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## Management of *Kushtha* through Integrated Approach

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### ABSTRACT

*Ayurveda* science is for both healthy as well as diseased person. In daily practice of *Ayurveda* medicine and *Panchakarma*, it has been observed that patients having musculo- skeletal disorders like *Sandhivata*; *Amavata* etc. come frequently for *Ayurveda* management. But ancient *Acharayas* have explained this science for each and every disease condition including skin ailments. While treating *Kushtha*, all three types of treatment viz., *Daivavyapashraya*, *Yuktivyapashraya* and *Satvavajayachikitsa* are to be followed. *Acharyas* have prescribed *Vamana* once in 15 days, *Sramsana* once in a month, *Raktamokshana* once in 6 months and *Nasya* once in 3 days. All *Acharya's* have emphasized on *Shodhana* therapy in the management of *Kushtha*. The disease is difficult to cure hence called '*Duschikitsya*' but by the application of *shodhana* therapy, cure of the diseases becomes easier and complete cure is possible. Hence *Shodhana* has great importance in *Bahudoshaavastha*. Here, *Shaman chikitsa* and proper use of *Rasayan chikitsa* of 63 year Female patient of *Kshudra Kushtha* is treated by considering the treatment principle of *Kushtha* and patient showed good improvement in all clinical signs and symptoms.

### KEYWORDS

*Ayurveda*, *Sandhivata*, *Aamvata*, *Twacha Roga*, *Kushtha*



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## INTRODUCTION

Skin is the largest organ of the body. In local population, the term *Ayurveda* medicine is usually concern to Musculo-skeletal diseases like *Sandhigata*, *Asthimajagata* etc. When it comes to skin diseases, mostly people turn towards modern medicine first. The term skin, its diseases and treatment is broadly elaborated in *Ayurveda* by different *Acharyas*. In *Charak Samhita*, an integral part of *Ayurveda*, describes the skin diseases under the broad heading called as *Kushtha* of which *Kshudra Kushtha* are 11 in no. Vitiated *tridosha* (*Vata*, *Pitta*, *Kapha*) are responsible for the *Vikruti* of *Twacha*, *Mamsa*, *Rakta*, *lasika* and this all together develop the seven types of *Kushtha*, known as *Mahakushtha*.

कुष्मति इति कुष्ठम्॥

च.नि.५१

As explained in *Nidan Sthan* of *Charak Samhita*, *Vikruti* of *Twacha* is *Kushtha roga*<sup>1</sup>. *Acharya Dalhan* explained about the word 'Mahat' that, it has the ability to penetrate to the deeper tissue while *Kshudra Kushtha* does not have ability to penetrate through deeper tissue<sup>2</sup>. As all the *Kushtha* are considered as *Tridoshaj* but treatment of each *Kushtha* varies on the basis of predominant *Dosha*<sup>3</sup>. *Chikitsa* of this predominant *Dosha* should be done

first. *Ayurveda* management of this ailment with *Shodhana* and *Shaman* modalities is being discussed here.

## MATERIAL AND METHODS:

### CASE REPORT

A 63 year old female patient, married and housewife, of *Kapha Pittaj Prakriti*, residing in the area of *Bhosari*, *Dist. Pune*, *Maharashtra* visited the OPD (out-patient department) of *Kayachikitsa* Department of *Dr. D. Y. Patil Ayurveda College and Hospital*, *Pimpri*, *Pune* and admitted during the period of August to October 2018.

At that time, patient was complaining of –

- *Sarvang Pitikotpatti* with *Raktavarni Twakavaivarnya* and *Kandu* since 2 months,
- *Atimutravrutti* (frequent micturition) and
- *Ubahy Pada Shula* (pain in both legs).

No history of addiction noted. No positive family history was present. Patient has surgical history of *Hysterectomy* before 5 years.

### DRUG HISTORY

For the above stated symptoms, she was under the supervision of *Dermatologist* and was prescribed with antifungal drug (Tab. *Itraconazole* 200 mg 1BD for 14 days and Ointment *Fintop AF* twice a day



for local application). She got relief for few days but symptoms started appearing again. Hence she came here for further management.

### HISTORY OF PAST ILLNESS

The complaint starts with *Sarvang shool* for 8 days in the month of June 2018 with itching all over body, particularly on *Udar Pradesha* (Abdomen region) with *Ushna sparsha* and *Daha*. The next day, she observes *Sarvang pitikotpatti* with *Kandu* and *Raktastrav*. In the month of July, *Pitika* spreads in circular manner over *Udar* (Abdomen region) and *Dakshin Pada Pradeshi* (Right leg).

### ON EXAMINATION

Further examination of patient was done after admitting her in our IPD. Digestive capacity of the patient was good. Her diet is *katuamla rasa* dominant with sedentary lifestyle and had a habit of *Diva swapna* (sleeping during day time) 2–3 hrs. Every day.

Vital data including temperature (98 F) pulse (86/min), respiration (20/min), BP – 130/90 mm of Hg, were normal with clear respiratory and cardiac observations. Routine haematological (total leukocyte count, differential leucocyte count, Hemogram, erythrocyte sedimentation rate (ESR), total red blood cell), Biochemical investigations such as fasting blood sugar were done.

### LOCAL EXAMINATION

The skin lesion was *raktavarni* and *ruksha* in nature which spreads in *Udar* and *dakshin pada pradeshi*.

### SAMPRAPTI OF KUSHTA

The excessive intake of the *tridoshprakopak ahar vihar* (*Nidana Sevana*) leads to the vitiation of the *agni* and *tridoshas*. Latter the vitiated *dosha* spread in entire body and brings vitiation of *Twacha, Rakta, Mamsa, lasika*. It leads to the *Kledotpatti* and *twakvaivarnyata, Kandu, Daha* etc., in different parts of body and lead to *Kushtha*<sup>4</sup>.

### TREATMENT

वातोत्तरेषु सर्पिवमनं श्लेश्मोत्तरेषु कुष्ठेषु ।

पित्तोत्तरेषु मोक्षो रक्तस्य विरेचनं चाग्रे ॥

च.चि.७/३९

वमनविरेचनयोगाः कल्पोक्ताः कुष्ठिनां  
प्रयोक्तव्याः।

प्रच्छनमल्पे कुष्ठे महति च शस्तं सिराव्यधनम ॥

च.चि.४०

बहुदोषः संशोध्यः कुष्ठि बहुशऽनुरक्षता प्राणान ।

दोषे हि अतिमात्रहुते वायुहन्यदबलमाशु ॥

च.चि.७/४१

First line of management of *Vataj Kushtha* is *Ghrutapana, Vaman* for *Kaphapradhana Kushta* and *Raktamokshana* and *Virechana* for *Pitta pradhana Kushta*. The *yoga* mentioned in *Kalpasthanana* for *Vamana* and *Virechana*



shall be used for *Kushtha* Patients<sup>5</sup>. *Alpabala Kushtha* should be treated with *Alabu* and *Uttamabala Kushtha* should be treated with *siravedha* (one of the type of *Raktamokshana*): In this present case study, both *Shodhanand Shaman Chikitsa* had been prescribed in respective manner. The treatment protocol starts with *Deepan Pachan* medicine (*Sutshekhar rasa* 250 mg 2 Tab BD for 3 days) followed by–

**Table 1** Virechan Karma<sup>6</sup>

Sr No.	Day	Ghritapana (In ml)
1.	1 <sup>st</sup>	30 ml (15 ml <i>Panchtiktaghrita</i> and 15 ml <i>Goghrita</i> )
2.	2 <sup>nd</sup>	60ml (30 ml <i>Panchtiktaghrita</i> and 30 ml <i>Goghrita</i> )
3.	3 <sup>rd</sup>	90 ml (45 ml <i>Panchtiktaghrita</i> and 45 ml <i>Goghrita</i> )
4.	4 <sup>th</sup>	120 ml (60 ml <i>Panchtiktaghrita</i> and 60 ml <i>Goghrita</i> )
5.	5 <sup>th</sup>	150 ml (75 ml <i>Panchtiktaghrita</i> and 75 ml <i>Goghrita</i> )
6.	6 <sup>th</sup>	<i>Vishramkaal</i>
7.	7 <sup>th</sup>	<i>Vishramkaal</i>
8.	8 <sup>th</sup>	<i>Virechan</i>

- As mentioned in table no.1, *Panchtiktaghrita* and *Goghrita* are given for *Snehapana* daily, early in the morning (*Vyankala*) with empty stomach in *vardhaman matra* for 5 days.
- *Sarvangsnehan* with *Balataila* and *Bashpa sweda* daily.
- *Virechan* was done by giving 50 ml *Triphala Kwath*, 1 tab of *Abhayadi Modak* and 1 tab of *Ichhabhedi rasa* and 20 ml of

*Errand Taila* internally with patient is on empty stomach and at *Pitta doshakaal*.

At the end of the day, 10 Vega of *Virechan* were observed and patient was later explained to follow proper *Samsarjana Krma*.

### B) SHAMAN CHIKITSA

After getting *Virechan* treatment with following proper *Sansarjan Kram*, patient gets tremendous relief in *Kandu*. The treatment again continues with *Shaman Chikitsa* (internal medicine) as –

- *Raktashodhak vati* (contents – *Sariva*, *Manjishtha*, *Haridra*, *Daruharidra*, *Nimba*, *Yashtimadhu*, *Khadir*) 250 mg 2 vati *Vyan- udanakala*
- *Gandhak Rasayan* 250 mg 2 vati *Vyan- udana kala*
- *Jatamasi churna* 5 gm at *udan kala*
- *Avipattikar churna* 3 gm with Luke warm water at *udan kala*
- *Panchatikta ghrita* 2tsf *Vyan- udana kala*
- *Khadirarishta* 4 tsf *Vyan- udana kala* with equal quantity of water.
- *Nimba taila* for local application.

### C) LEPA CHIKITSA

When the patient reaches for first time on OPD, we had prescribed her some *Churna* having *Kandughna* and *Kushthaghna* property and requested her to prepare the *Lepa* from this and should apply on



affected parts of body. When the *Lepa* become dry, rinse it with normal water. This *lepa* is made from the *churna* of–*Nimba, jatamasi, manjishta, sariva, haridra, daruharidra, khadir.*

#### **D) RAKTAMOKSHAN THROUGH JALUKAVACHARAN**

*Jalukavacharan* is indicated in *Pitta Pradoshaj Vikar* and *Pitta* is the *mala* of *Rakta* and has *Ashrayashritabhav*. In this patient, both *pitta* and *Rakta Dushti* takes place. Hence *Jalukavacharan* shall be done in such cases. In this patient; we had done *Jalukavacharan* 5 times on alternate day over *Udar* as well as *Dakshin Pada Pradeshi*. At that time, 2-3 *Jaluka* had been used for this procedure.

#### **E) RAKTAMOKSHAN THROUGH SIRAVEDH**

*Raktamokshan* i.e., bloodletting was done on alternate day by letting 20 ml of impure blood from *Dakshin hasta* and *Pada pradeshi*. This results in sudden decrease in *Kandu lakshan* of patient.

### **DISCUSSION**

*Kushtha* is caused due to vitiation of *tridosha*. Inappropriate food habits and physical activities, over indulgence of *Katu* and *Amla Rasatmakahara*, day sleep and sedentary lifestyles are the major issue for the development of this *Vyadhi*.

Significance of lifestyle and diet etc., have been well explained in *Ayurveda* classics and emphasis following the guidelines on *Dincharya, Rutucharya* in eradication of various diseases can be readily observed in them.

*Kushtha* is *Santarpanotha Vyadhi*, so the first line of treatment shall be *Apatarpan Chikitsa* in the form of *Shodhan* followed by *Shaman*. *Kushtha* is also *Bahudoshavastha Vyadhi*, and can cause *Agnimandya, Twakvaivarnyata*, also affect *Manas bhav* and may lead to manifestation of *Krimi* sometimes. Because of all this factors, the *Vyadhi* become *Praval Balatmak* and hence *Shodhan* shall be given in periodic interval.

In these patients, *Pitta* and *Kapha Dosha* predominantly seen to be vitiated and this vitiated *Kapha Dosha* generates *Kandu*. For this entire condition, we had done *Virechan karma* first followed by *Shaman Chikitsa*. *Virechan* is the *Vishesh Upakram* for vitiated *Pitta dosha*, so as for *pitta sthangata kapha*<sup>6</sup>. *Virechan karma* also has effect on *Saptakodrav sangrah* of *Kushtha*. Hence *Virechan* is the best *Shodhan Karma* in *Pitta Pradhan Kushtha* and decreases the recurrence of *Vyadhi*.

*Acharya Charak* has categories *Jatamasi* under *Kandughna Dravya*. Hence it helps to reduce the *Kandu* and *Pitika Lakshan* by reducing the *Drava Guna* of *Kaphadosha*.



*Panchtikta ghrita* contain 5 *tikta dravyas*. This pacifies the *Pitta Dosha* and does the *Shodhan* of *Rakta Dhatu* and reduces the *Twakvaivarnyata Lakshan*. In these patients, we have prescribed *Gandhak rasayan* for internal administration. Site of action of *Gandhak rasayan* is mainly on *Rakta* and *Twacha*. It helps to purify the impure *Rakta* by removing its *malinata* and help to convert the saturated *vikrut dravya* of body. In such disease, where *raktadushti* occur due to *rasa dhatu dushti*, *Gandhak rasayana* work as *Amrutvalli*<sup>7</sup>.

## CONCLUSION

Modern medical science has already prepared proven and effective medicines on skin diseases, for both as internal medicine and for local application also. Due to today's lifestyle, among all skin diseases, fungal infection seems to be commonest. When this skin disease occurs first time or during its acute attack, mostly people choose to take modern medicine for its quick remission. For this, they take antifungal treatment and use ointment for local application. For fungal infection, steroid is commonly found contain of this ointments used for fungal or any other skin disease. Due to steroids, patient got temporary effect but as these type of drug have their own certain limitations ,hence

when the same attack of that skin disease occurs after few days or years, the same medicine didn't give any desirable effect. And these drugs have varied side effects also.

In *Ayurveda*, both *Shodhan* and *Shaman Chikitsa* are given according to the condition of the disease. This treatment modality takes longer time to give effects but have power to destroy the disease from its root. The chances of recurrence of this disease are less observed by giving *Ayurveda* medicine as described above. So in these patients, change in the *Twakvaivarnyata* and decrease in *Kandu* and *Daha* were observed before and after treatment. The conclusion of this entire article is that we can use this treatment modality in such type of *Kushtha*.



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