

A CLINICAL CASE STUDY: MANAGEMENT OF PITTAJ KSHUDRA KUSHTHA  
THROUGH PANCHAKARMA AND SHAMAN CHIKITSA

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## ABSTRACT

In Ayurveda, *Kushtha* is described as a group of chronic skin disorders which arises due to vitiation of *Tridosha* and involvement of 7 *Dravya- Tridosha*, *Tvak*, *Rakta*, *Mamsa* and *Ambu* leading to various skin changes. *Acharya Charaka* has divided *Kushtha* into *Mahakushtha* and *Kshudra Kushtha* based on severity and prognosis wherein *Pittaj Kshudra Kushtha* is a subtype with *Pitta* predominance. Pathologically vitiated *Pitta* affects the skin and blood producing inflammatory symptoms like *raga*(redness), *daha* (burning sensation), *kandu* (itching), *tivra vedana* (pain/irritation) and *srava* (oozing). A case study was conducted on a 57 year old male patient with above symptoms of *Pittaj Kshudra Kushtha* and tremendous results were seen in lesions with an integrated ayurvedic approach of internal medications (*Shaman Chikitsa*) and *Panchakarma* therapy as discussed below.

**KEYWORDS:** *Kushtha*, *Pittaj Kshudra Kushtha*, *Matra Basti*, *Nabhi Basti*, *Shaman Chikitsa*.

## INTRODUCTION

*Kuṣṭha* is described in Ayurveda as a *Tridoṣhaja Vyādhi* that manifests predominantly in the *Bāhya Roga Mārga*.<sup>[1]</sup> It is considered a *Mahāgada*, owing to its complex pathogenesis and severe nature, characterized by *Durvijñeya* (difficult to diagnose), *Sudustara* (difficult to treat), and *Dāruṇa Svabhāva* (hard-hitting pathology).<sup>[2]</sup> *Kuṣṭha* may occur as *Kulaja Vikāra* (hereditary disorders), *Samsargaja Vyādhi* (communicable diseases), or *Pūrvajanma Kṛma Vyādhi* (diseases influenced by past karmic factors).<sup>[3]</sup> Additionally, *Kuṣṭha* is enumerated as a *Raktapradoṣaja Vikāra*<sup>[4]</sup> and also falls under *Santarpaṇa-janya Vikāra*<sup>[5]</sup> due to its association with excess nourishment and metabolic derangements. Classical texts classify *Kuṣṭha* into 7 *Mahā Kuṣṭha* and 11 *Kṣudra Kuṣṭha*, based on *doshic* predominance and interaction.<sup>[6]</sup> Its pathogenesis involves the vitiation of multiple *dhātus*—specifically *Tridoṣha*, *Twak*, *Rakta*, *Māmsa*, and *Lasikā*—making the condition multi-layered and chronic in nature.<sup>[7]</sup>

Ayurvedic management emphasizes correction of *Doṣa* imbalance (*Vāta*, *Pitta*, *Kapha*), *Āma nirharaṇa* (removal of metabolic toxins), and restoration of *dhātu-sāmya* for long-term healing through a comprehensive approach combining *Shodhan* and *Shaman Chikitsa*. Classical texts support use of *Basti* in *Kushtha* as part of *Shodhana* regime mentioned in *Siddhisthana Charak Samhita*. Considering the *Vaya* (age), *Bala* (strength) of the disease and patient, *Desha*, *Kala*, *Satmya*, *Satva* etc *Matra Basti* and *Nabhi Basti* was chosen as it can be safely administered in any age group and does not require strict restrictions.

## MATERIAL AND METHODOLOGY

Patient Information: A 57-year-old male patient came in Panchakarma O.P.D. with following complaints.

## Chief complaints

- Janusandhi Raktavarni utsedha(knee joint medial aspect reddish colour lesions), *daha* (burning

sensation) ++, kandu(itching) +, aushnyaprachiti(warm on touch) 6-7 months.

- Asamyaka, Saprahvana, Kathina Malapravrutti (Constipation) 2-3 months.
- Muhurmuhumutrapravrutti (Incontinence of Urine) (4-5 months)
- Adhaman (Gaseous distension), Udardaha (Burning sensation of chest), Sweda daurgandhya (Bromhidrosis), Swedadhikya (Hyperhidrosis) 6-7 months.

**Past Medical History:** K/C/O: D.M. & HTN (16 yrs), IHD Post PTCA (25 yrs ago) Prostatomegaly since 5 yrs, H/O Urticarial rashes 8 months ago.

**Past surgical History:** Operated for Bullos Pemphigus in May 2025

Allergy- Sulpha Addiction- Alcohol and Smoking (stopped since 2 years)

O/E: BP- 140/80 mm hg Pulse- 84/min Temp- Afebrile Weight- 74.8kg

Systemic Examination: CNS-conscious CVS- S1S2 normal RS-AEBE clear P/A- gaseous distension

*Samprapti Ghatak* (Pathogenesis): As per *Ayurvedic Principle* in the form of *Nidanapanchaka* it was evaluated that excessive indulgence in consumption of *Dahi*, *Amla*, *Madhur Rasa*, *Aaharsevan*, dairy products such as paneer, kalakand, excessive salty and spicy food (non veg), H/o alcohol consumption, *Diwaswapa* (sleeping in the daytime), *Ratrijagrana*. It was observed that *Dosha* was *Pitta Pradhan*, *Vatanubandha* and *Dushya* was *Rasa*, *Rakta*, *Mamsa*, *Jatharagni* and *Rasa-Raktadhatwagnimandya* (diminished digestive/metabolic fire). *Rasavaha*, *Raktavaha* and *Mamsavaha srotas* were affected *Adhishthana* (place of manifestation) of disease was *Twacha* and *Rogamarga* was *Bahya*.

### Treatment

Abhyantar Chikitsa (Internal Medications):

1. Haridrakhandapaka Churna – 1 tbsp (morning) x 15 days
2. Mahatikta ghrita– 1 tbsp (morning) x 15 days
3. Sarivadyasava – 15 ml twice daily x 15 days
4. Patoladi Guggul – 1 tablet twice daily x 15 days
5. Phaltrikadi Guggul – 2 tablet twice daily x 15 days

### Panchakarma

Matra Basti- Hingutriguna Taila 30ml + Atasi Taila 30 ml x 7 days

Nabhi Basti- Tila Taila x 7 days

### OBSERVATION AND RESULTS

Assessment was done on basis of subjective and objective criteria:

#### A. Subjective Criteria

Grade 0- None Grade 1- Mild Grade 2- Moderate Grade 3- Severe

**Table no. 1: Subjective Criteria.**

Sr.No.	Symptoms	0 <sup>th</sup> day	15 <sup>th</sup> day
1	Daha (burning sensation)	3	1
2	Kandu (itching)	3	1
3	Vaivarnya (discoloration)	3	0
4	Shotha (swelling)	1	0
5	Paka (oozing)	0	0

**Result:** Observations showed that patient had shown good results where scores reduced from Grade 3 to Grade 1 (Severe to Mild).

#### B. Objective Criteria

P.A.S.I score (Psoriasis Area and Severity Index)<sup>[8]</sup>

To assess the severity of the disease, P.A.S.I scoring method will be adopted.

**Skin section:** For the PASI, the body is divided into four sections. Each of these areas is scored by itself, and then the four scores are combined into final P.A.S.I

1. The legs- 40% of skin
2. The body (Trunk, stomach, chest, back)- 30%
3. The arms- 20%
4. The head- 10%

**Area:** For each skin section, the amount of skin involved will be measured using a scale as a percentage of the skin, just in that part of the body (not the whole body) and then a score from 0-6 will be assigned as follows.

#### P.A.S.I. Scoring Method

##### 1. Area

Coverage of Skin	Score
0	0
< 10% 1	1
10-29%	2
30-49%	3
50-69%	4
70-89%	5
90-100%	6

##### 2. Severity

Not Severe	0
Somewhat Severe	1
Moderately Severe	2
Severe	3
Maximum Severity	4



Figure No.1: Before treatment.



Figure No. 2: After Treatment.

## RESULTS

Scoring	Before Treatment	After treatment
Area	2	0
Severity	3	0

Overall subjective and objective criteria assessment shows that symptoms reduced from severe to mild over 15 days of internal medicine and 7 days of Panchakarma.

## DISCUSSION

The above case is Pittaja Kshudra Kushta with Vatanubandha which arises due to vitiation of Pitta-Vata dosha along with Rakta dhatu dushti, leading to symptoms such as reddish discoloration, burning sensation, inflammation, and itching. The treatment plan given to the patient was based on the principles of Pitta-Rakta shodhana, Pitta-Vata shamana, and Rakta prasadana, along with strengthening of Agni and promoting proper elimination of Dosa.

1. Haridrakhandapaka Churna: Haridra is renowned for its Raktaprasadana, Kusthaghna, and Tridosahara actions. It reduces inflammation, burning, and itching. Madhur rasa of Khanda helps pacify Pitta and supports healing of the skin.
2. Mahatikta Ghrita: This ghrita contains tikta dravyas such as Nimba, Patola, and Guduchi, which act deeply on Pitta and Rakta dhatu. Ghrita is the best for Pitta shamana, detoxification, and healing of skin

tissues. It supports the regeneration of damaged twak and reduces relapse tendency.

3. Sarivadyasava: Sariva is a classical Rakta-shodhaka drug. This asava reduces heat, purifies blood, improves complexion, and helps in clearing inflammatory changes. It works as an internal coolant and reduces Pitta-induced erythema and burning.
4. Patoladi Guggulu: This formulation combines Tikta dravyas with Guggulu to provide both anti-inflammatory and detoxifying actions. It specifically acts on Pitta-Kapha dushti in skin diseases and helps in reducing redness, swelling, and discharge if present.
5. Phaltrikadi Guggulu: It supports Rakta shodhana, reduces itching, and clears Pitta toxins from peripheral tissues. It enhances metabolism at the dhatu level and supports quicker resolution of skin lesions.

## Panchakarma

Matra Basti with Hingutriguna Taila + Atasi Taila: Matra Basti is indicated in Pitta and Vata related skin disorders. Hingutriguna taila improves Agni, reduces Ama, and supports Vata-Pitta balance. Atasi Taila has Madhur Tikta rasa, Snigdha Guna helping to pacify Pitta, nourish tissues, and reduce burning sensations. The combination

helps restore proper bowel movement and reduces the root cause of Rakta dushti.

Nabhi Basti with Tila Taila: Nabhi Basti strengthens Agni, regulates digestion, and prevents formation of Ama, which is a major cause of Kushta. Tila Taila nourishes Vata and stabilizes Pitta metabolism, promoting overall systemic balance. This procedure indirectly improves skin health by enhancing Agni and eliminating toxins through proper digestion.

## CONCLUSION

The Ayurvedic treatment approach combining Pittavata–Rakta pacifying internal medicines and Basti-based Panchakarma procedures showed significant improvement in the symptoms of Pittaja Kshudra Kushta. The use of Tikta, Sheeta, and Raktashodhaka formulations effectively reduced redness, burning, and inflammation. Basti therapy supported Agni and acted on vitiated Vata thereby promoted systemic detoxification. This case demonstrates that individualized Ayurvedic management can provide safe and effective results in Pitta-dominant skin disorders, emphasizing the importance of Dosha assessment and holistic treatment principles.

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