

ROLE OF UBHAYA SHODHANA IN THE MANAGEMENT OF KITIBA KUSTA: A CASE STUDY

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ABSTRACT

Kusta Roga is one of the diseases where it does the *Vikruti* of *Shareera* '*Krushanati Sarva Vapuhu Iti Kustam*'. *Kitiba Kusta* is one among the types of *Kshudra Kusta* described in different Ayurvedic classics. According to *Acharya Charaka*, it is *Vata-Kapha Pradhana vyadhi*. The clinical features of *Kitiba Kusta* were described by *Charaka* represents *Shyava*, *Kinakara Sparsha* and *Parusha* which are present in plaque psoriasis. Hence, by clinical symptoms of *Kitiba Kusta* described in Ayurveda resemble with clinical symptoms of plaque psoriasis. The male patient aged 25year came with complaints of reddish circular rashes all over body with sever itching with scaling, he was treated with *Rooksha Poorva Vamana Karma* and *Virechana Karma*. In modern medicine, there is no defined treatment for this disease. A large number of drugs and measures are described in Ayurveda for the treatment of *Kitiba Kusta*. *Panchakarma Chikitsa* plays main role in managing skin disorder. *Kandu* is one prime symptom of *Kapha dosha*; *Vamana Karma* is one such procedure and best *Chikitsa* in *Kapha pradhana dosha* and *Virechana Karma* is opted as it's associated with *Pitta dosha*.

This Case study shows the patient with *Kitiba Kusta* successfully managed through *Rooksha Poorva Vamana Karma* and *Virechana Karma*.

Keywords: *Kitiba Kusta*, *Plaque Psoriasis*, *Vamana Karma* and *Virechana Karma*.

INTRODUCTION

Kitiba kusta is a type of *Kshudra Kusta* described in Ayurveda classics^{1,2,3}. It is *Vata-Kapha Pradhana* disorder⁴. The clinical symptoms of *Kitiba Kusta* resembles with clinical symptoms of Psoriasis like *Shyava*, *Kinakara Sparsha*, and *Parusha*⁵.

Psoriasis is a chronic inflammatory, hyper proliferative skin disease. It results in painful disfiguring and disabling for which there is no cure and will create negative impact on patient's quality of life⁶.

Psoriasis occurs worldwide. It affects approximately 1.5 to 3% of Caucasians and is less common in Asian, South American population⁷. Prevalence of Psoriasis in countries varies between 0.09% and 11.4%. In most developed countries, prevalence is between 1.5 and 5%.

Presenting Complaints:

A 25 year old Indian, unmarried, non smoking, non alcoholic male consulted in OPD of Panchakarma,

SKAMCH & RC, Bangalore, for a complainant of reddish blue lesions all over the body (i.e. over extremities, trunk, back, buttock & scalp) associated with itching since last 5 years, increased since past 3 months. The case was admitted to male *Panchakarma* ward of SKAMCH & RC, Bangalore on 2nd June, 2018 for administration of *Panchakarma* procedures. He underwent 2 sittings of allopathic and 1 sitting of *Ayurveda* treatment before consulting to our Hospital. Patient had family history of Psoriasis (mother).

Nature of lesion during the course of disease manifestation:

- Reddish blue colored lesions.
- Dry and scaly
- Initially the lesion would be a papule later converted into plaques.

- No discharge noted
- It increases on exposure to cold, intake of spicy sour food. Decreases on applying oil/lotion.

Clinical findings:

Bhumi Desha Pariksha, Jagataha Jangala, Samrudhita Jangala, Vyaditaha Jangala, Prakriti Pitta Vata, Sara Madhyama, Samhanana Madhyama, Pramana Avara, Satmya Vyamishra, Ahara Shakti Madhyama, Vyayama Shakti Madhyama, Vaya Youvana.

Vikruti, Dosha Kapha Vata Pradhana Tridosha, Dushya Twak, Rakta, Mamsa, Ambu. Desha Jangala, Kala Shishira, Prakriti Prakruti Sama Samaveta, Bala Pravara .

Table 1: Chikitsa Vrittantha:

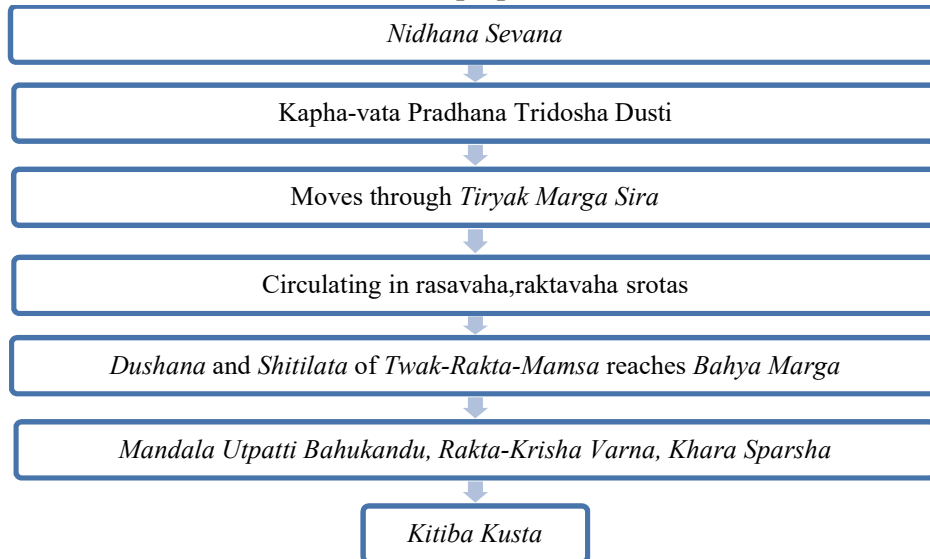
Sl. no.		Treatment given	Duration
1 st Sitting	Allopathic	<ul style="list-style-type: none"> ▪ Clodi – b- cream + Salic 12 ointment for local application. ▪ Tab Folitrix 2.5mg, 12 hourly; 3 doses – repeat after 7 days. ▪ Tab Carbocal 3 1tab OD ▪ Cap Oxymore 1 tab OD ▪ Nidcort lotion + oil, external application after bath. 	30days
2 nd Sitting		<ul style="list-style-type: none"> ▪ 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. 	30days
3 rd Sitting	Ayurveda	<p>1st visit</p> <ul style="list-style-type: none"> ▪ <i>Raktashodhaka Churna</i> 1 spoon; with water, at night. ▪ <i>Haridra Khanda</i> 1 spoon; BD <p>1st follow up</p> <ul style="list-style-type: none"> ▪ Tab Imupsora 2 tab empty stomach ▪ Imupsora ointment for local application. <p>2nd follow up</p> <ul style="list-style-type: none"> ▪ <i>Rasamanikya Rasa</i> 5gm ▪ <i>Gandhaka Rasayana</i> 5gm ▪ <i>Amruta Satva</i> 5gm ▪ <i>Kapardika Bbhasma</i> 5gm ▪ <i>Pravala Pishti</i> 5gm <p>Mix well prepares 30 packets. 1 packet BD with honey.</p>	<p>For 15 days</p> <p>For 15 days</p> <p>For 15 days</p>

Table 2: Diagnostic focus:

Inspection	Colour-reddish hyper-pigmented.
	Temperature-same as body temperature
	Surface-dry
	Lesions Type-papulo-squamous Shape- annular and polymorphic Distribution- Bilateral symmetric Arrangement of lesions- Scattered
Palpation	Superficial – Rough Cutaneous Signs- Auspitz sign – Negative Oil drop sign – Negative Candle grease test – Positive Woronoff's ring – Positive Dermatographism- Negative

Assessment**Table 3:** Comparison of Kitibha Kushta and Psoriasis

<i>Kitibha</i>	Psoriasis
<i>Shyavam/ Snigdha Krishna</i>	Erythematous lesions turn to black in chronic cases
<i>Kharatwam</i>	Candle grease sign- Positive
<i>Parushatwam</i>	Abnormal hardening seen in chronic cases
<i>Rukshatwam</i>	Scales rough to touch
<i>Ughra Kandu</i>	Severe itching observed

Samprapti:

Treatment:**Table 4:** 1st course of treatment:

Date	Treatment	Days	Observation
02/06/18 To 07/06/18	<i>Sarvanga Udvartana with Triphala Churna and Manjishtadi Churna</i> <i>Sarvanga Takradhara with Musta, Amalaki, Asanadi Saditha Takra</i>	6 days	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 present Day 6-Itching reduced by 60%
08/06/18 To 11/06/18	<i>Snehapana with Guggulu Tiktaka Ghrita</i> Day 1- 30ml Day 2- 70ml Day 3- 110ml Day 4- 140ml	4 days	During <i>Snehapana</i> there was no much difference in itching sensation, scales ++
12/06/18	<i>Sarvanga Abyanga with Suryapaki Taila</i>	1 day	Not much change noted
13/06/18	<i>Vamana Karma</i>	1 day	-
<i>Samsarjana Karma</i> Advised for 5 days			-

Table 5: 2nd Course of Treatment:

Date	Treatment	Days	Observation
01/07/2018	<i>Trikatu Choorna</i> (1/2tsp twice with hot water)	1day	Itching Persist
02/07/2018-4/07/2018	<i>Snehapana with Guggulu Tiktaka Ghrita</i> Day 1- 30ml Day 2- 120ml Day 3- 120ml	3days	Gradually Itching reduced Plaque Scales peeled off.
05/07/2018-07/07/2018	<i>Sarvanga Abyanga with Suryapaki Taila</i>	3days	Itching reduced 50% Lesion thickness reduced.
08/07/2018	<i>Virechana Karma</i>	1day	-
<i>Samsarjana</i> Advised for 5days			-
On Discharge Medicines (13/07/2018-27/07/2018)	1. <i>Guggulutiktaka Ghrita</i> (1tsp-0-1tsp) 2. Tab A V Rasa	15days	-

Table 6: Figure

Before Treatment	
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DISCUSSION

This case was treated on the line of management of *Kshudra Kusta*. As all types of *Kusta* are *Santharpanothajanya* and *Kledha Pradhana Vyadhi*, here *Rookshana* treatment was adopted in the form of *Udhwartana* and *Takradhara*.

In form of *Rooshana Karma* *Udhwartana* was done with *Triphala* and *Kolakulathadi Choorna* and *Takradhara* with *Musta*, *Amalaki* for 6days, as it does *Rookshana* and *Shoshana* of *Kledha* in shareera⁸.

Panchatikta Ghrita was given as *Shodhananga Snehapana*, as it is having *Tikta Rasa*, best in treating *Kitiba Kusta* predominance of *Vata-Kapha Dosha*⁹.

Vamana Karma was done with *Madhanaphala Lehya*, and *Virechana Karma* with *Trivriith Avalehya*, which counteracts *Kapha Dosha* along with associated *Pitta Dosha*.

As after *Shodhana Karma*, patient *Bala* will reduce where it may lead to *Anila Kopana*. Hence, again *Snehapana* was given with *Guggulu Tikta Grita* as *Shamana Aushada*¹⁰.

CONCLUSION

- Considering the psychosomatic nature of disease stress and *Santharpanotha Nidhana* are most predisposing factor of disease.
- Takradhara* is external *Rookshana* therapy may act through psychoneurotic-endocrine-immune-axis and *Vata-Kapha Vinashartha* adopted.
- As mentioned in our classics that '*Tatra Poorva Roopeshu Ubhayataha Shodhana*' hence, *Vamana Karma* and *Virechana Karma* are bio-

purification therapy for body which does *Kledha Harana* and *Raktha Prasadhana* property, normalizes *Kapha Dosha* were adopted.

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