CASE REPORT

Ayurvedic management of Psoriasis (Kitibha) - A Case Report

Anand R Jalawadi¹, Dija T Lawrence², Girish K J³, Tapas Brata Tripathy⁴

¹²²Post Graduate Scholar, Department of Kayachikitsa, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.
³⁴Professor, Department of Kayachikitsa, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.

ABSTRACT

Psoriasis is a chronic disorder which is commonly encountered in day-to-day clinical practice. It is a chronic non-communicable proliferative autoimmune skin disease which affects 2-3% of worldwide population. Psoriasis is a disorder of hyperkeratinisation characterized by sharply defined erythematous-squamous lesions. WHO considers skin diseases as Psycho-cutaneous diseases. Psoriasis has resemblance with Kitibha Kushta in Ayurveda. Kitibha Kushta is one of the Kshudra Kushta, characterized by skin manifestation having the symptoms Shyava Varna (blackish brown discoloration), Kinakhar Sparsha (rough in touch), Parushatva (hard) and Kandu (itching). Due to Bahudosha involvement, Shodhana (purifying therapy) followed by Shamana (palliative therapy) plays an important role in the management of Kushta. Case Summary: A 35 years old male patient approached with the complaints of diffuse scaly lesions over scalp, bilateral upper and lower limbs, abdomen and back associated with itching and powdery appearance since 8 years. He was diagnosis with Psoriasis (Kitibha) on the basis of signs and symptoms. The patient was given with Deepana, Pachana, Virechana, Kushtahara Shamana Aushadis (Oral medications) and Kumarabharana Rasa as line of management. Significant improvement was observed after 1 month of treatment in terms of PASI Score.

Key words: Ayurveda, Psoriasis, Kitibha, Virechana, Shamana.

INTRODUCTION

Psoriasis is a chronic inflammatory skin disease that affects 2-3% of the world population.¹ It is considered as a genetic, immunological and systemic disorder. The prevalence of psoriasis in India varies from 0.5–1.5%.² It is characterized by the presence of well-defined, erythematous, scaly papules and plaques that occur especially over the scalp, ears, genitalia, and skin over bony prominences. The most common type of psoriasis is plaque psoriasis. The typical lesion is a raised, well-demarcated erythematosus plaque of variable size. In untreated disease, silver/white scale is evident with positive Auspitz sign. The most common sites are the extensor surfaces, notably elbows and knees, and the lower back.³ Moreover, Psoriasis affects mental health and people suffering from the disease experience social stigma.⁴

Psoriasis (Kitibha) is one among the Kshudra Kushta (skin disorder), the signs and symptoms of which are similar to Plaque psoriasis. It is one of the Rakta Pradoshaja Vikara caused by vitiation of Vata and Kapha Dosha predominantly and is characterized by Shyava Varna (blackish brown discoloration), Kinakhar Sparsha (rough in touch), Parushatva (hard), Rukshata (dry),⁵ Ugra Kandu (itching).⁶ Kushta manifests due to vitiation of Saptu Dushya viz. Tridosha, Twak, Rakta, Mamsa and Lasika. The

Address for correspondence:
Dr. Anand R Jalawadi
Post Graduate Scholar, Department of Kayachikitsa, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.
E-mail: anandrajalawadi73@gmail.com
Submission Date: 10/04/2023 Accepted Date: 17/05/2023

Access this article online

Quick Response Code
Website: www.jaims.in
DOI: 10.21760/jaims.8.6.42
treatment is to be carried out according to the predominance of *Dosha* based on *Roga* and *Rogi Bala* (Strength of disease and patient). In *Kushtha* repeated *Shodhana* is indicated due to *Bahu Doshavastha* in order to eliminate the aggravated *Dosha*.

**PATIENT INFORMATION**

A 35-year-old male patient approached Kayachikitsa outpatient department of SDM Ayurveda Hospital, Hassan with complaints of diffuse dry scaly lesions over scalp, bilateral upper and lower limbs, abdomen and back associated with moderate itching and powdery appearance since 8 years, aggravated since 1 month. Clinical signs and symptoms like *Shyaava* (Blackish brown colour), *Kina Khara Sparsha* (rough in touch), *Parusha* (hard) and *Kandu* (itching) were present. He underwent allopathic treatment from which he got symptomatic relief. But on discontinuing the medication, symptoms re-occurred and he came for further management.

**Associated complaints**

He had disturbed sleep occasionally due to itching.

**Personal history**

Habits: taking curd, spicy, oily food, and more non-veg.

**Timeline**

**Table 1: Timeline of the Case**

<table>
<thead>
<tr>
<th>Date</th>
<th>Relevant medical history</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2015</td>
<td>Acute onset of well-defined, elevated skin margin with scales over B/L legs associated with itching</td>
</tr>
<tr>
<td></td>
<td>Gradual development of skin lesions over other body parts</td>
</tr>
<tr>
<td>August 2015</td>
<td>Lesions over scalp, dryness and scales on scratching</td>
</tr>
<tr>
<td>September 2015</td>
<td>Disturbed sleep due to itching and lesions</td>
</tr>
<tr>
<td>October 2015</td>
<td>Started allopathic treatment (corticosteroids and ointment)</td>
</tr>
</tbody>
</table>

**Clinical findings**

On general examination a male patient with moderately nourished having normal vital signs. Other parameters like pallor, icterus, central cyanosis, oedema, digital clubbing and local lymphadenopathy were absent. On Integumentary system examination, distribution of the skin lesion was over scalp, bilateral upper limb and lower limb, abdomen and back. Type of lesion was secondary scaly lesions with diffused distribution. The colour was blackish brown associated with rough surface and itching. Tests like Candle grease and Auspitz sign were positive.

**Laboratory parameters**

Hb: 13.4 gm%, E.S.R: 20 mm/hr, and other parameters within normal limit.

**Diagnostic Assessment**

*Raktavaha Srotas* (Channels involved in blood circulation) involved with symptoms like *Vyanga* (pigmentation), *Kushta* (Skin lesion). The *lakshanas* (symptoms) are *Shyava* (Blackish brown colour), *Kina Khara Sparsha* (rough in touch), *Parusha* (hard) and *Kandu* (itching). Psoriasis - Skin lesions are erythematous, sharply demarcated papules and rounded plaques covered by silvery micaceous scale and are variably pruritic. The *lakshanas* (symptoms) are *Shyava* (Blackish brown colour), *Kina Khara Sparsha* (rough in touch), *Parusha* (hard) and *Kandu* (itching).

**Diagnosis - Plaque psoriasis (**Kitibha**)**

**Therapeutic intervention**

**Table 2: Timeline of intervention**

<table>
<thead>
<tr>
<th>Date</th>
<th>Intervention</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/4/23 to 25/4/23</td>
<td><em>Sarvanga Udwartana</em> followed by <em>Dhanyamla Parisheka</em> and <em>Jeeraka Kashaya</em></td>
<td>OD 50ml-0-50ml after food</td>
</tr>
</tbody>
</table>
Snehapana with Murchita Gritha

Day 1 - 50 ml at 7AM
Day 2 - 100 ml at 7AM
Day 3 - 180 ml at 7AM

29/4/23 and 30/4/23

Sarvanga Abhyanga with Marichadi Taila followed by Dhanyamla and Dashamoola Qwatha Parisheka.

OD

1/5/23

Sarvanga Abhyanga with Marichadi Taila followed by Dhanyamla and Dashamoola Qwatha Parisheka.

Virechana with Trivrit Lehya - Triphala Kashaya -

OD

80gms

100ml

Total Virechana Vegas were 18. Samsarjana Krama, Pathya Apathya and Nidana Parivarjana was advised.

Table 3: Shamana (Discharge Medicine)

| 3/5/23 | Panchatikta Guggulu Gritha | 20 ml morning Before food with warm water |
| 2. Kumarabharana Rasa with honey | 1-0-0 after food |
| 3. Marichadi Taila | External application |

Outcomes

Improvements were observed in Lakshanas of Kitibha and PASI Score after Shodhana and Shamana Chikitsa.

Table 4: Outcomes

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Before Treatment</th>
<th>After Shodhana</th>
<th>1 month after treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shyava</td>
<td>Present</td>
<td>Reduced</td>
<td>Reduced</td>
</tr>
<tr>
<td>Kinakhara Sparsha</td>
<td>Absent</td>
<td>Reduced</td>
<td>Reduced</td>
</tr>
<tr>
<td>Parusha</td>
<td>Present</td>
<td>Reduced</td>
<td>Absent</td>
</tr>
<tr>
<td>Ugra Kandu</td>
<td>Present</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>PASI Score</td>
<td>27.1</td>
<td>11.7</td>
<td>3.9</td>
</tr>
</tbody>
</table>

DISCUSSION

Psoriasis is an immune-mediated disease, where treatment depends on the type, location, and extent of disease. Most cases of localized, plaque-type psoriasis can be managed with midpotency topical glucocorticoids. Kitibha is Raktapradoshaja vikara which is caused by the vitiation of Vata Kapha Doshas, Twak, Lasika, Rakta and Mamsa. Samshodhana needs to be performed as Kushta is Bahudoshavsthya Vyadhi. Acharya Vagbhata highlighted the significance of Samshodhana in Kushta by citing Virechana once in a month, Vamana once in every 15 days, Raktamoksha once in every 6 months and Nasya once in every 3 days. Virechana Karma is chosen among the Shodhana due to the involvement of Vata and Kapha Dosha. The patient in the current study received Shodhana, Shamana and Bahirparimarjana Chikitsa.

Mode of action of Intervention

Deepana Pachana

Deepana Pachana was done with Jeeraka Kashaya. Jeeraka by its Laghu Guna, Katu Rasa, Katu Vipaka,
Ushna Veerya does Kapha Vata hara and does Deepana and Pachana. Triphala by its property helps in Koshta Shuddhi and Vatanulomana.

Udwartana and Dhanyamla Parisheka

Udwartana pacifies the Kapha Dosha, does Sroto Shodhana, alleviates Kandu (itching) and gives Twak Prasadana.

Parisheka Swedana provides Mriduta (Softness), Laghuta (lightness) and Agnideepti (increase of digestive power) of body. The vitiated Vata-Kapha is pacified by Dhanyamla due to its Ushna Guna.

Snehapana, Sarvanga Abhyanga and Swedana

Doshas can be brought from Shakha to Koshta by Vriddhi and Vishyandana. Snehana and Swedana help in this aspect and bring the Dosa to Koshta before Shodhana. Snehapana is done with Murchita Ghrita.

Sarvanga Abhyanga was done with Marichadi Taila which is indicated in all types of Kushta. Based on the properties of ingredients, Marichadi Taila acts as Kapha Shamaka, Kandughna and Kushtaghna.

Virechana

Kitibha Kushta is Vata Kapha Pradhana Kushta, for which Virechana is suitable treatment. Virechana Dravya possesses Ushna, Teekshna, Sukshma, Vyavayi, Vikasi Guna. Virechana was given with Trivrit Lehya.

Shamana Chikitsa

Panchatiktaka Ghrita is administered in the morning in empty stomach as Kitibha is Vata Kaphaja and Bahudoshavaya Vyadhi. It is Deepana, Pachaka, Srotoshodhaka, Raktaprasadaka, Kandughna, Kushtaghna, Varnya. Ghee has anti-inflammatory properties due to components such as linoleic acid, which is helpful in the reduction of inflammation of the skin in psoriasis.

Kumarabharana Rasa contains Bhasmas of Swarna (Gold), Rajata (Silver), Pravala (Coral) and Churnas of Ashwagandha (Withania somnifera), Amalaki (Emblica officinalis), Shunti (Zingiber officinale), Pippali (Piper longum), Haritaki (Terminalia chebula), Vacha (Acorus calamus) and Yasimadhu (Glycyrrhiza glabra). These drugs exhibit a wide range of biological activities including immunomodulatory, anti-inflammatory activity. The cumulative actions of these drugs are Kaphahara, Lekhana (scraping), Deepana (digestive stimulant), Pachana (digestive), Anulomana (carminative), Balya (nourishing) and Rasayana (rejuvenating) property. Swarna Bhasma promotes immunity through phagocytosis. Gold is one of the noble metals used in continuity to increase the vitality and immunity. Swarna Bhasma helps in rejuvenation and immunomodulation for some chronic diseases.

CONCLUSION

Psoriasis is a relapsing disease. The prevalence of psoriasis is increasing day by day. Shodhana is of great importance in Bahudosha Avastha. Shodhana Karma helps to eliminate the Doshas and thus prevents recurrence of the disease. This case study shows significant improvements in terms of skin lesion, roughness, powdery appearance and itching after 1 month of treatment. Hence, it can be concluded that Kitibha Kushtha can be treated with the Shodhana, Shamana, Bahirparimarjana Chikitsa, Nidana Parivarjana and following Pathyaapathy.

PATIENT PERSPECTIVE

Patient was satisfied with the treatment in terms of reduced skin lesion, dryness, itching, powdery appearance and improved sleep.

PATIENT CONSENT

Informed consent for publication of this case study has been obtained from the patient.

REFERENCES


How to cite this article: Anand R Jalawadi, Dija T Lawrence, Girish K J, Tapas Brata Tripaty. Ayurvedic management of Psoriasis (Kitibha) - A Case Report. J Ayurveda Integr Med Sci 2023;06:262-266. http://dx.doi.org/10.21760/jaims.8.6.42

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