



Case Study

A SUCCESSFUL MANAGEMENT OF *KITIBHA KUSTHA* VIS-A-VIS PLAQUE PSORIASIS THROUGH AYURVEDA

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ABSTRACT

Background: *Kitibha Kuṣṭha*, a *Vata-Kapha* dominant *Kṣudra Kuṣṭha*, presents with thick, scaly, hyperpigmented plaques accompanied by itching and dryness. This case study evaluates the clinical efficacy of an Ayurvedic *Śodhana-Śamana* protocol in managing *Kitibha Kuṣṭha* induced by prolonged contact with chemically polluted agricultural water. **Case Details:** A 34-year-old male farmer presented with multiple hyperpigmented, rough, pruritic plaques on both upper and lower limbs, back, and elbows for two years. Signs such as positive Grattage, Auspitz, and Candle-grease tests supported the diagnosis. Classical symptoms corresponded with *Kitibha Kuṣṭha* as described in Ayurvedic texts. Environmental history revealed continuous exposure to pesticide-contaminated water, identified as a major *Nidana*. **Intervention:** Management included *Dipana-Pacana* with *Ajamodadi* and *Lavana Bhaskara Curna*, *Udvartana* with *Triphala Curna*, *Snehapana* with *Guggulutiktaka Gṛta*, followed by *Abhyanga* and *Virecana* using *Trivṛt Lehya*. *Raktamokṣana* (*Jalauka*) and *Shamana* therapy with *Patola Kāturohinyadi Kashaya*, *Tiktaka Gṛta*, *Arogyavardhini Vati*, and *Gandhaka Rasayana* were administered. **Results:** PASI-based scoring demonstrated marked improvement from 26 at baseline to 0 following the complete treatment protocol. Significant reduction in erythema, induration, scaling, itching, and discoloration was observed.

Conclusion: This case highlights that an integrated Ayurvedic approach combining *Śodhana*, *Śamana*, and *Swasthavṛtta*-based preventive measures can produce substantial clinical improvement in *Kitibha Kuṣṭha* associated with environmental toxin exposure. Ayurvedic interventions show promising potential for managing chronic dermatological conditions linked to occupational hazards.

INTRODUCTION

Kitibha Kushta, described in classical Ayurvedic texts, is a chronic skin disorder characterized by thickened, scaly, hyperpigmented plaques accompanied by itching (*Kandu*), dryness (*Rukshata*), and discharge (*Srava*)^[1]. It is predominantly *Vata-Kapha* in origin, affecting the *Rasa*, *Rakta*, *Mamsa*, and *Medas dhatus*^[2], and is influenced by both hereditary and environmental factors, including dietary and lifestyle habits. Contemporary studies have correlated *Kitibha Kushta* with chronic plaque psoriasis, a

disorder with significant physical and psychosocial impact. Ayurvedic management emphasizes *Shodana* (purificatory) and *Shamana* (palliative) therapies alongside preventive lifestyle modifications (*Swasthavṛtta*), aiming to restore *Dosha* balance and promote dermal health. This case study demonstrates the clinical efficacy of a holistic Ayurvedic approach in managing *Kitibha Kushta* induced by environmental exposure to chemically contaminated water.

Patient Information

A 34-year-old male patient, farmer and grocery seller by profession consulted the *Swasthavṛtta* OPD of Govt. Ayurveda College, Mysuru, with the complaints of raised dark coloured skin lesions over bilateral forearms, palms and bilateral lower leg region and foot associated with itching since 2 years. As a part of his work, used to have direct contact with water resource contaminated by pesticides and agricultural waste

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while farming as well as cleaning of farm products since 3 years. Initially he experienced burning sensation of body parts in contact with the same but he ignored it. Later he experienced burning sensation and itching along with vesicles bursting with clear discharge on bilateral forearm, palm and lower legs, foot. Patient took allopathic treatments after which vesicular formation as well as discharge subsided. Later on, lesions became thick and dark associated with moderate level of itching. The patient had a good appetite, and his bowel habits were constipated. His dietary history revealed that he is predominantly a nonvegetarian. He noticed disease aggravation on consumption of food items such as chicken, egg, and fish. His brother who works with him had similar history and there was no history of allergy. Patient is not a known case of type 2 Diabetes mellitus or Hypertension or thyroid disorder.

Timeline

Table 1: Timeline of Treatment

Date	Intervention	Observation
20/7/24- 22/7/24	<i>Dipana-pachana</i> with <i>Ajamodadi churna</i> and <i>Lavanabhaskara churna</i> 3 gm each twice before food.	Improved appetite and proper bowels
<i>Snehanpana</i> with <i>Guggulutiktaka ghrita</i>		
23/7/24	30 ml	Itching present
24/7/24	50 ml	Itching present
25/7/24	70 ml	Itching present, elevated lesions
26/7/24	90 ml	Itching increased, elevated lesions
27/7/24	110 ml	Itching increased, elevated lesions
28/7/24	140 ml	No specific observation, loose stools
29/7/24	160ml	Itching decreased
30/7/24- 1/8/24	<i>Sarvanga abhyanga</i> with <i>Murcita tila taila</i>	
16/8/24	<i>Jalukavacharana</i> (leech therapy)	
17/8/24-1/8/24	Advised <i>Shamanoushadi</i>	

Diagnostic Assessment

The diagnosis was based on the local examination and clinical history provided by the patient. Grattage test, Candle grease sign and Auzpitz sign were positive but, Koebner's phenomenon was negative or not observed. Pasi scale of assessment (psoriasis area and severity index) including erythema, scaling, induration and area as parameters shows a score of 26 suggesting Plaque psoriasis. As per the symptomatology it was diagnosed as *Kitibha kusta* which is *Vata kapha* predominant with *Ugra kandu* (severe itching), *Syava krishna asitha varna* (discolouration), *Kinakhara sparsa*, *Parusha sravi*, *Ruksha* (rough texture often with exudation)^[3].

Therapeutic Intervention

Patient was admitted in hospital for 15 days

Clinical Findings

On examination, there were more than 10 lesion in bilateral upper limb and lower part of bilateral lower limb, 2 lesions on rt elbow, 1 in left elbow and 1 extended lesion in lower back region. These were dark discoloured lesions on bilateral lower limb, white coloured with dark margins on bilateral upper limb (dorsal aspect) and dark coloured lesion on lower back and bilateral elbows. Texture of all lesions were rough with circular and connected boundaries, dry in nature with indurations. Lesions were plaques and wheels type with dimension greater than 1 centimetre. Distribution of lesions were asymmetrical with involvement of minor joints of upper limbs. Watery exudation was present previously which subsides with application of topical steroids. Nails and hairs were intact.

First phase of treatment involves 3 days of *Dipana* and *Pachana* with a combination of *Ajamodadi churna* and *Lavanabhaskara churna*^[4] 3gm each twice before food.

Second phase of treatment involves 7 days of *Snehanpana*^[5] with *Guggulutiktaka ghrita*^[6] and 3 days of *Bahya Abhyanga* with *Murcita tila taila*^[7] followed by *Virecana*^[8] with 60gm of *Trivrit leha* followed by hot water as *Anupana*. Patient got 12 Vegas (12 episodes of loose stools) and advised with *Samsarjana krama*^[9]. He was discharged advising a followed up after 14 days.

Third phase of treatment involved a sitting of *Jalukavacharana* followed by *Shamanoushadi* for 2 weeks including. *Patola katurohinyadi Kashaya*^[10] 10 ml- 0-10 ml before food with warm water, *Tiktaka ghrita*^[11] 1 tspoon morning empty stomach, TAB *Arogyavardhini vati*^[12] 1-1-1 after food and TAB *Gandaka rasayana*^[13] 1-1-1 after food.

Follow -Up and Outcome

Table 2: PASI Scale Assessment

Characteristics	Before treatment	After Snehapana and Virecana	After Jalukavacharana	After Shamanoushadi
Erythema	2	1	0	0
Induration	3	2	1	0
Scaling	4	2	2	0
Total score	26	14.5	8.7	0

It was observed with complete reduction of symptoms as assessed according to PASI scale.

Image



DISCUSSION

Charaka Samhitha explains that even though the persons differ in dissimilar entities like constitution etc there are other common factors due to derangement of which the diseases having similar period and symptoms arise and destroy the community. These factors are air, water, place and time. Thus, all the events including the epidemics and pandemics which can affect the health and wellness of a community can be considered under *Janapadodwamsa*^[15]. Present day, Contamination or pollution of natural resources which can cause communicable and non-communicable diseases can be correlated to *Janapadodwamsa*. In this case study while discussing about the *Nidanas* of the *Twak Vikara*,

contact with chemically contaminated water from agricultural premises is having a major role in the manifestation of the disease.

Agricultural sector is always challenged by the arrival of new varieties of pests and insects which are often mutated and usually won't respond to the natural as well as conventional types of pesticides and insecticides, and simultaneously causes damage to crops. So, farmers are forced to use strong chemicals as pesticides or have to use chemically treated seeds for cultivation. Most of these chemicals are hazardous as well as causes diseases for humans and animals. Pesticides, nitrogen fertilizers and organic farm wastes from agriculture are significant causes of water

pollution (RCEP, 1979)^[16]. Agricultural activities will contaminate the water with nitrates, phosphorus, pesticides, soil sediments, salts and pathogens^[8].

Chemicals from agricultural premises comes to contact with nearby water bodies though washing of harvested crops or may be through surface run off. As explained in this case study, farmers use the same water for irrigation, cleaning themselves even may use for drinking and get affected by various diseases. Each polluted water resource is a common source of variety of diseases for a community which depends on it.

The vitiation of *Jala* as per *Charaka Samhitha* can be understood from *Vikruta Ganda Rasa Varna Sparsa* (abnormal smell, colour, taste and touch), *Kleda Bahulam* (excess viscosity), *Jalachara Vihangam* (devoid of aquatic animals and birds), *Apritikaram* (unpleasant appearance or taste), *Upagatagunam* (devoid of natural qualities). These features can be found in chemically contaminated water. *Dushita Jala* having *Pichila*, *Ruksha*, *Teekshna*, *Guru* gunas when comes in contact with *Twak* can cause vitiation of *Brajaka Pitha* and affects the normal functioning of *Pancha Pitha* in body causing defective digestion and metabolism leading to *Ama* which can be the basic reason for *Twak Vikaras*. It can vitiate *Vyana Vayu* and affect the *Sparsanendriya* being *Vata Sthana* and can cause *Rukshata* and *Syavata* of the *Twak*. It can cause *Kapha* vitiation through its *Guru Pichila Guna* and causes *Kusta* with *Kandu* and *Srava*. Along with the *Agantuja Nidanas* patient's *Dinacharya* as well as *Ahara Viharas* contribute to the manifestation of skin diseases resembling the *Lakshanas* of *Kitibha Kusta*.

Charaka Samhitha explains that inspite of epidemics producing factors being rearranged, therapies including preventive and curative measures helps people to survive over it. As *Kusta* is *Shodana Pradhana Vyadi* with *Santarpana Nidanas* treatment was focussed on the aspect of *Shodana Karma*^[17]. Prior to *Shodana*, *Deepana Pachana* was advised with *Ajamodadi Churna* and *Lavana Bhaskara Churna* ½ tspoon each with warm water morning and evening before food prior to *Snehapana*. *Ajamodadi Churna* with *Chitraka*, *Pipali Mula* etc as contents helps in *Ama Pachana* as well indicated in *Kapha Vata* predominancy. *Lavana Bhaskara Churna* with *Samudra Lavana*, *Pipali*, *Marica*, *Krishna Jeeraka* etc., as ingredients helps in *Ama Pachana*, *Deepana* and has direct indication in *Vata Kaphaja Kusta*. *Acha Snehapana* using *Guggulu Tiktaka Ghrita* having *Nimba*, *Amruta*, *Patola* etc as ingredients which are *Tikta Rasa Pradhana*, *Kapha Hara* property is indicated in *Kusta* and has proved effective. Ingredients having *Tikta Rasa*, *Ruksha* and *Laghu Guna*, it manages *Kleda*, *Meda*, *Lasika*, *Rakta*, *Pitta* and *Kapha* and helps in balancing vitiated *Dosha* and *Dhatu*. Moreover, *Ghrita* has

lipophilic action which carry the effect of drugs towards targeted organs and acts even in cellular level. For the purpose of *Bahya Snehana*, *Abhyanga* with *Murcita Tila Taila* having properties like *Katu*, *Tikta*, *Kashaya Rasa* and *Usna Virya* which does *Shamana* of *Vata* and *Kapha*. It has the property of *Kustagna* and *Kandugna*. *Virecana* is advised as the main *Shodana* procedure since each *Kusta* is associated with a prevailing *Pitha Dosha*. *Virecana* with *Trivrit Leha* having *Trivrit* as main ingredient having *Tikta Rasa*, *Bahu Dosha Hara* as well as *Rechana* property helps in easy evacuation of *Kosta Gata Doshas*.

Comparison of Treatment Protocol with Management Measures of *Janapadodwamsa*

Preventive aspect

1. Importance of diet and lifestyle

Charaka Samhitha explains that life span in body of a person having strong constitution and managed properly will be less influenced by deleterious effects of *Janapadodwamsa*. It includes diet in accordance with *Agni* (digestive capacity), avoidance of irregular meals, non-suppression of natural urges and avoiding possibilities of *Agantuja Nidanas* like germ infestation, contact with poisons etc. In this case study also patient's diet and routine was observed to be an added factor for the manifestation of disease. Also *Kusta* is a disease which has probable diet and regimen-related *Nidanas*.

2. Role of *Chikitsa* in management of *Janapadodwamsa* rogas

While explaining *Janapadodwamsa* *Charaka Samhitha Vimana Sthana* explains *Apatarpana Chikitsa* for *Santarpanajanya Vyadis*. *Apatarpana* can be of three types- *Langana*, *Langhana Pachana* and *Dosha Avasechana*. In this case study *Deepana Pachana* was done with oral medications initially. As *Doshavasechana* *Virechana* and *Raktamokshana* was conducted in patient. As *Purva Karma* of *Virecana* as well as for leading the *Sakhasrita Doshas* to *Kosta Snehapana* was done. *Jaluka Avacharana* was adopted as the mode of *Raktamokshana* in patient. For *Shesha Dosha Nirharana* oral medications are also advised.

3. Measures of *Nidana Parivarjana* advised according to *Swasthavritta*

Patient was advised preventive measures to avoid contact with polluted water source as well as diet and routine counselling done to improve personal health.

4. Role of *Rasayana* in management of the condition

Gandaka Rasayana and *Arogya Vardhini Vati* was advised for patient to improve the condition. As well as *Nithya Sevaniya Dravyas* as *Ajasrika Rasayana* also advised in daily diet.

Limitations and Future Scope

This is a single-case study without controls, objective laboratory validation, or long-term follow-up, limiting generalizability and causal inference. Future scope includes larger controlled trials with biochemical, environmental assessments and extended follow-up to validate efficacy and sustainability of Ayurvedic management.

CONCLUSION

This case study demonstrates that a comprehensive Ayurvedic approach incorporating *Sodhana*, *Samana*, *Rasayana*, and *Swasthavrtta* principles can effectively manage *Kitibha Kuṣṭha* corresponding to plaque psoriasis, especially when associated with environmental factors like chemically contaminated water. The marked clinical improvement observed through PASI assessment highlights the potential of Ayurveda in addressing chronic dermatological conditions with occupational and ecological etiologies. Emphasis on *Nidana parivarjana* and lifestyle modification further underscores the importance of preventive strategies alongside therapeutic interventions at both individual and community levels.

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