



Ayurvedic Management Of Padminikantaka With Special Reference To Keratosis Pilaris – A Case Study

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Abstract: *Keratosis pilaris is a very common, dry skin condition caused by keratin accumulation in the hair follicles. It can occur at any age, but it's more common in young children. It is harmless skin condition that causes painless, dry, rough and tiny bumps, usually on the upper arms, thighs, cheeks or buttocks. It can be correlated with Padminikantaka (lotus thorn), one of the types of Kshudraroga. This study aimed to assess the efficacy of shaman chikitsa in the management of Padminikantaka (Keratosis Pilaris). It is a single case study. A 21-years-old female patient came to OPD with complaints of tiny multiple (bahu) painless (niruja) bumps (kantakavata), itching (kandu), dryness (rukshata), roughness (kharasparsha), discoloration (pandumandalam) on the both upper arms and thighs since one and half year. She was treated with shodhan chikitsa and shaman chikitsa and got complete relief after 2 months of treatment.*

Key Words: *Padminikantaka , Keratosis pilaris, Kshudraroga.*

1. INTRODUCTION :

Keratosis pilaris (KP) is also known as follicular keratosis, lichen pilaris, or chicken skin^[1] is a common, autosomal-dominant, genetic condition of the skin's hair follicles characterized by the appearance of possibly itchy, small, gooseflesh-like bumps, with varying degrees of reddening or inflammation.^[2] It most often appears on the outer sides of the upper arms (the forearms can also be affected), thighs, face, back, and buttocks;^[2] KP can also occur on the hands, and tops of legs, sides, or any body part except glabrous (hairless) skin (like the palms or soles of feet).^[3] KP occurs when the human body produces excess amounts of the skin protein keratin, resulting in the formation of small, raised bumps in the skin, often with surrounding redness.^[4] The excess keratin, which is the same colour as the person's natural skin tone, surrounds and entraps the hair follicles in the pore. This causes the formation of hard plugs (a process known as hyperkeratinization).^[5]

KP results in small, rough bumps on the surface of the skin. They are skin-colored bumps the size of a grain of sand, many of which are surrounded by a slight pink color in light-skinned people and dark spots in dark-skinned people.^[5] Most people with KP do not have symptoms, but the bumps in the skin can occasionally be itchy.^[4] Irritation due to scratching KP bumps can result in redness and inflammation. The cause of KP is not completely understood. As of 2018, KP is thought to be due to abnormalities in the process of depositing the protein keratin in hair follicles, abnormalities in the hair shaft, or both.^[1]

KP can be correlated with *Padminikantaka* (lotus thorn), one of the types of *Kshudraroga* in Ayurveda. It is a circular, papules like resembling the thorns on the stem of the lotus which are painless, Itchy, white in colour and spread all over the body caused by the Vata and kapha. *Utsadana*^[6], *Vamana* and *Lepa*^[7] are the treatments for *Padminikantaka* mentioned in Ayurvedic classics. But she wasn't willing for *Vaman karma* and she was not found to be fit for *Vaman* . So she was treated with *Virechan karma* along with *shaman chikitsa* .

2. AIM : To study the role of *shaman chikitsa* in the management of *Padminikantaka* (Keratosis Pilaris).



3. OBJECTIVE : To study diagnostic and prognostic aspects of *Padminikantaka* in Ayurvedic classics and Keratosis Pilaris in modern textbooks .

4. METHODOLOGY :

This is a single case study, a clinical study conducted at P. R. Pote Patil College of Medical Sciences Ayurved, Amravati, Maharashtra . The patient was treated with specific regimen and improvement was assessed. After proper counselling, the line of treatment was explained & written informed consent was taken .

5. CASE HISTORY :

A 21-years-old female patient, reported to Kayachikitsa- Out Patient Department with complaints of tiny multiple (*bahu*) painless (*niruja*) bumps (*kantakavata*), itching (*kandu*), dryness (*rukshata*), roughness (*kharasparsha*), discoloration (*pandumandalam*) on the both upper arms and thighs since one and half year. The patient had undergone various medicines previously, but she didn't get any relief. Patient was thoroughly examined and detailed history was taken & patient was diagnosed as case of *Padminikantaka* (Keratosis Pilaris).

6. H/O PAST ILLNESS :

Patient had no H/O DM , HTN or any other major illness .

7. FAMILY HISTORY :

All the family members are said to be healthy .

8. PERSONAL HISTORY :

Diet - Vegetarian, Time and Frequency of intake - Irregular, Appetite - Low , Sleep – Sound , Addiction - no specific addiction, Micturition - 5-6 times per day, Bowel - Regular, occasional constipation

9. CLINICAL FINDINGS :

Table 1 : *Ashthavidha Pariksha* and General Examination

<i>Ashthavidha Pariksha</i>	General Examination
<i>Nadi</i> – 72/min	Pulse – 72/min
<i>Mala</i> – <i>Samyak</i>	BP – 130/80 mmhg
<i>Mutra</i> – <i>Samyak</i>	GC – Moderate
<i>Jivha</i> – <i>Alpa saam</i>	Temp. – Afeb.
<i>Shabda</i> – <i>Spashta</i>	Rs – AE=BE , Clear
<i>Sparsh</i> – <i>Samshitoshna, Ruksha, Khara</i>	CNS – Conscious
<i>Druk</i> – <i>Prakrit</i>	CVS – S ₁ S ₂ , Clear
<i>Aakruti</i> – <i>Madhyam</i>	P/A – Soft

10. ASSESSMENT CRITERIA :

Table 2 : Gradation of Symptoms

1. *Bahu vruttamandalam* (No. of circular elevated lesions)

1.	No lesion	0
2.	Very few lesions (1-10)	1
3.	Moderate lesions (10-50)	2
4.	Multiple lesions (more than 50)	3



2. *Kantakairachitam* (Thorny projection)

1.	Absent	0
2.	Present	1

3. *Pandumandalam* (Discoloration)

1.	Absent	0
2.	Present	1

4. *Kandu* (Itching)

1.	No itching	0
2.	Mild / occasional itching	1
3.	Moderate frequent itching	2
4.	Severe frequent itching	3
5.	Very severe itching, which distrust sleep and daily routine	4

5. *Rukshta* (Dryness)

1.	No dryness	0
2.	Mild dryness	1
3.	Moderate dryness	2
4.	Severe dryness	3

6. *Kharasparsha* (Roughness)

1.	No roughness	0
2.	Mild roughness	1
3.	Moderate roughness	2
4.	Severe roughness	3

7. *Niruja* (Painless)

1.	No Pain	0
2.	Mild Pain	1
3.	Moderate pain	2
4.	Severe pain	3

11. TREATMENT PLAN :

1) Shodhan Chikitsa :-

Virechan Karma done as per schedule –

Table 3 : Virechan Karma

Sr. No.	Procedure	Medicines	Dosages and Duration
1.	<i>Deepan and Pachan</i>	<i>Chitrakadi vati</i>	2 <i>vati</i> , three times a day for 5 days



2.	<i>Snehapana</i> (Internal oleation)	<i>Panchatikta ghrita</i> 150g mixed with plain <i>ghrit</i> 300g	In increasing dose i.e. 30ml, 60ml, 90ml, 120ml, 150ml for five days early in the morning around 6-7am on empty stomach
3.	1) <i>Sarvanga Snehan</i> (External oleation) 2) <i>Swedana</i> (foamentation)	<i>Snehan</i> with <i>Tila tail</i> <i>Swedana – Kuti (Bashpa)</i> <i>sweda</i>	approx. for 15-20 min. for 3 days and on the day of virechan . approx.for 10-15 min for 3 days and on the day of virechan.
4.	<i>Virechan</i>	1) <i>Virechan kalpa</i> – i) <i>Ichhabhedi ras</i> + ii) <i>Triphala kwath</i> (decoction) 2) <i>Virechanopaga dravya</i> – <i>Mrudvika kashaya</i>	On the day of virechan 2 tab 200 ml
5.	<i>Samsarjana karma</i>	After <i>Virechan</i> 1 st day - Cooked rice of liquid consistency (<i>Peya</i>) 2 nd day - Semisolid cooked rice (<i>Vilepi</i>) 3 rd day - Semisolid cooked rice with lentils (<i>Khichadi</i>) 4 th day - Solid <i>Khichadi</i> 5 th day – Normal diet	For 5 days

2) Shaman Chikitsa :-Table 4 : *Shaman chikitsa*

Sr. No.	Medicine	Dose and Duration	Time	Anupan
1.	<i>Arogyavardhini Vati</i>	2 vati BD × 45 days	After meal	<i>Koshna jal</i>
2.	<i>Swayambhuva Guggul</i>	2 vati BD × 45 days	After meal	<i>Koshna jal</i>



3.	<i>Gandhak Rasayan</i>	2 vati BD × 45 days	After meal	<i>Koshna jal</i>
4.	<i>Brihat Haridra Khanda</i>	1 teaspoon BD × 45 days	After meal	<i>Koshna jal</i>
5.	<i>Udvartan choorna</i>	Thrice a week for local application	-	Mix with milk

12. OBSERVATION :

1) Assessment of *Virechan karma* –

Table 5 : Assessment of *Virechan karma*

Sr. No.	<i>Pariksha</i>	Observation
1.	<i>Vaigiki</i>	<i>20 Vega</i>
2.	<i>Antiki</i>	<i>Kaphant</i>
3.	<i>Laingiki</i>	<i>Kramat Vit-Pitta-kaphagaman, Kshudaprachiti, Laghuta, Vatanuloman</i>

2) Follow up proforma –

Table 6 : Follow up proforma

Sr. No.	Signs & Symptoms	Before Treatment	1 st follow up after virechan	2 nd follow up at 30 th day	3 rd follow up at 45 th day	4 th follow up at 60 th day
1.	<i>Bahu vruttamandalam</i> (No. of circular elevated lesions)	3	2	1	1	0
2.	<i>Kantakairachitam</i> (Thorny projection)	1	1	1	0	0
3.	<i>Pandumandalam</i> (Discoloration)	1	1	1	0	0
4.	<i>Kandu</i> (Itching)	4	2	1	1	0
5.	<i>Rukshta</i> (Dryness)	2	1	1	1	0
6.	<i>Kharasparsha</i> (Roughness)	2	1	1	0	0
7.	<i>Niruja</i> (Painless)	0	0	0	0	0

13. RESULTS :

After *virechana karma* it was observed that some symptoms like itching, dryness, and roughness were reduced. There was reduction in the number of circular elevated lesions. But thorny projections and discoloration on the skin were persistent in the remaining lesions. Also symptoms like itching, dryness and number of circular

elevated lesions were moderately relieved after 3rd follow up at 45th day of *shaman chikitsa*. After 4th follow up at 60th day all the symptoms were completely relieved.



Before Treatment



After Virechan



At 45th day



At 60th day

14. DISCUSSION :

In Present case study, a patient with chief complaint such as tiny multiple (*bahu*) painless (*niruja*) bumps (*kantakavata*), itching (*kandu*), dryness (*rukshata*), roughness (*kharasparsha*), discoloration (*pandumandalam*) on the both upper arms and thighs who was diagnosed as case of *Padminikantaka* (Keratosis Pilaris) was taken for the study. In this study, a combination therapy was given to the patient i.e. *Virechana* as a *Shodhan chikitsa* along with *Arogyavardhini Vati* , *Swayambhuva Guggul*, *Gandhak Rasayan*, *Brihat Haridra Khanda*, *Udvaratan choorna* as a *Shaman chikitsa* for 45 days. This treatment proved complete relief in all above symptoms.

Mode of action of *Virechana* –

1) Ayurvedic view :-

In Ayurveda , *Virechana karma* is considered as a main treatment for all types of skin diseases including *Kshudra kushta* . *Virechana karma* is said to eliminate vitiated *doshas* and it's highly effective when followed by *Shamana Aushadhi* .



Action of *Virechana Karma* is divided in the following two ways.^[8]

1. Systemic – by which it brings down the morbid *dosha*, particularly *Pitta* from *shakha* to *Koshtha*.
2. Local evacuant – which is concerned with the evacuation of these *dosha* in form of *Mala* from the gut by *Adhobhagahara* property.

Virechana drugs are having *Ushna*, *Teekshna*, *Sukshma*, *Vyavayee*, *Vikashi* properties and *Adhobhagahar Prabhav*.^[9,10]

Virechan dravya gets absorbed by its *Veerya*, it reaches to *Hridaya*, then the *Dasha Dhamani* and thereafter it reaches macro and micro-channels of the body. i.e. *sukshmati sukshma srotas*. *Ushna Guna* has *Agneya* property and hence the *dosha sanghata* is liquified (*Vishyandana*). Hence it facilitates movement of morbid *Doshas* towards *Kostha*. Due to *Teekshna Guna*, *mala* and *doshas* breaks up in micro form that helps in quick excretion. Due to *Pranava bhava* of *Sukshma Guna*, it opens micro channels and makes the *Doshas* to move towards *Kostha*. Due to *Vyavayee Guna* these drugs spreads quickly throughout the body and starts their action before its digestion. *Vikashi Guna* of drugs causes loosening of the bond between *Dosha* and *Dhatu* causing *Dhatu Shaithilya*.

From all these properties *Doshas* are driven to *Kostha*. These drugs consist of *Prithvi* and *Jala Mahabhootas* which are heavy in nature and *adhobhagahar Prabhav* which helps in expulsion of *Dosha* from *Adhobhaga* (anal route).^[11]

2) Modern view^[12] :-

i) Local action :- *Virechan dravya* are mild irritant to the stomach and the intestinal mucosa to cause inflammation. Hence hyperaemia occurs due to arteriolar dilatation and capillary dilatation. Exudation of protein rich fluid through the vessel wall in the intestinal tissue helps in dilution of toxins.^[13]

ii) Action on Nerves :- The process of Virechan is regulated and controlled by a special centre situated near Medulla Oblongata in the brain.^[14] This centre is close to respiratory and vomiting centre. *Virechan* drugs acts on nerves, hormones, liver and crypts of lieberkuhn and they have irritating effect on defecation Centre in Medulla oblongata. The vagus nerve stimulate pancreas & liver to produce secretions. Bile is secreted due to contraction of Gall Bladder due to irritation & stimulation of vagus nerve. Bruner's gland are stimulated which secretes mucus^[15]. Due to increased peristalsis, Sacral & lumbar plexus are irritated, ileo-caecal & anal sphincters are relaxed & these secretions are excreted out. Due to increased peristalsis, Sacral & lumbar plexus are irritated, ileo-caecal & anal sphincters are relaxed & these secretions are excreted out. . The act of purgation is also controlled and regulated by local reflex action of the concerned body parts. Defecation center is situated in sacral segments (center) of the spinal cord.^[16]

During the act of defecation the respiration is arrested momentarily, diaphragm is activated and it presses transverse colon. Simultaneously the accessory muscles of the abdomen are also activated and they also help in propelling the faecal matter towards anus. Faecal matter when reaches to intestine, stimulates local nerve plexuses and then the enforced peristalsis further helps in expelling contents of intestine towards rectum and finally to anal canal. When the voluntary or involuntary act of defecation starts, the ultimate result is evacuation of bowels.

Mode of action of Drugs –

Arogyavardhini vati is a *twagaroghara*, *sookshmastrotogaami*, *Kanduhara*, *Vranashodhana*, *Kledashoshana*, *Sthirikara of twaka*, *mamsa* and *Rasayan* in property. It also helps in blood purification by removing toxins due to its *shodhan* (detoxification) property.

Swayambhuva Guggul is a *twagaroghara*, *Kanduhara* in property. It clears skin infections and restores the natural color of the skin. It reduces *Kapha dosha* and then pacifies *vata dosha*.

Gandhak Rasayan mainly acts on skin, blood and it is *Rasayana* in action. It helps to destroy the *samprapti* (pathogenesis) of *Kshudra Kushtha* due to its *Ushnaveerya* and *Katukashay Rasa*. It reduces features of *Raag* (redness), *Pidika* (eruption), with *Rakta shodhak* (blood purifier) and *Kushtaghana* properties .



Brihat Haridra Khanda is a *Twagaroghara, Kanduhara* in property. It pacifies all three doshas and treat all skin disorders .

Udvartan choorna is a *Kaphaharam , Vataharam, Twak prasadakaram param, Kandu haram, kanti karam* in nature.

15. CONCLUSION :

In this combination of *shodhan & shaman chikitsa, Virechan* along with *Arogyavardhini vati, Swayambhuva Guggul, Gandhak Rasayan, Brihat Haridra Khanda* internally and *Udvartan choorna* externally provided significant results in *Padminikantaka* (Keratosi pilaris). The result strengthens the role of *Virechan* along with *Shaman chikitsa* in the management of *Padminikantaka* (Keratosi pilaris). However further studies with large sample size are needed to established the treatment.

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