



Case Study

A CASE STUDY ON THE MANAGEMENT OF PSORIASIS (KITIBHA) BY AYURVEDIC INTERVENTION

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ABSTRACT

Psoriasis (*Kitibha*) is one of the most common chronic skin disorders, which has psychological and social impact on patient's life. This disease is not contagious and may affect people of any age, but it commonly begins around 15 to 40 years. Psoriasis is commonly red and white hues of scaly patches appearing on the top of skin. This disease is equated to *Kitibha* in Ayurveda due to its invariable similarities in signs and symptoms. This case study aims to investigate whether Ayurvedic intervention can manage moderate to severe Psoriasis (*Kitibha*). A 41-year old male came to the Outpatient Department (OPD) of Central Ayurveda Research Institute, Guwahati with clinical features indicative of Psoriasis. This case was diagnosed as *Kitibha* and was managed by Ayurvedic interventions of *Kaishore Guggulu* 1gm twice a day, *Arogyavardhini vati* 500mg twice a day, *Panchtiktaguggulu Ghrat* 3 gm twice a day and *Brihat Marichyadi tail* local application twice a day for 3 months at OPD level. The response to the treatment was found to be highly effective. At the end of the treatment period and follow up of 1 month as compared with baseline, highly significant changes were observed. *Kaishore Guggulu*, *Arogyavardhini vati*, *Panchtiktaguggulu Ghrat* and *Brihat marichyadi tail* in the above-mentioned doses were found to be very effective and safe in moderate to severe case of Psoriasis (*Kitibha*).

INTRODUCTION

Psoriasis is a hyper proliferative, autoimmune skin disorder which can be itchy and painful. The exact cause of this disease is still under research. In this disease, transformation of epidermal cells from basal cell layer to outer surface of skin is drastically reduced from normal one month to mere 3-5 days, which results in formation of immature epidermal cell. Those cells shed soon in the form of silvery scales (immature nucleated epidermal cells which are present in stratum corneum). It is induced and sustained by lymphocytes with secondary proliferation of keratinocytes. T-cell mediated immune response leads to accelerated growth of epidermal and vascular cells.^[1]

Psoriasis is characterized by well-defined erythematous sharply demarcated papules and rounded plaques covered by silvery micaceous scales variably pruritic and typical extensor distribution. Psoriasis is estimated to affect 2- 4% of the population of the western world. The rate of psoriasis varies according to age, region and ethnicity; a combination of environmental and genetic factors is thought to be responsible for these differences.^[2] It can occur at any age, although it most commonly appears for the first time between the ages of 15 and 25 years. Approximately one third of people with psoriasis report being diagnosed before age 20.^[3] Psoriasis affects both sex equally.^[4] In India the prevalence of psoriasis varies from 0.44 to 2.8%, it is twice more common in males compared to females, and most of the patients are in their third or fourth decade at the time of presentation.^[5]

In Ayurveda, skin diseases are described under *Kushthroga* which is classified into two groups- *Mahakushtha* and *Kshudrakushtha*. *Kitibha* is included under *Kshudrakushtha* group. Causative factors of

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Kitibha and other skin diseases are *Apathya ahara-vihara*, *Viruddhaanna* and *Papakarma*. *Apathya-ahara* (incompatible food habits) i.e., heavy food, non-vegetarian food, excess use of milk, curd and milk products, sour and acidic food, alcohol, *Viruddha ahara* like milk with fish, milk with sour fruits etc., exposure to direct light, arresting physical urges, excess indulge in sex etc., and living with mental worries vitiates *Doshas* and *Dhatus*.^[6] The above mentioned etiological factors also loosen the four *Dhatus* viz., *Twak* (skin or *Rasdhatu*), *Rakta* (blood), *Mamsa* (flesh), *Lasika* (lymph). The aggravated *Doshas* localized in these *Dhatus* vitiate the later due to their looseness and produces *Kushtha* or skin disease. The skin disease with secretion, circulation in shape with excessive itching sensation, unctuous and black in color is described as *Kitibha*.^[7] The skin disease, which is ash in color, rough surface like ulcer is calling *Kitibha*.^[8] The skin disease that is dry, the ulcerated area is excessive rough in touch, hard, itching present and black in color is call *Kitibha*.^[9] *Kitibha* is characterised by *Shyavam* (Blackish brown discoloration), *Khinakharasparsha* (roughness) and *Parusha* (hardness) and the *Doshas* involved in *Kitibhakushta* are *Vata* and *Kapha*.^[10]

Modern medicine treats psoriasis with various medicaments like topical treatment such as application of corticosteroids, Keratolytics, Anthralin and Tars, Tazoterene analogues of Vit-D3. Systemic treatment consists of Cyclosporine, Retinoids, Methotrexate. Photo Therapy consists of UVB, PUVA, Bath PUVA and PDT. Despite their efficacy, these treatments have serious adverse effects like hepato-toxicity, pulmonary toxicity, pancytopenia, teratogenicity, metabolic disturbances and increased risk of malignancies.^[10]

Shodhana and *Shamana chikitsa* is mentioned in Ayurveda for the management of *Kushta*. *Shodhana chikitsa* is based on *Panchkarma* therapy where *shaman* is included with oral medication and local application. *Kaishore Guggulu* is an herbal remedy containing purified *Guggulu* and is used as anti-allergic, antibacterial and for blood purifier. It acts as health promoter for aging skin, acts as natural blood cleanser, is useful as supportive herbal supplement in many health conditions, such as diabetes and skin diseases.^[11]

Arogyavardhini vati is *Rasakalpa*^[12]. It cures skin diseases due to its purifying property. It removes dangerous toxins from body which is very effective for glorious skin. *Shuddha Parad* increases the immunity of person. *Shuddha Gandhaka* is very useful in various skin diseases. *Shuddha Shilajatu* has antioxidant property; *Amalaki* has antioxidant and astringent property which is very useful for healthy skin. *Nimba patra* is also one of the best drugs which cure all types of skin diseases. *Abhraka Bhasma* is useful in treating various skin diseases and liver diseases.

Panchatiktaguggulu ghruta^[13] contents are having *Tikta rasa*, *Laghu & Ruksh guna*, so it acts as anti-itching property, *Kled & Vikrut meda upashoshan*, *Vranashodhak*. It mainly acts on body wastes (*Kled*), fat (*Meda*), plasma (*Lasika*), blood (*Rakta*), *Pitta*, *Swed* (sweat) & *Shleshma*^[15]. *Brihat Marichyadi taila* has antiseptic and anti-fungal properties.

Kaishore guggulu, *Arogyavardhini vati* and *Panchtikta guggulu Ghruta* orally and *Brihatmarichadya Taila*^[14] local application are described for the treatment of *Kushtha* and other skin disorders.

Case Report

A 41-year old man visited the outpatient department of Central Ayurveda Research Institute (CARI), Barsojai, Beltola, Guwahati on April 13, 2021, vide registration no. 394, with complaints of itching, dryness, roughness, circular erythema, exfoliation, pin point bleeding after removal of skin [Figures 1&2]. The above sign and symptoms have been spreading in the body since 4-5 years. All signs and symptoms were correlating to Psoriasis. He had consulted many modern medicine doctors for the treatment but satisfactory relief was not found. Pathology and biochemistry investigations have already done as per advice of doctors which was normal value.

After confirmation of psoriasis without any other diseases, Ayurvedic treatment consisting of *Kaishore Guggulu* 1gm twice a day before meal with water, *Arogyavardhini vati* 500mg twice a day after meal with water, *Panchatiktaguggulu ghrut* 10gm twice a day before meal with lukewarm water and *Brihat Marichyadi tail* for local application twice a day was prescribed for 2 weeks. The treatment intervention was selected on the basis of clinical presentation of the *Kitibha* (psoriasis) condition and therapeutic properties of the drugs with possible ability to modify the same. All Ayurvedic medicines were supplied by Indian Medicines Pharmaceutical Corporation Ltd, Mohan, District Almora, Uttarakhand, to CARI, Guwahati. The patient showed mild improvement in the 15 days of above Ayurvedic treatment, therefore, the same medicines were continued every 15 days and clinical improvements were observed [Fig.3,4,5].

RESULT

Initially, the patient was taking some modern medicine as and when there was unbearable itching. The response of the Ayurvedic treatment was found highly significant. At the end of the treatment period of 3 months as compared to baseline, there was marked reduction in itching, dryness, roughness, circular erythema, exfoliations. The patient returned to his routine work, and there was no discomfort after treatment. All sign and symptoms disappeared in hands and other parts of body but only discoloration is still continuing in the legs [Figures 6 & 7]. There was no recurrence of sign and symptoms in the follow-up

period of 1 month. Neither side effects nor complications were reported during the treatment and follow-up period.



Fig. 1 & 2: Before Treatment



Fig. 3: After 1 month treatment



Fig. 4 & 5: After 2 months of treatment



Fig. 6 & 7: After 3 months of treatment

DISCUSSION

In the modern era, treatment of Psoriasis includes creams and ointments (topical therapy), light therapy (phototherapy), and oral or injected medication. The treatment options of the various types of psoriasis, however, differ due to different types of conditions. In Ayurveda, psoriasis can be considered as *Kitibha* under *Kustha* which are further divided into *Mahakustha* and *Ksudra Kustha*. *Kitibha kustha* is one type of *Kshudra kustha* and is usually characterized by *Shyava*, *Khara sparsha* and *Parusha*. Sushruta further added the symptoms as *Sravi*, *Vritta*, *Ugra kandu* and *Snigdha Krishna*. It manifests due to vitiation of *Sapta dhatus*; three *Dosha*, *Twak*, *Rakta*, *Mamsa* and *Lasika*; having involvement of *Vata* and *Kapha*.

Kaishore Guggulu balances *Pitta* and *Kapha*, particularly when it affects musculoskeletal system. Its main ingredients—*Guduchi*, *Triphala* and *Trikatu*—when combined with *Guggulu*, create a detoxifying and rejuvenating combination aimed primarily at removing deep-seated *Pitta* from the tissues. In *Dhatu Kshaya* (degenerative) condition at affected part, it also acts to nourish and strengthen the system, supporting the overall health and proper function of the joints, the muscles and the connective tissue[15]. *Guggulu* exudate is obtained in the form of oleo gum resin from the stem of the plant *Commiphora mukul* (Hook. ex.). The pharmacological properties of *Guggulu* in Ayurveda are *Tikta* (bitter) in *Rasa*, *Laghu* (light) in *Guna* (property), *Ushna* (hot) in *Virya* (potency) and *Katu* (pungent) in *Vipaka*. Pharmacological action of *Guggulu* as described in Ayurveda is *Brimhana* (corpulent), *Kaphavatahara* (reduces *Kapha* and *Vata*), *Pittala* (increases *Pitta*), *Vrishya* (aphrodisiac),

Lekhana (reduce fat), *Deepana* (increases gastric enzyme) and *Balya* (provides strength). Therapeutic indications of *Guggulu* are multiple according to different Ayurvedic classical textbooks such as *Sthaulya* (obesity), *Vata Vyadhi* (diseases of nervous system), *Amavata* (rheumatoid arthritis), *Vidradhi* (abscess), *Udara Roga* (abdominal disorders), *Vatarakta* (gouty arthritis), *Shopha* (edema), *Puti Karna* (otitis media) and *Vrana* (ulcer). An active compound, 5 (1-methyl, 1-aminoethyl)- 5-methyl-2-octanone, *Guggulu* gum also showed significant antibacterial activity against gram-positive bacteria and moderate activity against gram-negative bacteria.[16,17]

Arogyavardhini vati (R.R.S 20/87-93) is a useful formulation in treating skin diseases like eczema, excessive dryness of skin, rashes etc. It is indicated in various skin diseases due to vitiated *Vata* and *Kapha*. *Ekakushtha* is disease of *Vata-kapha dushti*, so it is useful in *Ekkushtha* (psoriasis), also use as *Grahani shodhak*, *Dipan*, *Pachan*, *Pakwashaydushti nashak*.

Probable mode of action of *Panchatikta guggulu ghrita* can be said as all contents are having *Tikta rasa*, *Laghu & Ruksh guna*, so it acts as anti-itching property, *Kled & Vikrut meda upashoshan*, *Vranashodhak*[18]. It mainly acts on body wastes (*Kled*), fat (*Meda*), plasma (*Lasika*), blood (*Rakta*), *Pitta*, *Swed* (sweat) & *Shleshma*[19]. *Nimb* has chemical composition of *Nimbin*, *Nimbidin* possesses significant dose dependant anti-inflammatory activity and significant anti-ulcer effect. *Guduchi* having *Berberin & tinosporin* mainly acts as anti-oxidant and immune-potentiating

thus cell layers during disease pathology are improved by this drug. *Vasa* the Vascininone has anti-histaminic property as well as it is anti-oxidant and anti-inflammatory. *Patol* has anti-oxidant & *Nidigdika* has anti-histaminic property. *Guggulu* has excellent property to act on *Vikrut kleda* (abnormal body wastes) & *Meda* (fat), *Mamsa dhatu* (flesh) as it has *Katu*, *Tikta*, *Kashay*, *Madhur rasa*, *Ushna veerya* and *Katu Vipak*^[20]. *Guggulu* stimulates body activity to build up immune system. *Ghritha* has lipophilic action so helps in ion transportation to a target organ. This lipophilic nature of *Ghritha* facilitates entry of drug in to cell and it's delivery to mitochondria, microsomes and nuclear membrane. Also it helps in restoring the normal texture to skin^[21]. So all these properties act mainly at cellular level of skin decreasing keratinization of cell layer thus improving cell cycle as a result symptoms like itching, deranged complexion, unctuous, perspiration, white or red patches are reduced giving normal texture to skin.

Abhyanga is the widely practiced measure to treat various disorders related to skin and hair. Massage in specific direction improves blood circulation, facilitates removal of toxins from the tissues and recuperates the body tissues.^[22] According to Acharya Charaka^[23], it prevents wear and tear viz., it prevents degenerative changes of the body. *Brihat Marichyadi taila* has antiseptic and antifungal properties. So probable mode of action can be proper moisture balance (*Kapha* in balance), effective functioning of the metabolic mechanisms that coordinate all the various chemical and hormonal reactions of the skin (*Pitta* in balance) and efficient circulation of blood and nutrients to different layers of the skin (*Vata* in balance). It also depends on the health of three *Dhatu*s (Body tissues) viz. nutritional fluid (*Rasa*), blood (*Rakta*) and muscle (*Mamsa*). *Rasa* supports all the *Dhatu*s and keeps the skin healthy. *Rakta*, in association with liver function, helps detoxify the skin of toxins, while *Mamsa* provides firmness to the skin.^[24]

CONCLUSION

Ayurvedic management consisting of *Kaishor guggulu*, *Arogyavardhini vati*, *Panchtiktaguggulu Ghritha* orally and *Brihatmarichyadya Taila* locally was found very effective and safe in Psoriasis (*Kitibha*). The observed benefits may be attributed due to anti-allergic, anti-bacterial and blood-purifying properties, skin health promoter of *Kaishore Guggulu*, purifying property of *Arogyavardhini vati*, anti-itching, *Kled* and *vikrut meda upashoshan*, *Vranashodhak* of *Panchtikta guggulu Ghritha*, antiseptic and antifungal properties of *Brihatmarichyadya Taila*. The findings of this case report suggest that with above Ayurvedic intervention psoriasis (*Kitibha*) may be managed successfully. The

findings need to be confirmed and validated in more of a number of patients of Psoriasis (*Kitibha*).

REFERENCES

1. Gupta Ramji, Text book of Dermatology, 1st edn, Jaypee Brothers Medical Publishers (P) Ltd, New Delhi, 2002, 158-61.
2. Parisi R, Symmons DP, Griffiths CE, Ashcroft DM (February 2013). Identification and Management of Psoriasis and Associated Comorbidity (IMPACT) project team. Global epidemiology of psoriasis: a systematic review of incidence and prevalence. J Invest Dermatol. 133 (2): 377-85. Available on <https://en.wikipedia.org/wiki/Psoriasis#Epidemiology>
3. Benoit S, Hamm H (2007). Childhood Psoriasis. Clinics in Dermatology. 25 (6): 555-562. doi:10.1016/j.clindermatol.2007.08.009. PMID 18021892
4. Kupetsky EA, Keller M (November-December 2013). Psoriasis vulgaris: an evidence-based guide for primary care. J Am Board Fam Med. 26 (6): 787-801. doi:10.3122/jabfm.2013.06.130055. PMID 24204077. Archived from the original on 2013-12-12.
5. Sunil Dogra, Savita Yadav, Psoriasis in India: Prevalence and pattern: Indian Journal of Dermatology, venereology and leprology, Year: 2010, Vol: 76, Issue: 6, Page: 595-601
6. K.S.Sethu, S.Indrakumari, S.Nesamany, B.K.R.Pillai, Clinical evaluation of the effect of kaishora guggulu and viswamitra kapala taila in the management of Kitibha (Psoriasis): JRAS, vol. XXVII, No 3-4, (2006) pp10-18.
7. Sushruta, Susruta Samhita, English translated by Murty DR KRS, 4th edn, verse 2/5/14 (Krishnadas academy, Varanasi), 2000, 39-40.
8. Caraka, Caraka Samhita, English translated by Sharma DR PK & Das Vaidya Bhagwan, 4th edn, verse 6/7/22, (Chaukhambha Sanskrit Series Office, Varanasi), 2000, 325.
9. Vagbhatta, Astanga Hridaya, English translated by Murty DR KRS 4th edn, verse 2/14/20-21 (Krishnadas academy, Varanasi), 2000, 139.
10. R. S. Chalapathi, N. Vijaya Lakshmi, P. Raghupathi Goud, R. Vidyanath: Efficacy of Yogabasti Comprising of Panchatikta Niruha Basti & Madanaditaila Anuvasanabasti in the Management of Kitibha Kushta Vis-À-Vis Psoriasis, Rasamruta, 4:4, June 2012.
11. Amit Lather, Vikas Gupta, Parveen Bansal, Meeta Sahu, Kamal Sachdeva and Pankaj Ghaiye: An Ayurvedic polyherbal formulation Kaishore guggulu: A review. Int J Pharm Biol Arch 2011; 2:1-7.

12. Arogyvardhini vati- "Literary Review of Aarogyavardhini vati And its effect on Kitibha Kushtha" Ashwini G. Gonare et al International Journal of Research in Indian Medicine April -June 2019 | Vol. 03rd| Issue:2nd, 1-5 page
13. Kaviraj Atridev Gupt, Ashtang Hrudaya commentary, Nidan sthan Chapter- 14, Choukhamba Choukhamba Sanskrit Sansthana, Varanasi.
14. Vaidya shri Laxmipati Shastri, Yogratnakar, commentary, Ch.vatrakta chikitsa tail prakaran 1-5 Choukhamba Choukhamba Sanskrit Sansthana, Varanasi.
15. Biswas SK, Kundu S, Debnath M, Biswas M, Tuhin kanti Biswas: A review on Guggulu (Commiphora Wightii) and its market strategy: Indo Am J Pharm Sci 2016; 3: 1354-60
16. Goyal P, Chauhan A, Kaushik P. Assessment of Commiphora wightii (Arn.) Bhandari (Guggul) as potential source for antibacterial agent. J Med Med Sci 2010; 193: 71-5.
17. Ishnava KB, Mahida YN, Mohan JS. In vitro assessments of antibacterial potential of Commiphora wightii (Arn) Bhandari. Gum extract. J Pharm Phytother 2010; 2: 91-6
18. Priyavat Sharma, Charaksamhita, Chikitsa sthana Kushthrogadhikara 7/16, Published by Choukhamba Oriantilia, 2th Ed. 1994.
19. Dr. Ambikadatta Shastri, Sushrutsamhita Purvardha, Published by Choukhamba Sanskrit Sansthana, Ed.2005.
20. Priyavrat Sharma, Dravyaguna Vidnyana Part II, Published by Choukhamba Bharti Akadami 2003Ed.
21. Kashinath Shastri ,Charaksamhita Sutra sthana 13/14 Published by, Published by Choukhamba Sanskrit Sansthana, 8th Ed. 2004.
22. Sharma R K, Dash B (2007) Caraka Samhita by Agnivesa. Chowkhamba Sanskrit Series Office, Varanasi.
23. Madhukar LS, Nivrutti BA, Bhatngar V, Bhatngar S (2018) Physico-anatomical explanation of Abhyanga: An Ayurvedic massage technique for healthy life. J Tradit Med Clin Natur 7: 252.
24. Datta HS, Paramesh R (2010) Trends in aging and skin care: Ayurvedic concepts. J Ayurveda Integr Med 1: 110-113.

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