

MANAGEMENT OF KITIBH KUSHTA (PSORIASIS) WITH SHODHANA CHIKITSA: A CASE STUDY

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ABSTRACT

Psoriasis is one of the most common dermatological conditions seen in about 2 % of the population worldwide. It can be considered under the broad concept of *Kushta* according to *Ayurveda*. *Kitibha* is a type of *Kshudra Kushta* exhibiting in the form of lesions with *Shyava varnata*, *Kinvat Khara Sparsha*, *Parushata etc.* Present is one such case of a 26 yr old patient who was diagnosed as *Kitibha* and subjected to *Shodhana* in the form of *Virechana*. The pre and post *Virechana* shows remarkable relief in the patient's symptoms and proves the importance of *Shodhana* in the management of *Kushta*.

INTRODUCTION

The word Psoriasis is derived from Greek, meaning 'Itching action'. It is a common, chronic inflammatory, non-communicable, hyper proliferative skin disease with no clear cause or cure. It is characterised by raised erythematous scaly plaques particularly affecting extensor surface, scalp, nails and is usually relapsing and remitting.^[1] The psychosomatic and socioeconomic impact of this disease is remarkable.

Pathologically, there is an abnormality of increased epidermal proliferation due to excessive multiplication of basal layer cells. The transit time of keratinocyte is shortened and epidermal turnover is reduced to 5-6 days from 28-30 days.^[2] Even though the etiology is unknown, the factors involved are genetic and immune-pathological.^[3] Factors like trauma, infections, some drugs and emotions may cause the disease.

Kitibha Kushta is one of the *Kshudra Kushta* having *lakshanas* like *Shyava* (dark greyish or blackish coloured), *Kinva Khara sparsha* (hard), *Kandu* (itch), *Parusha* (roughness) and

Ruksha (Dry). Like any *Kushta*, *Kitibha Kushta* is caused due to vitiation of *Tridoshas* but there is a predominance of *Vata* and *Kapha*.^[4] Factors like *Mithyaahara* and *Vihara* vitiates *Tridosha* which leads to aggravation of *Rasa*, *Rakta*, *Mamsa* and *Lasika*. These seven entities viz. *Tridosha*, *Rasa*, *Rakta*, *Mamsa*, *Lasika* are called as the *Sapta Dravya Sangraha* (seven morbid factors) of *Kushta*.^[5] Understanding this as *Bahudoshavastha*, *Shodhana* is the prime line of management followed by *Shamana*.

Modern medical science treats Psoriasis with PUVA, Retinoids, Methotrexate and Corticosteroids. But there is recurrence of the disease and there are serious side effects of the drugs like liver, kidney failure and bone marrow depletion. Here Ayurveda plays an important role to provide safe and effective treatment for Psoriasis.

Comparison between Psoriasis and *Kithibha Kushta*^[6]

<i>Kithibha Kushta</i>	Psoriasis
<i>Shyava/Krishna varna</i>	Erythematous lesion turned to black in chronic cases
<i>Kharatvam</i>	Scaling/ Roughness
<i>Parushatvam</i>	Abnormal hardening, Hyperkeratosis
<i>Rukshatvam</i>	Dryness
<i>Kandu</i>	Itching

BRIEF HISTORY OF PATIENT

Presenting complaints

A 26 years old male patient presented to the OPD with following complaints since one year,

- 1) *Ubhaya Hasta Pradeshi Twak Vaivarnya, Rukshata*
- 2) *Ubhay Paad Pradeshi Twak Vaivarnya, Kandu, Shoola, Daaha*
- 3) *Kshuda maandhya*
- 4) *Shirashoola*

Past history

Patient was apparently healthy before 1 year. He then noticed small patches of blackish discoloration associated with itching and dryness on both the palms and soles. Based on the symptoms he was clinically diagnosed with Palmoplantar Psoriasis. Over the period of 1 year, the lesions grew larger and other symptoms like itching aggravated. He was advised conservative management elsewhere, but seeing no relief, he consulted our hospital OPD for treatment.

Aggravating factor: stress, cold season and intake of Non vegetarian food.

History

No history of any previous medical or surgical illness.

No similar family history found.

No any drug/food allergy.

Diet: Mixed. More of spicy and junk food intake.

Skin examination

Inspection- Blackish, raised and well demarcated symmetrical lesions seen on both palms and soles.

Fissuring seen.

Palpation- Hyperkeratotic plaques.

Dryness +++

Candle grease sign- Positive

Auspitz Sign- Positive

Investigations

Blood routine- Within Normal Limit

Rest other system findings were normal

Samprapti ghataka

- *Dosha – Tridosha*
- *Dushya – Rasa, Rakta, Mamsa, Lasika*
- *Ama – Jathar agni janya ama*
- *Agni – Jathar agni maandhya*
- *Srotas – Rasavaha, Raktavaha*
- *Srotodushti prakar – Sanga*
- *Rogamarga – Bahya*
- *Udhbhava sthana – Amashaya*
- *Vyaktisthana – Twacha*
- *Roga swabhav – Chirakari*
- *Sadhyasadyatva - Sadhya*

Samprapti^[7]*Hetu sevan Aharaja-Viharaja-Manasika*

(Spicy food, junk food, non-vegetarian diet, chinta, adhik vyayama)

*Tridosha + Rasa, Rakta, Mamsa, Lasika**Sthansanshraya in Twacha**Hastha-Paad twacha vaivarnya, rukshata, kandu**Kitibha Kushta***Treatment Plan**

- *Amapachana*
- *Snehapana*
- *Abhyanga and Swedana*
- *Virechana*
- *Pathya-Apathya*

Date	Treatment	Medicine/Procedure
	<i>Amapachana</i>	Tab. <i>Chitrakadi Vati</i> ^[8] 2BD with water after meal for 5days
	<i>Snehapana</i>	<i>Panchatikta Guggul ghrita</i> ^[9]
		Day 1 - 30ml Day 2 - 60ml Day 3 - 90ml Day 4 - 120ml Day 5 - 160ml
	<i>Abhyanga and Swedana</i>	<i>Sarvanga abhyanga</i> by <i>karanja taila</i> followed by <i>Mrudu Nadisweda</i>
	<i>Virechana</i>	<i>Trivruta Leha</i> ^[10] 45gms at 8am Total Vega - 21 vega observed <i>Antiki-Pittanta</i>
	<i>Samsarjana</i>	Advised for 7 Days

*Samyak Virechana lakshanas - Laghutva, Indriya Prasadan, Agni Vruddhi.**Ayoga or Atiyoga lakshanas - None***RESULTS**

Features	Before Treatment	After Treatment
Colour	Blackish grey	Reduced
Itching	Severe	Reduced
Burning Sensation	Severe	Absent
Lesion size	Larger	Decreased
Lesion Number	More	Decreased
Scaling	Present	Absent
PASI	3.6	2.4

Photos

Before Treatment



After Treatment





DISCUSSION

- Present case- Patient had a habit of irregular food intake and other *Nidana* like *Mamsa-Matsya sevan*, *Adhika vyayam*, *Adhika chinta* which lead to *Kitibha Kushta*.^[11]

Depending on the *Nidana* and *Lakshanas* treatments by Ayurvedic Management like *Deepana*, *Pachana*, *Vatanulomana*, *Virechan* were given.

Probable mode of action

- Before *Shodhana*, it is of utmost importance to do *Amapachana* and bring *Agni* to normalcy which is achieved through *Deepana* and *Pachana*.
- Both *Snehana* and *Swedana* help in the *Dosha Shithilikarana* and bring them from *Shakha* to *Koshta*.
- The *Virechana Dravya* spreads throughout the body into cellular level due to *Vyavayi Guna* which is responsible for quick absorption and *Vikasi Guna* is responsible for softening and loosening the *Doshas* responsible for causing *Dhatu Shaithilya*.
- Due to *Ushna guna*, *dosha sanghata* is liquefied.
- *Tiksha guna* is responsible for producing *Chedana* of *Dosha* which are already softened due to *Snehana* and *Swedana* so the liquefied *Doshas* are dragged to the *Koshta* and eliminated out of the body.
- *Virechana* is a procedure one can practice comfortably and expect good response in *Kushta Roga* which is a *Bahudoshavastha*.

CONCLUSION

- In present case looking at the *Nidana* and *Lakshanas* it was diagnosed as *Kitibha Kushta*. This case study is documented evidence for successful management of *Kitibha Kushta* by *Kushta Chikitsasutra*.

REFERENCES

1. Z. Zaidi and S,W Lanigan; Dermatology in clinical practice, 2010 Springer Verlag London ltd, Immune system of the skin, 185.
2. Davidson's principles and practice of medicine, 21st edition, Churchill Living stone publication, 2010, chapter- Diseases of the skin, 900.
3. Michael Hertl; Autoimmune diseases of skin; third edition, Springer Wein New Yorl, 328-331.
4. Charak Samhita, Vd. Y.G. Joshi, Vaidyamitra Prakashan, Chikitsasthana, Kushtha Chikitsa Adhyay Shlok 22: 192.
5. Charak Samhita, Vd. Y.G. Joshi, Vaidyamitra Prakashan, Chikitsasthana, Kushtha Chikitsa Adhyay Shlok 9: 190.
6. Sushrut Samhita Reprint, Murthy KRS, Nidana Sthan; Kushtha Nidan, Chapter %, Shlok 14, Varanasi, Chowkhamba Krishnadas Academy, 2010; 496.
7. Sharma RK, Dash B. English translation on Charak Samhita of Agnivesha's. Reprint 2014, Chikitsasthana; Kushthachikitsa, Chapter 7, shlok 4, Varanasi; Chowkhamba Sanskrit series office, 2014; 323.
8. Charak Samhita, Vd. Vijay S. Kale, Chowkhamba Sanskrit Pratishthan, Chikitsasthana, Grahanichikitsa Adhyay, Shlok 96-97: 369.
9. Bhaishajyaratnavali, Prof. Siddhi Nandan Mishra, Chaukhamba Surbharati Prakashan, Varanasi, Kushtharogadhikar, shlok, 2021; 228-231: 882.
10. Indian Materia Medica, K.M.Nadkarni, Ed., Bombay Popular Mumbai, 2007; 1: 691-694.
11. Sharma RK, Dash B. English translation on Charak Samhita of Agnivesha's. Reprint 2014, Chikitsasthana; Kushthachikitsa, Chapter 7, shlok 12-14, Varanasi; Chowkhamba Sanskrit series office, 2014; 324-329.