



Case Report

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EFFICIENT MANAGEMENT OF KITIBHA KUSHTA WITH VIRECHANA THERAPY: A CASE REPORT

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ABSTRACT

The term "Kushta" in Ayurveda encompasses a broad spectrum of dermatological ailments, referred to as "Twak Vikaras". The symptoms associated with Kitibha Kushta, including Shyavam, Kinakarasparsha, and Parusha, exhibit resemblance to those of psoriasis and impact various bodily constituents such as Tridosha, Rasa, Rakta, Mamsa, and Ambu. Notably, Twak Vikaras mainly manifest from Rakta Dusti, and for Raktaja Vikaras, Virechana is indicated as the Shodhana Karma. Case history: A 24-year-old female patient with no history of major health conditions developed reddish-brown, dry scaly skin lesions on her scalp that spread to other parts of her body. She experienced pain, discharge, severe itching, hair fall, premature greying of hair, reduced appetite, constipation, and disturbed sleep. These symptoms caused significant discomfort and affected her personal, social, and educational life. This case was treated with classical Virechana and Shamana Aushadhis. Result: Following the administered therapies, the patient has experienced satisfactory improvements. The lesions have completely resolved, with residual skin discoloration. This substantiates the notion that a combined approach involving Shodhana and Shamana Aushadhi leads to enhanced outcomes. Conclusion: This case report highlights the potential effectiveness of Ayurvedic treatment in managing psoriasis. Currently, modern medical science employs treatments such as Psoralen and Ultraviolet therapy (PUVA) and steroid therapy, which can lead to serious side effects like liver and renal failure. However, these treatments also have a high recurrence rate. This underscores the importance of exploring alternative treatment approaches for this chronic condition.

Keywords: kitibha kushta, shodana, virechana, shamana

INTRODUCTION

Skin is an important sensory organ that communicates with the external world. It is one of the five Gyanendriyas responsible for Sparsha Gyana, or the sense of touch. Kitibha Kushta is a dermatological condition that falls under the category of "Kushta" in Ayurveda¹. This term encompasses a range of dermatological ailments referred to as "Twak Vikaras." The symptoms associated with Kitibha Kushta bear resemblance to those of psoriasis and impact various bodily constituents such as Tridosha, Rasa, Rakta, Mamsa, and Ambu. Manifesting from Rakta Dusti, It is characterized by following symptoms such as Shyava Varna (discolouration), Kina Khara Sparsha (rough in touch), Parushatva (hard), Ruksha Pidaka (dry vesicle) with Kandu (itching) and other associated complaints². The condition can significantly impact the patient's quality of life. The samprapti of kushta begins with the multitude of interactions of tridosa with twak, rakta, mamsa and lasika³ and gradually may afflict other dhatus, depending upon the strength of samprapti ghataka.

Kushta is classified as a Mahagada due to its challenging diagnostic nature, severe symptoms, and aggressive progression⁴. Additionally, Kushta Roga is regarded as a disease resulting from sinful activities and a hereditary disorder. According to Sushruta Acharya, if an individual experienced Kushta in a past life, they are likely to develop it again in their present life, known as Poorva Janmakrata vyadhi⁵. Kushta is also considered a communicable or infectious disease and is categorized as one of the ailments

associated with blood impurity. The term Kushta translates to "Kushnati sarvam vapuhu iti Kushta" - It refers to a condition that causes the body to look disfigured, disgraceful, or ugly, or one that damages the skin.⁶ Kushta is a disease characterized by skin discoloration and putrefaction changes (Kushnati) that occur over an extended period of time.⁷ Kushta has been categorized into 7 Maha kushta and 11 Kshudra kushta based on the Amshamsavikalpa of dosha-dushya.⁸

Psoriasis is a chronic autoimmune condition characterized by the rapid build-up of skin cells, resulting in scaling on the skin's surface.⁹ this condition affects approximately 2-3% of the world's population. While the severity of psoriasis varies from mild to severe, it often has a significant impact on the quality of life for those affected. Long-term use of psoriasis medications, such as corticosteroids and systemic treatments, may lead to potential side effects including skin thinning, increased risk of infections, and liver or kidney problems. Individuals with psoriasis need to work closely with their healthcare providers to manage the condition effectively while minimizing the potential risks associated with long-term medication use.

According to Acharya Charaka, As a Samanya Chikitsa, disease with Bahudoshavastha necessarily needs to be treated with Shodhana line of management for elimination of aggravated Doshas.¹⁰ As the multiple lesions were found in all over the body, Virechana was chosen as a line of treatment for Shodhana for this patient.

PATIENT INFORMATION

A 24-year-old female patient presented at the outpatient department of Roga Nidana at Sri Jayachamarajendra Institute of Indian medicine Bengaluru, Karnataka, India, with the following complaints:

Chief Complaints: Reddish black, dry scaly skin lesion on scalp, abdomen, elbows, thighs, shin, behind ears with itching since 8 years aggravated since last 6 months.

Associated Complaints: Premature greying of hair, hair fall, reduced appetite, hard stools, Disturbed sleep since 10 months.

History of Present Illness: A 24-year-old female patient, with no history of hypertension, diabetes, thyroid dysfunction, or any other pathological conditions, was asymptomatic 8 years ago. However, she began developing reddish-brown, dry scaly skin lesions on her scalp, which gradually spread to her forehead, behind her ears, limbs, abdomen, and navel over the next year. She experienced pain, powdery discharge, and severe itching at the site of lesions that worsened at night. The condition was also associated with hair fall, premature greying of hair, and reduced appetite, difficulty passing hard stools, and disturbed sleep. These symptoms caused her significant discomfort, and stress in personal and social relationships, and affected her educational performance. Despite seeking allopathic treatment from a local physician, she found no relief. Due to the worsening symptoms, the patient sought care at the outpatient department of Roga Nidana, at Sri Jayachamarajendra Institute of Indian Medicine Bengaluru, and was advised by the physician to be admitted for better management.

Past History: No history of DM/HTN/other systemic disorders. Similar complaints from 8 years.

Family History: Father has had similar complaints for 3 years.

Clinical Findings

Table 1: Personal History

Ahara (Food)	Mixed (non-veg 3-4 times per week)
Nidra (sleep)	Disturbed due to itching
Vrutti (Occupation)	Student
Bala (Strength)	Madhyama
Agni (Digestion strength)	Agnimandhya
Vyasana (habits)	Intake of tea 3-4 times/day, aerated drinks frequently
Manasika (Psychological)	Chinta , Bhaya

General Examination

- Built – moderately nourished
- Pallor – absent
- Icterus –absent
- Clubbing – absent
- Cyanosis - absent
- Lymphadenopathy- absent
- Gait – unable to perform

Vital Data

- Pulse: 78 bpm
- BP: 130/90 mmHg
- Respiratory Rate: 14cpm
- Temperature: Afebrile

Ashta Sthana Pareeksha

- Nadi (Pulse): Vata-Pitta
- Mala (Stool): hard stools, once/day
- Mutra (Micturation): 4-5 times /day
- Jivha (Tongue): lipta
- Shabda (Voice and speech): Prakruta
- Sparsha (Touch, skin, tactile sense): Anushna sheeta
- Drik (Eyes and vision): Prakruta
- Akriti (Body Build): Madhyama

Table 2: Dasha Vidha Pariksha

Prakriti	Sharirika : Vata Kapha Manasika : Rajasika
Vikruti	Dosha : Vata Kaphaja Dushya: Rasa, Rakta, Manasa, Lasika
Sara	Madhyama
Samhanana	Madhyama
Satmya	Madhyama
Pramana	Madhyama
Satva	Madhyama
Ahara Shakti	Abhyavarana Shakti - Avara, Jarana Shakti - Avara
Vyayama Shakti	Madhyama
Vaya	Yavanna

Systemic Examination

- CNS: Conscious, well oriented
- CVS: S1, S2 heard
- R.S: Normal vesicular breathing sounds heard
- PA: soft, no tenderness and Organomegaly observed

Skin Examination

Table 3: Morphology

Site	Scalp, Abdomen, Behind ears, Thighs, navel, Shin
Size	Lesions which are 2-5cm in diameter(variable)
Shape	Circumscribed and some are irregular
Colour	Reddish black lesion
Border Changes	Not raised.
Texture	Rough
Spatial Interrelationship	Confluent in nature.
Moisture	Dryness present
Temperature	Afebrile
Turgor	Normal

Distribution

- Asymmetrical, centripetal plaque lesions
- Both flexor and extensor parts are involved
- Both exposed and unexposed areas under sun are involved
- Genital area not involved

Table 4: Configuration of Skin Lesion

Primary Lesion	Papules
Secondary Lesion	Scales (Whitish)

Table 5: Nail Examination

Colour	Pinkish
Shape	Normal oval shape
Pitting of nail plate	Absent
Oil drop sign	Absent
Onycholysis	Absent
Nail plate crumbling	Absent
Koilonychia	Absent

Table 6: Special Signs

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

Ethical Consideration: The case study was conducted as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

Informed Consent: Informed consent was obtained from the patient.

Nidana Panchaka

Table 7: Nidana

Aharaja	Viharaja	Manasika
Katu rasa ahara (Spicy food), ruksha (dry), ushna (Very hot), tikshna (Sharp) ahara – fried bhajji, gobi etc Mamsa ahara sevana (chicken, fish) 3-4 times per week Every day evening intake of bakery foods and chaats Tea 3-4 times a day Aerated drinks consumed frequently Masha - idli or dosa 3-4 times/week Sheeta jala (Coldwater) sevana immediately after coming home from the outside sun.	Sheeta vayu (Cold wind) exposure everyday morning when going to classes Ratrijagarana (Night wakefulness) Diwaswapna day Sleep)	Chinta (Worry) Bhaya (Fear) Shoka (Grief)

Purva Roopa

- Small papules over the scalp with itching, and watery discharge
- Parushya – rough skin surface
- Vaivarnya - discolouration
- Kandu – itching

Rupa

- Shyava Varna - reddish black lesions on the scalp that later spread
- Ruksha twacha - dry scaly skin lesion
- Kandu – itching that aggravates at night, followed by scaling the affecting surface with a white powdery discharge.

Samprapti

The consumption of Nidana causes an imbalance in the Doshas, especially Vata and Kapha. This leads to the impairment of the rasa, Rakta, Mamsa Dhatus, and Lasika, which then affects the external pathways (Bahyamarga) and results in skin symptoms such as the formation of Mandala, itching (Bahu Kandu), a bluish coloration (Shyava Varna), a rough surface (Kharasparsha), and hardness (Parushya).

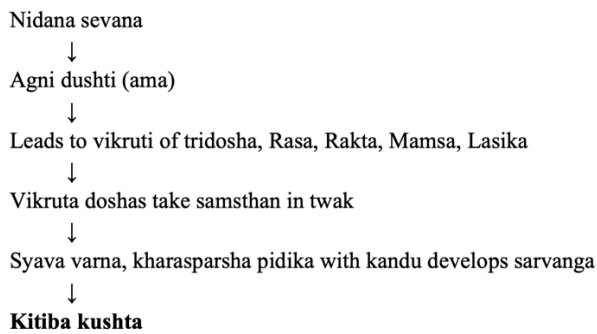


Figure 1: Samprapti of Kitibha kushta

Table 8: Samprapti Ghataka

Dosha	Vata Kapha pradhana tridoshaja
Dushya	Rasa, Rakta, Mamsa, Lasika
Agni	Jataragni
Ama	Jataragnijanya ama
Srotas	Rasavaha, Raktavaha
Sroto dusti	Sanga
Udbhava stana	Amaashaya
Sanchara stana	Sarvasharira
Vyakta stana	Twak
Adhistana	Twak
Rogamarga	Bahya
Roga swabhava	Chirakari
Sadya asadyata	krichrasadya

Anupashaya: Itching increases at night and in sheeta rutu

Diagnostic finding: ESR - 45mm/hr

Vyavachedaka nidana

- Eka kushta
- Charmakhya
- Kitibha Kushta

Vyadhi vinischaya: Kitiba Kushta

Chikitsa siddanta: Shodhana – Virechana, followed by Shamana Chikitsa.

Chikitsa sutra: Kushta Chikitsa

Treatment Protocol

A. Nidana parivarjana

Aharaja – Mamsa ahara, ushna, tikshna, vidagda ahara, curd, pickle, milk, banana
Viharaja – Diva swapna, excess mobile use, ratri jagarana, sheeta vayu exposure
Manasika – Chinta, bhaya

B. Shodhana and shamana

Table 9: Details of drugs administered for Virechana

Protocol	Medicine	Duration
Deepana & Pachana	a. Chitrakadivati (500mg-0-500mg) before food b. Trikatu churna + madhu (3g-3g-3g) middle of the meal	3 days
Snehapana	Panchatikta gugglu Ghrita (30ml to 150ml)	5 days
Sarvanga Abhyanga & swedana	Marichadi taila	3 days
Virechana	Nimbamruthadi Eranda Taila (80ml) Triphala Kashaya (100ml)	1 day
Samsarjana Krama	a. Peya (liquid gruel) b. Vilepi (gruel) c. Yusha (green gram soup) Odana (rice)	7 days
Shamanaoushadhis	a. Arogyavardhini vati 2 BD with warm water b. Panchatiktaghritaguggulu 2 BD with milk on an empty stomach and for external application c. Gandhakarasyana 2 BD warm water d. Khadirarishta 3tsp with water water e. Haridra khanda 2tsp BD with milk	15 days

Assessment criteria

According to Ayurveda

Table 10: Assessment Score Chart

Score	0	1	2	3
Shyava	Normal skin ton	Mild brownish discolouration	Moderate discolouration	Severe black discolouration
Kinakara Sparsha	Normal skin texture	Mild rough lesions on touch	Moderate rough lesions on touch	Severe rough lesions on touch with scaling
Parushatwa	Normal skin	Mild hardness of lesions	Moderate hardness of lesions	Severe hardness of scaling
Kandu	No itching	Mild/ tolerable itching	Moderate generalised itching	Very severe itching causing disturbance to sleep

OBSERVATION AND RESULT

Table 11: According To Ayurveda

Lakshana	Before Treatment	After Treatment	After Shamana Aushadi
Shyava	3	2	1
Kinakara Sparsha	3	1	0
Parushatwa	3	2	0
Kandu	3	0	0

PASI Score

Psoriasis area and severity index (PASI).

Table 12: Before Treatment

Lesion	Head(H)	Trunk(T)	Upper limb(UL)	Lower limb (LL)
Erythema (E)	1	1	1	1
Thickness (Induration) (I)	3	4	4	4
Scaling (S)	4	4	4	4
SUM: E+I+S	8	9	9	9
Percentage of affected area	3 (30-50%)	2 (10-30%)	1(<10%)	3 (30-50%)
Area score	0.1	0.3	0.2	0.4
Subtotal: sum × area score	0.1×8=0.8	0.3×9=2.7	0.2×9=1.8	0.4×9=3.6
Body area: subtotal × amount indicated	0.8×3=2.4	2.7×2=5.4	1.8×1=1.8	3.6×3=9.8
Totals	2.4	5.4	1.8	9.8

PASI Score: H+T+UL+LL= 2.4+5.4+1.8+9.8= 19.4

Table 13: After Treatment

Lesion	Head(H)	Trunk(T)	Upper limb(UL)	Lower limb (LL)
Erythema (E)	0	0	0	0
Thickness(induration) (I)	0	0	0	0
Scaling (S)	0	0	0	0
SUM: E+I+S	0	0	0	0
Percentage of affected area	3 (30-50%)	2 (10-30%)	1(<10%)	3 (30-50%)
Area score	0.1	0.3	0.2	0.4
Subtotal: sum × area score	0	0	0	0
Body area: subtotal × amount indicated	0	0	0	0

PASI Score: H+T+UL+LL= 0+0+0+0= 0

ESR

- Before treatment: 45mm/hr
- After treatment: 30mm/hr



Figure 2: Before Treatment, Discolouration and scaling with itching



Figure 3: Before Treatment, Discolouration and scaling with itching



Figure 4: After Treatment, Discolouration and scaling reduced



Figure 4: After Treatment, Discolouration and scaling reduced

DISCUSSION

In this case report the patient had begun developing reddish-brown, dry scaly skin lesions on her scalp, which gradually spread to her whole body. She felt pain, had powdery discharge, severe itching that got worse at night, hair fall, premature greying of hair, loss of appetite, difficulty passing hard stools, and disturbed sleep. These symptoms caused her a lot of discomfort and affected her performance. The patient’s Agni was in Avara avastha and had an irregular diet pattern, excessive tikshna, ushna, katu rasa and madhura rasa pradhana ahara, frequent consumption of tea, bakery foods, chaats and excessive intake of non-vegetarian food resulted into Kitiba kushta (Psoriasis). After a thorough assessment and diagnosis, the individual received effective care following traditional Ayurvedic practices, including Shodhana (detoxification) and Shamana chikitsa (palliative treatment). Acharya Charaka provided specific treatment guidelines for Kushta. The methods for Shodhana and Shamana chikitsa are detailed in the Samhitas for handling Kushta.¹¹

The key components of Ayurvedic management are eliminating the cause of the disease (nidana parivarjana) and balancing Agni. So, Deepana Pachana serves as the initial step in the Shodhana Chikitsa process. For that chitrakadi vati and trikatu churna with madu was used, it was given for 3 days. sarvanga abhyanga with marichadi taila followed by bhaspa sweda for 3 days and Virechana was carried out after that and samsarjana karma was advised later for 7 days.

Deepana – Pachana: When there is Niramavastha, the medicine will work in the body like nectar. Therefore, it is necessary to achieve this state before giving Virechana drugs for the best results. Deepana and Pachana drugs help reach this state. Administering medicine in an Ama state is like extracting juice from an ama phala (unripe fruit).¹² In Purvakarma, Deepana and Pachana were administered using Chitrakadi Vati and trikatu churna mixed with honey. These preparations help to enhance Agni Vardhaka, not only at the level of jataragni but also at the level of Dhatvagni and the digestion of toxins (Aama Paachana).

Snehapana With Panchatikta Guggulu Ghrita: The main components consist of Tikta Rasa, Ruksha, and Laghu Guna. These components primarily target Kleda, Meda, Lasika, Rakta, Pitta, and Kapha, assisting in restoring balance to any imbalanced Dosha and Dhatu. This formulation helps relieve symptoms like Rukshata and Daha and features various beneficial properties, including Deepana, Pachana, Strotoshodhak, Raktashodhak, Raktaprasadak, Kushtaghna, Kandughna, and Varnya. The Ghrita has a lipophilic effect that facilitates the delivery of drugs to specific organs, enabling them to penetrate at the cellular level and access the mitochondria and nuclear membrane. Furthermore, it helps preserve the skin's normal texture.¹³

Sarvanga Abhyanga with Marichyadi taila Followed By Bhaspa Sweda: Marichyadi taila is utilized for Abhyanga or Bahyasnehana (external oil application). The components in Marichyaditaila possess properties such as Katu, Tikta, Kashaya Rasa, and Ushna Virya, which assist in balancing Kapha and Vata Dosha. Its Snigdha Guna (oiliness) helps alleviate issues related to dryness, roughness, and hardness. Furthermore, it boasts attributes like Raktashodhana (blood detoxification), Kushtaghna (effective against skin disorders), and Kandughna (relief from itching).

The oil has the characteristic of Sukshmagamitva, which means it aids in the absorption of medications into fine channels within the body. The Kashaya Rasa of these ingredients also contributes to

reducing excess moisture (Kleda). Additionally, Marichyadi Taila is known for its antiseptic, antifungal, anti-inflammatory, and anti-immunomodulatory effects. As a result, it is effective in relieving the symptoms associated with Kitibha Kushta (a specific skin condition) and bhaspa sweda brings the doshas from shaka to koshta.

Virechana: Virechana is a therapeutic procedure aimed at eliminating doshas through the lower gastrointestinal tract, specifically the rectum. This treatment primarily focuses on expelling Pitta dosha. Following Virechana therapy, individuals often experience enhanced circulation, improved clarity of the senses, a sense of lightness in the body, increased energy levels, better digestion and metabolism, relief from various ailments, and efficient waste elimination.¹⁴

Most instances of Kushta are categorized as Raktapradoshaja vyadhis, where Pitta is recognized as the waste product of Rakta (blood). There is a significant connection between Rakta and Pitta. When excess Pitta is removed from the body, it assists in purifying Rakta and can effectively treat Raktapradoshaja disorders, including Kushta. Virechana karma specifically targets the seven dhatus (Rasa, Rakta, Lasika, Udaka, Kapha, Pitta, and others) as well as Vata, both of which play crucial roles in the onset of skin conditions. The Charaka Samhita states, "Virechanam cha agrey" when addressing the treatment of Kushta, emphasizing that Virechana is the best cleansing therapy to prevent the reappearance of Kushta.¹⁵

The medicine used for Virechana is Nimbamruta Eranda Taila since Sneha virechana is Mrudu in nature and acts as Pitta Shamaka and Vatanulomaka. The administration of Anupana Triphala Kashaya serves to enhance the efficacy of the medication as Virechanopaga.

Shamana Aushadhi: Arogyavardhini vati: has Katuki (*Picrorhiza kurroa*) as its main ingredient which helps to remove excess vitiated Pitta present.¹⁶

Panchatikta guggulu ghrita: used as Shamana Sneha given internally to reduce the dryness, cracks, itching etc., specially indicated in the condition of Kandu, kushta etc. It has Shothahara (anti-inflammatory) property which helps provide relief from itching and irritation and its Pittahara and snigdha properties help to control the dryness present in kushta.

Haridra khand: has Haridra (*Curcuma longa*) as the primary component of its ingredients which helps in relieving kandu.¹⁷

Gandhaka rasayana: It is prepared out of Shuddha gandhaka (Sulphur) along with other tikta dravyas. It is considered Pushtim drudhadehavahnim, kandu cha kushtam jayetprayogaha, vanhikara, kesha krushna kara.¹⁸

Khadirarishta: has khadira (*Acacia catechu*) as its primary ingredient and is mainly indicated in kushta rogas.¹⁹

CONCLUSION

This case study provides documented evidence of successful management of Kitibhakushta, also known as psoriasis, through Shodhana and Shamana chikitsa treatment methods. Patient was given deepana pachana dravyas for three days followed by snehapana for 5 days and abhayanga and bhaspa sweda for next 3 days. Then virechana was carried out with nimbamruta eranda taila with triphala kashaya as anupana. There was significant improvement in lakshanas of Shyava, Kinakara Sparsha, Parushatwa, Kandu from virechana and shamana aushadi as

described in table 11 and changes in PASI score seen in table 12 and 13. It can be concluded that the classical treatment of kushta as mentioned in samhitas has provided very positive results here. According to Acharya Sushruta, repeated Shodhana is recommended to completely cure the disease. The patient is advised to undergo the same treatment after a gap of 6 months to prevent recurrence as this condition is primarily associated with a sedentary lifestyle, inadequate physical exertion, substandard hygiene, psychological stress, and inappropriate dietary patterns.

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