

CASE REPORT

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A CASE REPORT OF KSHUDRA KUSHTHA

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ABSTRACT

A case report of an elderly patient suffering from *Kshudra- Kushtha* (skin disorders) is documented here. The signs and symptoms of multiple types of *Kshudra Kushtha* were observed in this case which necessitated this case to be brought in to the light of society. The Patient was having signs & symptoms like shading off the skin, reddishness of the skin, thickening of the skin and most prominently the severe itching. The case was diagnosed as *Kshudra Kushtha*& treated successfully with Ayurvedic medicines in 4 months. Though the signs and symptoms resembled very much with psoriasis, nowhere in this article, it is claimed that it was the case of psoriasis because the diagnosis was not confirmed with biopsy report.

KEYWORDS: Kushtha, Kshudra Kushtha, Skin disorders, Ayurveda, Adhyashana, Nidana Parivarjana.

INTRODUCTION

Kushtha (a group of skin disorders) is a skin condition which may affect anyone who is not following Doshasamyakara Ahara and Vihara (Diet and behaviour which maintains equilibrium in Sharir Dosha). The Nidana causes) which are Dosha (group of Utkleshakar (causing provocation of *Dosha*)&having DhatuviparitaGuna (properties opposing the *Dhatu*) cause simultaneous Prakopa (vitiation) of Tridosha. This results in Shaithilva(malfunction)ofTwacha (the skin). *Rakta* (the 2^{nd} Dhatu which can be referred as blood), Mamsa (3rd Dhatu which can be referred as muscle tissue) & Lasika [It is one of the Mala (the waste product) of RasaDhatu-the 1stDhatu. Lasika resides in Twacha (the skin)]. In-turn Dosha dwell in

these *Shithila Dhatu* which in turn unable to get rid of abnormally functioning *Dosha*. This results the vitiation of these four *Dhatu* and formation of *Kushtha(1)*. In this case report, a case of an Indian male of 80 years who developed the *Kushtha* is documented. It was diagnosed as *KshudraKushtha* and eventually managed by *Ayurvedic* line of treatment. The signs and symptoms of several types of *Kshudra Kushtha* were seen in this case which obliged this case to be conveyed to the Ayurveda learners.

CASE DESCRIPTION: An 80-year-old Indian male with complaints of skin lesions visited the OPD.

PradhanVedana:(Present complaints)

- *Sarvanga Toda*(Pricking sensation) since 7 days
- *Kandu*(Itching) since 7 days

- *TwakAraktaVarnata*(redness on the skin) since 7 days
- *Mandalotpatti*(appearance of circular skin eruptions) since 7 days
- *Twakpatana*(shading of the skin)on scratching since 4 days

VedanaVrutta (History of present illness): Patient was apparently healthy before 7 days. Suddenly itching started on bodyparts, which include scalp, extremities, abdomen & back. The sleep was disturbed due to itching. Patient took steroid treatment in the form of ointment for external applications. Within 2 days he got apparent relief. But the symptoms aggravated afterwards.With the main complaint of itching patient visited the OPD.

PurvaVyadhiEvamChikitsaVrutta:(History of past illness & treatment)

Patient was known case of Hypertension and Diabetes Mellitus and was consuming antihypertensive & ant diabetic medicines as per the advice of physicians.

History of illness in the family.

Patient did not have knowledge about illness of his parents.

Clinical examination

It revealed the*AraktaVarni Mandala* (reddish skin patches).

Ghrushtam Cha MunchetRajah- (shedding off the skin on itching).

The itching was quite severe to affect the normal sleep of the patient.

Associated symptoms were reduced appetite and *Lakshana* of *Nidra-Vegadharana*, e.g.; *Shirogaurav*, *Netragaurav*, *Araktanetrata*, *Jrumbha*, *Angamarda*.

PrakrityadiPariksha – (Ayurveda clinical Examination)

- Prakruti: Pitta-Vata
- Sara: Avara Sara
- Samhanana: Krusha

- Agni: Vishama
- Koshtha: Krura
- Nadi: 88/min very prominent
- *Mutra:* 8-9 *times. Naktamutrata* ++(2-3 *times*)
- Mala: Avashtambha
- Jivha: Sama ++
- Shabda: Kshama
- Sparsha: Ruksha
- Druk: Upanetra(Spectacles)
- Akruti: Krusha
- Dehabhara: 38 kg

General Examination

- BP: 130/70 mm of Hg
- RS: AEBE
- CVS: S1, S2 normal.
- P/A: *Pidanasahatva* (tender)

NidanaPanchaka(2)

- *Hetu: Adhyashana* (consuming the meal before digestion of earlier consumed meal.), *Atichinta* (over thinking)
- Purvaroopa: Kandu
- Rupa: Mandalotpatti, TodavatKandu, Ghrushtam cha munchet Rajah
- *Upashaya: Snehana* (local application of coconut oil)
- Samprapti: Adhyashana (consuming the meal before digestion of earlier consumed meal.) + Atichinta (over thinking) → Agnimandya (diminished digestive capacity) → Anna Avipaka (indigestion) → Apachita Rasa Dhatu (indigested Rasa Dhatu) → Dhatushaithilya (malfunctioning of Dhatu)

→*Raktadhatvagnimandya* (improper transformation of *Rakta*

Dhatu) → Sthanasamshraya (stagnation of Dosha) in Twacha → Kshudra kushtha(3)

Differential diagnosis - Visarpa, Vararakta, Kshudrakushtha

Diagnosis - Kshudrakushtha

CHIKITSA: The treatment administered was as follows:

1. Arogyavardhini 2 Vati, Vyanodana(two times after meals), SukhoshnaJala(Luke warm water) for 1 Mandala (42days): as Vyadhipratyanika.

2. Raktapachaka Kwatha 20 ml Vyanodana for 15 days as Raktavahasrotogami& Raktadhatvagnivardhaka.

3. (Khadira+Nimba+Darvi+Patola) Siddha GhrutaVyanodana for 1 month as Doshapratyanika.

4. Mahatiktaka Ghruta 2 gm Sanna (with food) for 6 months As Apunarbhava & Rasayana Chikitsa

5. *Abhyanga* (application on skin) with Mahatiktaka Ghruta for15days.

6. Strict instructions about *Ahara*, asked to avoid *Adhyashana* (consuming the meal before digestion of earlier consumed meal).

7. Follow up was regularly observed every 7 days for 3 months. The patient was observed for next 1 year without active management for non recurrence of the symptoms. The symptoms of any type of *Kushtha* did not appear in this period.

DISCUSSION

The differential diagnosis made was Visarpa, Vatarakta & Kshudrakushtha. As the spread was not very fast and no burning sensation was seen, Visarpa was ruled out. Vatarakta represents with pain in joints of phalenges, which was not present in this patient, hence it was excluded. The signs

and symptoms of various types of Kshudra Kushtha were observed in this case. It included the signs & symptoms of Eka Kitibha Kushtha, & Dadru Kushtha, Kushtha (these three are among eleven subtypes of Kshudra Kushtha according to Charaka Samhita).The symptoms of Ekakushtha present were Aswedana (no sweating from the site of Kushtha), Mahavastu (spread over a large body area). The symptoms of *Kitibha Kushtha* observed were Kina-Khara Sparsha (touch like wounded site) & Parushatva (roughness). The symptoms of Dadru seen were Kandu (itching), Raga (redness), Mandala Utpatti (round shaped patches) Such (4). manifestation of several types of Kushtha in one person may be due to convolution of Hetusevana (root causes of disease), which were observed in this case; included Adhyashana (consuming the meal before digestion of earlier consumed meal). It results in improper digestion and inappropriate formation & nourishment of Sharir Dhatu (body tissues). Atichinta (over-thinking) results in digestive disorders, even if person consumes the food properly (5).

As the patient was 80 years old, *Shodhana Chikitsa* was not possible. So, *Shaman Chikitsa* was the only option. *Arogyavardhini Vati* was administered as *Vyadhipratyanika Chikitsa*. The patient was having *Malavashtambha* - (constipation) so, *Arogyavardhini Vati* was the drug of choice as it contains *Katuki (P kurroa)* which acts as *Bhedana. (mild laxative)*.

Raktapachaka (6) (Patoladi Kwatha mentioned in Sannipata Jwara by Acharya Charaka) was administered as Raktavaha Srotogami kwatha (to ensure the drug delivery at Raktavaha Srotas). It was also intended for Rakta Dhatvagni Vriddhi (metabolites essential for maintaining the metabolism of Rakta Dhatu).

Khadira Ghrita helped as Doshapratyanika Chikitsa (Treatment against aggravated Dosha). There were Araktavarni Mandala indication of involvement of Pitta Dosha. In the Phalashruti (applications/uses) of Khadira Ghrita, it is said to be Pittahara. Toda (pricking sensation), Twak Rukshata (dryness of skin) & Twak-patana (shading of skin) were indicators of involvement of Vata Dosha. So Ghrita Kalpana (ghee formulation) was used (7).

Mahatiktaka Ghrita was helpful as Vyadhipratyanika (drug of choice in the Kshudrakushtha disease) & Rasayana Dravya (medicine which helps to rejuvenate tissues). In addition to this, it was helpful for Snehana of Skin to get rid of Rukshata (dryness) & Toda (pricking sensation). Ghrita Kalpana (formulation of ghee) was necessary for Agnideepan(8). (to normalize the digestive capacity).

Important part of *Chikitsa* was *Nidana Parivarjana*(9) (avoiding the causes of disease). Patient cooperated very well in this regard. Patient followed the directions & avoided *Adhyashana* (consuming the meal before digestion of earlier consumed meal).

Overall treatment resulted in improving the *Agni* (digestive capacity) of the patient which in turn caused the generation of *Prashasta Dhatu* and *Upadhatu* (purer forms of *Dhatu* and *Upadhatu*). *Pathya Sevana* helped avoid the *Dosha Utklesha* (provocation of *Dosha*). Consequently, it took away the *Dhatu Shaithilya*

(malfunctioning of *Dhatu*) and pacified the signs and symptoms of *Kshudra Kushtha*.

CONCLUSION

The signs and symptoms of three types of *Kshudra Kushtha* were observed in one patient in this case, which included *Eka Kushtha*, *Kitibha Kushtha*, & *Dadru Kushtha*.

The *Kshudra Kushtha* was successfully managed by Ayurveda treatment, without recurrence.

In this case *Hetuviparita Chikitsa* – (avoidance of causative factors) and *Pathya Ahara Vihara Palana (following the appropriate diet and activities)* proved to be having key role in the management of *Kshudra Kushtha*.

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REFERENCES

1. Acharya J T, editor. Charakasamhita. Reprint ed. Varanasi: Chaukhamba Surabharati Prakashan; 2016. Nidanasthana Chapter 5. Verse 6. Page No. 217.

2. Acharya JT, editor. Sushrutsamhita. Reprint ed. Varanasi, Chaukhamba Surabharati Prakashan; 2014.Chikitsasthana Chapter 9. Verse 4. Page No.442.

3. Kunte AM, editor. Ashtangahridaya. Reprint ed. Varanasi, Chaukhamba Surabharati Prakashan; 2018.Nidanasthana Chapter14. Verse 1-3. Page No.524.

4. Acharya J T, editor. Charakasamhita. Reprint ed. Varanasi, Chaukhamba Surabharati Prakashan; 2016. Chikitsasthana Chapter 7. Verse 21-23. Page No. 451.

5. Acharya J T, editor. Charakasamhita. Reprint ed. Varanasi, Chaukhamba Surabharati Prakashan; 2016. Vimanasthana Chapter 2. Verse 9. Page No. 238.

6. Acharya J T, editor. Charakasamhita. Reprint ed. Varanasi, Chaukhamba Surabharati Prakashan; 2016. Chikitsasthana Chapter 3. Verse 201. Page No. 417.

7. Acharya J T, editor. Charakasamhita. Reprint ed. Varanasi, Chaukhamba Surabharati Prakashan; 2016. Chikitsasthana Chapter 7. Verse 39. Page No. 452.

8. Acharya J T, editor. Charakasamhita. Reprint ed. Varanasi, Chaukhamba Surabharati Prakashan; 2016. Chikitsasthana Chapter 15. Verse 201. Page No. 524. 9. Acharya J T, editor. Charakasamhita. Reprint ed. Varanasi, Chaukhamba Surabharati Prakashan; 2016. Chikitsasthana Chapter 6. Verse 53. Page No. 449.

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