Acquiescence of Ayurvedic principles and practices in *Kitibha* (Psoriasis) and excellent clinical responses – A case study

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The present study is revealed the clinical efficacy of prescribed *Panchakarma* therapy in compliance of Ayurvedic principles on *Kitibha* (Psoriasis) cases. Two separate case studies have been discussed in this context, which has established the effectiveness of *Panchakarma* therapy in *Kitibha* (Psoriasis) cases. The outcome of this presentation may lead the comprehensive research programme to combat this crucial condition, i.e. *Kitibha* (Psoriasis) in the view of safely, efficacy and cost effectiveness.

**Keywords:** Ayurveda, *Kitibha* (Psoriasis), *Panchakarma* (Bio-cleaning) therapy

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The symptoms of Psoriasis described in modern medicine have been found similar with those of *Ekakustha*, *Kitibha* and *Bipadika*, which are the types of *Ksudra Kustha* as mentioned in Ayurveda. Non-compliance of the prescribed rules with regard to the order of restoring to hot and cold regimens, and intake of nourishing and depleting foods are of causes of this disease condition. The above mentioned etiological factors also loosen the four *dhatus*, viz. *twak* (skin or *rasadhatu*), *rakta* (blood), *mamsa* (flesh), *lasika* (lymph). The aggravated *dosas* localized in these *dhatus* vitiate the later due to their looseness and so produce *kusthas* or skin disease. The skin disease with secretion, circular in shape, with excessive itching sensation, unctuous and black in colour is described as *Kitibha*¹. The skin disease, which is ash in colour, rough surface like ulcer is calling *Kitibha*². The skin disease that is dry, the ulcerated area is excessive rough in touch, hard, itching present and black in colour is call *Kitibha*³.

Psoriasis is an autoimmune noninfectious, chronic inflammatory skin disorder where altered keratinization of epidermal cell takes place with well-defined erythematous lesion and silvery plaques with a predilection for the extensor surface and scalp and a chronic fluctuating course⁴.

Genetic predisposition present in 10 to 30% cases. 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 1 (one) month to 3 - 5 days, which results formation of immature epidermal cells. Those cells shed soon as silvery scale (immature nucleated epidermal cell 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 cells⁵.

**Case study-1**

A 22 yrs old female patient had visited the hospital OPD for treatment of Psoriatic arthropathy. She was treated in the OPD level for 6 weeks for *Dipana Pachana* therapy to accelerate the enzymes activity and after that she was admitted in the hospital (IPD) on 8.9.2008 (Bed No.F-11). The chief complaint was erythematous skin lesion on both of her legs with exfoliation, itching and oozing for the last 8 yrs.

Those complications aggravated mainly during cold and moist weather and with contact of water. Stiffness in ankle and knee joint causes difficulty in walking. She did not take bath since last 6 month as because of severe burning sensation in water contact. She used to take support / caches for walking and standing due to severe painful joints.

After admission she was undergone with *Samana* therapy (conservative management) for 7 days to acclimatize into the *Sodhana* therapy. Therefore, the...
series of consequence Sodhana procedures was carried out as follows:

**Purva Karma (Pre-operative measurement)**

**Snehana (Oleation)**

Considering the physical and mental condition the 7 days Snehapana procedure was advised. During this period all other oral medicines was stopped and only milk diet was advised. Snehapana with Mahatiktak Ghrita\(^6\) was started and the initial dose was of 20 ml. The dose of Sneha on 7\(^{th}\) day was 60 ml only. She had taken total 320 ml of Mahatiktak Ghrita during the period.

**Swedana (Sudation)**

Immediately after the Snehana, Swedan Karma was carried out with hot water bath for consecutive 3 days.

**Pradhana Karma (Principal procedure)**

**Virechana (Induced purgation)**

It was done with 15 ml of Castor oil (Eranda Taila)\(^7\) for one day only.

**Special procedure**

**Takra Dhara**\(^8\)

It was started after 5 days of Virechana Karma and continued for 7 days. It is a variety of dhara using medicated butter milk Mustak churna, Amlaki churna, milk and water were required. On the previous day of procedure, Amlaki and Mustaka ksheerpaka was prepared and curd was prepared using this ksheerpaka. During the preparation of takra with the above mention curd, Amlaki and Mustha Kwatha may be added for the same. Abhyanga (massage) followed by Takradhara had been carried out for 45 minutes daily for 7 days.

**Case study-2**

A 40 yrs old male patient came to hospital OPD for the treatment of psoriasis. He was admitted for Sodhana through Panchakarma therapy. At the time of admission the clinical feature of the patient was recorded as hyperpigmented and erythematous patches and silvery scales all over the body especially at elbows, legs, abdomen and back of the trunk associated with severe itching following by pain and mild bleeding from the lesion due to fissures, indigestion, disturbed sleep, irregular bowel habit, etc. He has been suffering from Psoriasis since his childhood. He had a family history of skin disease (unknown) of his mother.

After admission, patient was undergone with conservative measurement to enhance the digestion activity for one week and thereafter Panchakarma therapy was started. Snehapana with Mahatiktak ghrita\(^6\) continued for consecutive 7 days with increased dose. The initial dose was 30 ml and last dose was 150 ml. Totally he consumed 610 ml of medicated ghrita. On the next day to Snehapana, he was advised for Abhyanga (massage) with Mahamarichchadi taila\(^9\) followed by hot water bath. It was done for just two days. On the next day Yamana karma\(^10\) (Induced emission) as main procedure was administered obeying following procedure.

The previous night of Yamana karma, Kaphautkleshaka ahara, i.e. the diet that makes heaviness of the body, viz. rice with curd, banana, sweets, etc. was given to the subject.

On the next day, i.e. on the day of procedure, he was given 6 glasses of fresh unboiled milk. After a while a medicated paste prepared with madan pippali (10 gm), vaca (5 gm), saindhav lavan or rock salt (10 gm), honey (20 gm) added with 100 ml of Yastimadhu decoction was given to the patient. After few minutes the patient started vomiting and during his urges of vomiting saline water was given repeatedly. The number of urges and sub urges was counted to assess the status of the procedure and patients.

After the completion of procedure, Samsarjana Karma (Post-operative measurement) was continued for the next 6 days and takradhara was continued for another seven days next to Samsarjana karma.

A remarkable improvement was noticed after the above therapy that started during the time of snehapan. The silvery scales were being disappeared gradually. The keratinized skin become thinner to normal (Figs. 1-6).

**Discussion and conclusion**

The actual cause of Psoriasis is not yet known till present day, but the Ayurveda, the Science of life, has detail description of aetiological factors of Kitibha which resembled the Psoriasis and its related conditions. In Ayurvedic perspective, Psoriasis could be caused due to the dysfunction and malfunction of vata and kapha doshas. Accumulation of toxins or
ama, could also lead to this disease condition. Excessive intake of yogurt, seafood, salty foods, black gram and sour food can cause an aggravation in the disease condition. Psoriasis may also develop due to excess stress. As Ayurvedic principles and practice is base on Indian philosophy it is still vulnerable and effective with indigenous Panchakarma therapy.

An effective Ayurvedic treatment for this condition is Panchakarma, which helps in detoxification of body fluids. Initially the person is given medicated ghee for about 7 days, followed by vomiting and detoxifying the body, a process known as Vamana and Virechana. Thereafter, a procedure where in medicated buttermilk is dripped overhead called Takradhara is done, after which the medicated oil applied into the entire body with gentle massage. One of the major thrust area on Psoriasis is also immunodeficiency. In Ayurveda Immunomodulator and immunopotenciation have been carried out by Panchakarma therapy and other Samana Chikitsa to enhance the immunity successfully. Moreover, the Takradhara is enhanced the mental status of the patients which gives a strong back up to overcome the depressive condition which plays a major role to control the condition and it is absolutely necessary for an effective treatment of Psoriasis.

In the present case study, the initiation has been taking in the composition of consequence of treatment procedures along with multiple formulations with incorporation of Ayurvedic principles and practice on Psoriasis. The present study has excellent response in subjective and objective parameters, which is encouraging for comprehensive research programme in near future.

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