

A case study on Psoriasis with special reference to *Kitibha Kushtha*

Case Report

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Abstract

Background: Psoriasis is a chronic non-infectious autoimmune dermatosis characterized by periodic flare-ups of sharply defined red patches, covered by a silvery, flaky surface. In Psoriasis, relapsing nature is commonly seen, which suggests the need for long-term treatment. Worldwide the prevalence of psoriasis is estimated to be approximately 2–3%. In India, the prevalence of psoriasis may vary from region to region due to variable environmental and genetic factors. Case-A 22year old nulliparous female patient suffering from psoriasis for 4 years visited the hospital for treatment. Considering the signs and symptoms of the disease, it was diagnosed as *Kitibha Kushtha* and *Shodhan – Shaman chikitsa* were planned. **Conclusion:** Repeated *Shodhan chikitsa* helped in prevention of relapse of psoriasis and internal medications showed significant improvement in all the cardinal symptoms as well as lesions of the patients.

Key Words: Psoriasis, *Kitibha Kushtha*, Chronic disease, Erythematous skin, *Shodhan*, *Shaman*.

Introduction

Psoriasis is common, chronic, recurrent, inflammatory disease of the skin characterized by rounded, circumscribed, erythematous, patches of various sizes with dry scaling, covered by greyish white or silvery white lamellar scales. Psoriasis is a multifactorial disease. Triggering factors are infection, drug, trauma, etc. About 3% of the world's population struggled with psoriasis. In India prevalence of psoriasis varies from 0.44- 2.88%.¹ In ayurvedic texts, most of the clinical presentations of psoriasis are the same as that of *Kitibha kushtha*. *Kitibha kushtha* is type of *Kshudra Kushtha* having *lakshan* like *twakvaivarnyata*, *khara sparsh*, *kandu*. *Kitibha Kushtha* manifests due to vitiation of *sapta dhatus* like three *dosha*, *twak*, *rakta*, *mamsa* and *lasika*. There is no specific treatment in modern science and so its management is a very challenging task. Some individuals fail to respond to treatment or lose initial efficacy, also modern medicines have their own side effects in long courses and reoccurrence. In Ayurveda as the principal treatment of all types of *Kushtha*, *Shodhan* along with *shaman* drugs are advised, hence in this study, a 22year old female patient is treated with *Shodhan* and *Shaman Chikitsa*.

Case report

A 22year old female patient registered in *Kayachikitsa* OPD, Parul Ayurved Hospital, Vadodara with OPD/IPD NO:20004152/201810 on date 20/6/2020 with the following Complaints:

- Reddish discoloration over extensor surface of joints in both upper and lower limbs, neck, and scalp region.
- Associated with intense itching and burning sensation of the skin
- Scaling of the skin and falling off of skin after rubbing.

She was suffering from these complaints for the last 4 years. The condition was diagnosed as psoriasis by a dermatologist and treated for the same, but no satisfactory improvement was observed. Gradually the above-mentioned symptoms increased in severity.

No history of diabetes, hypertension, thyroid disorder or any trauma or surgery was present. The patient's diet comprises of a mixed diet (both veg/non veg option). She has a history of constipation with hard stool twice to thrice a week. Frequency of urine 3-4 times/day & 1-2 times/night, normal sound sleep and has no addictions. She is a nulliparous female with a regular periodic cycle & normal flow. Vitals of the patients were BP- 110/60 mm of Hg, pulse 68/min. Systemic examination of patient revealed no abnormalities and she had a normal gait, absence of pallor, icterus, clubbing, cyanosis, also no palpable lymph node was noted on examination.

On Dermatological examination find erythematous lesions over the extensor surface of knee-elbow joints, scalp region, and neck region. Lesions were dry & scaly, erythematous patches covered with adherent silvery-white scales. *Oil drop sign* and *Candle*

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Greece signs were positive. Complete blood count, urine routine, and ECG parameters were within normal range.

On the basis of the above case findings an Ayurvedic treatment protocol was designed which comprises *Shodhan* and *Shaman* treatment in the form of *Apunarbhava Chikitsa*.

Treatment Protocol

As per aetiology, clinical presentation, and investigation reports patient was diagnosed as *Kitibha Kushtha*, accordingly line of treatment was planned. The patient was first explained the need for repeated *Shodhan chikitsa* considering the severity of the disease i.e., *Virechan*, *Nasya* and *Raktamokshana*.

At first, the patient was advised to take Tab. *Sutashekar rasa* 2 tablets twice a day with *Vasaguduchyadi kashay* 20ml twice a day before food with an equal quantity of warm water for the purpose of *Samapitta pachana* for 5 days and advised to get admitted on 25/06/2020.

Table No1. Shodhan And Shaman Chikitsa Details as Follows.

PANCHAKARMA				
Sr No	Arohana Karma Snehanaa/ Swedana	Pradhan Karma	Vegas	Sam sarjan Karma
1 ST ADMISSION- (25/06/2020- 6/07/2020)				
1	1.Mahatiktaka Ghrit- Orally 2. Nimba Tail – Abhyanga 3.Swedana – Sarvang Vaspa	Virechan With Trivrut Leha 40gms With Triphala Kashay Qs	Vegas -12 Upavegas -5	5 Days
2	Raktamokshan (13/10/2020)	Jalauokaavcharan (on OPD basis)- two leeches were applied.		
2 ND ADMISSION-(18/01/2021- 27/02/2021)				
3	1.Panchatiktaka Ghrit- Orally 2. Nimba Tail – Abhyanga 3.Swedana – Sarvang Vaspa	Virechan With Trivrut Leha 40gms With Triphala Kashay Qs	Vegas -10. Upavegas-4	5 Days
3 rd ADMISSION-(12/3/2021- 19/3/2021)				
4	Nasya	Shadbindu Tail	8 Drop Each Nostri l	7 days
2	Raktamokshan (21/3/2021)	Jalauokaavcharan (on OPD basis)- two leeches were applied.		
BAHYA CHIKITSA				
5	Sthanik Lepa	Yashad Bhasma + Tamra Bhasma + Aaragvadh Patra+ Patol Patra Churna		On each admission
6	Shirodhara	Triphala kashay/ Murchit Tila Tail		7 Days

SHAMANUSHADIS- After 1 st admission			
	Medicines	Doses	Anupana
1	Tab. Arogyavardini Vati	2 Tab Twice Daily After Meal	Warm Water
2	Tab. Panchtikta Guggulu Ghrit	2 Tab Twice Daily After Meal	Warm Water
3	Syp. Nimbadi Kashay	10ml with 10ml Water Twice A Day Before Meal	Normal Water
SHAMANUSHADIS- After 2 nd and 3 rd admission			
4	Cap Tiktaamrutum	2 Tab Twice Daily After Meal	Warm Water
5	Syr Vajraka Kashay	15ml 10ml Water Twice Daily Before Meal	Warm Water
6	Tab Sarivadi vati	2 Tab Twice Daily After Meal	Warm Water
7	Madhusnuhi Rasayan	10gms Before Food in The Morning	Warm Water

Jalaukaavcharan procedure

- Purva- karma* - 2 *Jalaukas* of moderate size was first prepared for *Raktamokshana* by keeping it in *Haridra Jala*. Extensor surface of right arm and scalp regions were selected for *Jalaukaavcharan*. Site was cleaned by *Triphala kwatha* 2-3 hours prior to leech therapy and then by dry gauze.
- Pradhana karma* – active leeches were identified and selected for the for the therapy. Site was punctured with sterile needle and when blood oozes out, leeches were applied. Once leech starts to suck blood it was covered with wet cotton.² Active blood sucking by leech is identified by peristalsis movement of its body. once the leech stops sucking blood it detaches by itself form the site.
- Paschat karma*- it consists two part as follows,
 - Stop the bleeding form the site of leech applied - *Haridra churna* was applied at the site of leech application and mild pressure was applied and dressing was done with cotton bandage
 - Leech management- after detachment of leech for the site. It was collected in separate dish, then *Haridra churna* was sprinkled over the mouth (leech's anterior sucker) for inducing vomiting. After vomiting, leech was active and it was collected and stored in fresh water container. Approximate each leech vomited around 30ml of blood.

Observations and results

The improvement in the symptoms and lesions were assessed based on the PASI score and subjective criteria. Details are as follows

Grading – PASI (Psoriasis Area Severity Index)

Score- For measuring the severity of psoriatic lesions it is a quantitative rating score which based on area coverage and appearance of plaque.

With the help of Scale, Severity parameters are measured from 0 to 4 (none to maximum).

The body is divided into four sections-

- Head (H) (10 % of a person's skin)
- Arms (A) (20%)
- Trunk (T) (30%)
- Legs (L) (40%)

Each of this area is scored by itself, and then all the four scores are combined into the final PASI. For

each section, the percent of area of skin involved, is estimated and then transformed into a grade from 0 to 6.

Table No. 2: 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. 3: Showing Area Involved with Grading





	Head	Arms	Trunk	Legs	Head	Arms	Trunk	Legs	Head	Arms	Trunk	Legs	Head	Arms	Trunk	Legs
	Before treatment				1 st visit				2 nd visit				After treatment			
Skin area involved grade -A	4	5	3	5	3	4	2	4	2	3	1	3	0	1	0	1
Erythema (Redness)	1	4	4	4	0	3	3	3	0	2	2	2	0	0	0	0
In duration (Thickness)	0	3	3	3	0	2	2	2	0	1	1	1	0	0	0	0
Desquamation (scaling) E.I.D- B	3	4	4	4	2	1	1	1	1	0	0	0	0	0	0	0
Total -A x B	16	55	33	55	6	24	12	24	2	9	3	12	0	0	0	0
Total Body Surface Area	16x0.1 =1.6	55x0.2 =11	33x0.3 =9.9	55x0.4 =22	6x0.1 =0.6	24x0.2 =4.8	12x0.3 =3.6	24x0.4 =9.6	2x0.1 =0.2	9x0.2 =1.8	3x0.3 =0.9	12x0.4 =4.8	0	0	0	0
Total PASI Score-	44.5				18.6				4.1				0			




Table No.4: Showing Result Before and After Treatment

No.	COMPLAINTS	Before treatment	After 1 st visit	After 2 nd visit	After 3 rd visit
1	Area involvement*	Grade 3 (44.5%)	Grade 2 (18.6%)	Grade 1 (4.1%)	Grade 0 (0%)
2	Induration(thickness)*	3	2	1	0
3	Redness (Twakvaivarnyata)	Severe	Blackish patch	Mild	Absent
4	Itching (Kandu)	Severe	Mild	Absent	Absent

Note : *Area involvement & Induration(thickness) as per PASI Score

Observation pictures

Before treatment			
			
Extensor surface lesion of right arm	Lesions at back of the neck region		Extensor surface lesion of left arm

After 1 st visit		
		
Lesion area reduced in size and colour changes to blackish	Jalauoka-avcharan	Lesions becomes blackish in colour

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After 2 nd visit		
		
Lesions of area reduced and high pink in colour	Scattered lesions with normal skin colour	Thickness of lesions reduced and lesions colour returning to normal skin colour

After 3 rd visit		
		
No lesion on extensor surface of right arm	No lesion on left arm with normal skin colour	No lesion on back and normal skin colour

Discussion

Irregular food habits, consumption of incompatible food, excessive use of sour and salty items can activate the etiopathogenesis, and produced toxins accumulate deeply in *rasa*, *rakta*, *mamsa*, and *lasika*. Occurrence of psoriasis is due to vitiation of *tridoshas* in which Vitiating *vata* causes pain, and dryness, *vitiating pitta* causes redness and inflammation, and *vitiating kapha* causes rashes, itching and thickening of the skin. It is a *Rakta-pradoshaj vyadhi* and *Shodhan* and *Shaman chikitsa* are described in the Samhitas for its management. All the treatment selected for the patient was mainly aimed to revert the pathological process and prevent the reoccurrence of disease. In classics, it has been explained that “*kushtha deergharoganam*”³, which means psoriasis is a chronic skin disorder with very high possibility of relapse, hence it requires long-term treatment for its management or cure. So, *Shodhan* and *Shaman Chikitsa* was planned as *Apunarbhava Chikitsa*. *Shodhana Chikitsa* includes *Snehana karma* and *Samsarjan karma* as *Paschat karma*.

Action of Snehana

In starting of *Shodhan* therapy, *Snehana* is done as a *Purva karma*. *Snehana* helps to dislodge the

excessively morbid *dosha* from deeper *dhatu*s. On the first visit for initial 6 days for *Abhyantara Snehana*, *Tiktak ghrit* was advised before *virechan karma*. That contains mainly *tikta rasa* drugs like *patol*, *darvi*, *katuki*, *nimba*, *parpat* etc mainly having *sheet veerya*, *kandhughan* and *raktashodhak* property and balances *tridosh*. On second visit *panch tikta ghrit* was advised before *virechan* for 4 days. All contents of this have *tikta rasa*, *laghu* and *ruksha guna*, so act as *kandhughan*, *kusthaghan*, and *dahashamak* properties. It mainly acts on *kleda*, *meda*, *lasika*, *rakta*, *pitta*, *sweda*, and *shleshma*. After *snehapana* loosening of the *dosha-dushya* lead to melting of the *doshas* at the site of *sthansanshraya*.

Neem is the main ingredient of *nimb tail*. Neem having *tikta*, *kashay ras*, *laghu guna* and *sheet* in *veerya*, balances *kapha* and *pitta*, *kandhughan* due to *tikta rasa* and *daha prshamak* due to *sheet veerya*. It contains valuable active compounds like *azadirachtin* and *nimbolide* showed concentration-dependent antiradical scavenging, *quercetin*, and *beta-sitosterol* polyphenolic flavonoids having antifungal and antibacterial activities. Neem also plays anti-inflammatory action via regulation of proinflammatory enzyme activities including *cyclooxygenase* and *lipoxigenase* enzyme.⁴

Action of virechan

In process of *virechan karma* melted *dosh's* are expelled through the alimentary canal by the process of purgation. *Virechan drugs* have properties *saratwa*, *sukshma*, *tikshna*, *ushna*, *vikasi guna*. By virtue of *sukshma guna* *virechan* drug pass through minute channels of the body and reach the cellular level and work at the site of pathogenesis, due to *vikasi guna* they dispersed in the whole body without digestion and help to loosen of *dosh- dushya sanghat*, due to *teekshna guna* it has strong potency to flush out the toxins by opening the various channels, by virtue of *ushna guna* liquification of *dosh dushya sanghat* and due to *saratva guna* collected *dosh dushya* are encouraged to pass out by its laxative property.⁵ For the process of *virechan karma*, *Trivrut leha*, & *Triphala Kashay* was used. *Trivrut avleha* contain *Shyama Trivrut* having *katu rasa* with *ruksha*, *teekshna guna*, *ushna veerya*, and *katu vipaka* with *rechak prabhav*.⁶ Due to these properties, it acts as *shrotoshodhak*, *raktashodhak*, *kandhughan*, *kusthaghana* in action. Due to *teekshna guna* it opens all the minute's channels and causes *chedana* of *dosh-dushya sanghat*. It is *kapha piita shamak* so also pacified the symptoms like itching, discoloration, dryness, thickening of the skin which occurs due to aggravated *pitta* and *kapha dosh*.

Sansarjan karma and its role-

After *Shodhan karma* to restore the strength of *Agni* and *prana*, *peyadi Sansarjan karma* is advised. The *Sansarjan karma* is given with two aims; to give time to the stomach/intestine to replenish *Agni* (till normalization of the physiology of the GI organs) during the *Shodhan* procedure and to slowly increase the acidic and alkaline secretions in the stomach and

intestine. A sudden increase in acidic/alkaline will damage the mucosa and digest the organ muscles leading to gastritis and ulcers.⁷ *Sansarjan karma* helps to improve appetite and digestive power. During this schedule, a light diet was started first, and keep on increasing the heaviness of diet up to a normal diet. So, we started first *peya* which is *laghu*, *grahi* and *dhatuposhak*, and *yush* which is *laghu*, *balkarak*, *ruchikar*. We gradually taking the patient towards solid food when *Agni* is in better condition which increases the body strength.

Rakta-mokshan and its role-

Both hands *jalaaukavacharana* was done, the suckling time of *jalaaukavacharan* was 55 minutes. Psoriasis is a *raktapradoshaja vikar*, in this *daha*, and *kandu* occurs due to *pitta* involvement. Due to the removal of vitiated *rakta* which is *ashraya sthana* of *pitta*, in symptoms like *kandu*, *daha*, *lalima* patient got relief.

Nasya and Shirodhara-

As the patient had complaints of scalp itching and psoriatic rashes over the scalp region, to remove the *dosha* from *urdwa-jatrugata vikaras*, *Shodan Nasya* has been planned from *Shadbindu tail* 8 drops were administered in each nostril after *Stanika Snehana* and *Swedan*.

Psoriasis is related to diminished Pituitary-Adrenal activity & Stress-induced autonomic response. Stress-induced endocrine and immunological changes are found in psoriasis patients. In Ayurveda, *Dhara* therapy is indicated and has a good role in *Vata- Pitta* disorders; previous researches suggest that it gives good results in Stress-related lifestyle disorders like hypertension, ulcerative colitis, psoriasis & other psychosomatic diseases, etc. Continuous pouring of *Takradhara* on the forehead for a specific period of time regulates rhythm & shows tranquilizing effects. *Takradhara* also affects *Mana* & *Prana Vayu* and induces good sleep.⁸

Shirodhara stimulates the *Marmas* like *Sthapni*, *Shankh*, *Utkshepa*, and *Adhipati Marmas* and improves circulation. For *Shirodhara* always use a lukewarm liquid which causes vasodilatation of all the channels and thereby improves their circulation which in turn improves the blood circulation of the brain, due to this improves the higher intellectual functions also. So, improvement in psychic symptoms is achieved by this process. Improvement in hypothalamus circulation also improves the function of the Autonomic Nervous System as its stimulation during stress causes many physiological disturbances.⁹

Shaman medicine-

Kitibha Kustha is a *raktapradoshaj vikar* that occurs due to vitiated *rakta*, mainly *Vaat- Kapha Pradhan*. Drugs that act on *rakta dhatu* and have *kusthaghan* and *kandhughan* properties are selected for shaman medicine like *Arogyavardhini*, *Panchatikta Guggulu Ghrit*, *Madhusnuhi Rasayan* which all have *tikta ras pradhan*, and *kapha pitta hara* drugs mostly.

They are having detoxifying properties due to *tikta rasa* acting as *rakta-shodhak* and indicated in *Kustha*. *Tab Arogyavardhini vati* has an abundance of drugs like *Nimba*, *Triphala* which acts as a *raktashodhak* and *malshodhak* and effective in removing AMA toxins, it also shows significant free radical scavenging activity compared to Vitamin C.¹⁰ It have Anti-inflammatory, Anti-pruritic and Analgesic properties. *Panchatikta guggulu ghrit* act on *rakta dhatu* and do *kleda* and *vikrut meda upshoshan* and *vranashodhak* due to *tikta rasa*, *laghu* and *ruksha guna*. *Madhusnuhi rasayan* is *tridoshaghan* and *sarvdhatu-varadhan* and effective role on *kustha*, *kilas* and *pidika* with immunomodulatory and healing properties. *Nimbadi kashay* and *Sarivativati* are *raktashodhak* and *raktaprashadak* in nature. Along with *Shodhan karma* advocating *shaman* medication and following proper *pathya* was provided faster and proper relief.¹¹

Conclusion

In this clinical case study, the patient has shown good improvement symptomatically during the management of psoriasis. With the help of Ayurvedic treatment protocol which includes *Shodhana* and *Shaman* treatment, the patient is free of psoriasis lesions and no reoccurrence was observed even after 11 months of treatment. It indicates that with ayurvedic *Shodhana* and *Shamana chikitsa*, we can treat chronic skin diseases and also prevent the reoccurrence of the disease. In today's world, lifestyle disorders are on a rising pattern, Ayurveda is a ray of hope in such a chronic condition.

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