



Case Study

AYURVEDIC MANAGEMENT OF *PITTAJA KUSTHA* (ERYTHRODERMIC PSORIASIS) BASED ON THE COLOUR OF LESIONS

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ABSTRACT

Kustha, an umbrella term in Ayurveda for various skin disorders, is characterized by lesions of differing colours. Classification of *Kustha* and its management based on *Dosha* predominance and type of lesions is mentioned in various Ayurveda texts. However, we also find a simple way of formulating management of *Kustha* based on colour of lesions. This case study investigates the Ayurvedic management of *Pittaja Kustha*, focusing on the colour of lesions as a basis for treatment. **Objectives:** To assess the effectiveness of Ayurvedic treatments tailored to the colour of *Kustha* lesions with respect to *Pittaja kustha* and their impact on patient outcome. **Methods:** A case study was conducted on a patient with red coloured *Kustha* lesions. Treatments were customized based on colour; *Virechana* (purgation therapy) and *Jaloka* (leech therapy) were administered to the patient. **Results:** The patient showed significant improvement in red types of lesions. Red lesions improved with *Virechana* and *Jaloka* (leech therapy). Overall, the patient's skin condition and general health enhanced markedly. **Conclusions:** This study highlights the efficacy of colour-based Ayurvedic management of *Pittajakustha*, demonstrating that individualized treatment protocols can significantly improve patient outcomes.

INTRODUCTION

Ayurveda designates dermatological disorders as *Kustha*. *Kustha*, is the term assigned to the skin disorders in Ayurvedic texts, it includes various forms of pathologies of the integument system. The etiological factors for skin disorders are classified as physical, physiological, hereditary, and psychological, and there is one more segment of etiology which basically talks about un ethical/sinful acts of an individual resulting in the development of pathological manifestation in the skin, the veracity of this cause has yet not been research.^[1] *Kustha* is a *Tridoshaja vyadhi* mentioned in Ayurveda that undergoes manifestation in the *Bahya rogamarga*.^[2] *Kushta* is considered a *Mahagada*, due to its complexity and severe nature due to its *Durvijneya*, *Sudustara* and *Darunaswabhava*.^[3]

Kustha can be *Kulaja Vikara* (hereditary disease), *Samsargaja Vyadhi* (communicable diseases), and *Poorva Janmakratavyadhi* (disease influenced by past karma).^[4] Also, *Kustha* is one among the *Raktha Pradoshaja Vikara*^[5] and *Santarpana janya vikara*.^[6] It is categorized into 7 *Maha Kustha* and 11 *Kshudra Kustha* based on *Doshic* interactions.^[7] *Kushta* manifests due to vitiation of *Sapta dhatus*, they are *Tridosha*, *Twak*, *Rakta*, *Mamsa* and *Lasika*.^[8]

Ayurvedic management focuses on balancing the body's *Doshas* (*Vata*, *Pitta*, *Kapha*), *Ama* (eliminating toxins), and restoring harmony between body and mind. Lesion colour indicates *Doshic* imbalances, guiding tailored treatments: black (*Vata*), red (*Pitta*), and white (*Kapha*).

This article explores Ayurvedic approaches for managing *Pittaja Kustha* based on lesion colour, providing insights into personalized treatments that address root causes and symptoms.

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Case Report**Patient Information**

A 25-year-old male from Hyderabad presented to the Government Ayurvedic Hospital OPD of *Panchakarma* department on 18-09-2023 with itching, pain, and red lesions on the anterior aspect of the left ankle joint for six months and chest and abdomen a year ago. He was diagnosed with *Pittaja Kustha* (erythrodermic psoriasis).

History of Present Illness

Initially asymptomatic, the patient developed multiple red lesions with itching near the left ankle joint, chest and abdomen a year ago. He was diagnosed as a case of psoriasis and given treatment at Dermatologist. After temporary relief with allopathic medicine, symptoms recurred in June, prompting Ayurvedic treatment. The condition was progressive with redness, itching, and pain.

Medical History

- No history of hypertension, diabetes, thyroid disorder, asthma, or major illnesses.
- Family history of undiagnosed skin disorders in paternal grandparents.
- Previous use of local and oral steroids.
- No surgical interventions or known allergies.

Ashtavidha pareeksha (eight folds examination)

Nadi (pulse) of the patient was *Vata-kaphaja*; *Mutra* (urine) was *Prakrita* (normal); *Mala* (stool) was *Samyak* (regular); *Jihva* (tongue) was *Nirama* (non-coated); *Shabda* (voice) was *Manda* (mildness); *Sparsha* (touch) was *Ruksha* (wet); *Drik* (vision) was *Prakrit*; and *Akriti* (built) was *Avara* (thin built).

Samprapti ghataka (pathogenesis)

Pathogenesis according to Ayurvedic principles in the form of *Nidanapanchaka* (five diagnostic principles) has been evaluated. Excessive indulgence in the consumption of *Dadhi* (curd), *Madhura rasatmaka*

ahara (sweet items), *Dadhi* with rice, dairy products such as milk, *Paneer*, *Kalakand*, *Rabadi*, and bakery products, and salty and spicy food is observed in the patient. *Diwasvapa* (sleeping in the daytime) and *Ratrijagrana* (staying awake at night time in which people should sleep) was predominant in him. *Dosha* was *Vatakapha* and *Dushya* (bodily structure that gets vitiated) was *Rasa*, *Rakta*, and *Mamsa*. *Rasadhatw agnimandya* (diminished *Rasadhatu* digestive fire) and *Jatharagnimandya* (due to diminished digestive/metabolic fire) were noticed. *Rasavaha*, *Raktavaha*, and *Mamsavahasrotas* (structural or functional channels) were affected. *Adhishthana* (place of manifestation) of diseases was *Twaka* (skin), and *Rogamarga* was *Bahya*.

Examination Findings

- General condition: Normal
- Vitals: Normal, afebrile
- CNS, CVS, Respiratory, and GI systems: No abnormalities
- Skin Inspection: Wet, reddish, large irregular lesions with silvery discharge on the anterior lower leg near the ankle joint, chest and abdomen region.
- Palpation: Warm, rough texture, moist.

Diagnostic Assessment: Based on the signs and symptoms, the patient was diagnosed to be suffering from *Pittaja kushta*. The presence of the Auspitz sign, and candle grease sign confirmed the diagnosis as a case of erythrodermic psoriasis.

Laboratory Investigations

- Hb: 12.6%
- TC: 8439/cu.mm
- DC: P - 66%, L - 30%, E - 4%
- ESR: 92 mm/hr
- HBA1C; 6.1
- Platelet count: 2.90 lakhs/hr

Table 1: Clinical Findings Based on Colour of lesions

Colour of Lesions	Black	Red	White
<i>Dosha</i> ^[9]	<i>Vata</i>	<i>Pitta</i>	<i>Kapha</i>
<i>Lakshana</i> (Symptoms) ^[10]	<ol style="list-style-type: none"> 1. <i>Rukshata</i> (dryness) 2. <i>Soosha</i> (atrophy) 3. <i>Toda</i> (pricking pain) 4. <i>Shula</i> (pain) 5. <i>Twacha Sankooch</i> (constriction) 6. <i>Ayaam</i> (loss of elasticity) 7. <i>Parusya</i> (hardness) 8. <i>Khar</i> (roughness) 9. <i>Harsha</i> (horripilation) 10. <i>Syama Arunanatva</i> (blackish-brownish slight reddish in 	<ol style="list-style-type: none"> 1. <i>Daha</i> (burning Sensation) 2. <i>Raga</i> (redness) 3. <i>Srava</i> (suppuration) 4. <i>Paka</i> 5. <i>Visra gandha</i> –(smell like raw meat) 6. <i>Anga Patan</i> (sloughing of limbs) 	<ol style="list-style-type: none"> 1. <i>Shvaityam</i> (white discoloration) 2. <i>Shaityam</i> (cold in touch) 3. <i>Kandu</i> (itching-localisation) 4. <i>Utsedha</i> (elevation) 5. <i>Gaurava</i> (heaviness) 6. <i>Jantu bhira</i> (maggot formation) 7. <i>Kleda</i> (stickiness)

	colour) 11. <i>Arunatava</i>		
Images			
Classification ^[11]	<i>Aruna</i> ^[12] , <i>Parisarpa</i>	<i>Kapala, Audumbar, Risyajihwa, Kakanaka, Charmadala, Pama, Kitiba, Visarpa, Vicharchika</i>	<i>Pundarika, Dadru, Ekakustha, Sthularuska, Mahakustha, Sidhma, Raksa,</i>
Treatment ^[13]	<i>Sarpipana</i>	<i>Virechana</i> (purgation therapy), <i>Jaloka</i> (leech therapy)	<i>Vamana</i> (emesis)
<i>Samana</i> treatment	<ol style="list-style-type: none"> 1. <i>Maha Manjishtadi kashaya</i> 2. <i>Brihat haridra khanda</i> 3. <i>Arogyavardhini Vati</i> 4. <i>Gandhaka Rasayana</i> 5. <i>Khadiradi Vati</i> 	<ol style="list-style-type: none"> 1. <i>Sarivadi Kashaya</i> 2. <i>Patoladi kwatha</i> 3. <i>Avipattikar churna</i> 4. <i>Kaishore Gugglu</i> 5. <i>Praval Pishti</i> 	<ol style="list-style-type: none"> 1. <i>Haridra khand</i> 2. <i>Triphala churna</i> 3. <i>Panchatikta ghrita Gugglu</i> 4. <i>Nimbadi kashaya</i> 5. <i>Kutaja ghan Vati</i>

MATERIALS AND METHODS

Centre of Study

Government Ayurvedic Hospital, Erragada, Hyderabad, India

Study Design

Single case study

Table 2: Therapy advised

Therapy	Medicine / Procedure	Date	Days
<i>Deepana & Pachana</i>	<i>Hingwastaka churnam</i> 1 teaspoon	19-09-2023 to 21-09-2023	3
<i>Snehpanam</i>	<i>Panchatikta Gugglu Ghritam</i> (Day 1-5)	22-09-2023 to 26-09-2023	5
<i>Shodhana</i>	<i>Virechana</i> with <i>Abhayadi Modak</i> 3 tablets	29-09-2023 to 05-10-2023	4
<i>Shodhana</i>	<i>Jaloka</i> (Leech therapy)	03-11-2023 to 16-12-2023	7

The patient was advised to avoid curd, fish, black gram, brinjal, ladies' finger, sour, spicy food, fried items, etc. in the diet.

RESULTS

PASI Score

The current gold standard for assessment of extensive psoriasis has been the Psoriasis Area Severity Index (PASI). PASI combines the assessment of the severity of lesions and the area affected into a single score in the range 0 (no disease) to 72 (maximal disease). The PASI is a measure of the average redness, thickness and scaling of the lesions (each graded on a 0-4 scale), weighted by the area of involvement.

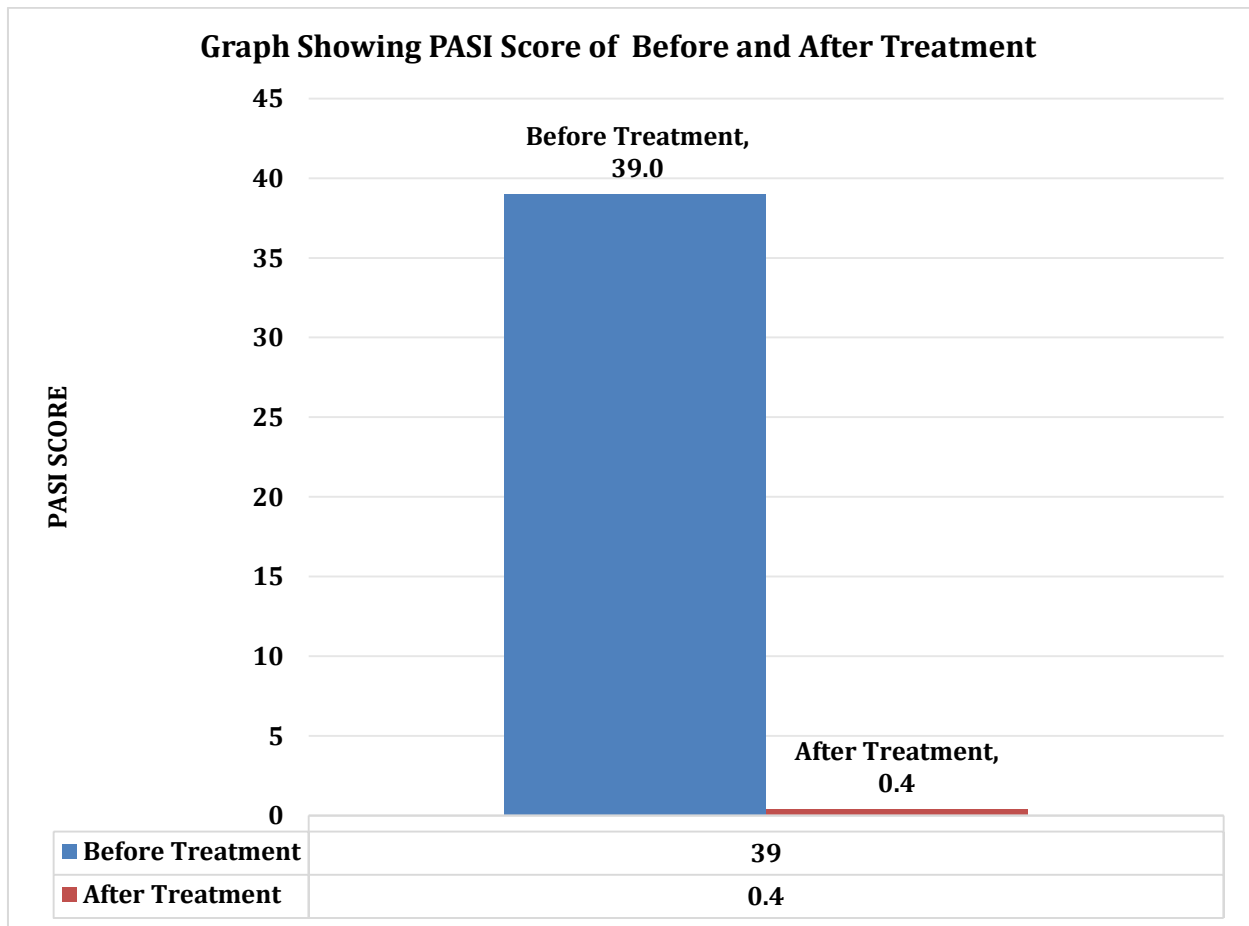
Table 3: Psoriasis area severity index (PASI)

Before Treatment	Head and Neck	Arm	Trunk	Leg (left)
Skin area involved score	0	0	5 (70%-89%)	5 (70%-89%)
Redness	0	0	4	4
Thickening	0	0	3	4
Scaling	0	0	3	4
PASI Score: 39.0				

After Treatment PASI Score

Before Treatment	Head and Neck	Arm	Trunk	Leg (left)
Skin area involved score	0	0	0	1 (1%-9%)
Redness	0	0	0	0
Thickening	0	0	0	1
Scaling	0	0	0	0
PASI Score: 0.4				

Fig: 1



The patient showed marked improvement in red lesions and overall health with the tailored Ayurvedic treatments, specifically *Virechana* and *Jaloka* (leech therapy).

Table 5: Before and after treatment images of Trunk Region



Table 6: Before and after treatment images of left leg



DISCUSSION

The Ayurvedic categorization of *Kustha* into *Mahakustha* and *Kshudrakustha* highlights the necessity for tailored treatment strategies that consider the specific attributes of lesions, such as their colour. In Ayurveda, the color of a lesion serves as a vital diagnostic indicator, closely linked to the imbalance among the three *Doshas*: *Vata*, *Pitta*, and *Kapha*. 1. Lesions that are reddish or copper in hue typically signify a predominance of *Pitta*, which is associated with heat and inflammation within the body. 2. Lesions that appear whitish or pale indicate an imbalance in *Kapha*, suggesting an excess of moisture, stagnation, or coldness. 3. Dark or black lesions are indicative of a *Vata* imbalance, which may reflect dryness, roughness, and tissue degeneration. Ayurvedic literature outlines specific treatment protocols that are informed by these characteristics, integrating *Shodhana* (biopurification methods such as *Vamana*, *Virechana*, and *Jaloka*) with *Shamana* (palliative care). Furthermore, Ayurveda places significant importance on diet, lifestyle, and mental health, all of which play a crucial role in sustaining a balanced state of the *Doshas* and enhancing skin health. Contemporary research increasingly corroborates the Ayurvedic viewpoint, as certain herbal components have shown anti-inflammatory, antimicrobial, and immunomodulatory effects. Nonetheless, there is a pressing need for additional clinical studies to substantiate the effectiveness of these treatments in relation to conventional dermatological approaches. Overall, Ayurvedic management that focuses on lesion color not only addresses the symptoms of *Kustha* but also seeks to rectify the underlying causes of the disorder, fostering long-term healing and restoring the body's equilibrium. The integration of these principles with modern medical practices could provide a more holistic strategy for managing skin diseases. The Ayurvedic approach to *Kustha*, centered on lesion color, offers an effective and individualized method, resulting in notable improvements in patient outcomes, thereby underscoring the significance of personalized treatment in Ayurveda.

CONCLUSION

Colour-based Ayurvedic management of *Kustha* (skin disorders) by analysing the colour of lesions is a simple method of treating complex skin disorders. The classification of lesions based on their colour reflects the underlying *Doshic* imbalance - *Vata*, *Pitta*, or *Kapha*- allowing for specific targeted therapies. *Shodhana* (biopurification) and *Shamana* (pacification) combined with diet and lifestyle changes, have shown significant efficacy in managing skin diseases.

Declaration of patient consent

Authors certify that they have obtained patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Informed consent

Informed consent was given by the patient prior to the initiation of the therapy. The patient received a thorough explanation of consent, including its advantages and Risks associated with the trial in her language, then he voluntarily gave him consent and permitted for the publication of the work.

Abbreviations

WNL-Within Normal Limits

REFERENCES

1. Tm R, Hs S. Earliest details of dermatology by Ayurveda. *An Bras Dermatol*. 2021 Sep-Oct; 96(5): 649-650. doi: 10.1016/j.abd.2021.05.002. Epub 2021 Jul 15. PMID: 34274185; PMCID: PMC8441427.
2. Sharma R K. Agnivesa's Caraka Samhita. Sutra Stana. Reprint Edition. Varanasi; Chaukambha Sanskrit Series; 2011. 189p
3. Sharma P V. Susruta Samhita. Sutra Stana. Reprint Edition. Varanasi; Chaukambha Vishabharati; 2013. 316p
4. Sharma P V. Susruta Samhita. Nidana Stana. Reprint Edition. Varanasi. Chaukambha Vishabharati. 2013. 43p
5. Shashirekha H K, Bargale Sushant Sukumar. Charaka Samhita. Sutra Stana. 1st Edition. New Delhi; Chaukambha Publications; 2020. 570p
6. Shashirekha H K, Bargale Sushant Sukumar. Charaka Samhita. Sutra Stana. 1st Edition. New Delhi; Chaukambha Publications; 2020. 363p
7. Shashirekha H K, Bargale Sushant Sukumar. Charaka Samhita. Sutra Stana. 1st Edition. New Delhi; Chaukambha Publications; 2020. 87p
8. Tewari P V. Caraka Samhita. Chikitsa stana. 1st edition. Varanasi; Chaukambha Vishabharati; 2019. 291p

9. Pandit Kashinath Pandey and Dr. Gorakhnath Chaturvedi; Charak Samhita, Savimarsha Vidyotini-Hindi Vyakhya; Varanasi; Ed 2011; Pub-Chaukhamba Sanskrit Sansthana Pg no.254.(Ch. Chi. 7/34) (Ch. Chi. 7/36)
10. Pandit Kashinath Pandey and Dr. Gorakhnath Chaturvedi; Charak Samhita, Savimarsha Vidyotini-Hindi Vyakhya; Varanasi; Ed 2011; Pub-Chaukhamba Sanskrit Sansthana Pg no.254. (Ch. Chi. 7/34) (Ch. Chi. 7/36)
11. Dr.Ambika Dutta shastri; Sushruta samhita of maharsi sushruta, part 1, 2013, Varanasi, Chaukhamba Sanskrit sansthan; su /ni/5/16; page no. 322.
12. Dr.Ambika Dutta shastri; Sushruta samhita of maharsi sushruta, part 1, 2013, Varanasi, Chaukhamba Sanskrit sansthan; su /ni/5/8; page no. 321.
13. Pandit Kashinath Pandey and Dr. Gorakhnath Chaturvedi; Charak Samhita, Savimarsha Vidyotini-Hindi Vyakhya; Varanasi; Ed 2011; Pub-Chaukhamba Sanskrit Sansthana Pg no.255. (Ch. Chi. 7/39)

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