shodhana:**

Day-1:	<i>Deepana paachana</i> with: <i>Chithrakadi vati</i> (1-1-1) before food. <i>Panchakola phanta</i> (40ml-40ml-40ml) before food.
Day-2	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (30ml) <i>Ushna jala pana</i> .
Day-3:	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (70ml) <i>Ushna jala pana</i> .
Day-4:	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (120ml) <i>Ushna Jala pana</i> .
Day-5:	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (160ml) <i>Ushna jala pana</i>
Day-6:	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (200ml) <i>Ushna jala pana</i>
Day-7,8,9:	<i>Saravanga Abhyanga</i> with <i>Eladi thaila</i> , <i>Nadi Sweda</i>
Day-10:	<i>Saravanga Abhyanga</i> with <i>Eladi thaila</i> , <i>Nadi Sweda</i> & <i>Vamana</i> Total number of <i>Vegas</i> : 10

(b) External Application:

Day 1-10	<i>Eladi thailam</i> for external application (before bath)
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Advise at the Time of Discharge:**Table 4: Advise at the time of discharge:**

SL No.	Treatment
1	<i>Samsarjana Krama</i> for 4 days
2	<i>Arogyavardhini Rasa</i> (1 Tablet BD After food)
3	<i>Aragwadhadadi Kashaya</i> (15ml with 45ml lukewarm water) BD Before food
4	<i>Aragwadharishta</i> (10ml with equal amount water) BD After food
5	<i>Triphala Kwatha</i> (for <i>Prakshalana</i>)
6	<i>Mahathikthaka lepa</i> (for external application after bath)
6	Avoid the excess usage of spicy, salty, oily food items, fast foods, non-vegetarian and junk food items. Sea foods, curd and egg should be totally avoided for a month.
Discharge medicines were given for a period of 15 days and again proper assessment and evaluation was done 15 days after treatment.	

Outcome of the Treatments:

(a) Before Treatment:



(b) On 10th day (After Course of Treatment):



(c) 15 days after Discharge from hospital:



Patient and Care Taker's Feedback:

1. As per the mother's statement, patient was having the complaints of multiple blackish brown round plaques all over the body for 9 months. At the outset, slight itching was present. Later itching got increased and when the child was brought to our hospital, severe itching was present. They have noticed that the condition was aggravating when spicy, oily and junk food items were taken
2. She was not able to go outside her home and attend any events because of the typical change in appearance of her skin. She was unable to answer to the questions regarding her skin disease, asked by people whom she meets. Because of which, she used to hide her skin with clothes totally, leaving face region opened.
3. She was unable to regularly go to school and to focus on her academics because of getting worried about her skin changes. In school also, teachers and friends were constantly enquiring her regarding the same. She always prefers to wear dress which fully covers her body and even covers her head region also with a shawl leaving face opened.
4. Parents have consulted a Skin specialist in a nearby hospital, where it was diagnosed as Plaque Psoriasis and they were advised to start some ointments and lotions for applying externally. They have started it and continued for almost a month, only slight reduction in itching immediately after application was there, but later again starts itching. There were no notable changes in the skin and stoppage of spreading to other areas of the body. Hence, they have decided to bring the child to our hospital for a better evaluation, diagnosis and management.
5. Here, right from the very first day, oil was prescribed for external application all over the body before bath. After the initiation of treatment, slowly itching and dryness started reducing.

6. After the completion of 5 days of *Snehapana*, plaques had become thin, dark colour has slowly changed to hypopigmented ones. Itching and dryness has also very well reduced.
 7. During the time of *Sarvanga abhyanga* and *Nadi Sweda*, child started feeling better especially with no thickness of skin-plaques, without any itching sensation. Child has expressed a better feeling of relief.
 8. After the completion of full course, the child's plaques have become totally faded and the blackish brown colour which was present initially has changed to light pinkish. Itching and dryness got totally reduced.
 9. After getting discharged from hospital, in the successive days, there was a notable change in her behaviour. She was confident to face others and go out.
 10. After full course of treatment, discharge medicines which were given was continued for almost 15 days. The overall general health status of the child has improved, and she was able to focus on studies and play activities better than before.
4. Confidence in the child to face the society and to attend classes regularly and to play with her friends was the satisfactory improvement in her.
 5. General health status of the child has improved considerably.
 6. Child used to miss many classes because of her illness, but after the successful course of treatment, she has changed a lot and found more active and happier than before.
 7. Sustained effect of *Shodhana* therapies, with *Kushtahara oushadhi* given after it as a preventive method had given good clinical outcomes.
 8. After the total course of treatment, the blackish brown round plaques have totally faded, dryness and itching got totally reduced.
 9. Diet restrictions to be followed and *Pathya Apathya* were clearly advised to the child and parents. After strictly following those, for about 15 days after treatment also, there was a positive change in the child's health and state of wellbeing.

Clinician Assessed Outcomes:

1. Multiple blackish brown round plaques all over the body for 9 months was the presentation. A specific dietary habit of child was conveyed to us by the parents on interrogation. Whenever she consumes excess spicy, oily and junk food items, typical change in appearance of her skin was noted by her parents.
2. After assessing the condition, *Snehapana* and *Vamana* was planned along with daily external application of *Eladi thailam*. *Shodhana* was very much essential in this case, to give the child a better solution to her problem which was hurting her for near about a year.
3. Child was not be able to tolerate the severe itching those many days before coming to our hospital. During the *Snehapana*, even though itching has reduced, but still slight itching persisted. So, added with external application, which was found effective in reducing the dryness and itching. Even

colour of the patches has changed from hyperpigmented to hypopigmented ones.

DISCUSSION

In the present case, the child presents with complaints like itching, blackish brown plaques associated with scales. The texture of the lesion was hard and rough. There was involvement of the scalp region. The case was diagnosed as Plaque psoriasis. From Ayurvedic point of view *Lakshanas* like *Shyaavata*, *Parushata*, *Kinakhara Sparshatwa*, *Ugra Kandū* were present. So from Ayurvedic perspective, the case was diagnosed as *Kitibha* because all the *Lakshanas* of *Kitibha kushta* were present in the case. The *Doshic* predominance was analysed by observing the *Lakshanas*. *Shaayavata*, *Parushata*, *Kinakhara sparshatwa* indicated the involvement of *Vata dosha* and *Kandū* indicated the involvement of *Kapha dosha*. The *Sarva daihikatwam* of the *Kushta* depicted the role of *Vyana vata* in the *Samprapti* of this case. The *Guna vikalpana* of the case was also done based on analysis of *Lakshanas*. Dry, rough lesions indicated the *Ruksha Guna Vrudhi* of *Vata dosha*, itching indicated the presence of

Snigdhatata inside the lesions, raised nature of lesions indicated the *Sthira Guna Vruddhi* of *Kapha Dosha*. *Sthanika dosha* is *Bhrajaka pitta* and its vitiation is supported by the presence of Auspitz sign. Hence the condition can be diagnosed as *Kitibha kushta* in the *Vatakapha Pradhana Tridoshaja Avastha*.

The present condition is understood as a *Bahudosha Avastha*. Hence *Shodhana* was planned as the initial line of management. Since it is a *Vatakapha Pradhana Kushta* and itching was the predominant and most disturbing complaint, *Vamana* was planned as the mode of *Shodhana*.

The treatment was started with *Ama pachana* and *Agni deepana* using *Chitrakadi vati* and *Panchakola phanta*. *Mahatiktaka ghrita* was selected for *Snehapana*. The *Tikta* rasa helped in *Kelda shoshanam* and *Kapha harana* thereby relieved the symptoms of itching, dryness and thickness of the lesions. *Snehapana* also helped in bringing the *Leena dosha* into *Aleena dosha avastha*. After obtaining the *Samyak Snigdha lakshana*, *Sarvanga Abhyanga* with *Eladi thaila* and *Nadi sweda* was given. *Eladi gana* being *Vatakapha hara*, *Varnya* and *Kandu nirharana* was selected for *Abhyanga*. After *Abhyanga* and *Sweda*, *Vamana* was administered. After *Vamana*, there was significant reduction in all the *Lakshanas* like *Shyaavata*, *Parushata*, *Kandu* etc. The lesions became hypopigmented after *Vamana karma*. *Samsarjana karma* was done after *Vamana karma* as a part of *Agni deepana*. The discharge medicines included *Aragvadhadi kwatha* and *Aragvadhariшта*. Both *Yogas* are *Kapha hara* and *Mridu rechaka* thereby helped in *Dosha Nirharana* through *Nitya Virechana*. *Arogya vardhini gutika* being a *Kushta Prakarana* yoga was given. *Trivrut* and *Katuki* present in *Arogya vardhini gutika* helped in *Nitya virechana*. *Triphala churna* was given to prepare *Kwatha* for the purpose of *Prakshalana*. It helped in bringing down the amount of *Kleda*. *Mahatiktaka lepa* was administered as *Lepa* to reduce the *Rookshata* externally. The patient was advised to give a follow up after 15 days. The condition was much better, with good improvements when assessed 15 days after treatment also.

CONCLUSION

Kitibha kushta can diagnosed under the Psoriasis spectrum based on the *Lakshanas*. The mode of *Shodhana* for each *Kushta* is selected based on *Dosha Pradhanyata*. In the present case (Plaque psoriasis), *Snehapana* followed by *Vamana* showed significant reduction in all the subjective and objective parameters. *Shodhana* at regular intervals should be done in order to prevent the relapse of the condition

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Kannan Sagar et al: Ayurvedic Understanding And Management Of Kitibha Kushta (Plaque Psoriasis) In Children - A Case Report. International Ayurvedic Medical Journal {online} 2019 {cited December, 2019} Available from: http://www.iamj.in/posts/images/upload/2346_2354.pdf