



Original Article

## Management Of Keratosis Pilaris Using Ayurvedic Modules Of Treatment – A Case Study

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### Abstract

Keratosis pilaris is a common, harmless skin condition that causes painless, dry, rough and tiny bumps, usually on the upper arms, thighs, cheeks or buttocks. It can occur at any age, but it's more common in young children. There is no available cure, miracle pill, or universally effective treatment for keratosis pilaris. It sometimes clears completely by itself without treatment. But some time left untreated, however, the bumps do tend to get worse and harder to deal with over time. The duration of relief generally cannot be predicted and the patient may get vulnerable because of its cosmetic loss. It can be correlated with *Padminikantaka* (papules lotus thorn), one of the types of *Kshudraroga*. *Vata* and *kaphadosha* (humours) are the main culprits to cause this disease.

**Aim:** To study the role of *shodhana* and *shaman chikitsa* in the management of Keratosis pilaris

**Method:** An 18 years old male patient with complaints of keratosis pilaris having the history of one and half year was treated with *virechanakarma* (purgation) and 2 sessions of *Siravedha* (bloodletting) along with ayurvedic oral medication.

**Result:** Moderate improvement was observed after *virechana karma*, marked improvement was observed after *siravedha* and got complete relief after *shamanachikitsa*.

**Keywords:** Keratosis pilaris, *Padminikantaka*, *Virechana karma*, *Siravedha*.

### INTRODUCTION

Keratosis pilaris (KP) is also known as follicular keratosis, lichen pilaris, chicken skin.<sup>[1]</sup>

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It is a common, autosomal dominant, genetic condition of the skin's hair follicles.<sup>[2]</sup> It is characterized by the appearance of painless, itchy, small, gooseflesh-like bumps. Mostly appears on the outer sides of the upper arms, thighs, face, back, and buttocks. Keratosis pilaris can also occur on the hands and tops of legs, sides, or any body part. It may appear in patients with dry skin conditions and atopic dermatitis. The cause of keratosis pilaris is incompletely understood. As of 2018, keratosis pilaris is thought to be due to abnormalities in the process of depositing the protein keratin in the hair follicles, abnormalities in the hair shaft, or both.<sup>[3]</sup>

*Kshudra* means *alpa* / minor and *roga* means disease. *Kshudraroga* are generally small / minor and less severe diseases. They are named as *kshudraroga* because their *nidan* (etiology), *lakshana* (clinical features) and *chikitsa* (treatment) are described in short. *kshudraroga* generally have the skin manifestations. But on the other hand abnormal skin expressions are considered under the title of *Kushtha*. “*Tvachahkurvantivaivarnyamdushyahkushthu mupashyanti tat*”<sup>[4]</sup> means any disease which deforms the skin can be called as “*kushtha*.” In *kushtha* there is “*Saptakodravysamgraha*” (there is involvement of *tridosha*, *tvaka*, *mamsa*, *shonit*, *lasika*), but *kshudraroga* does not involve such a

bigger pathology. So it might have been discussed separately.

No single approach has been found to completely cure keratosis pilaris but treatments can improve the cosmetic appearance of the condition. Treatment includes the application of topical preparations of moisturizers and medications such as lactic acid, salicylic acid, urea, or retinoid to the skin. Fractional carbon dioxide lasers and Nd:YAG laser therapies are also effective.<sup>[5]</sup>

*Utsadana*<sup>[6]</sup>, *vamana* and *lepa*<sup>[7]</sup> are the prime treatments suggested for *padminikantaka*. But in the said patient *virechana* was suggested. The patient had undergone various medicines previously. He did not get any relief from the same. Considering the failure of various treatments in the said clinical condition, *raktadushti* was also taken in consideration<sup>[8]</sup> and *Siravedha* was also suggested.

**AIM:** To study the role of *shodhana* and *shaman chikitsa* in the management of Keratosis pilaris.

**OBJECTIVE:** To study diagnostic and prognostic aspects of *kshudraroga*.

## METHOD:

### Case Report:

An eighteen years old male patient reported to Panchakarma OPD of Shri Ayurved College, Nagpur with complaints of appearance of thorny projections over the right elbow joint.

(*pitikaDakshinkurparasandhipradeshi*)since one and half year having the following characteristics

1. *Kantakavata*(Thorny projections / Bumps)
2. *Bahu* (multiple)
3. *Raukshya*(Dryness)
4. *Kandu*(Itching)
5. *Kharasparsha*(Roughness)
6. *Shveta-raktavarnipitika*(Discolouration)
7. *Aruja*(Painless)

Patient had no H/O DM/HTN/any major illness

#### General examinations -

<i>Mala</i> – 1-2 times/day, unsatisfactory	<i>Akruti–Krush</i>
<i>Mutra</i> - 5-6 times/day, routine ( <i>Samyaka</i> )	<i>Kshudha – Mandya</i>
<i>Jivha – Alpasama</i>	<i>Koshtha – Krura</i>
<i>Sparsha</i> – <i>Samshitoshna, khara, ruksha</i>	

#### CRITERIA FOR THE ASSESSMENT OF SIGNS AND SYMPTOMS:

##### 1. *Kandu* (Itchinng):

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

##### 2. *Raukshya* (Dryness):

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

##### 3. *Kharasparsha* (Roughness):

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

##### 4. *Bahupitika* (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

##### 5. *Pandumandalam* (Discoloration):

1	Absent	0
2	Present	1

##### 6. *Kantakairachitam*(Thorny projection):

1	Absent	0
2	Present	1

##### 7. *Vrutamandalam*(Circular elevated lesions):

1	Absent	0
2	Present	1

## 8. Aruja (painless):

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

## TREATMENT PLAN:

### 1. Virechana Karma – schedule as follows

S r. N o.	Procedure	Medicines	Dosages and duration
1	Deepan and Pachana	Chitrakadi Vati	2 vati, three times a day for 5 days
2	Snehapana (Internal oleation)	Panchatikta aghrita 150 g mixed with plain ghrit 500 g.	In increasing dose i.e. 40ml, 80ml, 120ml, 160ml, 200ml for five days early in the morning around 6-7am on empty stomach
3	1.Sarvanga Abhyanga(E xternal oleation)  2.Swedana(f	Abhyanga with Bala tail (100ml)	Abhyanga – approx. for 15-20 min. for 3 days and on the day of

	oamentaion)	Swedana – Kuti (Bashpa) sweda	virechana. Swedana – for 10-15 min for 3 days and on the day of virechana.
4	Virechana	Virechana Kalpa – i] Nishottar + Triphalak ashaya (decoction ) = 200ml + Erandatail = 50 ml ii] Ichhabhed iras= 3 tab iii] Virechano pagadravya – Mrudvikak ashaya	On the day of virechana 100 ml every half hourly
5	Samsarjanak arma	In sequence – initially	For 5 days

		cooked rice of liquid consistency ( <i>peya</i> ), followed by semisolid cooked rice ( <i>Vilepi</i> ), semisolid cooked rice with lentils ( <i>khichadi</i> ), solid <i>khichadi</i> and on the 5 <sup>th</sup> day normal diet.	
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## 2. *Siravedha* (Bloodletting):

Procedure	Equipments	Dosage and duration
<i>Siravedha</i>	Needle No. 18, Simple rubber catheter, spirit swab, measuring beaker, cotton balls, sticking,	2 settings of bloodletting were done with 100 ml

	sphygmomanometer	quantity each.
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## 3. *Shamana* treatment:

Sr. No.	Treatment	Dosages and duration
1	<i>Arogyavardhini Vati</i>	250 mg thrice a day with water

## OBSERVATIONS:

### Assessment of *Virechana* (*Virechana Pariksha*):

Sr. No.	<i>Pariksha</i>	Observations
1	<i>Vaigiki</i> (Total bouts of mala pravrutti)	20 <i>vega</i>
2	<i>Antiki</i>	<i>Kaphant</i>
3	<i>Laingiki</i>	<i>Kramat Vit-pitta-kaphagam Kshudhaprachiti, Laghuta, Vatanulomana</i>

### Follow up:

Follow ups were taken after *virechana*, 1<sup>st</sup> *siravedha*, 2<sup>nd</sup> *Siravedha*, 1<sup>st</sup> and 2<sup>nd</sup> *Shamana* treatment.

Sr. No.	Signs and symptoms	Before treatment (26/10/17)	1 <sup>st</sup> follow up - after virechan a (9/11/17)	2 <sup>nd</sup> follow up - after 1 <sup>st</sup> siraved ha (18/11/17)	3 <sup>rd</sup> follow up - after 2 <sup>nd</sup> sirave dha (2/12/17)	4 <sup>th</sup> follow up - after 1 <sup>st</sup> shama n t/t (9/12/17)	5 <sup>th</sup> follow up - after 2 <sup>nd</sup> shaman t/t (13/12/17)
1	<i>Kantakairachitam</i> (Thorny projections)	1	1	1	0	0	0
2	<i>Vruttamandalam</i> (Circular elevated lesions)	1	1	1	1	1	0
3	<i>Kandu</i> (Itching)	3	2	1	0	0	0
4	<i>Raukhya</i> (Dryness)	2	1	1	1	0	0
5	<i>Kharasparsha</i> (Roughness)	3	2	1	0	0	0
6	<i>Bahu</i> (Multiple lesions)	3	2	1	1	1	0
7	<i>Pandumandalam</i> (discolouration)	1	1	0	0	0	0
8	<i>Niruja</i> (Painless)	0	0	0	0	0	0

## RESULTS:

After *virechana karmait* was observed that some symptoms like itching, dryness, and roughness were reduced. There was reduction in the number of lesions. But thorny and circular elevated projections were persistent in the remaining lesions. After the 1<sup>st</sup> setting of *siravedha*, 50% improvement was observed in all the signs and symptoms. Complete improvement was observed in thorny projections, itching, roughness and discoloration after 2<sup>nd</sup> setting of *siravedha*. After *shaman* treatment, all the symptoms were completely relieved.

## DISCUSSION:

### A. Diagnostic point of view:

*Padminikantaka* is explained under the title of *Kshudraroga*.<sup>[9]</sup> The diseases having lesser pains or no pain, having slow progress are considered in *kshudraroga*.<sup>[10]</sup> *Padminikantaka* is the disease having *vatakapha* dominance.<sup>[11]</sup> The properties like *ruksha*, *guru*, *manda* are dominant in this disease. Though it is said to be of *vatakaphaja* dominance, it seems that *Kapha* is more dominant than *vata* from the signs and symptoms present in it. As *vruttam*, *kandumatam*, *pandumandalam*, *neeruja*, *bahu* are mostly due the *kapha* dominance and *kantakairachitam*, *rauqhya*, *kharasparsha* are having *vata* dominance. Keratosis pilaris can be correlated with

*Padminikantaka* as their signs and symptoms are nearly resembled to each other.

Sr • N o.	Keratosis pilaris	<i>Padminikantaka</i>
	<b>Location</b> – Arms (upper & lower) <ul style="list-style-type: none"> <li>- Legs (upper &amp; lower)</li> <li>- Buttocks</li> <li>- Cheeks</li> </ul>	<i>Shariram</i>
	<b>Characteristics</b>	
1	<b>Thorny / Spiny projections / Bumps</b>	<i>Kantakairachitam</i>
2	<b>Circular elevated lesions</b>	<i>Vruttamandalam</i>
3	<b>Painless</b> – If the patient feel discomfort or pain when pressing on a skin bumps, it's likely not keratosis pilaris	<i>Neeruja</i>
4	<b>Dryness</b>	<i>Rauqhya</i>
5	<b>Roughness</b> – On running hands over these bumps may feel rough to the touch like sand paper	<i>Kharasparsha</i>
6	<b>Itching</b>	<i>Kandumatam</i>
7	<b>Discolouration</b> – Bumps may appears skin coloured / red / white / brown / dark brown (depending upon the nature of skin)	<i>Pandumandalam</i>

8	Multiple in number	
9		<i>Kaphavatajam</i>

## B. Prognostic point of view –

Keratosis pilaris is a chronic skin condition periodically becoming worse or better. It is a benign, noncontagious, self-limited skin condition that tends to be mild. It is not curable but spontaneously improves over time.<sup>[12]</sup> Or moisturizing lotions or creams may help to get relief. Left untreated, however, the bumps do tend to get worse and harder to deal with over time.

## C. Treatment point of view –

*Vamana*, *Utsadana* and *Lepa* are the prime treatments suggested for the *Padminikantaka*. But as the patient had a scare of *vamana*, as patient was *krusha* having *alpamamsabala* (weak in physical strength), BMI = 17.28, he was not found to be fit to bear the stress of *vamana*. *Sovirechana* was kept as milder one and selected as a process for the expulsion.

As discussed earlier it has been *rakta* might be one of the prime *dushyain* *padminikantaka*, we have another point of view regarding the consideration of *raktaas dushyain* *padminikantaka*. *Padminikantaka* has the expression over skin; the pathogenesis may have the similar *dushyasas* those of *kushthalike* *tvaka*, *mamsa*, *rakta* and *lasika*. Considering the

*raktadushti*, *siravedhawas* also suggested. Every time whenever *siravedhawas* done signs and symptoms were reduced drastically. It has been immediately supporting the claim of having *raktaas dushyain* *padminikantaka*.

As *twakarogahara* *Arogyavardhinivati* was the drug selected for shaman *chikitsa*. *Arogyavardhinivati* is *murchitavastha* of *parada* which definitely has *vyadhinashaka* property. All the ingredients as well as *bhavanadravyas* used to prepare this drug are independently *twagarogahara*. Whereas *Parada*, *Gandhaka*, *Loha*- *Tamra*- *Abhraka*- *bhasma*, *Shilajatu*, *Triphala*, *Guggulu* acts as *Rasayana*. *Parada*, *Shilajatu*, *Lohabhasma* have *yogavahiguna* which enhances the *twakaroganashana*, *kledashoshana* and *kushthaharagunas*. *Laghuguna*, *katu rasa* of *Gandhaka*, *Tikta rasa* of *Loha*- *Tamrabhasma*, *Shilajatu*, *Katuki*, *Guggulu* acts as *sookshma* *strotogaami*, *Kanduhara*, *Vranashodhana*, *Kledashoshana*, *Sthirikara* of *twaka* and *mamsa*.

So overall it's been observed that after *virechana*, *siravedha* and shaman treatment all the symptoms of Keratosis pilaris were reduced completely. *Virechana* and *siravedha* played significant role for *raktadushti*. *Virechana* being a *shodhana* procedure helped in pacifying the *doshas* i.e. *vata* and *kapha*. *Shamanchikitsa* act as *rasayana* after *shodhana* which helped in pacifying remaining *doshas* as well as maintaining the state of health.



Patient had complete remission of the disease on 6<sup>th</sup> follow-up and no recurrence was found.

## CONCLUSION:

The patient was completely relieved and did not appear at the OPD again for the same complaints. So, the principles used for treating the patient might have worked in the right direction. For setting them as the perfect line of treatment in such cases a large set of patients might be needed.

## REFERENCES:

1. Wang, JF; Orlow, SJ (July 2018). "Keratosis Pilaris and its Subtypes: Associations, New Molecular and Pharmacologic Etiologies, and Therapeutic Options". *American Journal of Clinical Dermatology*. 19 (5): 733–757.doi:10.1007/s40257-018-0368-3 (https://doi.org/10.1007%2Fs40257-018-0368-3). PMID 30043128 (<https://www.ncbi.nlm.nih.gov/pubmed/30043128>).
2. Panchaprateep R, Tanus A, Tosti A (March 2015). "Clinical, dermoscopic, and histopathologic features of body hair disorders". *Journal of the American Academy of Dermatology*. 72 (5): 890–900. doi:10.1016/j.jaad.2015.01.024 (https://doi.org/10.1016%2Fj.jaad.2015.01.024). PMID 25748313 (<https://www.ncbi.nlm.nih.gov/pubmed/25748313>).
3. Wang, JF; Orlow, SJ (July 2018). "Keratosis Pilaris and its Subtypes: Associations, New Molecular and Pharmacologic Etiologies, and Therapeutic Options". *American Journal of Clinical Dermatology*. 19 (5): 733–757.doi:10.1007/s40257-018-0368-3 (https://doi.org/10.1007%2Fs40257-018-0368-3). PMID 30043128 (<https://www.ncbi.nlm.nih.gov/pubmed/30043128>).
4. Vagbhata. AshtangaHridayam (Sarvangsundara and Ayurveda Rasayana commentary). Kunte, Navare, Paradkar HS, editors. 7th ed. Varanasi: ChaukhambaOrientalia; 1982.Nidansthana, 14/3.
5. Wang, JF; Orlow, SJ (July 2018). "Keratosis Pilaris and its Subtypes: Associations, New Molecular and Pharmacologic Etiologies, and Therapeutic Options". *American Journal of Clinical Dermatology*. 19 (5): 733–757.doi:10.1007/s40257-018-0368-3 (https://doi.org/10.1007%2Fs40257-018-0368-3). PMID 30043128 (<https://www.ncbi.nlm.nih.gov/pubmed/30043128>).
6. Sushruta. SushrutaSamhita (Nibandhasamgrahavyakhya commentary). JadavjiTrikamji, Narayan Ram, editors. 6th ed. Varanasi: Krishnadas Academy; 1998. Chikitsasthana, 20/39.

7. Vagbhata. AshtangaHridayam (Sarvangsundara and Ayurveda Rasayana commentary). Kunte, Navare, Paradkar HS, editors. 7th ed. Varanasi: ChaukhambaOrientalia; 1982.Uttarsthana, 32/4.
8. Charaka. CharakaSamhita (Ayurveda Dipika Sanskrit commentary). YadvjiTrikamji, editor. 1st ed. Varanasi: ChoukhambaSurbharatiPrakashan; 1994. Sutrasthana, 24/.
9. Sushruta. SushrutaSamhita (Nibandhasamgrahavyakhya commentary). JadavjiTrikamji, Narayan Ram, editors. 6th ed. Varanasi: Krishnadas Academy; 1998. Nidansthana, 13/ 40.
10. Vagbhata. AshtangaHridayam (Sarvangsundara and Ayurveda Rasayana commentary). Kunte, Navare, Paradkar HS, editors. 7th ed. Varanasi: ChaukhambaOrientalia; 1982.Indu on Uttarsthana, 31/4,
11. Sushruta. SushrutaSamhita (Nibandhasamgrahavyakhya commentary). JadavjiTrikamji, Narayan Ram, editors. 6th ed. Varanasi: Krishnadas Academy; 1998. Nidansthana, 13/ 40.
12. [https://www.medicinenet.com/keratosis\\_pilaris/article.htm#what\\_is\\_keratosis\\_pilaris](https://www.medicinenet.com/keratosis_pilaris/article.htm#what_is_keratosis_pilaris)



Before treatment (26/10/17)



After 2<sup>nd</sup> Siravedha (2/12/17)



After virechana (9/11/17)



After 1<sup>st</sup> Shamana t/t (9/12/17)



After 1<sup>st</sup> Siravedha (18/11/17)



After 2<sup>nd</sup> Shamana t/t (13/12/17)