



ISSN 2456-3110

Vol 3 · Issue 3

May-June 2018

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

Ayurvedic management of *Kitibha Kushta* - A Case Report

Dr. Swati Sharma,¹ Dr. Gurubasavaraja Yalagachin,² Dr. Tapas Brata Tripathy³

¹Post Graduate Scholar, ²Assistant Professor, ³Professor & HOD, Department of Swasthavritta, Sri Dharmasthala Manjunatheswara College of Ayurveda & Hospital, Hassan, Karnataka, India.

ABSTRACT

Skin being the largest organ of the body is the reason behind the beauty and the cause for confidence. WHO has classified skin diseases a Psycho-cutaneous disease. This emphasizes on the relation between skin and psyche. Hence skin ailments are given high priority by any victim. 10 - 15% of the OPD patients for any practitioner will comprise of cosmetology related patients. Skin diseases are commonly observed due to altered lifestyle; lack of physical exercise, poor hygiene, mental stress and improper food habits. All the skin disorders in Ayurveda have been discussed under the broad heading of *Kushta*. *Kushta* is being further divided into *Maha Kushta* and *Kshudra Kushta*. *Kitibha Kushta* is one of the *Kshudra Kushta*, disorder which is commonly encountered in today's clinical practice. Here, *Tridoshas*, *Rasa*, *Rakta* and *Mamsa Dhatu* are affected. *Kitibha Kushta* is a disease mainly affecting the beauty of the subject, thus its management would be challenging task.

Key words: *Kitibha Kushta*, *Shamana*, *Shodhana Chikitsa*, *Psoriasis*.

INTRODUCTION

Skin being the largest organ of the body is the reason behind the beauty and the cause for confidence. WHO has classified skin diseases as Psycho-cutaneous disease. This emphasizes on the relation between skin and psyche. Hence skin ailments are given high priority by any victim. 10 to 15% of the OPD patients for any practitioner will comprise of cosmetology related patients. Skin diseases are commonly observed due to altered life style; lack of physical exercise, poor hygiene, mental stress and improper

food habits etc. *Mithyahara* and *Vihara* vitiate *Tridosha* which further lead to the affliction and aggravation of *Rasa*, *Rakta*, *Mamsa* and *Laseeka*. Predominance of *Vata* can be elicited with symptoms like blackish discoloration, hardness, dryness and roughness to touch. *Kapha* predominance can be appreciated with the presence of severe itching on the affected area. All the skin disorders have been discussed in Ayurveda under the broad heading of *Kushta*. It is being further divided into *Mahakushta* and *Kshudra Kushta*. *Kitibha Kushta* is one of the *Kshudrakushta*, which is commonly encountered in today's clinical practice. Here, *Tridoshas* and *Rasa*, *Rakta* and *Mamsa Dhatu* are affected. According to classics, vitiation of *Tridosha* followed by affliction of four *Dhatu*s (*Tvak*, *Rakta*, *Mamsa* and *Lasika*) leads to *Kushta*.^[1] *Kitibha Kushta* is a disease mainly affecting the beauty of the subject, thus its management would be challenging task.

Address for correspondence:

Dr. Swati Sharma

Post Graduate Scholar, Department of Swasthavritta, Sri Dharmasthala Manjunatheswara College of Ayurveda & Hospital, Hassan, Karnataka, India.

E-mail: swatisharma73691642@gmail.com

Submission Date : 21/05/2018 Accepted Date: 05/06/2018

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.v3i3.12906

CASE PRESENTATION

A 48 years old male was apparently healthy before 2 months. Suddenly he developed small rough hard well defined patches, powdery discharge, itching, blackish discoloration all over body associated with

Agnimandya and hard stools since 2 months. For that he consulted an allopathic physician and was advised with antibiotics, anti-histamines, purgatives and topical steroids. But there was no considerable relief. The case was diagnosed as *Kitiba Khusta* (Psoriasis) on the basis of *Ahara*, *Vihara*, *Nidana* and *Lakshana* which is among the *Kshudra Roga* and its management was successfully done by Ayurvedic principles of *Shamana*, *Shodhana* (*Virechana Chikitsa*) followed with *Pathya*.

Clinical findings of *Kitibha Kushta*^[2]

<i>Shyavam/Snigdha</i>	Blackish / dark discolouration due to vitiated <i>Vata Dosha</i> .
<i>Kharatwam</i>	Roughness to touch due to <i>Vata</i> vitiation.
<i>Parushatwam</i>	Hardness to touch. It is because of <i>Vata Dosha</i> .
<i>Rukshatwam</i>	Dryness of the skin seen in <i>Kitiba</i> because of vitiation of <i>Vata Dosha</i> .
<i>Ugra Kandu</i>	<i>Kandu</i> is produced by the vitiated <i>Kapha Dosha</i> .

Nidana

Excessive use of alcohol, smoking, Intake of curd in night time, excessive intake of non veg, pickles, tea (6 times/day) and *Katu Rasa Pradahana Ahara*.^[3]

Samprapti

Due to *Nidana Sevana*, *Dushivisha Utpatti* occurs in the individual, leads to the *Dhatu Shaithilya*, *Agnimandya*, *Srotodushti* and *Srotorodha*, *Sthanasamshraya* of *Dosha* in *Twak*, *Rasa*, *Rakta*, *Lasika Dhatu* which became *Shithila* by *Dosha Dushya Sammurcchana* and shows symptoms like *Shyava Varna*, *Kharatwam*, *Parushatwam*, *Rukshatwam* and *Ugra Kandu*. This is *Kitibha Kushta* (Psoriasis).^[4]

Correlation of *Kitibha Kushta* and Psoriasis

<i>Kitibha</i>	Psoriasis
<i>Shyavam / Krishna</i>	Erythematous lesion turns to black in chronic cases.
<i>Kharatwam</i>	Candle grease sign - Positive

<i>Parushtwam</i>	Abnormal hardening seen in chronic cases
<i>Rukshatwam</i>	Scales rough to touch
<i>Ugra Kandu</i>	Severe itching observed ^[5]

Treatment^[6]

The patient was administered with *Shamana* medicine followed by *Shodhana* and internal medicines. All oral and local medicines were

Date	Treatment
05.08.2017 to 10.08.2017 (5 days)	<i>Arogyavardhini Vati</i> 2-0-2 after food <i>Virechana Churna</i> 1tsp night <i>Marichadi Tailam</i> E/A <i>Siddharthaka Snana Churna</i> <i>Siddha Jala Snana</i> (External Application) Psoroline Soap
11.08.2017 to 15.08.2017 (5 days)	<i>Arogyavardhini Vati</i> 2-0-2 after food <i>Virechana Churna</i> 1tsp night
16.08.2017 to 19.08.2017 (4 days)	<i>Nimbadi Guggulu</i> 2-0-2 after food <i>Virechana Churna</i> 1tsp night <i>Pinda Taila</i> and <i>Mahatiktaka Ghrita</i> E/A <i>Parisheka</i> with <i>Panchavalkal Kwath Churna</i> Psorolin Soap
20.08.2017 to 22.08.2017 (3 days)	<i>Snehapana</i> 40ml <i>Murchita Ghrita</i> (morning) <i>Snehapana</i> 80ml <i>Murchita Ghrita</i> (morning) <i>Snehapana</i> 120ml <i>Murchita Ghrita</i> (morning)
23.08.2017	<i>Abhyanga</i> with <i>Yashtimadhu Taila</i> & <i>Bhashpa Swedana</i>
24.08.2017	<i>Abhyanga</i> with <i>Yashtimadhu Taila</i> & <i>Bhashpa Swedana</i> <i>Siravyadhana</i> 160ml blood drawn

25.08.2017	<p><i>Abhyanga with Yashtimadhu Taila & Bhashpa Swedana</i></p> <p><i>Virechana by Trivrut Lehya 80gm & Triphala Kashaya 100ml</i></p> <p><i>Virechana Vegas - 19</i></p> <p><i>Samsarjana Krama Advised</i></p> <p><i>Pathya Apathya, Nidana Parivarjana Advised</i></p>
------------	---

Prescribed medications with ingredients and their action

Formulations	Ingredients	Indication and action of the formulations
<i>Arogyavardhini Vati</i> ^[7]	<i>Gandhaka, Lohabashma, Triphala, Shilajatu, Nimba.</i>	<i>Kushta, Jwara (immunomodulator, antioxidative)</i>
<i>Virechana Churna</i> ^[8]	<i>Triphala, Trivruth, Pippali, Maricha, Sunti, Saindhava.</i>	<i>Vibandha (regulates the bowel movements)</i>
<i>Manibadhra Guda</i> ^[9]	<i>Vidanga, Triphala, Trivruth, Jaggery.</i>	<i>Twak Gata Roga, Vibandha (regulates bowel movements)</i>
<i>Gokshura Churna</i> ^[10]	<i>Gokshura</i>	<i>Mutrgata Roga (diuretic)</i>
<i>Murchita Ghrita</i> ^[11]	<i>Haridra, Triphala, Musta.</i>	<i>Amadosaharatwa (detoxifier)</i>
<i>Pinda Taila</i> ^[12]	<i>Manjihsta, Sariva, Sarjarasa.</i>	<i>Daha (reduces burning sensation)</i>
<i>Mahatiktaka Ghrita</i> ^[13]	<i>Musta, Usheera, Triphala, Chandana, Haridra, Daruharidra, Saariva, Guduchi.</i>	<i>Kushta</i>
<i>Siddarthaka Churna Prakruti</i> ^[14]	<i>Musta, Triphala, Karanja, Aragwadha,</i>	<i>Eczema, Psoriasis (antioxidant)</i>

	<i>Daruharidra.</i>	
<i>Marichadi Taila</i> ^[15]	<i>Maricha, Haratala, Manashila, Musta, Jatamamsi, Haridra</i>	<i>Dadru , Svitra, Kustha.</i>
<i>Psorolin Soap</i>	<i>Wrightania Tinctoria, Alovera</i>	<i>Psoriasis, Eczema</i>
<i>Yastimadhu Taila</i> ^[16]	<i>Tilataila, Ksheera, Yastmadhu, Dhatri.</i>	<i>Varnya, Khalitya, Dadru.</i>
<i>PVQ Churna</i>	<i>Vata, Udumbara, Ashwatha, Plaksha, Parisha</i>	<i>For Vrana Prakshalana.</i>

DISCUSSION

Patient had irregular diet pattern and excessive use of alcohol, smoking, Intake of curd in night time, excessive intake of non vegetarian diet, pickles, 6 cups of tea per day and exposure to the sun resulting into *Kitibha Kushta*. After examining the patient, has been planned by the Ayurvedic principles i.e. *Shamana Oushadhis* and *Shodhana* which include *Snehpana* and *Virechana*.

Patient's main complaint is small rough hard well defined patches, powdery discharge, itching, blackish discoloration all over body associated with loss of appetite and hard stools since 2 months.

Chikitsa was started with *Shamana Oushadhis* like *Arogyavardhini Rasa* and *Virechana Churna* internally and for external application *Psorolin soap* and *Pinda Taila* application after washing with *Panchavalka Kwatha Choorna* was advised. After 5 days of *Shamana Oushadhi*, *Snehpana* with *Murchitha Ghrita* followed by *Abhyanga* with *Yashtimadhu Taila* and *Virechana* was administered with *Trivrit Leha*, 19 vegas were attained.

On discharge along with *Shamana Oushadhi* and external application, *Manibhadra Guda* was given for *Nitya Virechana*.

Selection of medicines during discharge

<i>Arogyavardanaivati</i>	For <i>Deepana, Pachana, Sroto Shodhana</i> .
<i>Manibhadra Guda</i>	<i>Nitya Anulomana</i>
<i>Siddharthaka Snana Churna</i>	<i>Kadu, Pidaka Varnya</i>
<i>Yashtimadhu Talia</i>	Blackish discolouration, <i>Rukshatva</i>
Psorolin Soap	Dryness and itching

CONCLUSION

The prevalence of *Kitibha Kushta* is increasing day by day. This case study is a documented evidence for the successful management of *Kitibha Kushta* through *Shodhana* and *Shamana Chikitsa*. This is one among the relapsing type of skin disease, so patient is advised to follow *Pathyaapathya* like *Ahara, Vihara, Achara* and *Vichara*. Repeated *Shodhana* as per classics in accordance with *Dosha, Kala, Agni* and *Desha* should be administered to control the frequency of recurrence and further spread.



REFERENCES

1. Sharma RK, Dash B. English translation on charaka Samhita of Agnivesha's. Reprint 2014. Chikitsa sthana; kushta chiitsa: chapter 7, verse 7-8: Varanasi (India): chowkhamba Sanskrit series office, 2014; p.319-20.
2. Sharma RK, Dash B. English translation on charaka Samhita of Agnivesha's. Reprint 2014. Chikitsa sthana; kushta chiitsa: chapter 7, verse 12-14: Varanasi (India): chowkhamba Sanskrit series office, 2014; p.324-29.
3. Sharma RK, Dash B. English translation on charaka Samhita of Agnivesha's. Reprint 2014. Chikitsa sthana; kushta chiitsa: chapter 5, verse 6: Varanasi (India): chowkhamba Sanskrit series office, 2014; p.70.
4. Sharma RK, Dash B. English translation on charaka Samhita of Agnivesha's. Reprint 2014. Chikitsa sthana; kushta chiitsa: chapter 5, verse 4: Varanasi (India): chowkhamba Sanskrit series office, 2014; p.68.
5. Murthy KRS. Susruta Samhitha Reprint. Nidana sthana; kushta Nidana: Chapter 5, verse 14: Varanasi (India): chowkhamba Sanskrit series office, 2014; p.496.
6. Sharma RK, Dash B. English translation on charaka Samhita of Agnivesha's. Reprint 2014. Chikitsa sthana; kushta chiitsa: chapter 5, verse 4: Varanasi (India): chowkhamba Sanskrit series office, 2014; p.68.
7. Mishra siddanand. Bhaishajya Ratnavali of kaviraj govind das sen. kustadhikara: chapter 54, verse



- 222:Varanasi (India): chowkhamba Sanskrit series office,2016;p.891.
8. Mishra siddanand. Bhaishajya Ratnavali of kaviraj govind das sen. kustadhikara:chapter 30,verse 24:Varanasi (India): chowkhamba Sanskrit series office,2016;p.618.
9. Vagbhata: Astanga Hridaya, commentary by Arundatta and Hemadri , edited by Harishastri Paradkar, published by Krishnadas Academy, Kushtacikistha:Chapter19, Verse31-32 Revised ed;2007;p.401.
10. Pandey G.S-editor (1998); Bhavprakash nighantu ,Hindi commentary of K.C.Chunekar:verse 44-6,p.292-3.
11. Shri govind Das. Bhaishajya Ratnavali. Shri kaviraj Ambikadutta shastry Ayurvedacgarya, Varanasi: chaukambha prakashan; 2014. Jwarachikits prakaranam (5th chpter), 1285th verse,p.106
12. Shri govind Das. Bhaishajya Ratnavali. Shri kaviraj Ambikadutta shastry Ayurvedacgarya, Varanasi: chaukambha prakashan; 2014. vataraktha prakaranam (27th chpter), 177th verse,p.588
13. Shri govind Das. Bhaishajya Ratnavali. Shri kaviraj Ambikadutta shastry Ayurvedacgarya, Varanasi: chaukambha prakashan; 2014. kustachikits prakaranam (54th chpter), 1285th verse,p.883.
14. Acharya Agnivesha,Charaka Samhita, Redacted by Charak and Dridhabala With Ayurveda Deepika Commentary by Chakrapanidatta and Vidyotini Hindi commentary by Pt. Kashinath Shasthri, Varanasi, Chaukambha Sanskrit Sansthan, 1997, Chikitsa sthana(7th chpter),915th verse, p.454
15. Shri govind Das. Bhaishajya Ratnavali. Shri kaviraj Ambikadutta shastry Ayurvedacgarya, Varanasi: chaukambha prakashan; 2014. kustachikits prakaranam (54th chpter), 1285th verse,p.890
16. Shri govind Das. Bhaishajya Ratnavali. Shri kaviraj Ambikadutta shastry Ayurvedacgarya, Varanasi: chaukambha prakashan; 2014. Kshudraroga prakaranam (60th chpter), 1285th verse,p.946

How to cite this article: Dr. Swati Sharma, Dr. Gurubasavaraja Yalagachin, Dr. Tapas Brata Tripathy. Ayurvedic management of Kitibha Kushta - A Case Report. J Ayurveda Integr Med Sci 2018;3:240-244. <http://dx.doi.org/10.21760/jajims.v3i3.12906>

Source of Support: Nil, **Conflict of Interest:** None declared.
