

APPROACH TO KITIBA KUSHTA IN AYURVEDA -A CASE STUDY

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ABSTRACT

Kushta is a condition in which the vitiated *Doshas* combine with the seven *Dhatus* of the body and produce the symptoms. All Acharya's have emphasized on *Shodhana* therapy in the management of *Kushta*. The therapy which expels out the morbid *Doshas* from the body is known as *Shodhana*, by nature, *Kushta* is difficult to cure disease, so it is called '*Duschikitsya*' but by the application of *Shodhana* therapy, cure of the diseases becomes easier due to removal of the root cause, Hence *Shodhana* has great importance in *Bahudoshavastha*. Here is a case presented with *Lakshanas* of *Kitibha Kushta* thus *Ubayataha Shodhana* was done; where the results obtained was promising. The main cause here was *Viruddahara* (consumption of *Ksheera Vikruti*) even though there was predisposing factor as *Beeja Dosh*.

Keywords: Case study, *Kitibha Kushta*, *Shodhana*.

INTRODUCTION: In Ayurveda, all skin diseases are grouped under a broad heading of *Kushtha Roga*. *Kushta* is a condition in which different body organs, *Dhatus*, *Updhatus*, are destroyed & contempered and there is discolouration of skin¹. *Kitibha Kushta* is one of such diseases explained under the heading of *Kshudra Kushta*². Acharya *Sushruta* has advised to carry out *Ubhayato Samsodhana*, even at the *Purvarupa* condition of *Kushta*³. He also advised *Samsodhana* in the treatment of *Rasagata*, *Raktagata*, *Mamsagata* and *Medogata*

Kushta. Ayurvedic management of *Kitibha Kushta* through *Shodhana Karma* is discussed here under.

CASE REPORT

A 25 year old male, Bank employee by occupation, Hindu by religion, belongs to the middle socio economic background admitted in the hospital on 2nd June 2018 with the following complaints.

- Reddish, thickened, irregular and scaly lesions all over the body (i.e., over extremities, trunk, back, buttocks and scalp) associated with itching sensation, since 5 years increased since 3 months.



Figure 01 - showing the lesions before treatment.

- Associated with elevated skin rashes associated with itching sensation all over the body; lasting for 1hour, which



Figure 02 - showing the skin rashes before treatment.

HISTORY OF PRESENT ILLNESS

Patient was apparently healthy 5 years back; later in January 2013 he developed reddish, scaly, skin lesions over the chest region which was associated with itching. Gradually the lesions started spreading all over the body for which he consulted a doctor and was treated symptomatically (details not known). Symptomatic relief was found; but once he discontinued the medicine the lesions increased and spread all over the body within a span of 4-5 months. Hence he consulted a physician and was treated with steroids for about 3-4 months. He continued the treatment with regular follow up and was relieved by 80-90%. During this period he noticed aggravation of complaints when he used to have sour/ spicy food. Gradually patient by himself withdrew the medicines, but there was recurrence of the complaints in June 2014 for which he consulted an Ayurveda physician where he was prescribed with *Shamanoushadis*, by which; itching reduced completely. He found relief with this treatment hence continued the medicines with regular follow ups for 2 years, during this period he developed rashes all over the body which used to manifest occasionally during early morning hours. These rashes

was occasional from 4 years, daily in morning hours since 1 month.

were associated with severe itching and used to last for about an hour. As he found maximum relief he wanted to discontinue the medicines, so he gradually withdrew the medicines on his own. Later in 2017 August the complaints reoccurred for which consulted another Ayurveda physician, these complaints flared up in May 2018; hence advised the patient to undergo few blood investigations and then he referred the patient to SKAMCH & RC for further management.

Nature of lesion during the course of disease manifestation-

- Reddish brown coloured lesions with irregular margin.
- Thickened, Dry and scaly.
- Initially the lesion would be a papule later convert into plaque.
- No discharge noted.
- It increases on exposure to cold, intake of spicy- sour food. Decreases on applying oil/ lotion.

Nature of rashes during the course of disease manifestation-

- Initial days it was occasional i.e., 4-6 times in a month.
- Since one month it is regular i.e., every day during morning hours, lasting for an hour.

- Spreading all over the body.
- Raised above the skin level mild erythematous, oedematous papule or plaque (multiple in number and of different size) associated with severe itching.
- No discharge noted.

HISTORY OF PAST ILLNESS

- No History of diabetes.
- History of pulmonary tuberculosis 2years back treated with anti-tuberculosis drug.
- History of renal calculi 1 year back treated symptomatically.

Treatment History

Allopathic-

1st visit-

- Clodid – b- cream + Salix 12 ointment for local application.
- Tab Folitrax 2.5mg, 12 hourly; 3 doses – repeat after 7 days.
- Tab Carbocal 3 1tab OD
- Cap Oxymore 1 tab OD
- Nidcort lotion + oil, external application after bath; all for 30 days.

1st follow up-

- Sternon lotion + curel lotion for local application during night; alternate days.
- Topinate cream + emoderm cream for local application after bath daily.

2nd follow up-

- Sternon lotion + curel lotion for local application during night; alternate days.
- Topinate cream + emoderm cream for local application after bath daily.
- Tab Neotrexate 2.5mg 1 BD; 2 days/week for 4 weeks.
- Tab Folviate 1 daily for 4 weeks.
- Tab Zetorin 500mg 1 daily; 3 days/week for 4 weeks; for 30 days.

Ayurveda-

1st visit

- *Raktashodhaka churna* (having *Manjishtha* and *Gandhaka* as key ingredients) 1 spoon; with water, at night.
- *Haridra khanda* 1 spoon; BD ; for 15 days

1st follow up

- Tab Imupsora 2 tab empty stomach in morning
- Imupsora ointment for local application after bath; for 15 days

2nd follow up-

- *Rasamanikya Rasa* 5gm
- *Gandhaka Rasayana* 5gm
- *Amruta Satva* 5gm
- *Kapardika Bhasma* 5gm
- *Pravala Pishti* 5gm
- Mix well prepare 30 packets. 1 packet BD; after food with honey; for 15 days

3rd follow up-

- *Khadirarishta* 2 spoons; with equal quantity of water BD, after food.
- *Maha Manjishtadi Khada*. 2 spoons; with equal quantity of water BD, after food.

Family History: Mother is said to suffer from complaints of psoriasis.

On Examination

- Built - Under built
- Nourishment - Poor
- Pallor - Absent
- Icterus - Absent
- Cyanosis - Absent
- Clubbing - Absent
- Lymphadenopathy - Absent
- Edema - Absent
- Tongue - Not coated
- Temp - 98.6 F
- Pulse - 78 bpm
- B.P - 120/80 mm of Hg
- Respiratory - 18 /min

- Height - 173cm
- Weight - 52.5 kg
- BMI - 17.5 - underweight

Systemic Examination

1. **Central Nervous System** – Conscious, oriented to time/place/person, with preserved memory and higher mental function, no observed focal neurological deficit found.

2. **Respiratory System** – B/L normal vesicular breath sounds heard.

3. **Cardiovascular System**–S1&S2(+), NAD.

4. **Per Abdomen**- NAD

5. **Skin examination-**

Inspection-

- **Nature**-multiple lesions of different size seen all over the body
- **Colour**- reddish hyper-pigmented.
- **Temperature**- same as body temperature
- **Surface**- dry.

Lesions-

- **Type**- papulo-squamous, irregular and thickened.

SAMPRAPTI

Nidana Sevana



Kapha Vata Pradhana Tridosha Dushti



Moves through Tiryak Marga Sira



Circulating in Rasavaha, Raktavaha srotas



Samyoga with Prakupita Pitta



*Dushana and Shitilata of
Twak-Rasa-Rakta-Mamsa-Ambu*



Mandalotpatti Bahu Kandu



Reaches Bahya Marga



*Mandala Utpatti - Bahu Kandu,
Rakta Krishna Varna, Khara Sparsha*



KITIBHA KUSHTA



UTHKOTA

- **Shape**- annular and polymorphic
- **Distribution**- Bilateral symmetric, on extensor surface of limbs
- **Arrangement of lesions**- Scattered
- No secondary changes noted

Palpation-

- Superficial – Rough

Cutaneous Signs-

- Auspitz sign – Negative
- Oil drop sign – Negative
- Candle grease test – Positive
- Woronoff's ring – Positive
- Dermatographism- Negative

Investigations-

CBC – within normal limits

Thyroid profile- within normal limits

Lipid profile- within normal limits

NIDANA

- *Beeja Dushti*
- *Ksheera-Dadhi*
- *Katu-Amla Aahara*
- *Garma Sevana (exposure to AC soon after coming from sun)*
- *Stress*

Samprapti Ghataka

- Dosha – Kapha Vata Pradhana Tridosha
- Dushya – Twak, Rasa, Rakta, Mamsa, Ambu
- Agni – Vishamagni
- Ama - Dhatwagni Mandya Janya Ama
- Srotas– Rasavaha, Raktavaha, Mamsavaha, Ambuvaha srotas
- Sroto Dushti - Sanga
- Udbhavasthana – Amashaya
- Sancharasthana – Rasayani
- Vyaktasthana – Twak
- Adhishtana – Bahya Sira of Twak
- Rogamarga- Bahya
- Sadhya-Asadhyata – Yapy

Diagnosis - KITIBHA KUSHTA with UTHKOTA

Treatment Proposed

1st line of management-

- Sarvanga Udvardana (SU) with Triphala Churna and Manjishtadi Churna

- Sarvanga Takradhara with Musta, Amalaki, Asanadi Saditha Takra for 6 days

Snehapana with Guggulu Tiktaka Ghrita

Day 1- 30ml

Day 2- 70ml

Day 3-110ml

Day 4-140ml

One day Vishrama Kala- Sarvanga Abyanga with Surya Paki Taila F/B Bashpa Sweda.

Followed by Vamana Karma with Kutaja Beeja Churna+ Yashti Madhu Churna +Madhu+ Madanaphala each 5gms; No of Vegas = 4.

Observation during treatment-

Day 1- urticarial rashes in morning

Day 2- urticarial rashes in morning

Day 3- no urticarial rashes noted

Day 4- itching reduced by 30%

Day 5- dryness of lesions, scales +

Day 6- itching reduced by 60%, dry lesions

During Snehapana there was no much difference in itching sensation, scales ++



After 3 days of SU and Takradhara



After 6 days of SU and Takradhara

Figure 03



After 4 days of *Snehapana*

Advice On Discharge-

- *Tab Arogya Vardhini Rasa* 2 tab BD
- *Surya Paki Taila* for local application before bath once daily.

2nd line of management-

After 2 weeks

2 days *Deepana* with *Trikatu Churna*

3gms OD morning with warm water.

Snehapana with *Guggulu Tiktaka Ghrita*

Day 1- 30ml



After *Vamana Karma*

Day 2- 70ml

Day 3-110ml

Three days *Vishrama Kala- Sarvanga Abyanga* with *Surya Paki Taila* F/B *Bashpa Sweda*

Followed by *Virechana Karma* with *Trivrut Avaleha* 70gms; No of Vegas = 13.

Observation during treatment-

During *Snehapana* there was no slight reduction in itching sensation, scales +



Figure 04- After *Virechana Karma*

Pathya Advised- avoid *Katu-Amla Rasa*, avoid *Deewaswapna* and air conditioner.

Outcome - After undergoing the above treatment patient noted that there was no episode of occurrences of wheals from second day of the treatment; there was no new lesion noted the old lesions dried up and itching reduced completely.

DISCUSSION

Patients with *Kushta* approach various health care systems with a hope to get cure. Though, Complete and prolonged clearance is the preferred outcome, *Kushta*

is a condition in which the vitiated *Doshas* combine with the seven *Dhatu*⁴ of the body and produce the symptoms. All Acharya's have emphasized on *Shodhana* therapy in the management of *Kushta*. In *Kushta Roga* with predominance of *Kapha Dosha*, *Kaphalbana*, *Kaphanubandha Rogas* and *Kaphasthananugata Rogas* *Vamana Karma* as *Shodhana* should be carried out. *Rasa Dhatu* and *Kapha Dosha* have an inseparable relation and hence to adopt management of *Rasa Dhatu*, treating for *Kapha Dosha*. *Virechana* is frequently

administered in the management of *Kushta* and is believed to normalize the basic pathologic factor i.e, *Pitta* and *Rakta*.

Probable mode of action of the proposed treatment-

Udvardana and *Takradhara* by its *Rukshana* property did the *Dravashoshana* of *Drava Dhatus* (*Kapha* and *Pitta*) which was responsible for the manifestation of *Uthkota*; and did *Srotoshodhana*. *Vamana* and *Virechana* expelled the vitiated *Doshas* thereby reducing the complaints such as scaling and itching.

CONCLUSION

Success of the Treatment depends on *Trisutra* of Ayurveda. The prevalence of *Kushta* is increasing day by day there is need to find out treatment modality which will help in prevention and cure of the disease. This case is a documented evidence for the successful management of *Kitibha Kushta* through *Shodhana Karma*.

Acknowledgement –

Dr. Kiran. M. Goud Principal and Professor Dept.,of PG studies in Panchakarma SKAMCH& RC, Bengaluru.

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Source of support: Nil

Conflict of interest: None

Declared

Cite this Article as :[Ashwini N et al :Approach to Kitiba Kushta in Ayurveda -A Case Study] www.ijaar.in : IJAAR VOLUME III ISSUE IX JUL –AUG 2018 Page No:1328-1334