Management of Kitibha Kushtha (Psoriasis) Through Ayurveda

Dr. Neha Karnavat¹, Dr. Vandana Saraf²

¹M.D. Scholar, ²Reader

^{1,2}Department of Kayachikitsa, Govt Dhanwantari Ayurveda College and Hospital Ujjain, Madhya Pradesh, India

How to cite this paper: Dr. Neha Karnavat | Dr. Vandana Saraf "Management of Kitibha Kushtha (Psoriasis) Through

Ayurveda" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-3 |



Issue-5, August 2019, pp.511-513, https://doi.org/10.31142/ijtsrd26364

Copyright © 2019 by author(s) and International Journal of Trend in Scientific Research and Development Journal. This

is an Open Access distributed article under the terms of



the Creative Commons Attribution License BY (CC 4.0) (http://creativecommons.org/licenses/by /4.0)

ABSTRACT

Psoriasis is a skin disease that harms a person's confidence to a great extent. It affects 2-3 % of people throughout the world. Although it is not life threatening disorder but it threatens lifestyle of sufferers. It is an autoimmune, non contagious, papulosquamous disorder of the skin characterized by dry and raised, rough, red areas on the skin covered with fine silvery scales. Kitibha kushtha of ayurvedic literature can compare with psoriasis of modern medical diagnosis because its subjective features are as like as psoriasis. It is one of the varieties of eleven ksudra kushtha. Intake of incompatible food (virudha aahar) is the main cause of it. Its symptoms are

'श्यावं किणखरस्पर्शं परूषं किटिभं स्मृतम।' [च.चि.7/22]

There is no specific treatment in modern medicine, it can diminish the lesions but cannot cure. So it can be batter treated through ayurvedic concepts. According to acharya charak use of siddharthak snan as kashay pan, vamak dravya, virechak dravya, lepa, udgharshan is one of the best treatments for kushtha like psoriasis.

KEYWORDS: Autoimmune, ksudra kushtha, non contagious, virudha aahar

INTRODUCTION

Psoriasis is a chronic, papulosquamous, inflammatory, proliferative, noncontagious disorder of the skin. About 1-3% of the world population is suffering from it. It affects either sex usually in the 3rd or 4th decade of life. • Q.

Causes of psoriasis are actually unknown till now, but it may it has been taken also ek-kushtha, mandal kushtha, sidhma be immunological or genetic disorder. In the term of kushtha.

ayurveda it happens due to incompatible food which can say viruddha ahar like virya viruddha, sanyog viruddha etc.

Psoriasis mainly provoked by mild trauma (mechanical, chemical, radiation etc.) sun burn, infection (streptococcus), systemic drugs, stress, alcohol and smoking and metabolic factor (pregnancy etc).

Typically it affects the outside of the elbow, lower back, knees or scalp, though it can appear on any location. It is characterised by well defined erythematous plaques with large adherent silvery scales. In general epidermal turn over time is 28 days but in psoriasis it falls from 28 to 5 or 6 days.

ACCORDING TO AYURVEDA

Acharya charak has been described kushtha (skin disorder) in charak chikitsa-7. He devided kushtha in two major parts -Mahakushta and kshudra kushtha.

Mahakushtha-kapaal, odumber, mandal, rishyajivha, pundarik, sidhma, kakanak. Ksudrakushtha-ek kushtha, charma kushtha, kitibha, vipadika, alaji, charmdal, dadru, pama, visfotak, shataru, vicharchika.

According to Acharya Charak all types of kushtha are due to vitiation of Tridosha. In present study 'psoriasis' has been taken as kitibha kushtha, but as per aspect to some acharyas

Kitibha kushtha occurs due to vitiation of tridosha and rakta doshas but specially dominance of vata and kafa. It is a type of ksudra kushtha characterized by skin which is blackish brown colour (SHYAVATA), rough in touch like scar tissue (KHARATWAM), and hard to touch (PARUSHATVUM).

श्यावं किणखरस्पर्शं परुषं किटिभं स्मृतम्। (च.चि.7/22)

Intake of incompatible food (virudhha ahar) like consumption of food items that can't be eaten together (dairy products with fish), over consumption of yoghurt, dark gram, fish, harsh and salted things etc. can be activate the pathogenesis.

All above things acts as a 'DUSHI VISHA' which is low intensity poison is the main cause of psoriasis.

NEED OF THE STUDY

Psoriasis is a skin disease that harms a person's confidence to a great extent. Although it is not life threatening disorder but it threatens life style of sufferers. Psoriasis causes great physical, emotional, and social burden, quality of life in general is often significantly impaired. Allopathic drugs can diminish the lesions but cannot cure the disease. Topical corticosteroids are the primary drug for psoriasis however they carry their own local and systemic adverse effects and lesions may progressively become refractory.

International Journal of Trend in Scientific Research and Development (IJTSRD) @ www.ijtsrd.com eISSN: 2456-6470

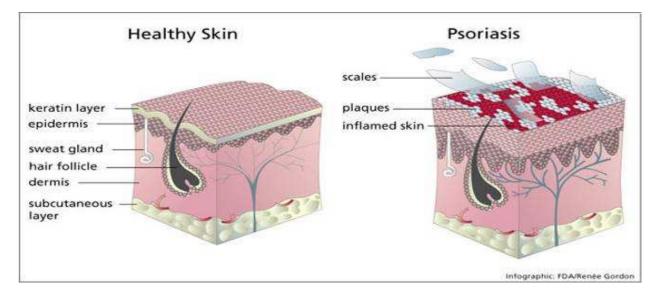
TYPES OF PSORIASIS

- 1. PLAQUE
- 2. GUTTATE
- 3. FLEXURAL/INVERSE

- 4. PUSTULAR
- 5. ERYTHRODERMIC
- 6. NAIL

HISTOPATHOLOGY

Psoriasis is an inflammatory skin disease in which skin cells replicate at an extremely rapid rate. New skin cells are produced about eight times faster than normal-over several days instead of a month-but the rate at which old cells slough off is unchanged. This causes cells to build up on the skin's surface, forming thick patches, or plaques, of red sores (lesions) covered with flaky, silvery-white dead skin cells (scales).



AETIOLOGY

- > There are two main hypotheses about the process that occurs in the development of the disease.
- The first considers psoriasis as primarily a disorder of excessive growth and reproduction of skin cells. The problem is simply seen as a fault of the epidermis and its keratinocytes.
- The second hypothesis sees the disease as being an immune-mediated disorder in which the excessive reproduction of skin cells is secondary to factors produced by the immune system. T cells (which normally help protect the body against infection) become active, migrate to the dermis and trigger the release of cytokines (tumor necrosis factor-alpha TNF α, in particular) which cause inflammation and the rapid production of skin cells. It is not known what initiates the activation of the T cells.

The immune-mediated model of psoriasis has been supported by the observation that immunosuppressant medications can clear psoriasis plaques.

Sapt Dravyo Ka Ek Mandalutpati tatha Nidan Sevan Sath Kupit Hona Vavranyata Dosh Dushya Ka Kitibha Kushtha Vata-kafa Prakop Twacha Me Sthan Sanshray Twacha - rakt -Tiryak Sirao Me maans - lasika Ka Dushit tatha Shithil Gaman Hona

SAMPRAPTI

International Journal of Trend in Scientific Research and Development (IJTSRD) @ www.ijtsrd.com eISSN: 2456-6470

INVESTIGATION

- CBC
- LIPID PROFILE
- BLOOD SUGAR
- SKIN BIOPSY

CONFIRMATORY SIGNS

- Auspitz sign
- Candle grease sign
- Koebner's phenomenon

TREATMENT

- Nidan parivarjan
- Sanshodhan
- Sanshaman

According to doshas

Vataja = Sarpipan Pittaj = Virechan, Raktamokshan Kafaja = Vaman

Vamanadi kaal

15-15 Days = Vaman
1-1 Month = Virechan
3-3 Days = Nasya (Avapid)
6-6 Months = Raktamokshan.

PATHYA-APATHYA

	Ahar	Vihar
Pathya	Laghu, Ruksha Bhojan, Tiktaras Pradhan Anna, Puran Ghrut, Gomutra,	Laghu Vyayam, Siddarthak
	Nimba, Haridra, Amalaki, Patol, Karela, Madhu, Dadim, Lashun, Yava.	Snan, Abhyang.
Apathya	Virudha Ahar, Navanna, Pishtanna, Vidahi, Guru-Sheet-Snigdha Ahar,	Divashayan, Veg-Dharan,
	Dadhi, Matsya, Til, Lavana, Amla, Mooli, Gur, Urad. 🖬 👘 🖕 💋	Tanav, Ati Vyayam.

CONCLUSION

Based on involvement and range of vitiation of body humours ayurvedic treatment can be planned with various range of external applications like (siddarthak snan) internal medication e.t.c. Ayurvedi chikitsa balances and rejuvenates immunity to prevent disease.

BIBLOGRAPHY

- [1] CHARAK SAMHITA: professor p. v. sharma chaukhamba orientalia Varanasi first edition 1983.
- [2] CHAKRADATTA; P.V. Sharma choukhamba publishers 4th edition; V. Samvat 2059. Charak-samhita incorporating commentaries of jejjatya chakrpani, gangadhara and yogindrantha; Prof. P.V. Sharma; choukhamba orientelia, Varanasi 6th edition; 2001.
- [3] Dravyaguna vigyana Vol. I-II-III Prof. P.V. Sharma; choukhamba vishwabharti; 2003.

- [4] Essentials of medical pharmacology; K.D. tripathi;
 jaypee brother's medical publishers, New Delhi; 5th edition; 2004.
- [5] Davidson's principles and practice of medicine; C.R.W. Edwards, I.A.D. bouchier, C. Haslett.E.R. Chiver Churchill Livingstone; 19th edition; 2002.
 - [6] Textbook of clinical dermatology; Virendra N sehgal; jaypee brother's medical publishers, New Delhi; 4th edition; 2004.
 - [7] Kaya-chikitsa (I part) Prof. Ramharsh singh, Varanasya Sanskrit sansthan, Varanasi Ist edition; 1994.
 - [8] Kaya-chikitsa part-I Acharya Vidyadhara shukla; choukhamba surbharati prakashan, Varanasi; 3rd edition; 1995.