

**A CLINICAL TRIAL OF NIMBA TAILA MATRABASTI IN KITIBHA
KUSTHA**

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ABSTRACT

Kitibha Kushta is chronic skin ailment which is prevalent in about 4 percent of the Indian population. In India, it is mainly people within the age group of 16-22 and 57-60 have been affected by the disease. It is predominated *vata* and *kapha Dosha* characterized by redness and lesions on the skin, dry silvery plaques on the body, itching and this leads to cosmetic deformity and generates social stigma. Hence, fearing alienation from the peers, people try to hide the disease and thus they delay the treatment for the disease. The allopathic treatment of psoriasis mainly involves intake of some drugs and steroids. It suppressed disease, but once stopped taking drugs, the symptoms reappeared in body. But in Ayurveda *chikitsa* mainly aims at bringing the three *Dosha & Dhatu* back into equilibrium. 30 patients of *kitibha kushta* were included in this clinical trial of *Nimba taila matra basti* in *kitibha Kushta* for 20 days. Out of them 25 were completed and after fourth week the result was assessed with signs & symptoms of *kitibha kushta* were reduced very significantly. Many researches was done on the management of *kitibha kushta* (psoriasis), among them one is very close related to my study is “Role of *basti* in management of *kitibha kushta*”

Keywords: *Kitibha kushta, nimba taila matrabasti, Kushta, Nimba taila, Psoriasis.*

INTRODUCTION^{1,2,3}: Due to *mithya Ahara, Achara, Vihara and Vichara* *Sapta dravya* affected morbidly are the causative source of *kustha* such as the three *doshas* vitiated by etiological factors and the four *dusya sariradhatus* (*twak, mamssa, rakta* and *lasika [rakta]*) affected with affliction by *dosas*. These *Sapta dravya*, in this way, are causative factors of 7 types of *kustha*. Arising from this source they afflict the whole body.

There is no *kustha* which is caused by vitiation of [only] one *dosha*. However, the types of *kustha* having similar etiological source have difference in pain, color, symptoms, effects, name and treatment according to proportional variation, association and location of *doshas*.

Psoriasis is a non-infectious, chronic inflammatory disease of the skin, characterized by well-defined erythematous plaques with silvery scale, with a predilection for the extensor surfaces and scalp, and a chronic fluctuating course

Kitibha Kushta Roopa⁴:

Shyava/snigdha Krishna varna (Blackish), *kina khara sparsha* (rough like a corn & course), *rookshata* and *kandu*

Predominant dosha in Kitibha⁵:

Kitibha is *vata* & *Kapha* predominated

Kushta Chikista sutra by Dosha^{6&7}:

- In *Vata*-type: Intake of *Ghrita*
- In *Pitta*-type: *Virechana* followed by *Rakta Mokshana*
- In *Kapha*-type: *Vamana*⁶.

After *virechana* & *niruha basti*, the patient having aggravation of *vata*, to pacify *vata sneha basti* should be administered. If necessary with *sneha dravya* prepared with *Nadana, Maduka, Nimba, Kutaja & Patola*⁷.

OBJECTIVES OF THE STUDY:

1. Critical analysis of the disease *kitibha kushta*
2. To evaluate the remission of the symptoms of *kitibha kushta* / psoriasis in patients treated with *virechana karma* followed by *matra basti*.

MATERIALS & METHODS:

30 patients presenting with classical *Kitibha Kushta*, who were attended the out patient at Om Ayurveda and Yoga Health Centre, Mysore, were included in the trial. There were 20 males & 10 females aged between 18-60 years. Who was administered classical *shodhana karma* of *Virechana* (based on conditions of the patient *Arohana snehapana* with *Guggulu tiktaka ghrita* till *eshat snehana lakshana*, then 3 days *Abhyanga* with *Nimba taila* and *swedana* was given. After third day of

abhyanga & *swedana* *Thrivrit lehya virechana aushadha* (dose varies person to person 25gms-35gms) was given) followed by ninth day of *virechana* *Nimba taila Matra Basti* was administered for 20 days at night immediately after meal. After the course of *Matra Basti* they were advised to attend the OPD for follow-up every week. They were evaluated at the end of 4 weeks for symptomatic relief of itching (*Kitibha Kushta*).

TABLE NO 1

Sl. No	Assessment criteria
1	Size of the lesions
2	Epidermal thickness
3	Flakes
4	Splits
5	Itching

The lesions were assessed by different signs such as size, epidermal thickening, flakes, & splits. The patients were advised to take *khadirarista* 10 ml thrice daily one hour before meal & external apply of *nimba taila* daily as *shamana* line of *chikitsa*.

Results: Out of 30 patients, 25 patients completed the trial, out of which 18 were males & 7 females. Results showed that there was a gradual decrease in the signs & symptoms of *Kitibha Kushta* from the first week onwards. At the end of the fourth week of the trial patients showed very significant decrease in the size of lesions, thickening, flakes & splits.

DISCUSSION: Basically, multi-factors are involved in the manifestation of *Kushta*, so that all three *dosha* & some *dhatu* (*sapta dravya*) are vitiated and it is called as *samkleda janya vyadhi*. Hence, *shodhana* (*virechana*) line of *chikitsa* is required for the elimination of *dosha*. The *Kitibha Kushta* is *vata* & *kapha* predominated and the symptoms are varying from person to person. The most common symptoms are dry itchy skin, scales, thickened skin & flakes. Both sexes are equally affected with *Kitibha* &

variations are seen based on the individual difference in exposure to the *nidana*.

The *taila* is best for *shamana* of *vata* & it does not increase *kapha*⁹. *Nimba* is the one of the drug for *Kushta roga*¹⁰ & *sneha basti* is best for *vata shamana*. There fore *Nimba taila matra basti* is helped in the treatment of *Kitibha Kushta*¹⁰.

The results from this clinical trial were encouraging. The symptoms started reducing from the first week onwards and the results were clearly visible at the end of the fourth week. The combined action promoted rapid results in *Kitibha Kushta*.

CONCLUSION: This clinical trial is documented evidence for the successful management of *kitibha kushta* considering the various distinguishing attributes of *Virechana* followed by *nimba taila matrabasti* is very good helpful in the management of *Kitibha Kushta*. This is one among relapsing type of twaka vikars so patients are advised to follow *pathyapathy* properly. Repeated *shodhana karma* as per classics in accordance to *dosha*, *kaala*, *agni* and *desha* etc. should be administered to control the frequency of recurrence and further spread.

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