

## Case Report



### Diagnostic and treatment challenges in *Kapha-Pittaja Pidaka*: A case study

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#### ABSTRACT:

**Background:** *Kushta* refers to chronic skin disorders affecting skin and its underlying tissues; considered one among the *Ashtamahagada* (eight major diseases) due to its complex pathogenesis and chronicity. Skin is the largest organ in the body which makes diagnosis related to its disorder a challenging task. This is understood through the primary and secondary lesions over it. One such manifestation called Acneiform eruption showing papulo-pustular lesions resembling other skin manifestations like acne vulgaris, hidradenitis suppurativa. **Case presentation:** A 37-year-old female having progressively increased number of reddish, pus and blood-filled eruptions over the back, buttocks and thighs, increasing during menstruation, severe itching and burning with a chronicity of 4 years. She took allopathic medications for 4 years and got temporary relief. **Intervention:** Patient underwent *Sadyovirechana*, *Sadyovamana*, *Vamana*, *Siravyadha*, *Shamana Aushadi* (oral medications and topical applications) and *Naimittika Rasayana* (disease specific immunomodulators). **Outcome:** After 5 months significant reduction in number of eruptions, burning and itching were noted. DLQI (Dermatology Life Quality Index) score index reduced from score 38 to score 5. **Conclusion:** A case of chronic skin disease diagnosed as *Kapha-Pittaja Pidaka* administered *Shodhana*, *Shamana* and *Naimittika Rasayana* for a period of five months. In the chronic stubborn skin disease, the rational planning of *Shodhana* followed by *Shamana* and *Pathyapathya* has given excellent results. This case highlights the potential of a comprehensive *Ayurvedic* approach by integrating different modalities rationally helps in successful management of *Kapha-Pittaja Pidaka*.

**KEYWORDS:** *Kushta*, *Kapha-Pittaja Pidaka*, acneiform eruption, *Shodhana*, *Shamana*, Case report.

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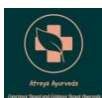
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## 1. INTRODUCTION

*Kushta* is considered as *Tridoshaja Vyadhi*, caused due to simultaneous vitiation of *Vata*, *Pitta* and *Kapha*, along with the involvement of *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle) and *Lasika* (lymph). [1] *Kushta* is classified into *Maha Kushta* (major) and *Kshudra Kushta* (minor) based on dominance of *Doshas* and clinical severity. In this case, the patient presented with reddish eruptions with severe *Daha* (burning sensation), *Kandu* (Itching sensation) along with *Rakta* (blood) and *Puya Srava* (blood and pus discharge) based on these presenting complaints and dominance of *Doshas*, the case was diagnosed as *Kapha-Pittaja Pidaka*. [2] This condition can be correlated with acneiform eruptions explained in modern medicine.

Acneiform eruptions are a papulo-pustular eruption which resembles *Acne vulgaris*. Such eruptions are developed due to infection, hormonal or metabolic abnormalities broadly categorized under three main causes i.e. primary cutaneous disorders (*Acne vulgaris*, *Acne Rosacea*), drug induced (*Anabolic steroids*, *Glucocorticoids*, *Lithium*, *EGFR inhibitors*, *Iodides*). It also includes systemic diseases (increased androgen production which may be of ovarian origin also [3] leading to *Papules* and *pustules* with no true comedones mostly found on trunk and back. In contrast

to acne, these lesions can appear anywhere on the body, not just on the face.

## 2. CASE REPORT:

A female patient aged 37years who is not a known case of DM type 2 and HTN came to OPD on 19/07/2024 with complaints of reddish eruptions (pus and blood filled) over back region, buttock region and B/L thigh, eruption increases during menstruation in the last 4 years. Associated with severe burning and itching. Patients have been on allopathy medications in the past 4 years and there was no improvement in the condition and quality of life. So, patient approached Ayurvedic treatment in the quest for radical cure of her illness.

**Table no. 1: Showing the clinical findings.**

Clinical findings	Impression
Site of lesion	Back, Buttock, thigh
Type of lesions	Pustules 2-4mm, Reddish with white border
Onset	Gradual, initially with few eruptions (5-6 eruptions)
Discharge	Pus and blood
Duration	4years
Progression	Gradual increase in number
Premenstrual flare-up	Present (+++)
Burning and itching	Present
Facial involvement	Absent

### Intervention and Timeline:

**Table no. 2: Showing treatment protocol: (19/07/2024- 23/12/2024)**

Medications	19/7	2/8	9/8	27/9	18/10	25/10	15/11	29/11- 23/12
T. <i>Guduchyadi Kashaya</i>	✓							

T. Arogyavardini Vati	✓	✓	✓					
Syp Sarivadhyasava	✓	✓	✓					
Cutis Powder	✓							
T. Kamaduga Sada	✓							
Bruhat Gandhaka Rasayana		✓	✓					
Syp Aragwadadi Kashaya		✓	✓					
Cap Mahatiktaka Ghrita				✓				
T. Kaishora Guggulu				✓	✓	✓	✓	✓
Cheriya Madhusnuhi Rasayana				✓				
Syp Khadiraristha					✓	✓	✓	✓
Patolakatuohinyadi Kashaya					✓	✓	✓	✓
Sudarshana Vati					✓	✓	✓	✓
Nalpamaradi Taila					✓	✓	✓	✓

**Table no. 3: Showing Shamana Aushadi - Matra, Sevana Kala with Anupana**

Medication	Dose	Kala	Anupana
T. Guduchyadi Kashaya	1TID	BF	Sukhoshna Jala
T. Arogyavardini Vati	1TID	BF	Sukhoshna Jala
Syp Sarivadhyasava	15ml BD	AF	Sukhoshna Jala
T. Kamaduga Sada	1TID	BF	Sukhoshna Jala
Bruhat Gandhaka Rasayana	1TID		Sukhoshna Jala
Syp Aragwadadi	10ml	BF	Sukhoshna Jala

Kashaya	TID		
Cap Mahatiktaka Ghrita	1BD	BF	Sukhoshna Jala
T. Kaishora Guggulu	1BD	AF	Sukhoshna Jala
Cheriya Madhusnuhi Rasayana	1/2tsp BD	7am -0- 6pm	Sukhoshna Jala
Syp Khadiraristha	10mlT ID	AF	Sukhoshna Jala
Patolakatuohinyadi Kashaya	10mlT ID	BF	Sukhoshna Jala
Sudarshana Vati	1TID	AF	Sukhoshna Jala

**Table no. 4: Showing *Shodhana* treatment protocol**

Date	Therapy	Dose	Vegas
20/07/2024	<i>Sadyovirechana -Nimbamruta Eranda Taila with Ushna Jala</i>	60ml	5
3/08/2024	<i>Sadyovirechana -Nimbamruta Eranda Taila with Ushna Jala</i>	60ml	6
4/09/2024	<i>Sadyo Vamana:</i> <i>Sarvanga Abhyanga with Nalpamaradi taila , Sarvanga Sweda</i> <i>Vamana Dravya:</i> <i>Madanaphala</i> <i>Vacha</i> <i>Kutaja Ghana Vati</i> <i>Yastimadhu</i>	5gms 1gm 4gms 4gms	<i>Vegas-9</i> <i>Upavegas-4</i>
20/09/2024	<i>Mahatiktaka Ghrita</i>	30ml	
21/09/2024	<i>Mahatiktaka Ghrita</i>	75ml	
22/09/2024	<i>Mahatiktaka Ghrita</i>	105ml	
24/09/2024	<i>Mahatiktaka Ghrita</i>	145ml	
25/09/2024	<i>Sarvanga Abhyanga with Nalpamaradi Taila</i> <i>Sarvanga Sweda</i> <i>Kapha Utkleshakara Ahara</i>		
25/09/2024	<i>Sarvanga Abhyanga with Nalpamaradi Taila</i> <i>Sarvanga Sweda</i> <i>Madanaphala</i> <i>Vacha</i> <i>Kutaja Ghana Vati</i> <i>Saindhava</i>	6gms 1gm 3gms 1gm	<i>Vegas-8</i> <i>Upavegas-11</i>
19/12/1024	<i>Mahatiktaka Ghrita</i>	40ml	
20/12/2024	<i>Mahatiktaka Ghrita</i>	60ml	
21/12/2024	<i>Sarvanga Abhyanga with Nalpamaradi Taila</i> <i>Sarvanga Sweda</i> <i>Siravyadha- right cubital vein.</i>	80ml blood	

**Table no. 5: Showing *Pathya-Apathya***

<i>Pathya</i>	<i>Apathya</i>
Buttermilk	Curd
Jowar Roti	Wheat Roti
Bitter gourd	Radish
Beetroot	Brinjal

Bottle gourd	Potato
Ridge guard	Sorrel leaves
Fenugreek	Excessive oily, sour, spicy, salty food and fruits
Pomegranate	Fast, Junk food

**Table no. 6: Showing the efficacy of treatment**

Parameters	Base line	2/8	9/8	13/9	27/9	18/10	25/10	15/11	29/11	23/12
Itching	+++	++	++	-	+	+	-	-	-	-
Burning	++	-	-	-	++	++	-	-	-	-
Acne	++	++	+	+	+++	++	++	++	+	-
Redness	++	++	++	-	+++	++	+	-	-	-
Scar	++	++	+	+	+	+	+	+	-	-
Pus Discharge	++	+	+	-	+++	+	+	-	-	-
DLQI [4]	39	-	-	18	-	-	-	-	-	05



**Images 1: showing improvement in lesions chronologically with treatment:**

### 3. DISCUSSION:

This case is posing diagnostic challenge because of its chronic nature and varied presentation. It is diagnosed on the principles of *Kushta* diagnosis advocated by Maharshi Charaka, the features of different *Doshaja Kushta*. Based on the chronic nature, *Chirapaki* (delayed suppuration), and *Kandu Bahulata* (itching predominant), Kapha predominance is assessed and *Daha*, *Raga*, and *Pooya Utpatti* (pus formation) denote the association of *Pitta*. So, this condition is diagnosed as *Kapha-Pittaja Pidaka*.

As per modern medicine it is diagnosed as Acneiform eruptions, the differential diagnosis is depicted in table 07.

**Table no. 7: Showing differential diagnosis according to modern science**

Feature	Acneiform Eruptions	Acne Vulgaris	Hidradenitis Suppurativa
Site	Anywhere on the body, not just on the face.	Face, Chest and Upper back	Axilla, groin, perianal, infra-mammary
Progression	Fast(days-weeks)	Slow (months-years)	Slow and relapsing
Causes/Etiology	Increased androgen production, drug induced, acne vulgaris	Increased sebum excretion, Increased sebum secretion, Increased androgen production	Systemic metabolic disorders like Metabolic syndrome, Obesity
Type of lesion	papules, pustules, nodules	Blackheads, whiteheads, pustules, nodules, cyst	Deep seated nodules, abscess
Sinus Tracts	Absent	Present	Present
Comedones	Absent	Present	Pseudo comedons
Healing with scar	Usually absent	Present	Present

Hence, on comparing the above, progression and discharge suggests diagnosis towards acneiform eruptions, early diagnosis and management helps to prevent progression of disease which effects social involvement and mental health.

**Table no. 8: Showing the *Samprati Vighatana* (disruption of pathogenesis)**

<i>Samprati Vighatana</i>	Therapy
Elimination of <i>Bahu Kapha</i> and <i>Madhyama Pitta</i>	<i>Sadyovamana</i>
<i>Sa- Moola Naashana</i> of <i>Bahu Kapha</i> and <i>Madhyama Pitta</i>	<i>Vamana Karma</i>
<i>Shesha Dosha Nashana</i> along with <i>Yakrit Shodhana</i>	<i>Raktamokshana</i>
<i>Kaphapitta Shamaka</i> and <i>Pitta Rechaka</i> , <i>Raktaprasadaka</i> ,	<i>Shamana Chikithsa</i>

<i>Yakritshodhaka</i>	
Preventing <i>Dosha Sanchaya</i> and <i>Raktadushti</i>	<i>Nidana Privarjana</i> and <i>Rasayana</i>

There is a tough treatment challenge because of chronic and stubborn nature of acneiform eruption. The treatment protocol is customized based on the condition of patient *Dosha Avastha* and *Rogabala*. The *Samprati Vighatana* (Table no. 8) was rationalized based on the *Kushta Chikitsa Siddhanta* according to Maharshi Charaka and out of box thinking approach especially planning of *Sadyovamana* (instantaneous emesis) before *Sneha-Sveda Puravaka Vamana*. Initially *Sadyovirechana* was done with *Nimbamrutadi Eranda Taila* followed by *Shamana Aushadi* for 15 days (Table no. 4). After two sittings of *Sadyovirechana* (Table no. 4) it was noted that old lesions were reduced in

buttock region, but new lesions were developed over back region, this implies that *Kapha* and *Pitta* are in *Bahudosha Avasta* (excessively aggravated *Dosha*). So, not much improvement was observed. Thus, Considering the *Sthana* of lesions and *Bahudosha Avastha* of *Kapha* and *Pitta Dosha*, *Sadyovamana* is planned. For classical *Vamana* the *Shodananga Snehapana* is prerequisite therapy, during this therapy there is chance of severe flareup of symptoms. To prevent this and to give instant relief, out of box thinking done and *Sadyovamana* [5] was planned to eliminate the *Kapha* and *Pitta Dosha* which lead to 50% improvement in itching, burning within 1 hour after the procedure (Table no. 6).

Thereafter *Snehana*, *Swedana*, *Vamana* (Table no.4) was planned for *Samoola Nashana* (radically remove) *Kapha* and *Pitta Dosha*. *Vamana Karma* helps to cleanse the *Shleshma Sthana* and *Pitta Sthana* i.e., *Amashaya* (stomach), *Yakrit* (liver) at cellular level.

*Siravyadha* (bloodletting) (Table no.4) was planned to remove *Shesha Dosha* (residual *Dosha*) and to cleanse the *Yakrit* which is the *Moola* (root) of *Raktavaha Srotas*. *Siravyadha* also helps in prevention in recurrence by checking the vitiation of *Rakta*.

*Nidana Parivarjana* (avoiding triggering factors) prevents the accumulation of *Dosha*, stops the *Rakta Dushti* (Table no. 5). *Cheriya Madhusnuhi Rasayana* was given as *Naimittika Rasayana* (disease specific immunomodulator).

*Guduchyadi Kashaya* tablet contains *Guduchi*, *Nimba*, *Rakta Chandana*, *Padmaka* which is *Pitta* and *Kapha Shamanaka*, *Pachana* and reduces *Daha*. [6]

*Arogyavardini Vati* contains *Katuki* which helps has *Bhedana* and *Rechana* property. [7]

*Sarivadyasava* contains *Kushta*, *Ushira*, *Lodhra*, *Guduchi*, *Amalaki* which is *Sarva Pidakahara* (subsides the discharge and eruption). [8]

Cutis powder contains *Tankana*, *Gandhaka*, *Nimba*, *Ajamodha*, *Pushpanjana* which helps in reducing *Daha* and *Kandu*.

*Kamadugha Sada* contains *Amruta Satva*, *Swarna Gairika*, *Abraka Bhasma* which is *Tridosahara* and *Daha Shamaka*. [9]

*Nalpamaradi Taila* contains *Panchavalkala*, *Triphala*, *Chandana*, *Kushta*, *Manjista* which is *Kandugna* (anti-pruritic), *Dahashamana* (subsides burning sensation), *Kushtahara* (alleviates skin disorder).

*Brihat Gandhaka Rasayana* contains *Gandhaka*, *Guduchi*, *Triphala*, *Shunti*, *Bringaraja* which helps in *Yakrutshodaka* (liver cleansing) and serves as *Kushtagna*. [10]

*Aragwadhadi Kashaya* contains *Aragwadha*, *Indrayava*, *Nimba*, *Bhunimba*, *Saptachada* which is *Kushtagna*, *Kandugna*, *Vrana Shodaka* (wound cleansing). [11]

*Sudarshana Vati* contains *Kiratatikta*, *Kutaja*, *Haridra*, *Musta*, *Kantakari*, *Nimba*, *Pushkaramoola* which is *Pittakaphahara*, *Agni Vardaka*, *Pachaka* (digestive). [12]

*Mahatiktaka Ghrita* Capsules contains *Ativisha*, *Tiktarohini*, *Patola*, *Guduchi* etc which acts on *Rasa* and *Raktavaha Srotas* and *Kushtagna*, *Pittashamaka*.

*Kaishora Guggulu* contains *Vidanga*, *Trivrit*, *Guduchi*, *Triphala*, *Trikatu* which is *Vrana*, *Kushta Nashaka*. [13]

*Cheriya Madhusnuhi Rasayana* contains *Madhusnuhi*, *Sariva*, *Bharangi*, *Vidanga*, *Triphala*, *Jatamamsi*, *Kushta*

etc which acts as *Rasayana* and helps to prevent reoccurrence of disease. [14]

*Khadirarista* contains *Khadira*, *Devadaru*, *Bakuchi*, *Triphala* etc. which is *Sarvakusta Naashaka* (alleviates all types of skin disorders). [15]

*Patolakaturohinyadi Kashaya* contains *Patola*, *Katuki*, *Chandana*, *Guduchi*, *Patha* which is *Kapha-Pittahara*, does *Bhedana* and *Rechana*. [16]

#### 4. CONCLUSION:

The four-year chronic *Kapha-Pittaja Pidaka* is administered rationally with *Sadyovirechana*, *Sadyovamana*, *Vamana*, *Siravyadha*, *Shamana*, *Naimittika Rasayana* and *Pathyapathya* for five months. This led to 80% reduction in eruptions and marked relief of chief symptoms itching and burning sensation with subsequent reduction in pus/blood discharge. The key observation of this case was the significant decrease in DLQI score from 39 to 5. No adverse reaction was noted during treatment. This case highlights the potential of a comprehensive *Ayurvedic* approach by integrating different modalities rationally helps in successful management of *Kapha-Pittaja Pidaka*.

**Declaration of Patient Consent** – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

**Patient perspective** - Patient was hesitant to face the social circle and tried avoiding it due the questions asked by people which lowered her confidence. After treatment and counseling her confidence regained and quality of her mental status improved.

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