



## Research Article

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## Management of *Kitibha Kushta* W.S.R. Chronic Plaque Psoriasis: A Case Report

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### Abstract

In Ayurveda disorders of skin have been dealt under the heading Kushta which is having subtypes based on severity and Doshas involved. Skin being largest organ in human body there is many concerns for cosmetic purpose along with systemic involvement in disease prognosis. This is a case of *Kitibha Kushta* which is a variety of *Kshudra Kushta* involving the vitiation of Tridoshas which can be compared to chronic plaque psoriasis in modern science depending on its signs and symptomatology. This case was treated with *Sadyo Vamana*, *Virechana* and *Shamana Aushadhis* in SAMCH department of Panchakarma Bengaluru. Patient has found satisfactory improvements after the following therapies. The lesions have completely disappeared leaving behind only discolouration of skin. This proves us by repeated *Shodhana* and combination of *Shamana Aushadhi* gives better result.

**Keywords:** *Kitibha Kushta*, Chronic plaque psoriasis, *Vamana*, *Virechana*, *Shamana Aushadhi*.

### INTRODUCTION

*Kitibha Kushta*[1] being one of the varieties of *Kshudra Kushta*, mentioned under *Kushta*. It is characterized by following symptoms such as *Shyava Varna* (discolouration), *Kina Khara Sparsha* (rough in touch), *Parushatva* (hard), *Ruksha Pidaka* (dry vesicle) with *Kandu* (itching). In modern terminology, it can be compared to chronic plaque psoriasis[2]. This type of psoriasis is an immune mediated disorder characterised by the development of thick red plaques with adherent silvery scale commonly found on the scalp, extensor surfaces, hands, feet and gluteal cleft. Worldwide prevalence in the adult population ranges from 0.91% to 8.5%. patient with psoriasis report physical discomfort, impaired emotional functioning, negative body and self-image and limitations in daily activities. It is treated with topical corticosteroids, topical retinoids and calcium inhibitors.

According to *Acharya Sushrutha* in *Kushta Chikitsa* mentions *Samanya Chikitsa* for *Kushta as*, *Vamana* to be done once in fifteen days and *Sramsana* every month. *Kitibha Kushta* having predominant dosha of *Vata* and *Kapha*, being in *Bahudosha Avastha* multiple *Shodhana* to be done. So, in this case at the beginning *Kapha dosha* was predominant showing severe *Kandu* due to which *Sadyo Vamana* was planned followed by *Virechana* as there was involvement of *Pitta* and *Rakta*, along with *Shamana Aushadhi* was given.

### CASE REPORT

A Female Patient aged 32 years visited *Panchakarma OPD*, SAMCH with complaints of reddish lesions all over the body which had powdery flakes since 2010.

### History of present illness

Patient was apparently normal 12 years ago, all of a sudden, she noticed a spot over the umbilicus & left forearm which reduced after few months on itself. The same type of spots again occurred on hands & legs which got aggravated during winter with severe itching. Within 5 to 6 days of appearance of lesions over her limbs it got spread to entire body with burning, itching & oozing of blood at certain sites. She took allopathic medications but did not find any relief. Hence for further management she approached our hospital.

## Personal history

- *Ahara* (diet) – curd, pickles, brinjal, potatoes
- *Nidra* (sleep) – disturbed due to itching
- *Vyasana* (habits) – tea twice daily
- *Vrutti* – teacher
- *Bala* – *Madhyama*
- *Agni* – *Agnimandhya*
- *Manasika* – financial issues, marital problem, cosmetic worries

## Diagnostic criteria

### A. According to *Ayurveda*

- *Shyava*
- *Kinakara sparsha*
- *Parushatva*
- *Kandu*

### B. According to modern science

- Erythema
- Induration (thickness)
- Scaling
- Itching

### C. Skin examination

- Inspection – shape, colour
- Palpation – hard, raised margins
- Signs – auspitz sign

Candle grease sign

## Assessment criteria

### a. According to *Ayurveda*

**Table 1:** Assessment score chart [3]

Score	0	1	2	3
<i>Shyava</i>	Normal skin tone	mild brownish discolouration	Moderate discolouration	Severe black discolouration
<i>Kinakara Sparsha</i>	Normal skin texture	Mild rough lesions on touch	Moderate rough lesions on touch	Severe rough lesions on touch with scaling
<i>Parushatva</i>	Normal skin	mild hardness of lesions	Moderate hardness of lesions	Severe hardness of scaling
<i>Kandu</i>	No itching	Mild / tolerable itching	Moderate generalised itching	Very severe itching causing disturbance to sleep

### b. PASI score

**Table 2:** showing the PASI score calculation and gradings[4]

	Lesion score	Percentage area affected	Area score
<b>Plaque characteristics</b> Erythema Induration / thickness Scaling Lesion score sum (A)	0 – none	<b>Area score (B)</b> Degree involvement as a percentage for each body region affected	0 = 0%
	1 – slight		1 = 1% - 9%
	2 – moderate		2 = 10% - 29%
	3 – severe		3 = 30% - 49%
	4 – very severe		4 = 50% - 69%

				5 = 70% - 89%
Multiply lesion score sum (A) by Area score (B) for each body region, to give 4 individual subtotals (C)				6 = 90% - 100%
Subtotals (C)				
Multiply each of the subtotals (C) by amount of body surface area represented by that region i.e. $\times 0.1$ for head, $\times 0.2$ for upper body, $\times 0.3$ for trunk and $\times 0.4$ for lower limbs				
Body surface area	$\times 0.1$	$\times 0.2$	$\times 0.3$	$\times 0.4$
Total (D)				
All together each of the scores for each body region to give the final PASI score				

### c. Lab investigations

- ESR

## Samprapti ghataka

- *Dosha -tridosha*
- *Dushya* – *rakta, mamsa, twak, lasika*
- *Ama* – *jataragni janya*
- *Srotas* – *rasavaha*
- *Srotodushti prakara* – *sanga*
- *Rogamarga* – *bahya*
- *Udbhavasthana* – *amashaya*
- *Vyakthasthana* – *twak*
- *Rogaswabahaya* – *chirakari*

## Treatment protocol

### A. *Nidana parivarjana*

- *Aharaja* – curd, pickle, milk, banana
- *Viharaja* – day sleep
- *Manasika* – stress

### B. *Shodhana*

**Table 3:** details of drugs administered for *vamana*

S. No	Protocol	Medicine	Duration
1.	<i>Deepana &amp; Pachana</i>	a. <i>Agnitundivati</i> (500mg-0-500mg) before food b. <i>Chitrakadivati</i> (500mg-0-500mg) after food	3 days
2.	<i>Snehapana</i>	<i>Panchatiktaka ghrita</i> (100ml)	1 day
3.	<i>Abhyanga &amp; Swedana</i>	<i>nirgundi taila</i>	1 day
4.	<i>Vamana</i>	<ul style="list-style-type: none"> <li>• <i>Akanta Paana - Ksheera</i> (1000ml)</li> <li>• <i>Vamana Dravya - Madanaphalapippala</i> (10g), <i>Vachachurna</i> (2g), <i>Madhu</i> (20ml)</li> <li>• <i>Vamanopaga Yashtimadhuphanta</i> (3000ml)</li> <li>• <i>Saindhavajala</i> (1000ml)</li> </ul>	1 day
5.	<i>Samsarjana Krama</i>	<i>Peya</i> (liquid gruel) <i>Vilepi</i> (gruel) <i>Yusha</i> (green gram soup) <i>Odana</i> (rice)	7 days

**Table 4:** details of drugs administered for virechana

s.no	Protocol	Medicine	Duration
1.	<i>Deepana &amp; Pachana</i>	a. <i>Agnitundivati</i> (500mg-0-500mg) before food <i>Chitrakadivati</i> (500mg-0-500mg) after food	3 days
2.	<i>Snehapana</i>	<i>Mahatiktaka Ghrita</i> (30ml to 80ml)	3 days
3.	<i>Sarvanga Abhyanga &amp; swedana</i>	<i>Nirgundi Taila</i>	4 days
4.	<i>Virechana</i>	<i>Nimbamruthadi Eranda Taila</i> (80ml) <i>Triphala Kashaya</i> (100ml)	1 day
5.	<i>Samsarjana Krama</i>	<i>Peya</i> (liquid gruel) <i>Vilepi</i> (gruel) <i>Yusha</i> (green gram soup) <i>Odana</i> (rice)	7 days

**Table 5:** Observation

s.no	Observation	Vamana	Virechana
1.	<i>Vegiki</i>	6	22
2.	<i>Antiki</i>	<i>Pittanta</i>	<i>Kaphanta</i>

C. *Shamana aushadhi***Table 6:** details of shamana aushadhi administered along with dose

S.No	Medicine	Dose
1.	<i>Arogyavardhini vati</i>	(500mg-500mg-500mg) A/F
2.	<i>Tab cutisora</i>	(500mg-0-500mg) A/F
3.	777 oil + somaraji taila	E/A
4.	<i>Mahamanjistadi kwatha</i>	15ml -0-15ml B/F with 15ml of warm water

**Observation and Result****Table 7:** According according to Ayurveda

Lakshana	Before treatment	After Vamana	After Virechana	After Shamana Aushadi
<i>Shyava</i>	3	2	1	1
<i>Kinakara Sparsha</i>	2	2	1	0
<i>Parushatwa</i>	3	2	1	0
<i>Kandu</i>	3	3	2	1

**Table 7:** PASI (Psoriasis Area Severity Index)

Characteristics	Before treatment	After Vamana	After Virechana	After Shamana Aushadi
Erythema	4	3	1	0
Induration	3	3	0	0
Scaling	3	2	1	0
Total score	58	41	11.6	0

**Table 8:** Signs

Sign	Before treatment	After Vamana	After Virechana	After Shamana Aushadi
Auspitz sign	Positive	Positive	Negative	Negative
Candle grease sign	Positive	Positive	Negative	Negative

**Table 9:** Lab investigation

Investigation	Before treatment	After Vamana	After Virechana	After Shamana Aushadi
ESR	40mm/hr	36mm/hr	18mm/hr	4mm/hr

**Figure 1:** Before treatment**Figure 2:** After Vamana





**Figure 3:** After Virechana



**Figure 4:** After follow up of 2 months intake of Shamana Aushadi

## DISCUSSION

### a) Probable mode of action of *deepana and pachana*

In *Purvakarma*, *Deepana and Pachana* was given with *Agnitundi Vati* and *Chitrakadi Vati* which acts as *Agni Vardhaka*, not only *Jataragni* also at level of *Dhatvagni* and *Aama Paachana*.

### b) Probable mode of action of *Snehapana*

*Abhyantara Snehapana* for *vamana* was done with *Panchatiktaka Ghrita* to pacify *Vata Dosha* and to reduce the symptoms *Kandu*, *Kharatva* and *Parushatwa*. For *Virechana* it was done with *Mahatiktaka Ghrita* which pacified both *Vata and Pitta dosha*. For *Bahya Snehapana* *Nirgundi taila* was used to reduce the redness of lesions.

### c) Probable mode of action of *Shodhana*

In the beginning *Kapha Dosha* was predominant leading to *Ugra Kandu*, hence *Vamana Karma* is best treatment for *Kapha Dosha* *Harana* and *Apakwa Pittaharana*. patient was *Sukumara* so *Sadyo Snehana* followed by *Sadyo Vamana* was given which helped in reducing *Kapha* and *Vata Dosha*. Considering vitiation of *pitta* and *Rakta* in this disease *virechana* was planned, since it is best for imbalanced *Pitta*. In *Charaka Samhita*, while explaining *Kushtachikitsa*, it is mentioned as “*Virechanam cha agrey.*”

*Nimbaamruta Eranda Taila* was given for *Virechana* since *Sneha virechana* is *Mrudu* in nature and acts as *Pitta Shamaka* and *Vatanulomaka*. As *Anupana Triphala Kashaya* was given to facilitate the proper action of drug as *Virechanopaga*

### d) Probable mode of action of *Shamana Aushadhi*

- *Arogyavardhini vati* (R.R.S 20/87-93) has *Katuki* as its main ingredient which helps to remove excess vitiated *Pitta* present.

- *Mahamanjistadi Kashaya* was given since some amount of discoloration of skin was present after *Shodana*, hence for the action of *Varnya* this formulation was chosen
- Tablet *cutisora* consists of *Guduchi*, *Nimba*, *Vasa* and *Kutaja* which reduced scaling, erythema and thickening of skin.
- 777 oil is a single herb formulation consisting of *Kutaja* which was best in exfoliating dead skin cells.
- *Somaraji Taila* provided relief from itching, reduced inflammation and redness.

## CONCLUSION

A female patient aged 32 years diagnosed with chronic plaque psoriasis compared to *Kitibha Kusta* as per *Ayurveda* classics was treated with *Sadyo Vamana*, *Virechana* and *Shamanaushadis* effectively. After *Vamana* moderate improvement was observed and after *Virechana* massive changes was noticed Significant improvement was observed in patient leaving behind only mild discoloration so *Sadyo Vamana*, *Virechana* and *Shamanaushadis* is found to be clinically effective in the management of signs and symptoms of chronic plaque psoriasis.

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