



MANAGEMENT OF *KITIBA KUSHTA* THROUGH *SHODHANA* AND *SHAMANA* W.S.R TO ACUTE EXACERBATION OF CHRONIC PSORIASIS– A CASE STUDY

YASHASWINI C.^{1*} R.V. SHETTAR²

ABSTRACT:

Psoriasis is a chronic noncontagious autoimmune condition that causes the rapid proliferation of skin cells, characterised by raised area of abnormal skin, dry, itchy, scaly lesions over different part of the body. Its relapsing nature is quite common, often patient approach to doctors for better remedy. The eruption is usually symmetrical and most commonly affects extensor surfaces of elbows, knees, scalp, nails and the sacral regions. Its incidence is 1-2% of world population. Ayurveda explained psoriasis under the broad heading of *Kusta* and can be compared with *Kitibhakusta* or *Ekakusta*. Many treatment modalities have been adopted in medical sciences, but it is having various side effects. So here in this case by using *Shodhan*, *Shaman* and *Bahirparimarjanchikitsa* we successfully treated the case of *Kitibhakushtha*. A 21 year female subject of chronic psoriasis approached to *Kayachikitsa* OPD and presented with itching, scaly and erythema. Subject was treated by *Shodhana* and *Shamana* shows encouraging results.

Key words: Psoriasis, *Kitibha*, *Kusta*, *Shodhana*, *Shamana*, scaly

¹Internee, DGM Ayurvedic College, Gadag, Karnataka, India

²Professor, Dept of Kayachikitsa, DGM Ayurvedic College, Gadag, Karnataka, India

Corresponding Email id: cyashaswini55@gmail.com Access this article online: www.jahm.co.in

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INTRODUCTION

Skin is the largest organ of the body. People now a day are more concerned about external beauty. 10-15% of cases in the general practice are of skin related. This is due to changes in lifestyle, excess use of cosmetics, unhealthy and incompatible food habits, unprotected pesticide usage, mental stress, nutritional deficiency, lack of exercise etc. These may lead to many psycho somatic disorders. Among them Psoriasis is one of the most common skin disorders. As per Ayurveda all the skin diseases are classified under Kushta, which is further divided into *Mahakushta* (major skin diseases) and *Kshudrakushta* (minor skin diseases)^[1]. As mentioned above due to *viruddaaharavihara*, poor hygiene, mental stress, and sedentary lifestyle^[2]. *Tridoshas* get vitiated which further vitiates *Rasa, Rakta, Mamsa* and *Laseeka* ^[3]. All types of *Kushta* are *Tridoshaja*. *Kitibhakushta* is one among the *Kshudrakushtas*. It has *Kapha* and *Vata* predominance^[4]. It is characterised by *shyavavivarnata* (blackish discoloration), *kharasparsha*(rough touch), *parusha* (hard) due to *vatapradhanata* and itching due to *kaphapradhanata* which closely resembles psoriasis^[5]. Psoriasis is a chronic inflammatory skin disease that affects 2% of world's population^[6] characterised by erythematous

and scaly papules and plaques that occur all over the body. It is chronic disease marked by periods of remissions and exacerbations. Current research is limited in identifying the best treatment for psoriasis. Commonly used regimens include topical tar and UVB phototherapy, anthralin and topical steroids. In *Ayurveda* wide description of treatment modalities are available and *Chikitsasiddhanta* explains about repeated *Shodhna* and *Shamana Chikitsa*.

CASE REPORT

Presenting complaints:

A 21 years old female Subject presented with dry scaly lesions over upper limbs, lower limbs, back and scalp except face since 1week, associated with itching and mild burning sensation.

History of present illness:

Subject had similar condition 10 years back and took allopathic treatment and was advised oral and topical steroids, antihistamines but had no considerable relief. So, she has taken *Ayurvedic* treatment 5years back at Shri.DGM Ayurvedic Medical College and Hospital, Gadag. She was given *Virechana* and was relieved from the symptoms. Then, onwards she was clinically asymptomatic and stopped all medicines. Since from 1week lesions are suddenly exacerbated and she re-approached to our hospital for the treatment. Condition

aggravates or flares up during rainy and winter seasons.

Personal History:

Malapravritti: 1 time a day; *Mutrapravritti:* 4-5 times a day; *Nidra:* Alpa; *Kshut:* Alpa

Koshta: krura

Examination:

General examination:

BP: 110/70 mm of Hg; PR- 78 bpm; RR- 19 breaths/m; Temperature- 97.6°F; SpO₂ - 97%

Systemic examination:

CNS - Conscious and Oriented

CVS - S₁S₂ Heard

RS-Bilateral normal vesicular breath sounds heard

GI SYSTEM- no organomegaly, Normal peristaltic sounds heard

Skin examination:

- Candle grease sign was positive
- Skin was dry, rough and hard at the site of lesion.
- White scaling at lesion was present.

Clinical Findings:

Subject was worried about the condition. O/E circular dry silvery white colour lesions were

found on upper limb, lower limb, back, scalp with severe itching.

Samprapti Ghataka:^[7]

Dosha – Vata-KaphaPradhanaTridoshaja

Dushya – Rasa, Rakta, Mamsa

Ama – JatharagniJanyaama

Agni – Jatharagnijanya, Dhatwagni

Srotus – Rasavaha, Raktavahasrotus

Srotodushtiprakara – Sanga

Rogamarga – Bahya

UdbhavaSthana–Amashaya

Vyaktasthana – Twacha

RogaSwabhava- Chirakari

Sadyasadyata- Kricchrasadya

Chikitsa^[8]

Chikitsa was planned based on subject’s *agni*, *koshta* and *prakriti*etc. *Antahparimarjanachikitsa* includes *Shodana*, *Shamana* and *NidanaParivarjana*.As *kushta* is the *raktavahasrotovikara*, *Virechana* is the first line of treatment. So *Virechana* was planned including *Deepana,Pachana*, *arohanamatraSnehapana*, *AbhyangaSweda* and *Virechanafollowed by Samsarjanakrama*, *Nidanaparivarjana* and *Shamanaoushadi*.

Table No 1: ShodhanaChikitsa

Procedure	Medicine	Dose and <i>anupana</i>	Duration	Route
<i>DeepanaPachana</i>	<i>Trikatuchurna</i>	3 gms thrice daily before food with honey	3 days (29/11/22 – 1/12/22)	Oral

<i>AbhyantaraSnehapana</i>	<i>MahatiktakaGritha</i>	<i>Arohanamatrasnehapana</i> Starting from the 30ml, 60ml, 90ml for three days (empty stomach at morning time followed by lukewarm water)	3 days (2/12/22-4/12/22)	Oral
<i>SarvangaAbhyanga</i> followed by <i>BaspaSweda</i>	<i>MarichadiTaila</i>	Quantity sufficient	For 3 days (5/12/22-7/12/22)	External Application
<i>Virechana</i>	<i>TrivruttaAvaleha</i>	50 gms followed by sipping of warm water every 30min till the <i>vega</i> stops	On 8/12/22 after <i>purvakarma</i> procedure	Oral

PaschatKarma

- Subject was advised strict diet (*peya*, hot water) during entire procedure.
- After the *vegas* have stopped based on the *shuddi*, *samsarjanakrama* was advised to the subject.
- She was advised to take *ganji* for 2 days later on 3 rd day she was given *dalkichdi* as *pathya*
- On 4th day she was given soft rice and *rasam*
- On day 5 normal foods was advised.
- She was advised to avoid cold breeze, fan, AC, cold water bath, excess exercise, *divaswapna*, *ratrijagana* etc

Table no 2: ShamanaChikitsa

Medicine	Dose	Anupana	Route	Duration
<i>Rasamanikya rasa</i>	50mg 1 TID	Warm water	oral	For 15 days
<i>Hemasundara rasa</i>	50mg 1 TID	Warm water	oral	15 days
<i>T. Psorakot</i>	1 BD	Warm water	Oral	15 days
<i>Syp Shodaka</i>	2tsp BD	Warm water	Oral	15 days
<i>Kutajasuryapaki taila</i>	As required		External application	15 days

Pathyaapathya

- **Pathya**– Laghuanna, Gritayuktaanna, puranadhanya,jangalamamsa
- **Apathya**– AtiGuruanna, Amlarasa, Dugda, Dadhi, Anupamamsa, Matsya, Tila, Guda.

Assessment Of Results :

Grading – PASI (Psoriasis Area Severity Index) Score [9]

Table no 3. : Showing area involved with grading

0% of involved area	Grade: 0
<10% of involved area	Grade: 1
10-29% of involved area	Grade: 2
30-49% of involved area	Grade: 3
50-69% of involved area	Grade: 4
70-89% of involved area	Grade: 5
90-100% of involved area	Grade: 6

Table no 4 : Showing assessment criteria

	Before treatment		After treatment (Shodhana)		After treatment (Shamana)	
	Arm	Trunk	Arm	Trunk	Arm	Trunk
Skin area involved Grade – A	5	3	4	2	2	1
Erythema (Redness)	3	2	2	1	1	1
In duration (Thickness)	3	2	2	1	1	0
Desquamation (scaling) E, I, D- B	3	3	2	2	1	1
Total- A x B	45	21	24	8	6	2
Total Body Surface Area	45x0.2=9	21x0.3=6.3	24x0.2=4.8	8x0.3=2.4	6x0.2=1.2	2x0.3=0.6
Total PASI Score	15.3		7.2		1.8	

Table no 5: Showing Overall result of treatment

Parameters	Before treatment	After treatment
<i>Shyavam</i>	+++	+
<i>Kina kharaSparsha</i>	+++	+
<i>Parushyam</i>	++	-
Erythema	+++	+
In-duration	+++	-
Desquamation	++++	+

Observations:

During *Snehapana, Snehajeernakala:*

Day 1 – 6 hours

Day 2 – 7 hours

Day 3 – 9 hours

Subject was comfortable during the whole procedure.

On the day of *virechana* – no. of *vegas*: 12 *vegas* and Last *vegawas* at 7:11pm

Subject attained *hinashuddi*, symptoms like *koshta laghuta, shrama, indriyasamprasada, kaphanta* were observed. She was advised *peyadisansarjana krama* for 5 days.

Followed by *nidanaparivarjana* and *shamanaoushada* for next 15 days

Observation in subject after treatment:

Subject had 80percent relief from the symptoms after 15 days of follow up.

- Dry scaly lesions were reduced.
- Lesion colour was turning to normal skin colour.

- The lesions area had normal skin texture and was smooth.
- Itching was reduced.

Subject was happy with the results.

DISCUSSION:

In this case report the subject’s main complaint was dry scaly lesion with itching and blackish discolouration all over the body associated with loss of appetite since 2 weeks. Subject’s *agni* was reduced and had irregular diet pattern and consumption of junk foods, no regular exercise,irregular bowel habits resulted in *Kitibakusta*. After proper examination subject was planned to treat with *Shodhana (Virechanakarma)* and *ShamanaChikitsa*.

As the main aim of *Ayurvedic* management is correcting ones *agni*, treatment started with *Deepana,Pachana* with *trikatuchurna*^[10] ½ tsp TID with warm water for three days followed by *Arohanasnehapana* with *Mahatiktakagritha*^[11] 30, 60, 90ml for

three days respectively. It is made up of drugs with *tiktarasa* which are mainly indicated in skin diseases, eczema, worm infestation etc. The lipophilic action of *gritha* facilitates the transport of active ingredients of herbal origin to the target tissue and finally into the cells^[12]. Ghee is having anti inflammatory activity due to its constituents like linoleic acid, which helps in reducing inflammation of the skin in psoriasis^[13]. *Snehasiddhilakshana's* like *snigdhavarcha*, *snigdhatwachawere* appreciated. Later, during three days *vishramakalaabhyanga* with *Marichaditaila*^[14] and *bashpasweda* was carried out. External application of *taila* has been proven to benefit in psoriasis^[15] after this, *Virechana* was induced with *Trivrut* lehya^[16] 50g, a herbal preparation also known as *sukhavirechaka* was given. *Trivrut* due to its *ushna, teekshna, sukshma, vyavayi, vikasi guna* does *nirharana of doshas* which are present even in *sukhma srotus* and due to its *pruthvi and aap mahabhuta* predominance and *Adhobhagahara* property, eliminates doshas through the *Adho marga*. Subject was comfortable throughout the procedure. Subject had 12 *vegas*, it was followed by *Samsarganakarma*.

After this subject was given *Rasamanikyarasa* 50mg 1 tid & *Hemasundararasa* 50mg 1 tid, Tab

Psorakot 1 BD, *SypShodhaka* 2tsp BD, *Kutajasuryapakitaila* for external application. *Tb Psorakot* is a patent formulation by Kottakal Ayurveda contains *Pata, Katurohini, Guduchi, Chandana, Patola, Madhusrava* acts as anti inflammatory and anti microbial which helps to reduce inflammation in Psoriasis. Syrup Shodaka is a unique formulation containing *Manjishtadi qwata and Panchanimbha churna* which helps in purification of the vitiated blood which is the root cause in all skin diseases. *Kutajasuryapaki taila* contains *Tila taila and kutaja*. It acts as *twachya, varnya, does vrana ropana and shodana, kapha pittaghna, kandugna and twakdosha hara*. Its application helps to reduce the scaling, promotes healing and enhances blood circulation. *Rasamanikya rasa* contains *Shudda Gandaka, S. Parada, S. Haratala, S. Manashila, Nimba, Guduchi, Nirgundi* etc acts as *raktashodaka and kushta hara*. It helps to reduce pain, itching and burning sensation of the skin. *Hemasundara rasa* contains *Rasasindhura and Swarna bhasma* and possesses *Kushtaghna* properties. Subject was advised to follow proper *patya* along with this medication.

CONCLUSION

Psoriasis is an autoimmune disease, it has high rate of recurrence. In Ayurveda all the skin diseases are classified under *Kushta*. It is

further classified into *Mahakushta* and *Kshudrakushta*. *Kitibakushta* is considered under *kshudrakushta*. Treatment principle for management of *kushta* includes *Shodana* (*Virechana*, *Vamana*, *Nasya*) and *Shamanaoushadies* like internal medicines and external applications. In the present case report subject was treated with *virechana* followed by *ShamanaOushadis* like *Rasamanikyarasa* and *Hemasundararasa*, *tab Psorakot*, *syphshodaka*, *KutajaSuryapakiTaila*.

Considerable changes were observed after 15 days of follow up. Dry scaly lesions were absent. Lesion colour was turning to normal skin colour. The lesions area had normal skin texture and was smooth. Itching was reduced. Hence it can be concluded that Ayurvedic treatment principles are effective in treating psoriasis along with *pathya* and *apathya*.



Fig 1: Effect of therapy- Before and After treatment

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