

Integrative management of Kitibha Kushta with Snehapana: A Case Study Perspective

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DOI:10.21760/jaims.10.1.34


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The skin is the body's largest organ, making up more than 10% of its total mass, and it plays a crucial role in facilitating the body's closest interaction with the environment[1]. Skin disorders are commonly caused by factors such as altered lifestyles, lack of physical activity, poor hygiene, mental stress, and improper eating habits. Skin conditions represent one of the largest groups of health issues In Ayurveda, Kushta is a broad term encompassing nearly all skin diseases. It is associated with imbalances in Tridosha, Rasa, Rakta, Mamsa, and Ambu. Rakta Dushti (vitiation of blood) is considered the primary cause of skin disorders (Twak Vikaras). The etiological factors include physical, physiological, psychological, psychosocial, hereditary and Papakarma (sinful activities). Rukshana Karma followed by Snehapana can be given to those as a primary treatment for patients affected with Kushta. Virechana is the Shodhana Karma (purification therapy) recommended for treating Raktaja Vikaras (blood-related disorders). Following Shodhana, Shamana Chikitsa (palliative treatment) plays a vital role in alleviating Alpadosha (imbalanced Doshas). It plays a vital role in avoiding further accumulation of Doshas and alleviating Sesha Doshas. In this case study, a 52-year-old male patient was admitted presenting with blackish-white circular lesions on both upper limbs and lower limbs, along with itching and powdery discharge for the past 3 months. Later diagnosed with Kitibha Kushta having similar symptoms of plaque psoriasis. The patient underwent Langana, Rukshana, Snehapana (oleation), Virechana (therapeutic purgation), and resulting in significant improvement.

Keywords: Ayurveda, Kitibha Kushta, Snehapana, Psoriasis, Skin Disorder, Case Report

Corresponding Author	How to Cite this Article	To Browse
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Manuscript Received
2024-12-16

Review Round 1
2024-12-26

Review Round 2
2025-01-06

Review Round 3
2025-01-16

Accepted
2025-01-28

Conflict of Interest
None

Funding
Nil

Ethical Approval
Not required

Plagiarism X-checker
12.45

Note



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Introduction

The skin serves as a protective shield, guarding the body against various external threats. Skin diseases are among the most prevalent health issues globally, carrying a significant burden. Chronic, incurable skin conditions such as psoriasis and eczema result in considerable morbidity, causing physical discomfort and diminishing the quality of life for affected individuals[2] It is a readily observable organ, visible to the naked eye, and is the largest organ of the body, making it susceptible to diseases and injuries. Several interconnected factors, including nutrition, hygiene, blood circulation, age, immunity, genetic traits, psychological state, and medication use influence the health of the skin.[3] Psoriasis is a prevalent, long-lasting (chronic) skin condition. In India, its prevalence ranges from 0.44% to 2.8%. The condition typically begins during the second to fourth decades of life. Psoriasis is a chronic disorder characterized by episodes of remission and flare-ups. Remission periods can last anywhere from a week to several years. The disease is marked by the formation of erythematous, well-defined, dry, scaly papules and plaques, which can vary in size from a pinhead to palm-sized or larger.[4]

In Ayurveda, the skin is referred to as 'Twacha' or 'Charma'. The term *Twacha* is derived from the root word *Twach Samvarne*, meaning "the covering of the body." In Ayurvedic texts, all skin-related conditions are broadly categorized under *Kushta*. According to Amarakosa - *Kushta* causes destruction of skin and various other parts of the body (Subsequently). *Twacha* is considered the seat of *Sparshajnanendriya* (the sense of touch), one of the domains of *Vata*. However, in modern times, lifestyle changes have significantly contributed to *Raktadushti* (vitiation of blood) and *Dosha Vrudhhi* (aggravation of *Doshas*), which are key factors in the development of skin disorders, particularly *Kushta*. In Ayurvedic texts, most skin diseases are broadly categorized under the term *Kushta*. [5]

Sannikrishta Nidana - *Saptko Dravya Sangraha* i.e., seven *Dravyas* or factors involved in the pathogenesis of *Kushta* are considered as *Sannikrishta Nidana*. The *Sapta Dravya* includes three *Doshas* viz. *Vata*, *Pitta* and *Kapha* and four *Dushyas* viz. *Tvaka* (Rasa), *Rakta*, *Mansa* and *Ambu* or *Lasika*. [6]

Aharaja Nidana - The *Nidanas* (causative factors) for skin diseases include the consumption of excessive *Guru* (heavy and hard-to-digest), liquid, *Snigdha Ahara* (unctuous foods), *Mithya Ahara* (improper diet), *Viruddha Ahara* (contradictory foods), and other factors. Excessive intake of *Guru* and *Snigdha Ahara* leads to *Dushti* (impairment) in the *Rasavaha Srotas*[7] (channels of plasma). Additionally, *Guru Ahara* causes *Dusti* in the *Mamsavaha Srotas*[8] (muscle channels).

Excessive consumption of liquids causes *Dushti* in the *Raktavaha Srotas*[9] (blood-carrying channels), and vitiated *Rakta* (blood) is considered a key factor in the etiology of dermatological conditions. *Ama* (toxins) can trigger an immunological reaction, which plays a central role in the pathogenesis of many skin disorders.

Viharaja Nidanas (lifestyle-related causes) include suppression of natural urges, prolonged exposure to the sun, exposure to air-conditioned environments, working in conditions that contradict hot and humid surroundings, excessive physical exertion and exercise, daytime sleeping, late-night sleeping, and complications arising from *Panchakarma* therapy.[10]

Case Report

A 52-year-old male patient presented to the OPD of Kayachikitsa, Ashwini Ayurvedic Medical College Hospital, with complaints of blackish-brown, rough, and whitish large scaly lesions. These were associated with severe itching and pain and were located on upper limbs, lower limbs. The symptoms had persisted for three months.

History of presenting complaints

The patient reported being in normal health until Six months back, when he began noticing blackish-brown, rough, and whitish scaly lesions associated with itching. Initially, the lesions appeared on both elbows accompanied by severe itching and pain.

He sought symptomatic relief through Ayurvedic medications but experienced no significant improvement. 3 months back, condition got worsened. The condition worsens during cold season. As the condition worsened, the patient sought hospital admission for better management upon the physician's recommendation.

History of previous illness

He has no history of hypertension (HTN), diabetes mellitus (DM), or other pathological conditions.

Family history

No family history of psoriasis or other dermatological conditions.

Personal history

Appetite - decreased

Bowel - irregular

Micturition - With in normal limits (1 times /night)

Sleep - disturbed

Addiction - Alcohol occasionally

Diet - Mixed

General examination

Pallor - Absent

Icterus - Absent

Cyanosis - Absent

Clubbing - Absent

Lymph node - not palpable

Oedema - Absent

BP - 134/92 mmHg

Pulse - 80 bpm

Respiratory rate - 18/min

Temperature - 98°F

Ashtasthana Pariksha

Nadi - Vata Kapha

Mala - Vibhanda

Mutra - Prakruta

Jihva - Aipta

Drik - Prakruta

Shabdha - Prakruta

Sparsha - Khara Sparsha

Aakriti - Madhyama

Dashavidha Pariksha

Prakriti - Kaphapitha

Vikriti - Kapha Vata

Satva - Madhyama

Sathmya - Madura

Ahara Shakti - Madhyama

Vyayama Shakti - Madhyama

Sara - Meda

Samhanana - Madhyama

Samprapti Ghataka

Dosha - Vata Pradana Thridosha

Dhatu - Rasa (Toda, Vaivarnya), Rakta (Sweda),

Mamsa Upadhatu : Tvacha

Agni - Jataragni Mandya

Srotas - Rasa, Rakta, Mamsa

Sroto Dusti Prakara - Sanga

Udbhava Sthana - Amashaya

Sancharasthana - Sangha

Adhistana - Twak, Rakta, Mamsa, Lasika

Vyakta Sthana - Tvak

Roga Marga - Bahya

Sadhyasadyata - Krichrasadhya

Systemic examination

CVS, Respiratory, excretory, musculoskeletal system found normal

System affected - integumentary system

A. Inspection

Location - bilateral upper limb, lower limb

Shape - circular lesion

Color - blackish white

Discharge - Absent

B. Palpation

Temperature - slight

Texture of lesion - rough and scaly

C. Tests

Candle grease test - positive

Auspitz sign - negative

Koebner phenomenon - positive

Distribution of lesion - symmetrical

Materials and Methods

Centre of study: This study was carried out in OPD of Ashwini Ayurvedic Medical College

Nidana - Mamsa Sevana, Soka, Chinta, excessive Guru Snigda Ahara

Samprapti - Acharya Charaka outlined seven Dravyas involved in the *Samprapti*[11], namely Vata, Pitta, Kapha, Tvaka, Rakta, Mansa, and Lasika (Ambu). He highlighted the dual role of *Nidana*, which causes both the simultaneous vitiation of the *Tridoshas* and the weakening (*Shaithilyata*) of the *Dhatus*, including *Twak*, *Rakta*, *Mansa*, and *Lasik*[12]. Among the *Doshas*, *Kapha* and *Vata* are predominantly aggravated, causing a loss of stability in *Dushyas* such as *Twak* (skin), *Rakta* (blood), *Mamsa* (muscles), *Lasika* (lymph), and obstruction of *Lomakupa* (sweat glands).

This leads to *Sanghatmak Vikruti* (pathological changes) in *Swedavaha Srotas* (sweat channels). The *Prakupita* (vitiated) *Doshas* enter *Rasarakadi Paribhamana* (systemic circulation), particularly affecting *Sanchara* (movement) in *Tiryak Sira* (veins). These *Doshas* eventually localize in *Bahya Roga Marga* (external pathways, i.e., skin), resulting in formation of *Kushta* (skin lesions).

Treatment

Day	Treatment	Effect
Day 1	Chithrakadi Vati 250 mg 2-2-2 – 20 minutes before food Takrapana - 1 litre afternoon	
Day 2	Chithrakadi Vati 250 mg 2-2-2 – 20 minutes before food Takrapana - 1 litre afternoon Kayaseka with Panchavalkala Kashaya	
Day 3	Chithrakadi Vati 250 mg 2-2-2 – 20 minutes before food Takrapana - 1 litre afternoon Kayaseka with Panchavalkala Kashaya	
Day 4	Chithrakadi Vati 250 mg 2-2-2 – 20 minutes before food Takrapana - 1 litre afternoon Kayaseka with Panchavalkala Kashaya	
Day 5	Chithrakadi Vati 250 mg 2-2-2 – 20 minutes before food Takrapana - 1 litre afternoon Kayaseka with Panchavalkala Kashaya	Itching reduced. Sleep quality improved
Day 6	Chithrakadi Vati 250 mg 2-2-2 – 20 minutes before food Takrapana - 1 litre afternoon Kayaseka with Panchavalkala Kashaya	Itching reduced. Dryness scaling persists
Day 7	Snehapana with Mahatiktaka Ghrita - 40 ml	
Day 8	Snehapana with Mahatiktaka Ghrita - 70 ml	
Day 9	Snehapana with Mahatiktaka Ghrita - 110 ml	
Day 10	Snehapana with Mahatiktaka Ghrita - 150 ml	
Day 11	Snehapana with Mahatiktaka Ghrita - 200 ml	Itching reduced significantly Scaling and dryness reduced significantly Redness of lesion [Raga] reduced
Day 12	Abhyanga was carried out using Marichadi Taila,	
Day 13	Sarvanga Swedana	
Day 14	Virechana with Trivrut Lehyam	



Figure 1: Before admission



Figure 2: After Snehapana [5th day]

Discussion

In Ayurveda, skin diseases are categorised under *Kushta*. *Kitibha Kushta* is classified under *Kshudra Kushtas* and presents signs and symptoms closely resembling those of plaque psoriasis. This condition primarily affects the *Raktavaha Srotas* and involves *Samprapti Ghatakas* such as *Vata* and *Kapha Pradhana Tridosha*, *Twak* (skin), *Lasika* (lymph), *Rakta* (blood), and *Mamsa* (muscles).

Purvakarma

- **Langana** - (enhancing digestion and metabolic fire) using *Chitrakadi Vati* and *Takrapana* for two days, aimed at stimulating *Agni* (digestive fire) and digesting *Ama* (toxins). To prepare the patient for *Snehapana* (oleation), it is essential to ensure a *Nirama* (toxin-free) state. This requires the digestion of *Ama* (toxins) and stimulation of *Agni* (digestive fire). In this case, *Amapachana* was achieved through the administration of *Deepana-Pachana Dravyas* such as *Chitrakadi Vati* which is *Agnivardhaka*, Stimulates digestion and *Amapachaka*.
- **Rukshana** - *Takra* possesses *Pancha Rasa*, excluding *Lavana Rasa*, with *Amla Vipaka*, *Ushna Virya*, and *Vata-Kaphaghna*. It is effective both internally and externally in managing *Kushta* conditions that are *Vata-Kapha* dominant. Buttermilk, being rich in lactic acid, has been scientifically proven to help hydrate and reduce the appearance of thickened psoriatic scales

- Additionally, a light diet consisting of [rice gruel] was recommended to support the digestive process.

As lesions are extremely dry and dryness increases itching. So, to increase unctuousness *Kayaseka* advocated. *Parisheka* involves the continuous pouring of medicated liquid from a specific height over the entire body or the affected area. It is also referred to as *Kaya Seka* or *Dhaara*. *Parisheka* aid in enhancing local blood circulation and restoring imbalanced *Doshas* to their normal state. *Parisheka* may facilitate the penetration of active principles into the *Twakgata Dhamanis*. These active principles are absorbed and transferred to deeper layers with the assistance of *Bhrajaka Pitta*. *Abhyantara Snehapana* (internal oleation) with *Mahatiktaka Ghrita* for five days to pacify *Vata Dosha*. The patient of *Kushta* should be treated with *Snehapana* first.[15] In *Vata* predominant *Kushta* condition, ghee should be administered first. *Mahatiktaka Ghrita* is specially indicated for this purpose. *Mahatiktaka Ghrita* is greater in properties than *Tiktaka Ghrita*. [16] These two drugs are specially mentioned in *Kushta Chikitsa* context. It alleviates burning sensation, itching, discolouration. Patients of *Kushta* should be treated with *Snehana* during intervals. If not given, *Vata Dosha* increases in body.[17]

Before performing *Virechana Karma*, *Abhyanga* was carried out using *Marichadi Taila*, which helps reduce dryness, enhances blood circulation, and alleviates itching. This was followed by *Sarvanga Swedana*, which facilitates *Dosha Vilayana* (liquefaction of *Doshas*) and mobilizes *Shakhagata Doshas* (*Doshas* lodged in the peripheral tissues) toward the *Koshtha* for elimination. This process effectively achieves *Srotoshodhana* (cleansing of channels).

Pradhanakarma

Acharya Charaka emphasizes the importance of *Panchakarma* therapy, stating that diseases treated with *Shodhana* (purification therapy) rarely recur, whereas those managed with *Shamana* (palliative therapy) may relapse over time. Among the *Shodhana* procedures, *Virechana Karma* is advocated here. Amongst the *Shodhana*, *Virechana* is the best *Chikitsa* for the *Kushtha* as it eliminates the *Pitta* and *Kapha Dosha* from the body. *Virechana* (therapeutic purgation) was administered using *Trivrut Lehyam* to eliminate aggravated *Doshas*.

Conclusion

The effectiveness of Ayurvedic principles in treating skin illnesses is demonstrated by the case study of *Kitibha Kushta*, type of *Kshudra Kusta* which was treated with *Snehapana* (internal oleation). In conjunction with suitable purifying treatments and internal drugs, *Snehapana* promotes tissue healing and detoxification while addressing the underlying cause by balancing the *Tridoshas*, especially *Vata* and *Kapha*. *Kitibha Kushta* can be effectively managed with *Snehapana Virechana Karma* (therapeutic purgation) followed by *Shamana Chikitsa*. These provide an overall improvement in the condition of patient. In addition to relieving symptoms, the treatment enhanced the patient's general quality of life, highlighting the importance of individualised, comprehensive Ayurvedic treatments.

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