



### A case study of Ayurvedic management on *Kustha* (*Pittakaphaja Kustha*).

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#### **ABSTRACT:**

Skin being the largest organ of the body which is the reason behind the beauty and the causes for confidence. WHO has classified skin disease a psycho-cutaneous disease. This emphasizes on the relation between skin and psyche. Hence skin ailments are given high priority by any victim. All the skin diseases in Ayurveda have been discussed under the broad heading of *Kustha*. *Kustha* is said to be *Tridoshatamak*<sup>(1)</sup> and it have various variety found in day to day clinical practice so said to be treated according to dominance of *Doshas*. *Tridoshas* and various *Dushyas* are involved in *Kustha*. Here dominance of *pitta* and *Kapha* is seen so Diagnosed as “*Pittakaphaj Kustha*” and management was given accordingly.

**Keywords:** *Kustha*, *Pittakaphaj Kustha*, *Laghumanjisthadi*, *Kaishoor guggul*, *Gandhaka Rasayan*,

#### **INTRODUCTION:**

In *Ayurveda* all skin diseases are underline in the heading of *Kustha*. Skin is the largest organ of the body and Being outermost layer it is first line of defense and every element an external environment will come in contact with skin. Skin diseases are

commonly observed due to altered lifestyle, poor hygiene, stress and improper food habits etc. In *Ayurveda* skin is mentioned as a seat of function of tactile sense that is governed by *Vaat*. *Mithya aahar* and *Vihar* vitiate *Tridosha* which further lead to affliction and aggravation of *Rasa*, *Rakta*, *Mamsa* and *Lasika*. According to classics *Kustha* is *Tridoshatmak*, with involvement of *Dushyas* like (*Twak*, *Rasa*, *Rakta*, *Mansa* and *Lasika*)<sup>(2)</sup> and it should be treated according to dominant *Dosha*.

*Acharya Charak* have described three *Rogmargas*<sup>(3)</sup> of which *Kustha* is one of the *Bahya Rogmargas*. *Kustha* is a disease mainly affecting the beauty of the subject, thus its management plays an important role. Here efforts are made to gather the knowledge to study *kustha* and various points to be consider while treating it.

#### **Aims and Objectives:**

A case study of Ayurvedic management on *Kustha* (*Pittakaphaja Kustha*).

#### **Material and Methods :**

#### **• CASE REPORT:**

A 34 year old female, housewife by occupation, Hindu by religion, belongs to middle socioeconomic class came in the

Ayurvedic OPD with the following complaints.

**Chief-complaints:**

- Itching ( *Kandu+++*) over palm and phalanges
- Reddish Discolouration of skin over palm and Phalanges of right hand (*Twak Vaivarnya- Aarakta Varnata*)
- Roughness (*Khara Sparsha*)
- Burning sensation on and off(*Daha*)
- Watery Discharge on and off (*Strava*) Since 2 years
- **History of present illness:**

Patient was apparently healthy before 2 years, later she developed reddish scaly skin lesions over the palm and phalanges which were associated with severe itching, burning sensation, and discharge. Then she consulted a doctor and was treated symptomatically by allopathic medicine. She has undergone with several allopathic treatment (Tab Neotrexate 2.5mg 1 BD 2 days a week for 4 weeks, Cap Oximore 1tab OD, Clodid B cream for Local application etc. for 15 days.) She had symptomatic relief; but once she discontinued the medicine the lesions increased. After 2 months there was aggregation in symptoms so patient decided and started *Ayurvedic* medicines.

❖ **Nature of lesion during the course of disease manifestation :**

- Reddish coloured lesion with irregular margins
- Thickened, dry and scaly
- Discharge noted
- It increases on exposure to cold, intake of spicy and sour food

❖ **HISTORY OF PAST ILLNESS:**

- Irregular menses since 10 years

- Took hormonal pills
- No history of major illness

❖ **FAMILY HISTORY:**

No any major history related to skin disease.

❖ **ON EXAMINATION**

**1) ASTAVIDHA PARIKSHAN**

- *Nadi : Pitta pradhan vataj*
- *Mala: Samyak*
- *Mutra : Samyak*
- *Jivha: Sama*
- *Shabda: Spastha*
- *Sparsha: Anushna*
- *Druk: Anatura*
- *Aakruti: Madhyam*

**2) GENERAL EXAMINATION**

- Pulse: 78 / min
- B.P: 120/80 mm of Hg
- RR: 18/min
- Temp: 98.6 F
- Height: 164 Cm
- Weight: 65 Kg

**3) SYSTEMIC EXAMINATIONS:**

**1. Central Nervous System:**

Conscious, oriented to time/place/person, with preserved memory and higher mental function, no observed focal neurological deficit found.

**2. Respiratory System:** B/L normal vesicular breath sounds heard.

**3. Cardiovascular System:** S1&S2 NAD.

4. Per Abdomen: Soft

5. Skin examination:

➤ **Inspection-**

- **Nature-** Lesions seen over the right palm and right phalanges.
- **Colour-** Reddish
- **Temperature-** same as body temperature.
- **Surface-** Dry
- **Shape-** Irregular
- **Cutaneous Signs:**
  - **Auspitz sign** - Negative
  - **Oil drop sign** – Negative

- **Candle grease test** – Positive

❖ **INVESTIGATIONS:**

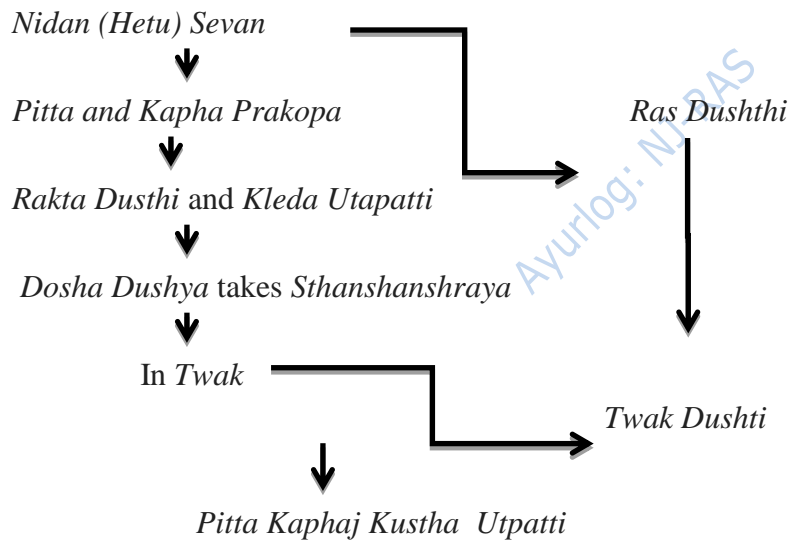
CBC – Within normal

Lipid profile- within normal limits

➤ **NIDAN : ( Probable mode of diagnosis of disease)**

- ❖ *Amla Sevan* (Tomato, Idli , Dosa 2-3/7 days)
- ❖ *Abhishyandi Aahar*( Dadhi, Lassi)
- ❖ *Katu Ras Sevan* ( Panipuri, Vadapav, pickle)
- ❖ *Aniyamit Raja Pravrutti*( Irregular menses)

❖ **SAMPRAPTI**



❖ **SAMPRAPTI GHATAKA**

- **Dosha:** Kapha Pitta Pradhan Tridosha
- **Dushya:** Rasa, Rakta, Mansa, Twak
- **Strotas:** Rasavaha, Raktavaha, Mamsavaha Strotas.
- **Udbhavasthana:** Amashaya

- **Vyaktasthana:** Twak
- **Adhistan:** Angustha and Hasta Tala
- **Rogamarga:** Bahya

❖ **Diagnosis (Nidan):** **PITTA KAPHAJ KUSTHA**

❖ **TREATMENT (CHIKITSA)**  
**Probable mode of action of drugs:**

Following treatment given for 1 month.

1. **Laghumanjisthadi kwath<sup>(4)</sup>** in **Choorna** form  
(*Manjistha, Triphala, Kutki, Vacha, Darvi, Guduchi, Nimba*) + *Raspachak* + *Rakrapachak* + *Amalaki* mixed together and 2 gm powder was given BD with luke warm water.
2. **Kaishor Guggul<sup>(5)</sup>** 2 BD after food with luke warm water
3. **Gandhak Rasayan<sup>(6)</sup>** 2 tab BD after food with luke warm water
4. **Gandharva Haritaki** + **Avipattikar churna** before both the meals.
5. **Mahatiktak Ghruta** for local application after 15 days.
6. Advise **Jalaaukavacharan**.

Patient came for follow up after 15 days.

#### ❖ **RESULT (after 2.5 of treatment)**

Sr. no.	Before Treatment	On follow up (15 days)	On 2 <sup>nd</sup> follow up(1month)	After Treatment (2.5month)
1.	<b>Kandu</b> +++	+++	++	-
2.	<b>Twak Vaivarnya</b> (+++)	++	++	-
3.	<b>Khara Sparsha</b> (++)	++	+	+
4.	<b>Daha</b> (+)	+	-	-
5.	<b>Strava</b> (+)	+	+	-

#### ❖ **DISCUSSION:**

Patients with *Kustha* approach various health care systems with a hope to get cure. *Kustha* is a condition in which vitiated *Doshas* combine with seven *Dhatus*. Mainly *rasa* and *Rakta* and *Mamsa* are involved and as chronicity increases involvement of *Dhatu* increases.

After 1 month following treatment was given for another 1.5 month.

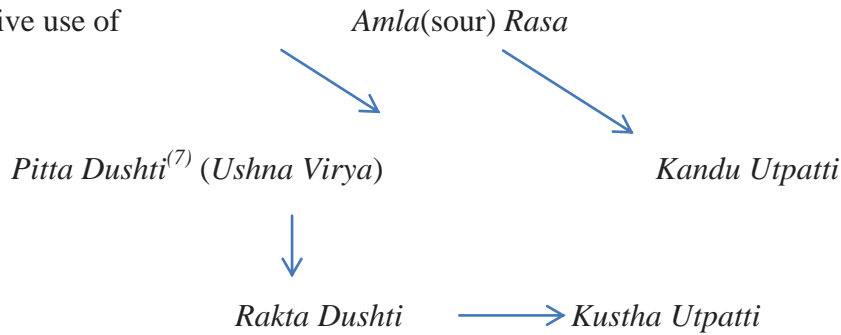
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5. **Aarogyavardhini** 2 tab BD after food with luke warm water.
6. **Mahatiktak Ghruta** for local application after 15 days.

Mainly *Tridoshas* are involved but with the help of *Hetu Sevan*( causative factor), Prominent symptoms dominating *Doshas* can be estimated. Following are some important points regarding diagnosis, *Hetu Sevan*, and treatment

#### 1) **Hetu Vichar:**

*Amla Rasa:*

Excessive use of



As *Pitta* and *Rakta* have *Ashrayiashray* relation.

- Irregular menses ( *Aniyamit Rajapravrutti*)

*Aniyamit Rajastrav*

↓  
*Raja Dushti*

↓  
*Rasa Dushti* ( As *Raja* is *Upadhatu* of *Rasa*)<sup>(8)</sup>

↓  
*Twak Dushti* ( According to *Kashyap Rasa Sara* is *Twak Sara*)

## 2) *Vyadhi Vinischaay Vichar:* (Diagnosis)

According to *Charaka* and *Sushruta* *Kustha* is not developed by any of the one *doshas*, it is always *Tridoshatmak* and treatment should be done according to *Anshaansh Kalpana* (dominant *vitiated Doshas*) first.<sup>(9)</sup>

- So in this case , patient shows dominant symptoms of *Pittaj* and *Kaphaj Kustha*

- Like -*Kandu- Kaphaj*  
*Araktavarnata- Pittaj*  
*Daha- Pittaj*  
*Strav- Kaphaj*  
*Parushya- Vataj*

So *Kustha* is diagnosed as *Pitta-Kaphaj Kustha*.

## 3) *CHIKITSA VICHAR:*

*Vyadhi sthana: Angustha*<sup>(10)</sup>  
(Mentioned as a *Vaat Rakta Sthana*)

While treating this patient *Kustha Utpatti Sthana* that is *angustha* was being taken in to consideration as a *vata rakta sthana* so *Chikitsa Tatva* (line of treatment) was also followed from *Vatrakta Vyadhi*.

***Kalpa Vichar.*** (Mode of action of drugs)

- 1) ***Laghumanjishthadi Kwath*** from ***Sharangdhar Samhita*** is also said to be effective in ***Vatrakta*** and ***Kustha*** also.
- 2) ***Kaishor Guggul*** is also a ***Kalpa*** which is used in ***Vatrakta*** and ***Kustha Rogas***.

3) **Gandhak Rasayan** included in **Yogratnakar Rasayan Adhyaya** useful as **Kusthagna** and **Kandughna**.

4) **Amalaki** is included in **Kustha Mahakashaya<sup>(II)</sup>** ( ch su. 4/13)

As **Dadhi**(curd) leads to increase **Kleda** in the body so **Amalaki** by its **Kashaya rasa** and **Ruksha Guna** absorbs the **Kleda** and acts as **Twakprashadan Dravya**.

5) **Raspachaka** as **Rasa Dusthi** was main cause of **Kustha Utpatti Ras Pachak** will help to stabilize the **Rasagni** which will improve the quality of its **Upadhatu** i.e **Raja** and vice versa.

6) **Avipattikar churna** and **Gandharvaharitaki churna** Used as **Mrudu anulomaka** which is important in **Kustha Chikitsa** .

#### ❖ **Conclusion:**

Success of the treatment depends on **Trisutra** of **Ayurveda**. The prevalence of **Kustha** is increasing day by day so there is need to find out treatment modality which will help in prevention and cure of disease. This is one among the relapsing type of skin diseases, so patient is said to follow the **Pathyapaathya** like **Ahara, Vihara, Achara**. This case is a documented evidence of a successful management of **Pitta Kaphaj Kustha** through internal and external medications.

Before Treatment



After 1 month of Treatment



After 2.5 month of Treatment



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