

## CASE STUDY

# A Case Study Using *Chirabilva* as a Single Drug Remedy to Manage *Kitibha Kushta*

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### ABSTRACT

**Introduction:** *Kitibha* is a skin disease, explained in *Ayurveda* under the broad term *kushta*. It is characterized by *shyava*, *kinakharasparsha*, *parusha*, and *khandu*. It can be correlated with psoriasis based on clinical features. Psoriasis is a proliferative autoimmune skin disease. About 2-3% of the population have psoriasis according to the World Psoriasis Day Consortium.

**Materials and Methods:** *Chirabilva Kashaya* internally and *Chirabilva Taila* externally were advised for the patient diagnosed as *Kitibha Kushta* for 30 days and assessment done before treatment, after treatment, and after follow-up.

**Discussion:** The drug *Chirabilva* having the *Kustahara*, *Lekhaniya*, *Bhedaniya*, and *Krimihara* properties was selected for the treatment of *Kitibha Kushta* and it was administered both internally and externally in *kashaya* and *taila* form, respectively, to study the effectiveness of single drug in *Kitibha Kushta* of recent origin.

**Conclusion:** *Chirabilva* as a single drug when given internally and externally relieved the symptoms, so in acute cases even without panchakarma single drug can be effective in managing the disease.

## 1. INTRODUCTION

*Ayurveda* explained all the skin diseases under the name *Kushta*. *Twak Vikaras* most commonly arises due to *Mithyahara*, *Vihara*, and due to not following the *dinacharya* and *ritucharya* which vitiate *Tridosha* leading to the vitiation of *Rasa*, *Rakta*, *Mamsa*, and *Lasika*.<sup>[1]</sup> *Kitibha Kushta* is caused by the vitiation of *Vata* and *Kapha Dosha* resulting in *Shyava*, *Kina Khara Sparsha*, *Parusha*.<sup>[2]</sup> The main line of treatment of *Kushta* is repeated *Shodhana* in *bahudoshavastha*, and *Shamanoushadhi* in *alpa doshavastha*.<sup>[3]</sup>

In modern science, psoriasis is considered a genetic, immunological, and systemic disorder characterized by itching, scaling, and erythema. The reported prevalence of psoriasis in countries ranges between 0.09% and 11.4%, making psoriasis a serious global problem.<sup>[4,5]</sup> Even though the modern way of treatment has many steroids, topical creams, and ointment, the recurrence of psoriasis is common and also

has considerable side effects when used for a longer period.<sup>[6]</sup> Hence, there is a need for an hour to search effective, adequate, and safe remedy from *Ayurveda* to cure the disease from its root.

## 2. CASE PRESENTATION

### 2.1. Presenting Complaints

A male patient aged 42 years, a field worker by occupation came to our outpatient department of government *Ayurveda* Medical College and Hospital, Bangalore, with complaints of itchy, scaly, erythematous lesions over B/L palm in the past 8 months, associated with a little burning sensation on and off. Symptoms aggravate on exposure to cold things. The patient consulted many physicians but only got temporary relief. Hence, for these complaints, patient approached our hospital for further management.

### 2.2. History

Medical – known case of diabetes mellitus, Hypertension, Asthma  
Surgical – None.

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### 2.3. Past Family History

No family history of psoriasis.

### 2.4. Personal History

Personal History is mentioned in Table 1 below.

### 2.5. Ashtasthana Pariksha

Ashtasthana Pariksha is mentioned in Table 2 below.

### 2.6. Dashavidha Pariksha

Dashavidha Pariksha is mentioned in Table 3 below.

### 2.7. General Examination

General Examination is mentioned in Table 4 below.

### 2.8. Systemic Examination

Systemic Examination is mentioned in Table 5 below.

### 2.9. Integumentary System

#### 2.9.1. Inspection

It is mentioned in Table 6 below.

#### 2.9.2. Palpation

it is mentioned in Table 7 below.

### 2.10. Clinical Sign

Clinical Sign are mentioned in Table 8 below.

### 2.11. Laboratory Investigation

Laboratory Investigation are given in details in Table 9 below.

### 2.12. Nidana Panchaka

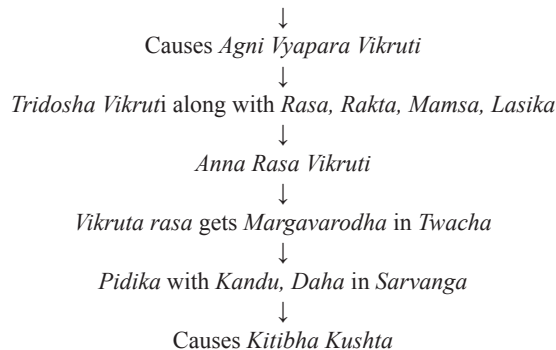
- *Nidana: Ahara-Katu, amla, lavana, Matsya, Mansatisevana*
  - *Vihara-Shitoshnavyastyasa*
  - *Manasika-Chinta*
- *Poorvarupa: Khandu, Nistoda, Atisweda, Vaivarnya*
- *Roopa: Kinakharasparsha, Parusha, Vrutta*

### 2.13. Samprapti Ghataka

Samprapti Ghataka are mentioned in Table 10 below.

### 2.14. Samprapti<sup>71</sup>

*Nidana Sevana (Aharaja, Viharaja, Manasika) (Katu, amla, lavana, Mastya, Mansatisevana, Shitoshnavyastyasa, Chinta)*



### 2.15. Diagnosis

*Kitibha kushta*/palmar psoriasis.

### 2.16. Treatment Given

Treatment given is mentioned in Table 11 below.

#### 2.16.1. Pathya<sup>81</sup>

*Laghu, Tiktarasa Pradhana ahara, Mudga, Patola, abhyanga.*

#### 2.16.2. Apathya<sup>81</sup>

*Vega dharana, Madya Mansa sevana, ratrijagarana, divaswapna.*

#### 2.16.3. Follow-up

Every 15 days once.

## 3. OBSERVATION AND RESULTS

The severity of signs and symptoms was assessed using the Psoriasis area and severity index (PASI) scale.<sup>91</sup> Assessment was done before, during the 15<sup>th</sup> day, after the treatment, and after the follow-up (45<sup>th</sup> Day). Before the treatment, the itching, erythema, scaling, and thickness were mild. After the treatment, the symptoms reduced. Candle grease and Auspitz sign were positive before treatment and became negative after the treatment.

The changes are presented in tabulation, as shown below.

### 3.1. PASI Scale

PASI Scale are mentioned in Table 12 below.

### 3.2. Subjective Parameters

Subjective Parameters observations are mentioned in Table 13.

*Shyava, Kinakharasparsha, Parusha.*

### 3.3. Objective Parameters

Objective parameters observations are mentioned in Table 14 below.

## 4. DISCUSSION

*Kushta* includes all kinds of skin diseases, in which *Kitibha* is one among the *Kshudra kushta*. Analyzing both modern and *Ayurvedic* views, *kitibha kushta* can be compared with psoriasis.

In *Ayurvedic* classics, *Shodhana, Shamana, and Pathyapathya Palana* are the major treatment principles to treat the *Kushta*. Repeated *Shodhana* as per the *Dosha Pradhanyata (Pitta - Virechana, Kapha -Vamana, Vata -Basti)* plays an important role in treating the *Kushta*. As *Kitibha Kushta* involves *Vatakapha dosha, Twak, rakta, mamsa vitiation, Ama, and Kleda* so, *Samprapti Vighatana* treatment should be followed, that is, *Amapachana, Vatakapha shamana, rasa rakta shodhana, and Kleda Shoshana*. Although *Shodhana* is the main treatment, *Shamana Chikista* is also very important if the patient is not fit for *Shodhana* and if there is a *Sthanika Kushta lakshana*. Hence, in this study, *Chirabilva* as a single drug remedy for *Kitibha kushta* has been taken.

### 4.1. Probable Mode of Action of *Chirabilva Kashaya*

In *Samhita*, *Chirabilva* is mentioned as *kushta hara, Lekhaniya, Bhedaniya*,<sup>[10]</sup> and *Krimihara*. It has *Tikta kashaya rasa, Katu Vipaka, Ushna Virya, and Kaphapittahara* action.<sup>[11]</sup> Hence, *Tikta rasa* does *Amapachana, raktashodhana, Kushtaharam, and Lekhana* action. *Kashaya rasa* does *Kaphahara, Twak Prasadana, shodhana*

action. *Ushna Virya* does *Vatashamaka* and reduces *parushata*, *kinakharasparsha lakshana* of *Kitibha kushta*. *Chirabilva* stem bark contains secondary metabolites such as triterpenoid fatty acid esters holoptelin-A and B, 2-Aminonaphthaquinone, friedelin, beta-sitosterol, stigmaterol, tannins, saponins, and alkaloids.<sup>[12]</sup> Some specific actions such as alkaloids have antibacterial, antifungal, and anti-psoriatic action. Triterpenoids show anti-inflammatory, antimicrobial, anti-protozoal action. Tannins are antimicrobial. Because of these pharmacological actions, secondary metabolites play an important role in reducing the symptoms of *Kitibha kushta*.

#### 4.2. Probable Mode of Action of *Chirabilva Taila*

*Chirabilva Taila* advised for application. *Taila* due to its *Snigdha guna* helps in reducing *Rukshata*, *Parushata* and also burning sensation, due to its *Sukshma guna* it penetrates deep and helps in reducing symptoms like *Khandu* as well. Drugs given in *Taila* form for application will bring *Snigdhatata* to the applied area and due to the *Kushthaghna*, *Krimighna*, and *Lekhana* properties of the drug *Chirabilva* helps in reducing symptoms of *Kitibha* such as *Rukshata*, *Parushata*, *Kinakharasparsha*, and *Daha*.

#### 5. CONCLUSION

*Kitibha* is one among the *kshudra kushta* with *Vatakapha Pradhana dosha*. Although multiple medications and treatment regimens are followed in the management of *Kitibha kushta*, in acute conditions, single-drug therapy appears to be effective even without *panchakarma* intervention. *Chirabilva* is an easily available and cost-effective drug, which can be used in the management of *Kitibha kushta* of recent origin.

#### 6. ACKNOWLEDGMENTS

None.

#### 7. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in design and execution of the article

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#### 9. ETHICAL APPROVALS

This study is not required ethical clearance as it is a case study.

#### 10. CONFLICTS OF INTEREST

Nil.

#### 11. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

#### 12. PUBLISHERS NOTE

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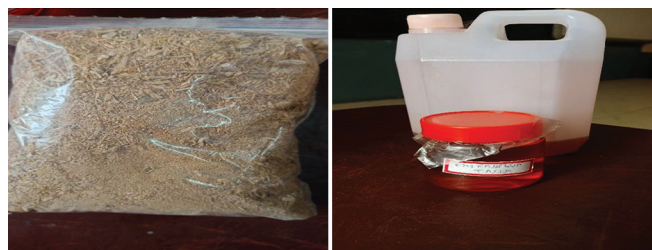
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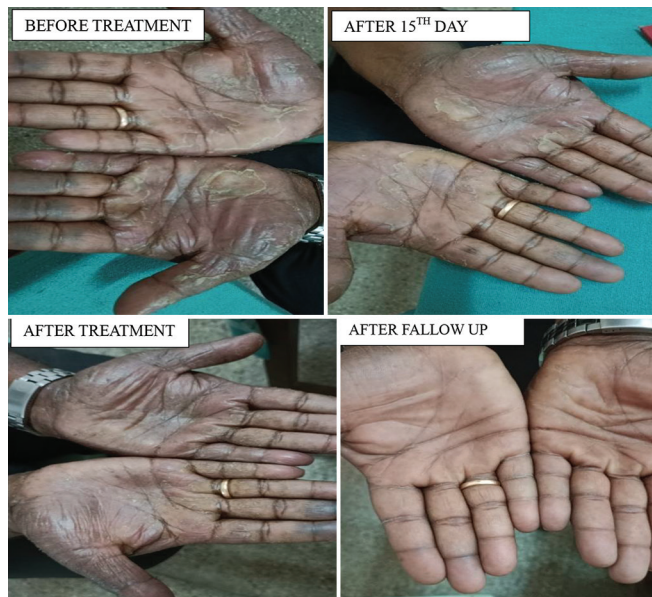
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## Photographs of Medicine used



Chirabilva Twak Churna

Chirabilva Twak Taila

Photographs Showing the Effect of Intervention in *Kitibha Kushta***Table 1:** Personal history of the patient

Appetite – Decreased	Diet: Mixed
Bowel – Once a day, soft in consistency	Habits: Coffee, tea 3–4 times/day. Alcohol – once a week
Micturition: Clear, 5–6 times/day	Emotional status: Tensed
Sleep: Night – Disturbed, 6 h. Day-2 h, good sleep	Type of <i>Koshta</i> : <i>Madhyama</i>

**Table 2:** *Ashtasthana Pariksha*

<i>Nadi-Kaphavata</i>	<i>Shabda-Prakruta</i>
<i>Mala-Abaddha</i>	<i>Sparsha-Kharasparsha</i>
<i>Mutra-Prakruta</i>	<i>Drik-Prakruta</i>
<i>Jihwa-Lipta</i>	<i>Akriti-Madhyama</i>

**Table 3:** Dashavidha pariksha

Prakritataha-Kapha-pittaja	Pramanataha-Sama
Vikrititaha-Vata-kapha	Satmyataha-Vyamishra
Sarataha-Madhyama	Aharashakti-Jarana shakti, Abhyavarana shakti: Madhyama
Samhananataha-Madhyama	Vyayamashakti-Madhyama
Satvataha-Madhyama	Vayataha-Madhyama

**Table 4:** General examination of the patient

Built: Moderate	Blood pressure: 110/70 mmHg
Nourishment: Good	Weight: 70Kg
Pulse rate: 76 bpm	Height: 5.4ft
Respiratory rate: 18 CPM	Nails: No any deformity

**Table 5:** Systemic examination of the patient

System	Observations
Respiratory system	Air entry bilaterally equal, no added sound
Cardiovascular system	S1, S2 Heard
Gastrointestinal system	Normal peristaltic movement, no palpable mass
Central nervous system	Conscious, oriented to time, place, person

**Table 6:** Observation of inspection of the lesion

Type of lesion-Patch, plaque	Shape-Oval
Distribution-Symmetrical	Color-Erythematous
Site of distribution-B/L Palm	Edge-Irregular
Morphology-Monomorphic	
Size-2–3 cm	

**Table 7:** Observation of palpation

Temperature-little raised	Tenderness-present
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**Table 8:** Clinical sign

Auspitz sign-positive	Candle grease sign positive
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**Table 9:** Laboratory investigation

Before treatment	After treatment
Hb g%-14.5 g%	Hb g%-14.7 g%
RBC-4.8×10 <sup>6</sup> /UI	RBC-4.8×10 <sup>6</sup> /UI
WBC-6×10 <sup>3</sup> /UI	WBC-6×10 <sup>3</sup> /UI
ESR-25 mm/h	ESR-20 mm/h
RBS-90 mg/dL	RBS-88 mg/dL

**Table 10:** Samprapti Ghataka

<i>Dosha-Vata, Kapha</i>	<i>Udbhava sthana-Amapakwashaya</i>
<i>Dhatu-Rasa, Rakta</i>	<i>Sanchara sthana-Sarvasharira</i>
<i>Upadhatu-Twak</i>	<i>Adhistana-Twak, Rakta</i>
<i>Agni-Jatharagni, Dhatvagni</i>	<i>Yakta sthana-Twak</i>
<i>Ama-Jataragni and Dhatvagni mandya janya</i>	<i>Roga marga-Bahya</i>
<i>Srotas-Rasa and Raktavaha</i>	<i>Sdhyasadyata-Krichrasadhyata</i>
<i>Srotodushti-Sanga</i>	

**Table 11:** Treatment protocol

Internal	External	Duration
<i>Chirabilva twak kashaya</i>	<i>Chirabilva twak</i>	30 Days
48 mL BD before food	<i>taila</i> twice a day	

**Table 12:** PASI Scale

Skin section	Itching	Erythema	Scaling	Thickness	Coverage area	% of BSA	Total PASI
Head 10%	-	-	-	-	-	-	-
Arm 20%							
B. T	3	2	2	2	2	0.2	3.6
After 15 <sup>th</sup> day	2	1	1	1	2	0.2	2
A. T	1	1	1	1	2	0.2	1.6
A. F	0	0	0	0	0	0	0
Body 30%	-	-	-	-	-	-	-
Legs 40%	-	-	-	-	-	-	-

PASI: Psoriasis area and severity index, B.T: Before food, A.T: After treatment, A.F: After follow-up, BSA: Body surface area

**Table 13:** Observation of subjective parameters

Observation	Mild	Moderate	Severe	Very severe
B. T	+	-	-	-
After 15 <sup>th</sup> day	+	-	-	-
A. T	+	-	-	-
A. F	-	-	-	-

**Table 14:** Observation of objective parameters

Observation	A. T	After 15 days	A. T	A. F
PASI scale	3.6%	2%	1.6%	0%
Candle grease sign	+	+		-
Auspitz sign	+	+		-