

Ayurvedic Clinical Study of Kitibha Kustha (Psoriasis)

Dr. Deodatta Bhadlikar¹, Dr. Devyani Bhadlikar²

Principal/ Medical Director/ Professor¹, Professor²

Department of Shalya tantra¹, Department of Rasa Shastra & BK²

Rashtriya Ayurved College and Research Institute Hatnoor, Tehsil- Kannad, Dist. - Chhatrapati Sambhaji Nagar, Maharashtra¹, Sau Vandana Tasgaonkar Ayurved Mahavidyalaya Karjat, Dist.- Raigad, Maharashtra²

Email ID: bhadlikar69@gmail.com¹, drdevyani.bhadlikar@gmail.com²

ABSTRACT

Psoriasis is a chronic, non-infective skin disorder of unknown etiology, characterized by erythematous, scaly plaques with recurrent episodes. Although not explicitly described in Ayurvedic classics, psoriasis closely resembles Kitibha Kushtha, a type of Kshudra Kushtha with predominance of Vata and Kapha Doshas. Modern medicine lacks a definitive curative treatment for psoriasis, necessitating exploration of alternative therapeutic approaches.

The present clinical study was undertaken to evaluate the efficacy of an Ayurvedic treatment protocol consisting of Virechana, internal administration of Panchatikta Guggulu Ghrita, and external application of Marichyadi Taila in patients suffering from psoriasis. Fifteen clinically diagnosed patients (12 males and 3 females) were selected for the study. The treatment was administered for a duration of one to three months, and assessment was based on classical signs and symptoms of psoriasis such as scaling, erythema, distribution of lesions, and itching.

The results showed that 66.6% of patients achieved satisfactory relief, with marked reduction in scaling, normalization of skin color, and subsidence of itching. Moderate improvement was observed in 13.3% of cases, while no significant relief was noted in 20% of patients, predominantly those with recurrent attacks. The therapeutic response was better in patients experiencing the disease for the first time.

The study concludes that the Ayurvedic treatment protocol, aimed at pacifying Vata-Kapha Doshas, purifying Rakta, and restoring Dhatwagni, is effective in the management of Kitibha Kushtha (Psoriasis). However, further large-scale controlled clinical trials are required to substantiate these findings.

KEYWORDS: *Kitibha Kushtha, Psoriasis, Panchatikta Guggulu Ghrita, Virechana, Ayurvedic management*

INTRODUCTION

Skin, the seat of Sparsha not only covers and protects the body, but also performs some functions of excretion & metabolism. Its colour & complexion etc. are considered to be very important to keep the person's beauty and image in the society.

A number of diseases were known to make the skin ugly and discoloured since Vedic period. In the Samhitas of Ayurveda, the diseases which make the skin and body ugly are described particularly under the heading of Kushtha. The term Kushtha, itself denotes that, the diseases which lead to cosmetical imbalance.

Charaka observed that Kushthas are innumerable, though he described 18 types. He further observed in Trishotheyadyaya that the naming of diseases is not so essential. Chakrapani Datta has gone to the extent as to state the knowledge of the name is useful only for usage but not either to know its character or treatment.

Now days we are coming across a wide variety of Skin effects, the exact nature, characteristic features etc. have not been dealt in the Samhitas. However such conditions also responding well with usual method of treatment based on the principles laid down in Kushtha Chikitsa Chapters.

Psoriasis also appears to be such a disease the exact nature and characteristics have not been dealt in Charaka, Sushruta or Vagbhata. It is a chronic Skin disorder of unknown aetiology. It is characterised by well defined raised reddened macules covered with adherent silvery scales. It is a noninfective disease.

It resembles Kitibha Kushtha in some respects, which is a form of Kshudra Kushtha according to Ayurvedic classics. Kitibha Kushtha is described as Vaatakapha predominant disorder by Charaka and Vagbhata, The common sites of the lesions of psoriasis also appear to pertain Vaata and Kapha doshas such as Scalp, Elbows, Knees, Earlobes etc. The main features of Psoriasis which resemble kitibha~kushtha upto some extent are appearance of red black patches on skin which are rough; dry and resemble Vranasthana. The patches are Vrutta and Kandumat, but symptoms of Ugrakandutva, Syavatva and Srava do not coincide with symptoms of psoriasis, However eminent Ayurvedic scholars have also mentioned Kitibha Kushtha as psoriasis. However, some of the symptoms of Sidhma Kushtha resemble psoriasis it appears to be nearer to a condition known as pityriasis rosea in modern medicine.

The exact aetiology of psoriasis is still unknown. However, it has been presumed that this disease is a manifestation of an inborn defect of the epidermis, hence it may have familial tendency. It is supporting the Ayurvedic concept of beejadosha in Kushtha. Though the disease may start at any age it is having a tendency to start between the ages of 10 and 30. As this period is Kapha Pradhana it indicates the predominance of Kapha dosha, The attacks also liable to occur more commonly in Winter and Rainy seasons which pertain to the predominance of

Kapha and Vata

Vaataprapak factors such as stress, anxiety, mental or physical trauma, Lowered general health etc. act as precipitating factors. Diabetes, digestive disturbances also supposed to precipitate the conditions. The Samprapti is presumed to be due to vitiation of vaata and Kapha. These two vitiated doshas Passing through siras reaches twak and vitiating Rakta and seating in twak causes Vaivarnya and other symptoms of psoriasis. The symptoms of predominance of Vaata are Raukshya, Parushya, Kharabhava and Arunatva, predominance of Kapha are Utsedhata, Gourava, Kandu etc.

As the cause is not known there is no satisfactory specific treatment for this disease according to modern medicine. Hence it has been aimed to try Panchatikta Guggulu Ghruta of Ashtanga Hridaya Vaata Vyadhi Chikitsa which is well known for its efficacy on Chronic skin disorders on these cases. The main ingredients are Tikta Panchkas and Guggulu which are having the properties of twak doshaghna. Tridoshashamaka and Kapha Vaata shamaka in particular.

MATERIAL AND METHOD

15 patients suffering from psoriasis comprising 12 males and 3 females formed the material for the present study.

The criteria for diagnosis and assessment of progress was mainly based on the following signs and symptoms.

Sign:

- Well defined non indurated dry erythematous areas of circular shape and various sizes with silvery layer upon layer scaling.
- Typical distribution of the lesions on the scalp, back of the elbows, front of the knees and legs, back and nails.
- No Lesions on mucous membranes.
- Candle grease sign and pin point bleeding upon removal of the Scale.
- Characteristic spreading.

Symptoms:

- Slight to moderate itching. Hereditary and seasonal incidence.

TREATMENT

Following line of treatment is adopted in general.

- 1) Virechana at the Beginning and whenever the necessity was felt with Trivrut Churna or Ichhabedhi according to the suitability of the patient.
- 2) Panchatikta guggulu ghruta 5 to 10 grams with hot decoction of Manjishtha and Sariva twice a day. It has been discontinued for one week after every three weeks to facilitate Proper absorption of the drug.
- 3) External application of Marichyadi Taila on the lesions and early morning sun-bath.
- 4) Snana with Nimbpatra kwatha.
- 5) Other measures according to the needs of the individual cases.

The treatment was continued for 1 to 3 months. The patients were instructed to avoid Kaphavardhaka and Vaatavardhaka factors and to take only Laghu and Pathyakara Aharas.

OBSERVATIONS

1. Age and Sex incidence:

The patients were studied according to their age and sex. The patients' ages ranged from 22 to 58 years. The maximum incidence was observed in the age group of 21 to 30 years which constitute 6 males and 2 females and of 53%. It is also observed that the incidence decreases as the age advances after 30 years of age. It is observed based on the present study that the males are more prone to this disease giving a ratio of 4 males: 1 female.

2. Occupational incidence:

It has been observed that the incidence of the disease is slightly more in those who are involved in physical work. These are & or 53.3%. It supports the predominance of vaata dosha in it's Samprapti as physical work provokes vaata.

3. Incidence of Prakruti:

It has been observed that the maximum number of cases i. e. 7 or 46.7% were of vata Kapha Prakruti which indicates the involvement of these two doshas as in this disease. There were also 4 cases with Kapha Prakruti and 2 cases with vata prakruti. There were only two cases with vatapitta prakruti and one case with pitta prakruti.

4. Hereditary incidence:

It was not possible to elicit the incidence of psoriasis in all the cases, But a family history of some type of scaly skin disease was available in more than half of the cases.

5. Duration of the illness :

There were 7 patients suffering from this disease since less than one year who constitute 46.7%, 5 or 33.3% patients were sufferers since 1 to 2 years. The remaining Patients were suffering with this disease for more than 2 years.

6. Number of attacks

It has been observed that two thirds of the cases (i. e. 10) included in this trial were sufferers of this disease for the 1st time. There was one case with second attack, 3 cases with third attack and one case with fourth attack.

RESULTS

The scales were observed to be falling gradually within 10 to 15 days after starting the treatment in 12 cases, The erythematous patches gradually turned to normal colour of the skin in 10 cases along with the subsidence of the other symptoms like itching etc.

Out of 15 cases, 10 or 66.6% of cases have shown satisfactory relief. Among these 9 patients were with first attack and the remaining one was with third attack. Moderate or partial relief was noticed in two cases. No relief was observed in the remaining 3 cases ie. 20%. Among these three cases were with 3rd attack and one was with fourth attack.

DISCUSSION

The disease is presumed to be of Vaata Kapha nature as analysed already. These Doshas are seated in twak by vitiating Rakta and Laseeka, As it is stated to be a metabolic disorder probability of impairment of Dhatwagni is also suspected. To reverse all the above Ghatakas of Samprapti, vitiated Vaata & Kapha are to be brought under Control & impaired twak should be normalised. Dooshita Rakta is to be purified, Virechana has been adopted with Laghu Ahara for Raktashodhana, After Virechana Panchatikata Guggulu Ghruta had been given to fulfill the needs of sahapaana in addition to it's properties to reverse the Samprapti as follows. Titka panchakas, Guggulu and Ghruta which are its main ingredients are possessing the properties of Tridosha Shamana in general and Kaphavata shamana in particular. They also possess the properties of Rakta Shodhaka, Rakta Prasadana Dhatwagni, Pradeepaka, Balya, Malashodhaka, Vedana Sthapana, Varnya, Kandughna and Charmadoshaghna.

To clear up the scales and patches of psoriasis Marichadi Taila of Bhaishajyaratnavali has been used which is a well known preparation for external application on chronic skin disorders particularly of scaly. It contains mainly Maticha, Talaka, and Manahshila and Prepared with Sarshapa Taila, These ingredients possess properties of Lekhan, Shodhana, Ropana, Varnya, Mardavakara, krimighna and pooyotpati-nirodhaka.

Though the results are significant on the basis of the present study the treatment comprising Panchatikata Ghruta Guggulu and Marichadi Taila was found effective.

REFERENCES

1. Charaka Samhita with Commentary of Chakrapani
2. Sushruta Samhita with commentary of Dalhabna and Gayadass.
3. Ashtanga Hridaya with commentary of Arunadatta and Hemadri.
4. Astanga Sangraha with commentary of Indu.
5. R.R. Pathak: Therapeutic guide to Ayurveda.
6. Rajeshwardatta Shastry : Chikitsadarsha.
7. Behal P.N. (1976) Practice of dermatology.
8. Warner E. C. (1964) Savills system of Clinical Medicine.
9. Ronald Bodly Scoit. (1973) Price's Text book of the Practice of Medicine.
10. Peter Borrie (1967) Rose burgh's Common skin diseases.
11. Asaratna Samuchaya.
12. P. V. Sharma Dravyaguna Vigyan.
13. Sudershan Shastri and Yadunandan Upadhyaya (1970) Madhavanidana with Madhukosha and Hindi commentary.