



Case Study

IMPORTANCE OF REPEATED *SHODHANA* IN *KITIBHA KUSHTA* (PSORIASIS) A CASE STUDY

Sneha Patil^{1*}, Prashanth Bhat²

¹2nd Year P.G Scholar, Department of PG Studies in Kayachikitsa, A.L.N. Rao Ayurvedic Medical College, Koppa, Karnataka, India.

²Professor and HOD., Department of Kayachikitsa, A.L.N. Rao Ayurvedic Medical College, Koppa, Karnataka, India.

ABSTRACT

Introduction: Skin conditions adversely affect one's physical and emotional well-being, thereby causing negative impact on one's own quality of life. In *Ayurveda Kushta* is the term used to denote different varieties of skin diseases, which includes all major skin manifestations such as Psoriasis. *Kitibha kushta* is one among *Kshudra kushta* with predominance of vitiated *Vata-Kapha dosha*. The clinical features are: *Shyava*, *Kina-Kara sparsha* and *Parushata*, which can be co-related to Psoriasis. Psoriasis is a commonly encountered chronic skin disease, regularly encountered in day-to-day clinical practice with prevalence of 2% worldwide.

Methodology: The present case report is of 26 years old female, came with complaints of Scaly Patchy discoloration all over the body predominantly over Extensor surface of both limbs and face with dry crusty flakes over scalp margins associated with Itching and Blood discharge on scratching and was effectively treated with *Shodhana*.

Result: Patient showed encouraging result after repeated *Shodhana* followed by *Shamana aushadis*.

Discussion: Patient was Initially treated with *Virechana*, were the flare up of the condition was observed, later treated with repeated course of *Vamana* followed by *Virechana* in regular intervals, where she was observed with 75% of relief with no further episodes of recurrence. Hence, the present case study highlights the importance of repeated *Shodhana (Vamana, Virechana)* as mentioned in classics for the management of *Kitibha Kushta*.

KEYWORDS: *Kitibha kushta, Psoriasis, Shodhana, Shamana.*

INTRODUCTION

Skin diseases are common manifestation in present era. The patients of skin disease are additionally prone to experience physical, emotional, and socio-economical embarrassment in the society due to disfigured appearance. In *Ayurveda* all the skin diseases are categorized under the heading *Kushta*, which further classified into *Maha kushta* and *Kshudra kushta*. *Kitibha kushta* is one among *Kshudra kushta* described by all the Acharyas^[1,2,3]. It occurs due to vitiation of *Sapta dravya-Tridosha, Twak, Rakta, Mamsa, and Lasika*^[4]. The *Laxanas* like *Shyava, Kinakara Sparsha, Parusha*^[5] along with *Ruksha pidaka* and *Kandu* are clinically seen. The *Dosha* involved in *Kitibha kushta* are mainly *Vata and Kapha*^[6]. Due to similarity in the manifestation of the disease this can be co-related to Psoriasis as shown in the table-1. Psoriasis is a chronic inflammatory,

hyper proliferative skin disease it is characterized by well defined, erythematous scaly plaques, particularly affecting extensor surfaces, scalp and nails and usually follows a relapsing and remitting course^[7]. It is an immune-mediated disease, regularly encountered in day-to-day clinical practice, with Prevalence rate of 2% worldwide and in India 0.44-2.8%^[8]. Previously many studies have been undertaken for the management of *Kitibha kushta* but there is no studies has been undertaken on repeated *Shodhana* benefitting in this condition. Hence this study was undertaken with an aim to understand the effectiveness of repeated *Shodhana* procedure mentioned in classical *Ayurvedic* texts in *Kitibha kushta* to achieve better control of skin disease condition.

Table-1: Comparison of Kitibha kushta and Psoriasis

Kitibha Kushta	Psoriasis
<i>Shyava/Snigdha kirshna varna</i>	Erythematous lesion turn to black in chronic cases
<i>Kharatvam</i>	Candle grease sign Positive
<i>Parushatvam</i>	Abnormal hardening seen in chronic case
<i>Rukshatvam</i>	Scales are rough to touch
<i>Ugra Kandu</i>	Severe Itching

Brief history of Patient

A 26yrs old female, unmarried, hindu by religion came with the complaints of Scaly patchy discoloration all over the body predominantly over Extensor surface of both limbs and face and dry crusty flakes found on the margin of the scalp since 8 yrs. Associated with Itching and Blood discharge on scratching. Patient was apparently normal till 16 years of age, then she developed irregular cycles and was diagnosed with PCOD, later with Hypothyroidism for which she is under regular treatment. A year later, she observed scaly patches over scalp region which was initially neglected by her for around 6 months. Later for the same complaint both Allopathic and *Ayurvedic* treatment was taken, but regular flare up was seen by simple triggering factors and discontinuation of medicine. In the month of June patient had a one such flare up so she consulted ALN Rao Ayurvedic Medical hospital for the treatment.

Past History: Patient was on treatment for following ailments as per table-2.

Table 2: Past history of patient

PCOD	10 years	Levonorgestrel 1HS
Hypothyroidism	9 years	Thyronorm 50mg OD
Psoriasis	8 years	Underwent Allopathic & Ayurvedic treatment, Erratic history noted.

Family History- Nothing significant all are said to be healthy.

Personal history

Diet- Mixed

Appetite - Normal

Bowel - 1times/day

Micturition - 5- 6 times/day (1time/night)

Sleep - Disturbed

Allergies - to any medications- No

Addictions - No

Aggravating factors

- Egg yolk (Q=1)
- Chicken (Q= 50-100gm) & on eating more than 1 time/day
- Bakery items - Cake, Bread, Biscuits (Q= 4-5 pieces) & Sweets (2-3 pieces)
- On eating Puliogare, Green chilly, Sour items
- *Anupa desha* (Marshy area)
- Winter season (*Shishira-Hemantha ritu*)

Menstrual history-

Age of Menarche - 16 years

Cycle - Irregular earlier 8-10days/once in 3months

Dysmenorrhea - Before

Present menstrual cycle - Regular, 3days/28-30days

Clinical findings- Integumentary system

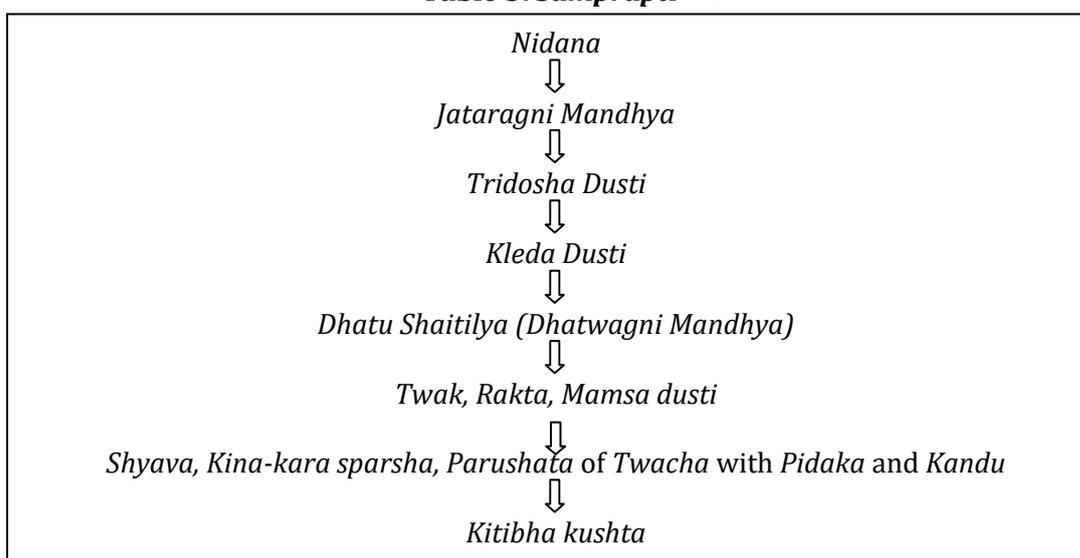
- **O/E of Skin**

- ✓ Colour - Normal skin colour
- ✓ Lesion - secondary
- ✓ Character - size - extensive(plaque), colour - blackish white
- ✓ Individual lesions - Muculo-papular lesion present all over the body specially on both legs, hands & face
- ✓ Scales - Present
- ✓ Nature - Dry flakes
- ✓ Itching - Present
- ✓ Auspitz sign - Positive
- ✓ Candle grease sign - Positive

Nidana⁹ : based on Patient wardings

- *Aharaja* - Excess intake of *Guru-Madhura-Pisthanna* (Egg yolk, Chicken, Bakery items) *Vidhahi-Amla rasa* (Puliogare, green chilly)
- *Viharaja* - *Diwaswapna, Sheeta-vata sevana* (exposure to cold)
- *Manasika* - *Chinta*

Table 3: Samprapti ^[10]



Samprapti Ghatakas

- Dosha – Tridosha (Vata-Kapha)
- Dushya – Twak, Rakta, Mamsa, Lasika
- Ama – Jatargni janya ama
- Agni – Jatargni, Dhatwagni mandya
- Srotas – Rasavaha, Raktavaha, Mamsavaha
- Srotodusti prakara – Sanga, Vimargagamana
- Rogamarga – Bahya
- Udbhava sthana – Amashaya
- Vyakta sthana – Twacha

- Roga swabhava – Chirakari
- Sadhyasadhyata – Yasya

MATERIALS AND METHODS

Treatment Plan

- Amapachana
- Snehapana
- Abhyanga and Swedana
- Vamana
- Virechana
- Samsarjana krama

Table 4: Treatment Schedule

Course	Shodhana		Shamana	Recurrence
9/6/20 to 17/6/20	Snehapana	Guggulu tiktaka gritha	Manjistadi kwatha 15ml TID	Recurrence within 15 days Symptoms aggravated
	S.Abhyanaga & Bashpa sweda	Chakramarda taila+ Bala taila	Mahatiktaka gritha 5gm BD A/F with hot water	
	Virechana	Trivruth lehya 30gm+ Eranda taila 30ml vegas-8	Chakramarda taila L/A T. Allercet 10mg (sos)	
18/9/20 to 8/10/20	Snehapana	Mahatiktaka gritha	Guggulutikta Kashaya 15ml BD B/F	No recurrence Symptoms Improved
	S.Abhyanaga	Chakramarda taila	T. Arogyavardini vati 1 BD	
	S. Dhara	Manjista+Triphala kashaya	T. Kaishora guggulu 1 BD	
	Vamana	Madanaphala, Vacha, Yasti, Lavana Dugha, Yastiphanta, Lavanodaka Vegas- 8	777 oil L/A	
	Virechana	Trivruth lehya 50gm+ Eranaada taila 30ml. Vegas-9	Mahatiktaka gritha 5gm BD A/F with hot water	
29/12/20 to 16/1/21	Snehapana	Mahatiktaka Gritha	Mahatiktak gritha 1tsp BD B/F	No recurrence Symptoms improved
	S.Abhyanga	Chakramarda Taila	Guggulu Tiktaka kashya 15ml Bd B/F	
	S. Dhara	Manjista+Triphala Kashaya		
	Vamana	Madanaphala, Vacha, Yesti,		

		<i>lavana Dugha, Yestiphanta, Lavanodaka Vegas- 8</i>	<i>Vilvadi vati (sos) 777 oil E/A</i>	
	<i>Virechana</i>	<i>Trivruth lehya 50gm+ Eranada taila 20ml. Vegas-9</i>	<i>Triphala kwatha churna for snana</i>	<i>Scrufol shampoo L/A</i>

RESULTS AND DISCUSSION

Kushta can be managed very well in *Ayurveda* by both *Shodhana* and *Shamana aushadis*. In *Sushruta Samhita* we find reference of repeated *Shodhana* for *Kushta* which holds better protocol to manage Psoriatic condition^[11]. In this patient, initially *Virechana* was done followed by *Kushtahara Shamana aushadi's*, where 20-30% cure in signs and symptoms were observed, but later there was flare up of the condition. *Kushta* is *Tridoshaja vyadhi* with *Vata kapha* predominance. In this patient, administration of *Virechana karma* during *amashayaokta dosha uthklesha avastha* would have lead to improper elimination of morbid *Doshas* from body. This may be the reason for initial flare up in the

generalized diseased condition of the patient. Hence in 2nd round of *Shodhana* was performed after 2 months, i.e., after *Snehana* and *Swedana* followed by *Vamana* and *Virechana* was administered along with *Shamana aushadis*, where 50-60% of relief in patient condition was observed. In 3rd round of *Shodhana* similar treatment procedure was adopted and 70% of improvement was seen. This treatment protocol justifies the *Sushrutas* explanation of repeated *Shodhana* in *Kushta*, which can minimize the flare up and relieve the morbidity. Changes observed in patient's condition before and after treatment as mentioned in table number-5.

Table 5: Result before and after treatment

Features		BT	AT
Subjective criteria			
Colour (<i>Shyavata</i>)		Silvery	Reduced
Itching (<i>Kandu</i>)		Severe	Reduced (Occasional)
Scaling	Roughness (<i>Kharata</i>)	Present	Absent
	Hardness (<i>Parushata</i>)	Present	Absent
	Dryness (<i>Rukshata</i>)	Present	Absent
Objective criteria			
Lesion size		Medium to large (appx-1-2cm all over body)	Reduced
Lesion number		More	Decreased
PASI score		26.1	4.4

Table 6: PASI Score Calculation before Treatment

Plaque Characteristic	Lesion Score	Head	Upper Limbs	Trunk	Lower Limbs
Erythema	0=None	1	2	3	3
Induration	1=Slight	2	2	2	3
	2=Moderate	2	3	2	3
Scaling	3=Severe				
	4=Very severe				
Lesion score sum (A)		5	7	7	9
Percentage area affected	Area score	Head	Upper limbs	Trunk	Lower limbs
Area score (B) (Degree of involvement as a percentage for each body region affected)	0=0%	2	3	5	4
	1= 1%-9%				
	2=10%-29%				
	3=30 %-49%				
	4=50-69%				

	5=70-89%				
	6= 90-100%				
Multiplication of lesion score sum (A) by area score (B) for each body region to give 4 individual subtotals (C)					
Subtotal (C)	10	21	35	36	
Multiplying each of subtotals (C) by amount of body surface area represented by that region, i.e x0.1 for head, x0.2 for upper body, x0.3 for trunk and 0.4 for lower limbs					
Body surface area	X 0.1	X0.2	X0.3	X0.4	
Totals (D)	1	0.2	10.5	14.4	
Adding together each of the score for each body region to give the final PASI score					
PASI SCORE	26.1				

Table 7: PASI Score after Treatment

Plaque Characteristic	Lesion Score	Head	Upper Limbs	Trunk	Lower Limbs
Erythema	0=None	0	0	1	2
Induration	1=slight	0	0	0	2
Scaling	2=moderate	1	0	0	1
	3=severe				
	4=very severe				
Lesion score sum (A)		1	0	1	5
Percentage area affected	Area score	Head	Upper limbs	Trunk	Lower limbs
Area score (B) (Degree of involvement as a percentage for each body region affected)	0=0% 1= 1%-9% 2=10%-29% 3=30 %-49% 4=50-69% 5=70-89% 6= 90-100%	1	0	1	2
Multiplication of lesion score sum (A) by area score (B) for each body region to give 4 individual subtotals(C)					
Subtotal (C)		1	0	1	10
Multiplying each of subtotals (C) by amount of body surface area represented by that region, i.e x0.1 for head, x0.2 for upper body, x0.3 for trunk and 0.4 for lower limbs					
Body surface area		X 0.1	X0.2	X0.3	X0.4
Totals (D)		0.1	0	0.3	4
Adding together each of the score for each body region to give the final PASI score					
PASI SCORE	4.4				

CONCLUSION

In this case, patient with severe psoriasis was successfully managed with repeated *Shodhana* (biopurification) i.e., *Vamana* followed by *Virechana* along with *Rakta Shodaka* (blood purification) and *Twak Prasadaka dravyas* as *Shamana aushadis*, thereby resulting in good remittance. As an added benefit, patient who was having irregular menstrual cycles before *Shodhana* therapy, had later become regular with reduced severity of Dysmenorrhea. There by patient's overall quality of life was

improved with repeated *Shodhana* therapy in *Kitibha kushta*.

REFERENCES

1. Agnivesha, Charaka Samhitha, Vaidyamanorama Hindi commentary, edited by Acharya Vidyadara Shukla and Ravi Dutt Tripathi, Chaukhamba Sanskrit Pratishthan, Delhi, reprint-2013, Vol-2, Chikitsa Sthana, Chapter-7, Sloka no-13, Pg no-182.

2. Susruta, Susruta Samhita, Ayurveda-Tatva-Sandipika Hindi Commentary, edited by Kaviraja Ambikadutta Shastri, Chaukhamba Sanskrit Sansthan, Varanasi, reprint-2014, Part-1, Nidana Sthana, chapter-5, sloka no-5, Pg no-319.
3. Vagbhatacharya, Ashtanga Sangraha, Indu Vyakyashita, edited by Shivaprasad Sharma, Chowkamba Orientalia, reprint-2008, Nidana Sthana, chapter-14, Verse-(8-1).
4. Vagbhata, Astanga Hridayam, English Translation, Translated by Srikantha Murthy, Chowkhamba Krishnadas Academy, Varanasi, reprint-2013, Vol-2, Nidana Sthana, chapter-14, sloka-8, Pg no-137.
5. Agnivesha, Charaka Samhitha, Vaidyamanorama Hindi commentary, edited by Acharya Vidyadara Shukla and Ravi Dutt Tripathi, Chaukhamba Sanskrit Pratishthan, Delhi, reprint-2013, Vol-2, Chikitsa Sthana, Chapter-7, Pg no-184.
6. Agnivesha, Charaka Samhitha, Ayurveda Deepika commentary of Chakrapani, edited by Vaidya Yadavji Trikamji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2009, Chikitsa Sthana, chapter-7, Verse-29.
7. Davidson's Principles and Practice of Medicine, edited by H.Ralston, Ian D.Penman, W.J.Strachan, P.Hobson, 23rd edition, Chapter-29, Pg no-1247.
8. Psoriasis in India: Prevalence and pattern, Nov-2010 Available from URL https://www.researchgate.net/publication/47794634_Psoriasis_in_India_Prevalance_and_pattern
9. Agnivesha, Charaka Samhitha, Vaidyamanorama Hindi commentary, edited by Acharya Vidyadara Shukla and Ravi Dutt Tripathi, Chaukhamba Sanskrit Pratishthan, Delhi, reprint-2013, Vol-2, Chikitsa Sthana, Chapter-7, Sloka no-(4-8), Pg no-181.
10. Agnivesha, Charaka Samhitha, Vaidyamanorama Hindi commentary, edited by Acharya Vidyadara Shukla and Ravi Dutt Tripathi, Chaukhamba Sanskrit Pratishthan, Delhi, reprint-2013, Vol-2, Chikitsa Sthana, Chapter-7, Sloka no-(9-10), Pg no-182.
11. Susruta, Susruta Samhita, Ayurveda-Tatva-Sandipika Hindi Commentary, edited by Kaviraja Ambikadutta Shastri, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint-2014, Part-1, Chikitsa Sthana, chapter-9, Sloka no-43, Pg no-67.

Cite this article as:

Sneha Patil, Prashanth Bhat. Importance of Repeated Shodhana In Kitibha Kushta (Psoriasis) A Case Study. International Journal of Ayurveda and Pharma Research. 2021;9(3):40-47.

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Sneha Patil

2nd year P.G Scholar,
Department of PG Studies in
Kayachikitsa, A.L.N. Rao
Ayurvedic Medical College
Koppa, Karnataka, India.

Email:

snehapatil5678@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.

Fig no-1: Before Treatment



Fig no-2: After 1st Shodhana



Fig no-3: After 2nd Shodhana



Fig no-4 After 3rd Shodhana

