

Ayurvedic Management of *Kitibha Kushta* w.r.t. Guttate Psoriasis- A Single Case Study

Case Report

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Abstract

Guttate psoriasis is a type of psoriasis that presents over the upper trunk and proximal extremities, it is small (0.5 to 1.5 cm in diameter) lesions; it is found frequently in young adults. As per its clinical features we will compare with *Kitibha Kushta*. The life time prevalence is approximately 2% of individuals with psoriasis. Many treatment modalities have been adopted in medical sciences, but it is having various side effects. So here in this case by using *Shodhan, Shaman and Bahirparimarjan chikitsa* we successfully treated the case of *Kitibha kushta*. It is a single case study, A 22 year male patient approached to *Kayachikitsa* OPD having complaint of multiple small red lesions over the chest, abdomen, and back region also on both upper limbs and Itching over them since 2 years. The patient was treated with *Shodhan* and *Shaman Chikitsa*. Patient got 90% result in chief and associated complaints and during and after the completion of therapy there is improvement in the quality of life of the patient. After *Shodhana* and *Shaman Chikitsa* patient got satisfactory relief in symptoms.

Key Words: Guttate Psoriasis, *Kitibha kushta*, *Shodhan*, *Shaman*, *Bahirparimarjan chikitsa*.

Introduction

Guttate psoriasis (Also known as eruptive psoriasis) is a type of psoriasis that presents as small (0.5 to 1.5 cm in diameter) lesions over the upper trunk and proximal extremities; it is found frequently in young adults. (1,2) The term “guttate” is used to described the drop like appearance of skin lesion. Guttate psoriasis is classically triggered by a bacterial infection, strongly associated with a streptococcus bacterium and typically occurs 1-2 weeks after an episode of tonsillitis; usually an upper respiratory tract infection. (3) Guttate psoriasis can affect any area of skin and appears as little red blisters that are tear drop in shape. This type of psoriasis accounts for about 2% of individuals with psoriasis. Current research is limited in identifying the best treatment for guttate psoriasis. Commonly used regimens include topical tar and UVB phototherapy, anthralin and topical steroids. (4)

In *Ayurved* all types of skin diseases are included under the *Kushtha*. *Acharya charak* mentioned it in *Ashtamahagad* (difficult to treat).(5) *Acharya charak* described *kushtha rogadhikar* in which he classified *Kushtha* in to two major types; *Maha-kushtha* (Major skin diseases) and *Kshudra kushtha*

(Minor skin diseases).(6) *Kitibha kushtha* is one of the type of the *Kshudra kushtha*, which is having *Lakshanas* like *Shyava, Kina, Khara sparsha, Parusha, Ruksha pidika* and *kandu*.(7) *Kitibha kushtha* is having predominance of *Vata* and *Kapha dosha*, which are having *lakshanas* of the individual *doshas*. *Kitibha kushtha* manifests due to vitiation of *Sapta dhatus*, they are *Tridosha, Twak, Rakta, Mamsa and Lasika*. In *samhitas*, according to the *Bala, Dosha* and *Vyadhi avastha* *Shodhan* and *Shaman Chikitsa* is described for the *Kushtha*. Repeated *shodhan* is indicated in *Kushtha* due to *Bahu doshavastha*, to eliminated the aggravated *doshas* which helps to treat the root cause of disease. So here a case of *Kitibha kushtha* is successfully treated with *Vaman, Virechan* and *Shaman Chikitsa*.

Case report

A 22 years male patient came with chief complaint of multiple small red lesions over the chest, abdomen, back region also on both upper limbs and Itching over them since 2 years.

Present History

Patient was well before two years, after that he started complaining of small red blisters like lesion over the abdomen and itching over it, gradually it increased and spread all over the abdomen, chest, back region and both upper limbs along with itching. The patient took allopathy medications for above complaints, but he did not get satisfactory relief, so he came to Mahatma Gandhi Ayurved College, Hospital and Research Center, Salod (H) Wardha for further treatment.

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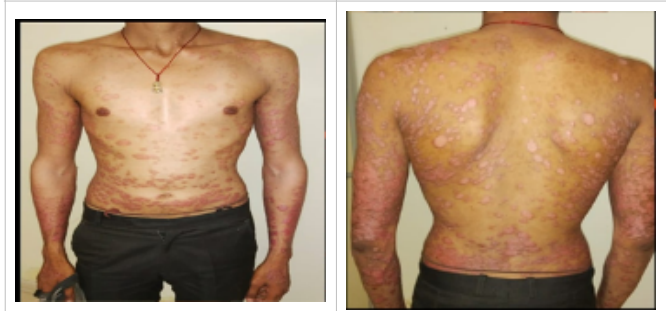
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Patient had recurrent history of Tonsillitis. No any family history was present regarding psoriasis or any dermatological disorders. Disturbed sleep due to the itching and there is lack of appetite. Ashtavidha Pariksha was within normal limit but only mala was *asamyak* due to irregular bowel habits, *jivha* was *saam* and *sparsha* was *kina khara sparsha* and *parusha* with *ruksha pidika*. On Examination, all vitals of the patient were within normal limit. Pulse rate 80permin regular and vata pittaj, Blood pressure was 130/80mmHg. Respiratory rate was 18 per min, temperature was 98° f.

Examination of Skin

A. Inspection

- Size shape – Erythematous small lesions over abdomen, chest, back region and both upper limbs.
- Color – Red
- Thickness – 0.8 to 1.2 mm thick
- Lesion - Small red blisters like lesion.
- Palpation :-
- Moisture- Dryness
- Temperature – Warmth to touch
- Texture – Rough



Picture no. 1: Small red blisters like lesion over abdomen, chest, back region and both upper limbs.

Diagnosis

Kitibha kushta (Guttate Psoriasis)

Treatment Plan given

- Shodhan- Vaman, Virechan.
- Shamana aushadhi along with Bahirparimarjan chikitsa for 4 months in three follow up.

Table no.1:- Shodhan chikitsa - by following the purvakarma, pradhankarma and pschyat karma.

Procedure	Medicine	Dose	Duration	Route
<i>Deepan pachan</i>	<i>Trikatu churna</i>	3 gm bd before meal with luke warm water	for 3 days	Oral
<i>Snehapana</i>	<i>Panchatikta ghrita</i>	Starting from the 30ml in the increasing order upto the 180ml. (empty stomach at morning time with lukewarm water)	For 7 days	Oral
<i>Sarvanga abhyanga F/B nadi swedan</i> [8]	<i>Marichyadi tail F/B Bashpaswed</i>	Quantity sufficient	For 2 days (After completion of 7 days of snehapan)	External application
<i>Vamana (F/B sansarjan karma for 5 days)</i>	<i>Madanphalyoga</i>	<i>Antarnakha mushthi matra</i>	For 1 day (at morning time after snehan and swedan)	Oral
<i>Virechan (F/B sansarjan karma for 5 days)</i>	<i>Haritaki churna + Kutaki churna / each 25gm (Prepare kwath), Abhayadi modak</i>	Prepare kwath as per <i>sharandhar samhita</i> 2 tablets with luke warm water	For 1 day after following purvakarma procedure (after 5 months)	Oral

Paschyat Karma

After obtaining *Samyaka Vamana Lakshana* and *Samyaka Virechana Lakshana Dhoomapan* was given with stick made of *Aguru* for 5 minutes by each nostril. Then patient was advised to follow the *Sansarjana Karma* for five days. *Sansarjana Karma* [9] was given in the form of *Peya, Vilepi, Akrita Mudga Yusha, Krita Mudga Yusha* for 5 days.

Shaman aushadhi and Bahirparimarjan chikitsa

Table no. 2:- 1st follow up

Medicine	Dose	Anupan	Route	Duration
<i>Arogyavardhini vati</i>	250mg BD after meal	Luke warm water	Oral	2 months (with an interval of 7 days)
<i>Manibhadra guda</i>	10 gm BD after meal	Luke warm water	Oral	2 months
<i>Vetapallai oil</i>	Quantity sufficient After bath	-	External application	1 month
<i>Atrisor cream</i>	Q.S. After bath	-	External application	2 months

Table no. 3:- 2nd follow up Shaman

<i>Gandhak rasayan</i>	250mg TDS after meal	Luke warm water	Oral	2 months
777 oil	Q.S. At night	-	External application	2 months
<i>Atrisor cream</i>	Q.S. After bath	-	External application	2 months

Table no. 4:- 3rd follow up Shaman

<i>Raktashodhak vati</i>	125 mg TDS after meal	Luke warm water	Oral	2 months
777 oil	Q.S. At night	-	External application	2 months
<i>Atrisor moisturizer</i>	Q.S. After bath	-	External application	2 months

Grading – PASI (Psoriasis Area Severity Index) Score

Within each area, the severity is estimated by three clinical signs: Severity parameters are measured on the scale of 0 to 4, from 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 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. 5: 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 6: Showing assessment criteria

	Arms	Trunk	Arms	Trunk	Arms	Trunk	Arms	Trunk
	Before treatment		2 months		4 months		6 months	
Skin area involved Grade – A	5	4	3	2	2	1	1	0
Erythema (Redness)	3	3	1	1	1	0	0	0
In duration (Thickness)	3	3	1	1	1	0	0	0

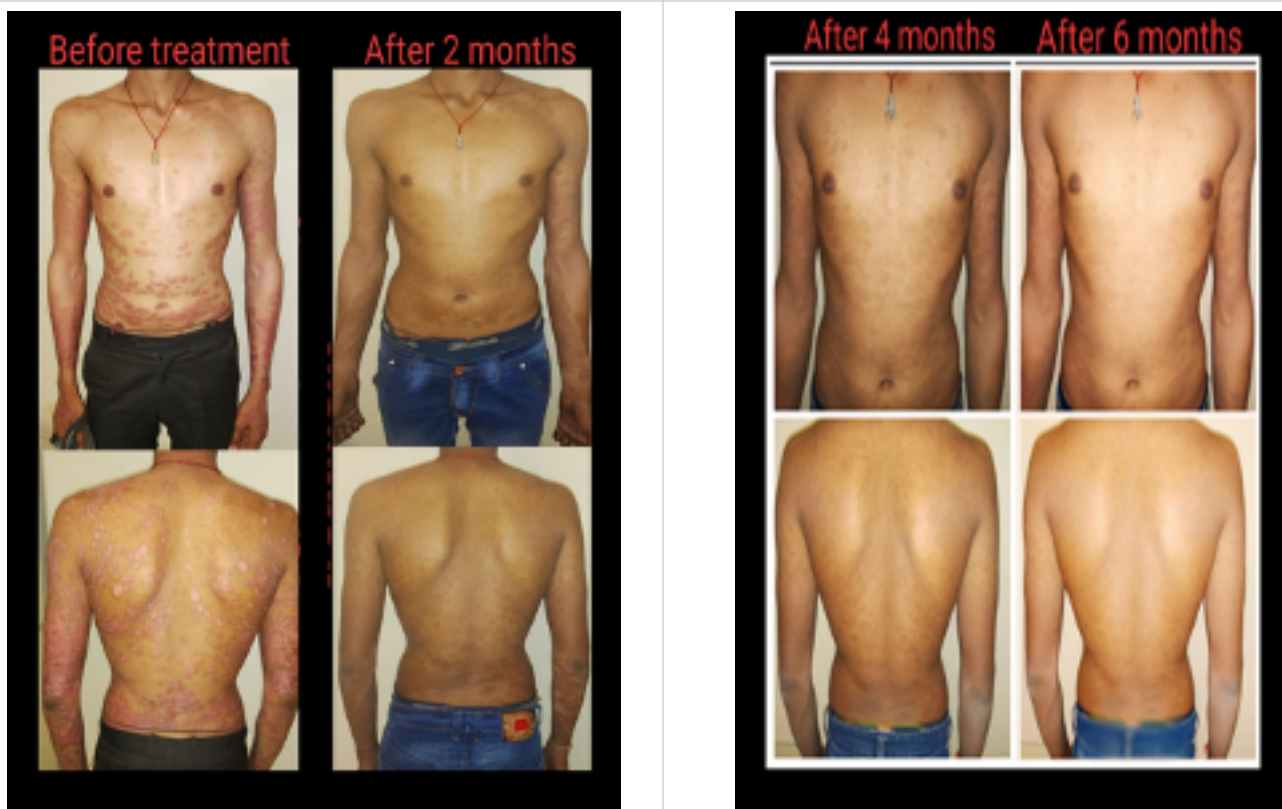
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Desquamation (scaling) E, I, D- B	3	3	0	0	0	0	0	0
Total- A x B	45	36	6	4	4	0	0	0
Total Body Surface Area	45x0.2=9	36x0.3=10.8	6x0.2 = 1.2	4x0.3 =1.2	4x0.2 =0.8	0x0.3 =0	0x0.2 =0	0x0.3 =0
Total PASI Score-	19.8		2.4		0.8		0	

Table no. 7: Showing Overall result of treatment

	Before treatment	After treatment
Erythma (Redness)	+++	-
In-duration (Thickness)	++++	-
Desquamation (Scaling).	Hardness +++	-
Itching	++++	No itching

Observation



Picture no. 2: Showing before treatment, after 2 months, 4 months and 6 months follow up of treatment.

Discussion

Guttate psoriasis is a type of psoriasis that appears as little red blisters which is tear drop in shape. The small lesions over the upper trunk and proximal extremities. In Ayurved as per its clinical features it can be correlated with the *Kitibha kushtha*. The predominant doshas in *Kitibha kushtha* are *Vata* and *Pitta dosha*. It is the *vyadhi* of *raktavahastrotas*, having *sampraptighatak vata and kapha dosha, twak, lasika, rakta* and *mamsa*. (10) The *shodhan* and *shaman chikitsa* are described in *samhitas* for the management of *Kushtha*. (11) Among the *shodhan vaman* is the best *chikitsa* for the *kushtha* followed by *virechan karma* as

it eliminates the *kapha* and *pitta* sequentially from the body. In the present study *shodhan, shaman* and *bahirparimarjan chikitsa* was given to the patient. The treatment schedule was started by following the sequence of *puvakarma, pradhan karma* and *paschyat karma*. In *purva karma, deepan – pachana dravya* were given which are *agnivardhak* and *amapachak*. For that *Trikatu churna* was used, it was given for 3 days. After that *Snehapan* was given with the *Panchatikta ghris* for 7 days. For the purpose of *Abhyantar snehan*, it causes the *Vatashamana*. For the *Abhyanga* the *Marichyadi tail* was used for the purpose of *bahyasnehan*, it reduces the dryness, provides the moisturization body, improves

the blood circulation. Followed by *sarwanga swedan* it does the *doshavilayana* (liquefies the doshas) and brings them from *Shakhas* to *Koshtha* to eliminate them. It also removes the *strotorodha* (obstruction in the strotas).

Action of *Snehapana – Panchatiktaghrit*

The ingredients of Panchatikta are *tikta rasa*, *ruksha* and *laghu guna*. It acts mainly on *kled*, *meda*, *lasika*, *rakta*, *pitta* and *kapha* which helps in balancing the vitiated *dosha* and *dhatu*. It has properties like *Deepan*, *Pachan*, *Strotoshodhak*, *Raktashodhak*, *Raktaprasadak*, *Kushtaghna*, *Kandughna* and *Varnya*. (12) The *Ghrit* has lipophilic action helps to carry drugs to the target organs, it enters to its cellular level and delivers to mitochondria and nuclear membrane. It maintains the normal texture of skin.

Action of *Abhyanga with Marichyadi tail*

For the purpose of *abhyanga* or *Bahyasnehana* (external oleation) the *Marichyadi tail* is used. The most of *dravyas* of *Marichyadi tail* are have properties like *katu*, *tikta*, *kashay rasa* and *ushna virya* which does the *shaman of Kapha* and *Vata dosha*. Its *snighdha guna* reduces the *rukshatva*, *kharatva* and *parushata*. It has properties like *Raktashodhan*, *Kushtaghna* and *Kandughna*. The nature of tail is *Sukshmagamitva* means it helps drugs to go into the minute channels and does the proper absorption. The *Kashay rasa* of these *dravyas* helps to reduce the *Kleda*. (13) *Marichyadi tail* has antiseptic, antifungal, anti-inflammatory, antimmuno modulatory property. The *Marichyadi tail* is effective in the Symptoms of *kitibha kushtha* due to these properties.

Action of *Vaman karma*

Vaman does the elimination of the *prakupit doshas* mainly *kapha* and *pitta* from the *koshtha*. The *vamanopaga dravyas*, such as *Madanphal churna*, *Vacha churna*, *Pippali churna*, *Saindhav*, *Madhu*, *Yashtimadhu phanta* having properties like *ushna*, *Tikshna*, *Vyavayi* and *Vikasi* it enhances the absorption rate and helps to reach at *Hriday*. It moves from *hriday* to the *Dhamani* to all *Sthul* and *Sukshma strotas*. It acts on the microcellular level which removes all the toxins from the body. There is the predominance of the *Agni* and *Vayu mahabhutas*. *Vamak dravyas* has the *urdhwabhagahar prabhav* which causes the elimination of *doshas* from the upward direction i.e, from the mouth. This therapy is very effective for the elimination of aggravated doshas.

Action of *Virechan karma*

The *Virechan dravyas* which are having properties like *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi*,

Vikasi it reaches to the heart due to their potency it enters into the all over *dhamanis* and circulates throughout the *sthula* and *sukshma strotas*. Then it does the liquefaction of the *dosha sanghat* due to its *Agneya guna*. This *Doshasanghat* gets *chhinna-bhinna* and circulates through out the *strotas* and didn't get sticks any where because the *Snehan* was done in

the *purvakarma*, as like honey not sticks to the vessel which is coated by oil. This *doshasanghat* passes through the minute capillaries and moves towards the *koshtha* and ultimately reaches to the *amashay*. The *virechan* drug has the predominance of the *Jala* and *Prithvi mahabhuta*, so it acts as a *Adhobhagahara prabhav*. It does the elimination of the vitiated *dosha* from the *guda marga*. (14)

Action of *Arogyavardhini vati*

According to the *Rasaratnasamucchya*, *Bhaishajyaratnavali* and *Bharatbhaishajyaratnakar* it has the property like *Kushtanashak* (Alleviates all skin disorders), *Kandughna* (alleviates itching), *Deepan* (appetizer), *Pachan* (digestive), *Malasuddhikari* (cleanses waste material from the body), *Sarvarogaprashamani* (alleviates all disorders from body), *Raktavardhak* (purifies the blood). It contains, *Haritaki* (*Terminalia chebula Retz.*), *Bibhitaki* (*Terminalia bellerica Roxb.*), *Amalaki* (*Embelica officinalis Gaertn.*), *Suddha shilajatu* (Asphaltum), *Suddha guggul* (*Commiphora wightii*), *errand* (*ricinus communis*), *Katuka* (*Picrorrhiza kurroa Royle ex Benth*), *Nimba* (*Azadirachta indica A. Juss.*), *Suddha Parad* (purified mercury), *Suddha Gandhak* (purified sulphur), *Lauha bhasma*, *Abhrak bhasma*, *Tamra bhasma*. (15) It acts as antioxidant, removes the toxins from the body. (16)

Action of *Manibhadra guda*

Manibhadra guda is used as *kushtaghna*, *krumighna*, *kandughna*. It contains *Vidanga* (*Embelia ribes Burm F.*), *Amalaki* (*Embelica officinalis Gaertn.*), *Haritaki* (*terminalia chebula Retz.*), *Trivrut* (*Operculina turpethum linn.*) and *Guda* (*Jaggery*). It is indicated in disease like *Kushtha* (Skin diseases), *Kasa* (Cough, bronchitis), *Shwas* (Asthma), *Arsha* (piles), *Krumi* (Intestinal worms), *Pleeaha vikar* (spleen related diseases), *Udar roga* (regulates the bowel movements). (17)

Action of *Gandhak Rasayan*

Gandhak rasayan acts as *Kushtaghna*, *Kandughna*, *Dahaprashaman*, *Raktashodhak*, *Vranaropak*, *Twachya*, *Krumighna*. It is mainly indicated in *Kushtha roga*. It possess the property like antibacterial, antiviral and antimicrobial. (18) In all types of skin disorders the purified sulphur is useful for the treatment. It reduces the itching and infection. Beneficial for the skin complexion and improves digestion. In skin diseases it can be used both internally and externally for the treatment.

Action of *Raktashodhak vati*

Raktashodhak vati is used in the treatment of skin disease like skin rash, eczema, psoriasis and acne. It contains *Manjishtha* (*Rubia cordifolia L.*), *Shuddha Gandhak* (*Purified Sulphur*), *Anantamool* (*Hemidesmus indicus L. R.BR.*). It purifies the blood, therefore helpful in the treatment of skin disorders. It improves the complexion of the skin. (19)

Action of Vetapalai oil

Vetapalai oil having Kushthaghna, anti-inflammatory, antibacterial, antiviral, antifungal, anti-microbial, anti-oxidant properties. It is indicated in treatment of skin disease, itching, pruritus, psoriasis. It improves the skin complexion, relieves pain and efficient in wound healing. All the contents are Vata, Pitta, Kapha Shamak (pacifies the Tridosha), Twachya (which improves complexion). It moisturizes and soothes the skin. (20)

Action of Atrisor cream

Atrisor cream contains Jivanti (*Holestemma ada- kodein Schult.*), Manjishtha (*Rubia cordifolia L.*), Haridra (*Curcuma longa L.*), Streekutaja (*Wrightia tinctoria Roxb.R.Br.*), Narikela (*Cocos nucifera L.*) and Tuvarak taila (*Hydnocarpus wightianus Blume.*). It is an antipsoriatic topical offering quick and complete relief from inflammation, itching and irritation associated with psoriatic lesion. Its emollient action brings back normal skin texture and makes it soft and supple. Atrisor cream is indicated in all types of psoriasis. (21)

Action of 777 oil

777 oil is commonly prescribed for psoriasis. Shweta indrajao (*Wrightia tinctoria Roxb. R. Br.*) and Narikela (*Cocos nucifera L.*) both have soothing effect and acts as moisturizer. In psoriasis, skin cells grow rapidly and extra cells result in thickening of the skin, itching, dryness, red patches and silvery scales. Both ingredients reduce dryness, itching, redness and inflammation. It also softening the skin and reduces thickness. It exerts the medicinal properties like Anti-inflammatory, Antipuritics, Antiulcerogenic, and Demulcent. It is indicated in all types of psoriasis, Dry skin, dandruff, fungal infectin, fissure foot. (22)

Action of Atrisor moisturizer

Atrisor moisturizer contains Narikel tail (*Cocos nucifera L.*), Nimba (*Azadirachta indica A Juss.*), Haridra (*Curcuma longa L.*), Manjishtha (*Rubia cordifolia L.*) and shweta indrajao (*Wrightia tinctoria Roxb. R. Br.*). It reduces the inflammation of the skin and itching associated with psoriasis, this relieving itchy, flaky and dry skin. Atrisor moisturizer restores moisture in the skin and helps in keeping the skin soft and supple. It prevents further dryness and exacerbation of the lesion. (23)

The Erythema (Redness), In-duration (Thickness), Desquamation (Scaling) and Itching of the lesion was very severe before treatment, but the improvement was seen after the treatment of patient with Shodhan, Shaman and Bahirparimarjan chikitsa. There is significant result in the Erythema (Redness), In-duration (Thickness), Desquamation (scaling) and Itching. The PASI scale was considered. Before treatment the PASI score was 19.8. After 2 months it was 2.4, after 4 months it was 0.8, after 6 months it was reduced to 0. In the present case study the patient got the 90% relief in the symptoms after following the Shodhan (Vaman and Virechan), Shaman (Internal medications) and Bahirparimarjan chikitsa.

Conclusion

The Guttate Psoriasis can be correlated with Kitibha Kushtha, which is a type of Kshudra Kushtha. From the above case study it can be concluded that the Kitibha Kushtha can be successfully treated with the Shodhan (Vaman and Virechan), Shaman (Internal medications) and Bahirparimarjan Chikitsa (External application). As it is a single case study, it is recommended to conduct the research study on more number of patients to prove the effectiveness of the treatment modalities.

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