

Ayurvedic pancakarma management of *Kitibha Kushtha* (psoriasis) – a case study.

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ABSTRACT

According to Ayurveda Classification *Kitibha kushtha* mentioned under the *Kshudra kushta*. This is primarily characterized by *Kinakara Sparsha* (Hard), *Parusha* (Rough to touch), *Syava* (silver scaly lesions) and *Kandu* (severe itching) which can be co related with psoriasis. psoriasis is an auto immune disease. Many Ayurvedic herbs successfully use to cure psoriasis. Treatment complex is more beneficial than single herb for the management of psoriasis. ⁱ Panchakarma is the well reputed clinical therapy for chronic, degenerative hormonal and auto immune diseases. This case study was mentioned a 21 year-old girl who was suffering from plaque psoriasis and presented with erythematous plaques on forehead, whole head, and behind the ears. She completely cured without any adverse effects after two months of the treatment. This case was practiced body purifying internal drugs, *Vamana* and *Basti Karma* as *Pancha Karma* and *Gandaka Malahara* as external application. After one year back of the treatment no any reoccurrence observed. This study was proven complex of

Ayurvedic treatments give speed recovery from chronic psoriasis.

Keywords: Psoriasis, *Kitibha kushtha*, Psoriasis, Ayurveda treatment

INTRODUCTION

Psoriasis is an auto immune disease characterized by hyper proliferation of keratinocytes and expression of pro-inflammatory cytokines in the epidermis. In psoriasis, the skin becomes rigid due to increase in the level of cholesterol and decrease in ceramides level which leads to a reduction of water content in the skin. In Ayurveda, skin diseases have collectively considered under a common term of *Kushtha*. Psoriasis treatment schedule covering *Vatarakta chikitsa*, and *Rasayana chikitsa* along with *Kushtha chikitsa*. ⁱⁱ *Panchakarma* is a unique treatment modality in Ayurveda which attracts the attention of people for the management of various disorders and also for their preventive and promotive effect.

Vamana karma was selected for the treatment of *Kitibha Kushtha* (psoriasis). *Vamana* by means of medically induced vomiting.

In *Kitibha Kushtha* there is dominance of *Kapha* and *Vata Dosha* in particular and generalized vitiation of *Twak* (Skin), *Rakta* (blood), *Mamsa* (Muscle Tissue).ⁱⁱⁱ

Basti, one of the significant *Basti* (ayurvedic enema) is also effective for treatment of psoriasis. This Ayurvedic enema provides lasting relief to Psoriasis by balancing the *vata dosha* with medicated oils and decoctions.^{iv} In the present study use *yoga basti*. Three *niruha basti* in *panchatiktha* decoction and five *anuvasana basti* in *neelyadi* oil.

Malaharakalpana is quite similar to cream, ointment used in modern pharmaceutical science. Properties of *Malaharakalpana* are *Snehana* (oleation), *Lekhana* (scraping) cleansing and healing^v. *Gandaka malahara* use for psoriasis. It is *kaphahara* hence used in the initial state to reduce itching and dryness.^{vi}

This case report would provide the positive impression of the disease *Kitibha kushta* could be managed by the Ayurvedic treatment regime without side effects.

CASE PRESENTATION

The patient presented with signs and symptoms of Psoriasis along with clinically diagnosed and confirmed case of Psoriasis from OPD of Base Ayurveda Hospital Minneriya, Sri Lanka was taken for study.

The patient is 21-year-old and presented with a 6-year history of psoriasis that spreads on forehead, whole head, and behind the ears. Poorly controlled with itching and powder discharge. The patient came seeking an alternative treatment after multiple years of topical corticosteroid use with suboptimal results and difficulty applying the cream/ointment on her body. The patient has no history of psoriasis in

her family. She did not complain of joint tenderness, swelling, or stiffness. But she suffered with burning sensation on her feet and head.

Symptoms were graded 0 to 3 and marked using a stranded Performa. The grades of symptoms of patient before starting the treatment are mentioned as below.

- Itching (very severe itching disturbing sleep and daily activities) – grade 3.
- Erythematous plaques (very prominent and comes out from skin) – grade 3.
- Powder discharge (very severe disturbing sleep and daily activities) – grade 3.
- Burning sensation (very severe) – grade 3.

Treatment regime was planned according to patient *prakurti* symptoms appeared and associate *dosha* with the diagnosed disease. The prescribe treatment regime is revealed below.

1st day to 7th day internal purification with thripal gugul decoction 120ml twice daily. After that internal oleation 5 days with cows ghee. After the *samyak snidga lakshana* external oleation done with *Nlyadi oil* and hot water bath as *sweda* for 1 day treatment. after *vamana karma* 7 days rest with light diet. finally done the *yoga basti*.

Vamana Karma include three procedures. They are pre operative, Operative and Post operative. In pre operative procedure patient prepared for vamana karma by doing *senha* (Internal oleation) and *sweda* (Perspiration). In the *senha* procedure ghee was given by gradually increasing the amount of administering until patient getting *samyak snigdha lakshana* (symptoms that properly get the internal oleation) first day 30ml and then 60 ml, 90ml, 120ml, 150ml. After monitoring the *samyak snigdha lakshana*, ghee

administering was stopped and gave one resting day. In that day morning applied *neelyadi oil* for hole body and advised to keep three hours and get a hot water bath. In the evening follow the same procedure and having a hot water body wash.

Next day Operatory procedure started. After worshipping patient was applied *neelyadee* oil for hole body and *naadi sweda* was done. Vamana yoga was prepared by mixing 20ml of *madhu*, 10g of *sahindawa lawana*, 10g of *madanapala churna*, 5g of *vacha* and 100ml of cow's milk. 6l of *madu yashti kwatha* and 1. 5l of *lawanodaka* was also ready. Patient's lower abdomen was rapped by using a bandage. patient was ware whitish colour cloths . At 7 am *vamana peeta* was placed to north and patient was advised to sit. Blood pressure, Pulse, Heart sound and Lungs sound was checked. After chanting the *vamana mantra* *vamana* yoga was given. After 10 minutes patient felt vomitish at that time *madu yashti kwatha* was gradually administered. Patient vomited 15 times. It included 5 *Pravera veda*, 6 *Madyama vega* and 4 *Avara vega*. After stoping the Vamana vega, *lawanodakaya* was given. (2. 5 g of *sahindawa lawana* mix with 250ml of luke warm water) Checked the Blood pressure, Pulse, Heart sound and Lungs sound again. Patient was asked to get bed rest. Light Diet (*Manda/Peeya/vilepi*) was given when patient felt hungry. After that Resting week was started . Medicine and heavy diet not allowed through that week. (first three days, *Manda/Peeya/ vilepi* was given. 4th and 5th days semisolid food was given. 6th and 7th days normal vegetable meal was given.

After the resting week yoga Basti was started. It run for eight days. 1st, 3rd, 5th, 7th and 8th days *anuwasana basti* (Administering slightly heated 150ml of *neelyadi oil* in rectal root)Before the *anuwasana basti* *Neelyadi oil* applied for full body and kept for three hours and had a hot water bath. *Anuvasana basti* was

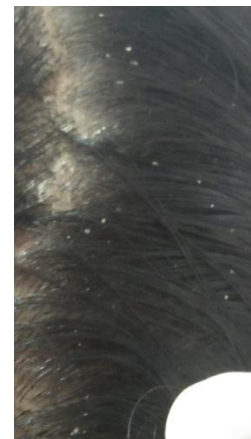
given 2 pm each day, 2 hours back of lunch. *Niruha Basti* (*Madhu* 75ml, *sahindawa lawana* 10g, *neelyadee* oil 150 ml, *Pancatiktaka churna* 20g and *Pancha tiktaka kwatha* 300ml mix together and filter the mixture and administering slightly heated 550ml of *neelyadi oil* in rectal root) was given 2nd, 4th and 6 th days at 6. 00 am empty stomach. Before the *Niruha Basti* *Neelyadi oil* applied for full body and *naadi sweda* was given. After the Basti treatment *Gandaka Malahara* was given as a external application, twice daily till the patches were removed.

RESULT

At the end of the Internal purification, burning sensation (moderate level) grade 2.

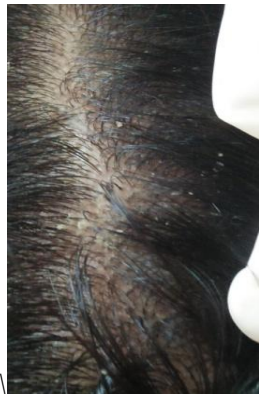
Itching of the affected areas (moderate itching in some times) grade 2.

Before treatment **Fig 1, Fig 2, Fig 3.**





After 1 week of vamana karma
 Erythematous plaques (Moderate prominent) grade 2
 Itching (less itching in sometimes) grade 1
 Powder discharge (Moderate level) grade 2
 Burning sensation (less level) grade 1
After 1 week of vamana karma
(Fig. 4, Fig. 5 and Fig. 6)



After 1 week of Basti karma
 Erythematous plaques (less prominent) grade 1
 Itching (no itching) grade 0
 Powder discharge (very few) grade 1
 Burning sensation (no burning sensation) grade 0
After 1 week of Basti karma
(Fig. 7 Fig. 8 and Fig. 9)





**At the end of the treatment period
(after 3 weeks of *Gandaka malahara*
application)**

The skin back to normal

Erythematous plaques (not visible) grade 0

Powder discharge (not visible) grade 0

After the treatment

(Fig. 10 Fig. 11 and Fig. 12)



CONCLUSION

In this case there was marked improvement in reduction of symptoms. The treatment applied here as described in our classics . *Sodhana* in the form of *Vamana* and *Basti* helped in proper management of *Kitiba Kushtha* (Psoriasis). Hence *Shodhana Chikitsa* (Bio purification) along with *Gandaka Malahara* (External medicine) and *Pathyapathya* (healthy dietary and lifestyle regimen) can provide a ray of hope in management of *Kitiba-Kushtha* (Psoriasis). It is recommended to be evaluated this treatment regime with more number of patients.

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REFERNCE

1. Nille, G. C., and Chaudhary, A. K. (2021). Potential implications of Ayurveda in Psoriasis: A clinical case study. *Journal of Ayurveda and integrative medicine*, 12 (1), 172–177. <https://doi.org/10.1016/j.jaim.2020.11.009>
2. Mangal, G., Mangal, G., and Sharma, R. S. (2012). Clinical efficacy of Shodhana Karma and Shamana Karma in Mandala Kushtha (Psoriasis). *Ayu*, 33 (2), 224–229. <https://doi.org/10.4103/0974-8520.105242>
3. Gendrisch, F., Haarhaus, B., Krieger, N., Quirin, K. W., Schempp, C. M., & Wölfle, U. (2021). The Effect of Herbal Medicinal Products on Psoriasis-Like Keratinocytes. *Biomolecules*, 11 (3), 371. <https://doi.org/10.3390/biom11030371>
4. Parisi, R., Iskandar, I. Y. K., Kontopantelis, E., Augustin, M., Griffiths, C. E. M., Ashcroft, D. M., & Global Psoriasis Atlas (2020). National, regional, and worldwide epidemiology of psoriasis: systematic analysis and modelling study. *BMJ (Clinical research ed.)*, 369, m1590. <https://doi.org/10.1136/bmj.m1590>
5. Nimisha, Rizvi, D. A., Fatima, Z., Neema, and Kaur, C. D. (2017). Antipsoriatic and Anti-inflammatory Studies of *Berberis aristata* Extract Loaded Nanovesicular Gels. *Pharmacognosy magazine*, 13 (Suppl 3), S587–S594. <https://doi.org/10.4103/pm.pm.21017>
6. Nille, G. C., & Chaudhary, A. K. (2021). Potential implications of Ayurveda in Psoriasis: A clinical case study. *Journal of Ayurveda and integrative medicine*, 12 (1), 172–177. <https://doi.org/10.1016/j.jaim.2020.11.009>
7. Shetty, S., and Chougule, V. (2023). Effect of vamana karma in the management of psoriasis – A case study. *Ayurlog: National Journal of Research in Ayurved Science*, 11 (3). Retrieved from <https://ayurlog.com/index.php/ayurlog/article/view/1124>

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