ABSTRACT
The integumentary system has main function to act as barrier against the external environment. Due to altered life style, lack of physical exercise, unhygienic, mental stress and over eating, skin diseases are commonly observed. Psoriasis is one of the leading skin disorder seen in society. Psoriasis affects approximately 1.5-3% of Caucasians. Psoriasis is known to have a negative impact on the quality of life of both the affected person and the individual’s family members. All the skin disease in Ayurveda has been discussed under heading of Kushtha, which further divides into Mahakushtha and Kshudrakushtha. Psoriasis may be correlated with Kitibha Kushtha, Ekkushtha or Mandal Kushtha according to the types of Psoriasis. In this case, type of psoriasis may be correlated with Kitibha Kushtha according to their sign and symptoms in Ayurveda point of view. Kitibha Kushtha is Tridosaj Vyadhi having Vata-Kapha dominance. In this case the effects of Shodhan Chikitsa followed by Shaman Chikitsa in Kitibha Kushtha with respect to Psoriasis were elaborate.

KEYWORDS
Psoriasis, Kitibha Kushtha, Virechan, Swarnamakshik
INTRODUCTION
Psoriasis is a chronic inflammatory, hyperproliferative skin disease, characterized by well-defined, erythematous scaly plaques. Psoriasis affects approximately 1.5-3% of Caucasians. It occurs equally in both sexes at any ages. The age of onset follows bimodal classifications, with an early onset type in the teenage or early adult years. More than 50% of patients present before the age of 30 years\(^1\).
Psoriasis may be correlated with Kitibha Kushtha as per Ayurveda. Kitibha Kushtha is one of the eleven Kshudrakushtha\(^2\). Charak has explained Vaman-Virechan Chikitsa in Kushtha Vyadhi\(^3\). Charak has explained the line of treatment according to predominance Doshas i.e. Ghrutapan in Vata dominant, Vaman in Kapha dominant and Virechan in Pitta dominant Kushtha\(^4\).

CASE PROFILE
A 65 year old male patient who was apparently normal before 5 months, developed small skin lesion over upper, lower limb, scalp abdomen and back of the body, associated with severe itching and silver powdery discharge distributed all over the body. He got aggregations in symptoms since 8 days, so attended the OPD of Government Ayurveda College and Hospital Nagpur.

PRAMUKH VEDANA:
1. Sarvangtwak Raktvarniy
Mandalopatti: since 4 month
2. Sarvankandu: since 4 month
3. Sarvangadaha: since 4 month
4. Twak-Rukshata, Parushata, Kandu and Kharasparsha: since 4 month
Onset of disease, Progression of disease, remissions relapse aggravating factors:
Seasons: Starts in rainy season and aggravated in winter
Times of the day: Whole day
Occupations work: Tailor
Hobbies: Nil
Sunlight: No any progression seen
Heat: Aggravates symptoms
Cold: Increased itching in cold climate
Food: Incresed Daha in Ushna-Tishna Aahar

PURVA VYADHI VRUTTA:
K/c/o HTN since 6 months taking Tab Telmikind 40mg OD in the morning
No h/o DM/Asthma/any other disorders
VAIYATIKKA VRUTTA
Ahara: Vishamashan
Praman: 2-3 chapati,1 curry of Bhaji, 1 bowl of rice.
Dominant Rasa: Tikta, Katu, Madhur
Pradhan
Guna: Ruksha, Tikshna,
Dietetic Habits: 2 times a day
Type of food: Vegetarian
Vihar: Early morning walk in winter.
Working time: Day 
Working hours: 4-5 hour 
Nature of work: laborious 
Vyasan: Tobacco Chewing, 
Kshudha: Mahyam 
Pipasa: Samyak 
Nidra: Alpa 
Swpa: Prakrit 
Koshtha: Madhyam 
ASHTAVIDHA PARIKSHAN: 
Nadi : 84/min Niyamit 
Mala: Samyak 
Mutra: Samyak 
Jivha: Sama 
Shabdha: Spasta 
Sparsha: Khara 
Drik: Prakrut 
Akruti: Madhyam 
Samprapti Ghataka: 
Dosha – Tridosha 
Dushya – Twak, Rakta, Mamsa, Lasika 
DustSrotas – Rasavaha, Raktavaha 
Cutaneous System Examination: 
Type of lesion: Hyper pigmented maculo-popular rash 
Secondary lesions: scale and crust 
Distribution: 
Sites, Involved – Ankle, wrist, chest, abdomen, back, thigh, buttock, 
Symmetry - Bilateral 
Lesion – more 
Type - Acquired 
Testing for Sensation: 
Pain by prick- Positive 
Touch - Positive 
Temperature - Positive 
Appendages: 
Hair - Normal 
Auspitz’s Sign- Positive 
Kobaner’s Sign- Positive 
Candle graze sign- Positive 
Laboratory Investigations 
Hematological examinations 
Hb% - 12.5 
TLC - 6400 
DLC - P56 L27 E+M17 
BSL – Random: 116mg/dl 
URINE Examination- Within Normal Limit 
PASI SCORE (Before Treatment): 
(PASI score (before treatment)) 
Table 1 “Showing PASI score (before treatment)” 

<table>
<thead>
<tr>
<th></th>
<th>Head and Neck</th>
<th>Upper Extremities</th>
<th>Trunk</th>
<th>Lower Extremities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Erythema</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Induration</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Scaling</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>1+2+3</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>5</td>
<td>Area</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>4 x 5</td>
<td>3</td>
<td>18</td>
<td>36</td>
</tr>
<tr>
<td>7</td>
<td>Body Segment factor</td>
<td>0.1</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>8</td>
<td>6 x 7</td>
<td>A = 0.3</td>
<td>B = 3.6</td>
<td>C = 10.8</td>
</tr>
</tbody>
</table>
AIMS AND OBJECTIVES
1. To evaluate the effect of Virechan and Swarnamakshik Bhasm in Kitibha Kushtha with reference to Psoriasis and see its effect on PASI Score

MATERIALS AND METHODS
The case study was conducted in IPD of Govt. Ayurveda Hospital Nagpur, Maharashtra. On examination Satva, Satmya and Bala of patient was Madhyam (~medium). Virechana was planned by considering the Bala of Dosha and Dushya in patient. In Purva-Karma (~pre-procedure), Abhyantar-Snehapan (~internal oleation) was done with Goghrita in increasing order after Pachana for five days. Abhyantar-SnehaPana, Samyak ~Snigdh Lakshana were observed after 5 days. After two days rest (~Vishrantikala), on third day Virechana was planned with all aseptic precaution along with due procedure described as per text. Samsarjan Karma was done for three days after Virechana. Investigation and symptoms were observed after management also. Classical Sansarjan Karma was advised as per Ayurvedic literature, along with proper Pathya-Apathya.

A) Purva Karma (Pre Procedure) Pachan
In Purva Karma, Rukshan Pachana Karma was done by giving Rukshan Pachan Kwath 40ml each before lunch and dinner for 6 days. Pachana Kwath drug contains Trifala, Vidang, Musta, Sariva, Manjishta. Snehapan:
Then patient was planned for Snehpan (internal oleation), (Table 2) in which Goghrit was used.

Table 2 Snehapan (internal oleation) chart

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Snehapan time</th>
<th>Quantity</th>
<th>Kshudhapravrudhhi</th>
<th>Lakshans</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/12</td>
<td>1</td>
<td>8:00 am</td>
<td>30 ml</td>
<td>1:00 pm</td>
<td>Kshudhapraprit</td>
</tr>
<tr>
<td>30/12</td>
<td>2</td>
<td>7:40 am</td>
<td>60 ml</td>
<td>1:10 pm</td>
<td>Kshudhapraprit</td>
</tr>
<tr>
<td>31/12</td>
<td>3</td>
<td>7:30 am</td>
<td>120 ml</td>
<td>2:10 pm</td>
<td>Hrullas (~nausea)</td>
</tr>
<tr>
<td>1/1</td>
<td>4</td>
<td>7:00 am</td>
<td>240 ml</td>
<td>3:30 pm</td>
<td>Snighamala</td>
</tr>
</tbody>
</table>
| 2/1   | 5   | 7:15 am       | 300 ml   | 8 pm              | Hrullasvridhi, snehat

Diet during Rest Day:
Laghu Ahar was advised

Bahya Snehan Svedan: twice a daily during rest day and on the day of Virechana in morning before procedure.

B) Pradhan Karma (vital procedure): On the day of Virechana Karma, after routine examination and Bahya Snehan...
Swedan (~external oleation). Ichhabhedi Rasa 2 tablets was given to patient for Virechana. (Table 3)

Shuddhi: Avar Shuddhi

Antiki Lakshan: Kaphant

C) Paschat Karma (after procedure)

Table 3 VirechanaVega’

<table>
<thead>
<tr>
<th>Time</th>
<th>Veg</th>
<th>Pulse</th>
<th>BP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pravar</td>
<td>Madhyam</td>
<td>Avar</td>
</tr>
<tr>
<td>10:00</td>
<td>1</td>
<td>78</td>
<td>130/90</td>
</tr>
<tr>
<td>10:20</td>
<td>1</td>
<td>80</td>
<td>130/90</td>
</tr>
<tr>
<td>10:25</td>
<td>1</td>
<td>80</td>
<td>130/90</td>
</tr>
<tr>
<td>10:50</td>
<td>1</td>
<td>82</td>
<td>130/90</td>
</tr>
<tr>
<td>12:05</td>
<td>1</td>
<td>80</td>
<td>130/90</td>
</tr>
<tr>
<td>2:36</td>
<td>1</td>
<td>76</td>
<td>130/90</td>
</tr>
<tr>
<td>4:35</td>
<td>1</td>
<td>82</td>
<td>130/90</td>
</tr>
</tbody>
</table>

D) Shaman Chikitsa:

After Samsarjan Kram

1) Suvarnamakshik Bhasma 125mg+Guduchi Satva 1gm BD was Given

2) Haritaki + Shunthi + Triphala (3gms each) with Honey

3) Pathya-Apathya

Pathya:

Khichadi, Laghu Aahara, leafy vegetables, Snana, Shubhra Vastradharana, Taila Abhyanga, Dhyana.

Apathya

Dhadhi, Madhya Sevana, Mamsa, Matsya Sevana, Vegadharana, Adhika Vyayama, AaatapSevan, MarutSevan.

DISCUSSIONS

Psoriasis is a skin disease that causes itchy or sore patches of thick, red skin with silvery scales. In this the patches usually get on elbows, knees, scalp, back, face, palms and feet, but they can show up on other parts of body (Figure 1 to 4). Some people who have psoriasis also get a form of arthritis called psoriatic arthritis. Psoriasis is an autoimmune skin disorder. In a process called cell turnover, skin cells that grow deep in skin rise to the surface. Normally, this takes a month. In psoriasis, it happens in just days because your cells rise too fast 5.

Kitibha is one of the Kshudra Kushtha having the Lakshanas like Shyava, Khara Sparsha, Parusha, Ruksha Pidika and Kandu 6. Kitibha Kushtha manifests due to vitiation of Saptadhatus like three Dosha, Twak, Rakta, Mamsa and Lasika. Kitibha Kushtha is having involvement of Vata and
Kapha Dosha having the Lakshanas of individual Doshas\(^7\).

While describing the management of Kushtha, Charak has described that Shodhana followed by Shaman Chikitsa should be applied. In this case patients having complaints of Sarvang Twak Raktvarniy Mandalopatti, Sarvang Kandu, Sarvanga Daha, Twak-Rukshata, Parushata, and Kharasparsha which was showing Tridosha involvement in disease formations.

In Kushtha, Kapha and Pitta are dominant Doshas, it also affects Rasa, Rakta and Mansa. Virechana Karma mainly acts on Pitta and Kapha Dosha. In this patient Virechana was planned. Rukshan Pachan Karma was done before Snehapan. After Samyak Snehapan, Shakhagat Dosha comes to the Koshta. Dosha, in this patient, particularly Pitta and Kapha responsible for Samprapati were eliminated through Adhomarg by Virechana Karma. In this period, PASI Score came down from 21.9 to 18.9. After following Samsarjan Karma, Shaman Chikitsa was given in the form of Rasayan Aushadi like Guduchi Satva and Suvarnamakshik Bhasm, along with Gomutra as Anupan. Charak has explained the role of Makshik in Kushtha as “SaptadashaKushthaghati”\(^8\). The assessment after 15 days of Shaman Chikitsa shows dramatic improvement in symptoms and PASI score which was 10.6 It is very clear from fore going that Shodhana in the form of Virechana removes Dosha in Kitibh. Not only Virechana but use Virechana followed by Svarnamakshik in the form of Rasayan was beneficial in this patient.

**CONCLUSION**

The treatment with Shodhan (Virechana) followed by Shaman Aushadhi along with Pathyakar Ahar Vihar was planned considering Tridhosha involvement in Kitibha Kushtha. Encouraging results was observed in subjective parameters and PASI score. PASI score before treatment was 21.9 which reduced to 10.6 after treatment. It is a case study which is not yet concluded as significance. Large sample should be studied to conclude the efficacy of Shodhan and Shaman in Kitibha Kushtha. Deshmukh P.(2008) had evaluated the effect of Suvarnamakshik in Kushta. So to get significant result of Virechana followed by Suvarnamakshik in Kushta, a comparative study should be carried out.
REFERENCES