



Management of *Kustha*(Psoriasis) through Ayurveda: -A conceptual study

Dr. Shri Ram Saini¹, Dr. Dholaram Saini²

¹ Assistant Professor

Dept. Roga Nidan Evam Vikriti Vigyana, Shri Banwar Lal Dugar Ayurved Vishwa Bharti Sardarshahar, Churu Rajasthan

²Associate Professor

Samhita & Siddant Vibhag SSSB Ayurved College & hospital Renwal, Jaipur Rajasthan

ABSTRACT

Ayurvedic text *Kustha* is compared to modern medical diagnosis's Psoriasis and is accepted. Psoriasis is an ancient Ayurvedic disease. *Charaksamhita* gives a detailed description of the disease. Skin diseases account for 10-15% of cases that present themselves to general practitioners. Skin diseases are common as a result of a change in lifestyle, lack of physical activity, unsanitary conditions, mental stress, and overeating. Psoriasis is a chronic skin condition that is frequently seen in clinical settings today. It is a hot topic with significant social implications. Increased stress and a sedentary lifestyle are the major predisposing factors, which account for the disease's low prevalence. All skin problems have been discussed in Ayurveda under the wide umbrella of *Kushtha*. *Mahakushtha* and *Kshudrakushtha* are two types of *Kushtha*. The purpose of this work is to present a conceptual analysis of *Kushtha* (Psoriasis) as it is treated using Ayurvedic principles.

Keywords-*Kustha*, Psoriasis, *Sodhan Chikitsa*, *Saman Chikitsa*

INTRODUCTION

Psoriasis is a skin autoimmune condition that causes excessive skin proliferation. Dry skin and raised, rough, red spots on the skin covered in small silvery scales are symptoms of this chronic skin illness. Pinhead to palm-sized erythematous, well-defined dry scaly papules and plaques.¹ Scraping the itch generates several bleeding spots (Auspitz sign). Different types of psoriasis can coexist in the same person, but the skin lesions all have the same erythema, thickness, and scaling. Psoriatic lesions are symmetrically distributed over the scalp, elbows, knees, lumbo-sacral area, and body folds.² Psoriasis can have a major impact on a patient's Quality of Life, drastically affecting their daily routine. The lack of efficacy of treatment frustrates 78 percent of severe psoriatic patients, and applying topical drugs takes an average of 26 minutes every day. According to data from Quality of Life surveys, 78 percent of psoriatic patients say their condition has a negative influence on their quality of life, while 21 percent say it has neither a positive nor a negative impact.³

Kushtha, as defined by Ayurveda, has a very broad spectrum; it is not a single disease entity, but rather encompasses all facets of skin problems. *Kushtha* encompasses any condition that affects the skin. Psoriasis is treated with a variety of drugs, and the choice of agent and timing of administration throughout the course of the disease are determined by the disease's symptoms, severity, and prognostic variables. Nonsteroidal anti-inflammatory medications are usually used in a sequence during treatment. Ayurveda has a detailed explanation of this ailment, including its pathogenesis, therapy, and so on. Psoriasis is classified as a papulo-squamous condition by conventional medicine, with scaly papules and plaques as morphological features.⁴ This review article will highlight, evaluate, elaborate and discuss about leukaemia with special reference to psoriasis.

AIMS AND OBJECTIVE

- To evaluate, elaborate and discuss the etiology and classification of *Kustha* (Psoriasis).
- To evaluate, elaborate and discuss the management of *Kustha*(Psoriasis).

MATERIAL AND METHOD

Material related to *Kustha* and Psoriasis is collected from Ayurvedic text including Bahatriye, Laghutrye. Bhavprakashnighntu, Rasratnasamuchaya, sidhabhashajyamani mala and text book of modern medicine respectively. The available commentary's of Ayurvedic sahitas has also referred to collect relevant matter. The index, non-index medical journals has also referred to collect information of relevant topic.

CONCEPTUAL STUDY

Etymology: The word *Kushtha* is derived from *Kusa* + *Niskarsne* by adding *kat* suffix. It means to destroy, to scrap out or to deform and by adding *kat* suffix, which stands for firmness or certainty. Thus, the word *Kustha* means that which destroy with certainty. According to *Acharya Charaka* and *Acharya Sushruta*, *Kushtha* may be defined as a group of skin diseases occur due to vitiation of *Doshas* (*Vata*, *Pitta* and *Kapha*) and *Dushyas* (*Twak*, *Rakta*, *Mamsa*, and *Ambu*) and are manifested on skin.

CLASSIFICATION OF KUSHTHA

All Ayurvedic classics, known as *kushtha*, have been divided into two categories. *Kushtha* is classified into two categories in Charaka Samhita: *MahaKushtha* and *KshudraKushtha*..⁵ There is no clearcut explanation for this division but commentators have tried to solve this query. According to Chakrapani, the symptoms of *KshudraKushtha* are less severe than those of *Maha-Kushtha*. The word '*Mahata*' indicates the ability to reach deeper Dhatus, according to *Dalhana*. The *KshudraKushtha* is incapable of penetrating the higher Dhatus. As a result, *MahaKushtha* requires more intensive treatment than *KshudraKushtha*. In *KshudraKushtha*, however, there is no such severe and widespread vitiation of Doshas from the start.

TABLE NO: 1- Difference between *MahaKushtha* & *Kshudra Kushtha*⁶

<i>MahaKushtha</i>	<i>KshudraKushtha</i>
<i>Bahu Dosh Arambhata</i>	<i>Alpa Dosh Arambhata</i>
<i>Bahu lakshana</i>	<i>Alpalakshana</i>
Excessive Discomfort	Less Discomfort
Penetrates into deeper <i>Dhatu</i>	Lesser tendency to penetrate in deeper <i>Dhatu</i>
<i>Mahat Chikitsa</i>	<i>Alpa Chikitsa</i>
Chronic	Less Chronic
Loss of function of skin like <i>Supti</i>	Less functional skin deformities
<i>Bahu Vedana</i>	<i>Alpa Vedana</i>
Long term medication is required	Short term medication is required

All Acharya agreed that there are only seven forms of *Maha-Kushtha*, each with its own set of symptoms and name. According to several Acharyas, *Maha-Kushtha* is classified as follows:

TABLE NO: 2- Classification of *MahaKushtha*

<i>MahaKushtha</i>	<i>Ch.S.</i> ⁷	<i>Su.S.</i> ⁸	<i>Vag.</i> ⁹	<i>Ma.Ni</i> ¹⁰	<i>Bha.P.</i> ¹¹
<i>Kapala</i>	+	+	+	+	+
<i>Audumbara</i>	+	+	+	+	+
<i>Mandala</i>	+	-	+	+	+
<i>RishyaJihwa</i>	+	+	+	+	+
<i>Pundareeka</i>	+	+	+	+	+
<i>Sidhma</i>	+	-	-	+	+
<i>Kakanaka</i>	+	+	+	+	+
<i>Aruna</i>	-	+	-	-	-
<i>Dadru</i>	-	+	+	-	-

KSHUDRA KUSHTHA:

Various Acharyas had different perspectives on *Kshudra Kushtha*, but all agreed that there are only 11 forms of *Kshudra Kushtha*, each with its unique set of symptoms and nomenclature (see table below)-

TABLE NO: 3 - Classification of *KshudraKushtha*

<i>KshudraKushtha</i>	<i>Ch.S</i>	<i>Su.S</i>	<i>A.H</i>	<i>A.S</i>	<i>K.S</i>	<i>Bh.S</i>	<i>M.N.</i>	<i>B.P.</i>
<i>Ekakushtha</i>	+	+	+	+	+	+	+	+
<i>Kitibha</i>	+	+	+	+	+	+	+	+
<i>Charmadala</i>	+	+	+	+	+	-	+	+
<i>Pama</i>	+	+	+	+	+	+	+	+
<i>Vicharchika</i>	+	+	+	+	+	+	+	+
<i>Charmakhya</i>	+	-	+	+	-	+	+	+
<i>Vipadika</i>	+	-	+	+	+	+	+	+
<i>Alasaka</i>	+	-	+	+	-	-	+	+
<i>Dadru</i>	+	-	-	-	+	+	+	+
<i>Visphotaka</i>	+	-	+	+	-	+	+	+
<i>Sataru</i>	+	-	+	+	+	+	+	-
<i>Sidhama</i>	-	+	+	+	-	-	-	-
<i>Sthularuksha</i>	-	+	-	-	-	-	-	-
<i>MahaKushtha</i>	-	+	-	-	-	-	-	-
<i>Visarpa</i>	-	+	-	-	-	-	-	-

<i>Parisarpa</i>	-	+	-	-	-	-	-	-
<i>Rakshaa</i>	-	+	-	-	-	-	-	-
<i>Shwitra</i>	-	-	-	-	-	+	-	-
<i>Vishaja</i>	-	-	-	-	+	+	-	-
<i>Kacchu</i>	-	-	-	-	-	-	-	+
<i>Gajacharma</i>	-	-	-	-	-	-	-	+

TABLE NO 4: Classifications according to *Dosha* involved:

<i>Dosha</i> predominancy	Name of <i>Kushtha</i>	
	<i>Cha.Chi 7/27, A.H., Ni 14/17</i>	<i>Su.Ni.5/7</i>
<i>Vata</i>	<i>Kapala</i>	<i>Aruna, Parisarpa</i>
<i>Pitta</i>	<i>Audambara</i>	<i>Audumbara Rsyajihva, Kapala, Kaknaka, Visarpa, Kitibha, Vicarcika, Pama, Carmadala</i>
<i>Kapha</i>	<i>Mandala, Vicaracika</i>	<i>Pundarika, DadruSthularuska, Sidhma, Raksa, Mahakustha, Ekkustha</i>
<i>VataKapha</i>	<i>Sidhma, Kitibha, Vipadika, Charmakhya, Ekakustha</i>	-
<i>Vatapitta</i>	<i>Rushyajihva</i>	-
<i>Kaphapitta</i>	<i>Pundarika, Dadru, PamdaSataru, Carmadala, Visphotaka</i>	-
<i>Vatapittakapha</i>	<i>Kaknaka</i>	-

SAMPRAPTI (PATHOGENESIS):

There is no sort of *Kushtha* that is caused by a single *Dosha* becoming vitiated. *Tridoshas* will become vitiated as a result of *Nidanasevana*. The *Tiryaka Sira* is where these vitiated *Doshas* move. Then there's *Sammurchhana*, who's accompanied by the *Dushya*. Then it'll get to the *BahyaRoga Marga* and start producing *Mandal* everywhere it goes. As a result, the *Doshas* lodged in the epidermis continue to aggravate, and if these *Doshas* are not adequately treated, they infiltrate the body's deeper *Dhatu*s.

TABLE NO 5: SAMPRAPTI GHATAK:

<i>Doshas</i>	<i>Tridoshaja (VataKaphapradhan)</i>
<i>Dushya</i>	<i>Twak, Rakta, Mamsa, Lasika</i>
<i>Agni</i>	<i>Jatharagni and Dhatvagnimandya</i>
<i>Srotas</i>	<i>Rasavaha, Raktavaha, Mamsavaha and Ambuvaha</i>
<i>SrotoDushti Lakshana</i>	<i>Sanga and Vimargagamana</i>
<i>Marga</i>	<i>Bhaya Rogamarga</i>
<i>Udabhavasthana</i>	<i>Amashaya</i>
<i>Sancharasthana</i>	<i>Triyaka-gami Sira</i>
<i>Gati</i>	<i>Tiryak</i>
<i>Adhithana</i>	<i>Twak and UttrottarRakthadi Dhatu</i>
<i>Vyadhiswabhava</i>	<i>Chirkari (Dirgharonam)</i>

MANAGEMENT THROUGH AYURVEDA

Acharya Charaka has mentioned that all the *Kushthas* are caused by *Tridosha*, so the treatment is to be carried out as per the predominance of *Dosha*. The predominately vitiated *Dosha* should be treated first and the treatment of the other subordinate *Dosha* should be undertaken afterwards. The first line of treatment for all diseases is *Nidana Parivarjana*. The principles line of treatment of *Kushtha* has been classified into two groups; *Samshodhana Chikitsa* and *Samshamana Chikitsa*.

SAMSHODHAN CHIKITSA:

Shodhanachikitsa is a treatment that removes the morbid *Doshas* from the body. According to Acharya Charaka, *Shodhana* is given precedence in *Kushtha Chikitsa* based on *Doshas* preponderance. *Kushtha* is difficult to treat by nature, which is why it is termed '*Dushchikitsya*.' However, by using *Shodhana* therapy, the ailment can be readily cured by removing the root cause, which is why *Shodhana* is so important.

Table No 6: - Showing the type of *Shodhana* according to *Doshas* predominance:

<i>VataPradhana</i>	<i>Sarpipana</i>
<i>Pitta Pradhana</i>	<i>Virechana and Raktamokshana</i>
<i>KaphaPradhana</i>	<i>Vamana</i>

Table No 7 - Showing the treatment according to *Dhatu* involved:

<i>Dhatu</i> involved	Treatment advised
<i>Twakgata(Rasagata)</i>	<i>Lepa</i> of <i>Sanshodhana Dravyas</i>
<i>Rakta</i>	<i>Sanshodhana, Aalepana, Kashaya pana, Raktamokshana</i>
<i>Mamsa</i>	<i>Raktagata management +Aristha, Manth, Prash</i>
<i>Chaturtha-karma-guna prapta(Meda)</i>	<i>Yapya</i> in <i>Amtawan</i> and <i>Samvidhanyukta</i> person, after <i>Sanshodhana</i> and <i>Raktamokshana</i> different medicine are advised like <i>Bhallataka</i> etc.
<i>Asthi</i>	<i>Asadhaya</i>

SAMSHAMANA CHIKITSA:

Shamana therapy is also an important factor of the treatment. *Shamana Chikitsa* is recommended after completing the *Shodhana Karma* to alleviate the residual *Doshas*. It's also used for those who aren't candidates for *Shodhana*. Various single and compound preparations in the form of internal and exterior application are described in depth in our classic text. After *Shodhana*, *Charaka* suggested it with *Tikta* and *Kashaya Dravyas*.

1. Internal medication (antahparimarjan)-eg.*Kashaya paan*etc.
2. External medication (bahiparimarjan)-eg.*lepa* etc.in *Aragvadhadhiyaadhyaya*.

Single drug Ayurvedic Herbs for Psoriasis

Neem– *Azadiracta indica*

Khadira– *Acacia catechu*

Manjistha– *Rubia manjith*

Chandana– *Santalum album*

Haridra– *Curcuma longa*

Amalaki– *Embllica officinalis*

Kutaja– *Holarrhenaantidysenterica*

Sariwa– *Hemidesmus indicus* etc.

Table No 8: Some compound herbal formulations for Psoriasis

Herbal formulation	Dose, frequency and time
<i>Patolakaturhinyadi Kashaya</i>	20 mL of <i>Kashaya</i> , twice daily on an empty stomach
<i>Kaishorguggulu</i>	1 gm (2 tablets) twice daily, after meal
<i>Gandhakarasyana</i>	250 mg (2 tablets) twice daily
<i>Khadirarishta</i>	20 mL of <i>Arishta</i> , twice daily after meal 20 mL of normal water
<i>Winsoria</i> oil (Herbal coconut base oil)	Twice a day, Topical application

DISCUSSION:-

Psoriasis is not merely a cosmetic issue. In a survey, approximately 60% of people said their sickness was a major difficulty in their daily lives. Nearly 40% of those with psoriatic arthritis said it was a major concern in their daily lives¹⁴. Patients with psoriasis that covered a larger area of their body (a more widespread skin illness) had a worse Quality of Life.¹⁵ Women and younger individuals with psoriasis have a bigger influence on their Quality of Life. In a survey of 426 psoriasis patients conducted by the National Psoriasis Foundation in 2008, Seventy-one percent said the condition was a significant problem in their daily lives. More than half said they avoided social activities and limited dating or personal connections due to feelings of self-consciousness (63%) and embarrassment (58%); while more than a third said they avoided social activities and limited dating or intimate interactions.^{16,17}

Dermatological disorders described in contemporary medicine are frequently compared to *Kushtha Roga*. It is regarded as one of the most chronic and difficult-to-cure diseases. In the pathogenesis of *Kushtha Roga*, including psoriasis, dietary, behavioural, environmental, genetic, and immunologic variables appear to play a significant influence. Psoriasis is a multifactorial, chronic inflammatory illness characterised by hyperproliferation of keratinocytes in the epidermis and an increase in the rate of epidermal cell turnover.¹⁸

Elbows, knees, scalp, lumbo-sacral areas, inter-gluteal clefts, and the glans penis are the most typical sites for the disease to appear. The joints can be impacted in up to 30% of individuals. *Kapha* imbalance causes immunological changes that encourage the development of psoriasis.¹⁹

Kushtha is a *Tridoshajanya Vyadhi*, the prominent *Doshas* should be treated first, followed by the *Anubhandha Doshas*. The level of *Dosha* participation in the *KushthaRoga* is determined by periodic counselling of *Panchakarma* procedures. In *Bahudoshaavastha*, *Shodhana Karmas* are mentioned. In *Charaka Chikitsasthana*, *Vamana Karma* is advised for *Kaphapradhana* and *Doshotklesa Kushtha*.²⁰ When *ShamanaAushadhi* is given after *Samshodhana*, it is more effective. Because the *Sthanasamasraya* and *Vyaktasthana are Twacha*, external therapy is also important in *Kushtaroga*.

CONCLUSION:-

Kushtha is one of the most ancient diseases known to humans. It is classified as one of the most chronic diseases in the Ayurvedic medical system. Ayurveda classified a vast range of dermatological illnesses, as well as their etiopathogenesis, clinical appearance, prevention, and therapy. The skin is an important organ of communication with the outside world, as well as the seat of *Saparshanendriya* (the organ responsible for touch sensation) and *Mann*.

As a result, any sort of psychosocial stress is implicated in the manifestation and/or exacerbation of dermatological problems, either directly or indirectly. Stress and weakened immunity are key contributors to the emergence of a wide spectrum of dermatological problems in today's society. Ayurvedic pharmacological and non-pharmacological treatments for dermatological problems are effective immunomodulators and anti-stress agents. As a result, when correctly implemented, these techniques are cost-effective and provide natural control with no or minimal side effects.

REFERENCE:-

1. Psoriasis, available from, <http://www.ccras.nic.in/sites/default/files/viewpdf/faq/PSORIASIS.pdf>, downloaded on 2/12/2021.
2. Mehta, C. S., Dave, A. R., & Shukla, V. D. (2011). A clinical study of some Ayurvedic compound drugs in the assessment quality of life of patients with *Eka Kushtha* (psoriasis). *Ayu*, 32(3), 333–339.
3. Rajguru JP, Maya D, Kumar D, Suri P, Bhardwaj S, Patel ND. Update on psoriasis: A review. *J Family Med Prim Care*. 2020 Jan 28;9(1):20-24. doi:10.4103/jfmpc.jfmpc_689_19. PMID: 32110559; PMCID: PMC7014874.
4. Kiṭibha- Psoriasis <http://www.ccras.nic.in/sites/default/files/viewpdf/faq/PSORIASIS.pdf> downloaded on 4/12/2021.
5. Acharya YT, editor. CarakaSamhitha of Agnivesha. Chikitsa Sthan Ch.5, Reprint edition Varanasi: Chaukhambhabharti Academy; 2012.671
6. A Critical Study on Clinico -Etiopathological Study of Kushtha, https://www.researchgate.net/publication/343722332_A_Critical_Study_on_Clinico_Etiopathological_Study_of_Kushtha/citations, downloaded on 1/12/2021
7. Acharya YT, editor. CarakaSamhitha of Agnivesha. Nidan Sthan Ch.5, Reprint edition Varanasi: Chaukhambhabharti Academy; 2012.671
8. Sushrut Samhita, Shastri Ambicadutt.Dr., Varanasi: Chaukhamba Sanskrit Sansthan; 2002.Nidansasthana.5/ Reprint edition Varanasi: Chaukhambhabharti Academy; 2012.671
9. A Critical Study on Clinico – Etiopathological Study of Kushtha ,available from <https://eijppr.com/>, downloaded on 2/12/2021.
10. BhavaPrakash of Bhava Mishra,Vol.2 Madhya Khanda 54/7 translated by Prof. K.R. Srikantha Murthy, Edition-Fourth ChaukhambaKrishndasAcademy,Varanasi2009 p.601.
11. Acharya YT, editor. CarakaSamhitha of Agnivesha. Chikitsa Sthan Ch.7, Reprint edition Varanasi: Chaukhambhabharti Academy; 2012.671
12. A Critical Study on Clinico – Etiopathological Study of Kushtha , available from <https://eijppr.com/>, downloaded on 2/12/2021.
13. Sushrut Samhita, Shastri Ambicadutt.Dr., Varanasi: Chaukhamba Sanskrit Sansthan; 2002.Nidansasthana.5/ Reprint edition Varanasi: Chaukhambhabharti Academy; 2012.671
14. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3326877/> , downloaded on 5/12/2021
15. Global report of Psoriasis, <https://apps.who.int/iris/bitstream/handle/10665/204417/9789241565189eng.pdf.psoriasis?sequence=1>, downloaded on 5/12/2021.
16. A Critical study of some ayurvedic herbal drug,available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3326877/> , downloaded on 5/12/2021.
17. Byadgi P S. Kushtha. Parameswarappa'sAyurvediyaVikriti Vigyan &Roga Vigyan, 1st edition, Volume II. Varanasi, Chaukhambha Sanskrit Sansthan, 2009.
18. <https://www.sciencedirect.com/topics/medicine-and-dentistry/pathophysiology-of-psoriasis>, downloaded on 6/12/2021.
19. <https://charaka.org/psoriasis/>, downloaded on 6/12/2021.
20. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3611636/> downloaded on 6/12/2021