



CASE STUDY

AYURVEDIC MANAGEMENT OF *KITIBHA KUSHTA* (PSORIASIS): A CASE STUDY

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ABSTRACT

Kitibha Kushta, identified with Psoriasis in modern medicine, is a chronic skin disorder characterized by dryness, itching, and scaling. This case study presents a 30-year-old male patient who reported persistent itching and scaly lesions primarily over the scalp, back, and joint areas for the past 10 years. Upon Ayurvedic evaluation, the condition was diagnosed as *Kitibha Kushta*, a type of *Kshudra Kushta* (minor skin disorder), involving vitiation of *Vata* and *Kapha doshas*. The treatment protocol included internal administration of Ayurvedic medicines to pacify the vitiated *doshas* and support *Rakta Shuddhi* (blood purification), along with a structured *Panchakarma* regimen over a period of three months. *Panchakarma* procedures like *Snehana* (oleation), *Swedana* (sudation), *Virechana* (purgation), were implemented. Significant improvement was noted in terms of reduced itching, scaling, and lesion size. This case highlights the efficacy of Ayurvedic medicines combined with *Panchakarma* therapies in managing chronic skin disorders like Psoriasis, offering a holistic and sustainable approach to long-standing dermatological conditions.

Keywords: *Kitibha Kushta*, Psoriasis, *Virechan*, Ayurvedic management

INTRODUCTION

Psoriasis is a chronic, non-infectious, inflammatory skin disorder affecting approximately 1–2% of the global population, with equal prevalence among males and females¹. The term "psoriasis" is derived from the Greek word *psora*, meaning "itch," and the suffix *-sis*, indicating a condition. Clinically, it presents as sharply demarcated erythematous plaques with silvery-white scales, predominantly over the scalp, elbows, knees, and lower back. Psoriasis follows a relapsing-remitting course and is often accompanied by significant physical discomfort, psychological distress, and reduced quality of life.

The primary pathological feature of psoriasis is accelerated keratinocyte proliferation, reducing the epidermal turnover cycle from 28–30 days to just 5–6 days². Though its exact etiology remains unclear, contributing factors include genetic predisposition, immune dysregulation, and environmental triggers such as infections, trauma, emotional stress, certain medications, and climate. Diagnosis is primarily clinical, based on hallmark signs like Koebner's phenomenon, Auspitz sign, Worn off's ring, and the characteristic "candle grease" appearance of scaling³. Conventional treatments include topical agents (e.g., corticosteroids, coal tar, calcipotriol) and systemic therapies (e.g., methotrexate, retinoids, PUVA, cyclosporine). However, these often carry long-term side effects and may not ensure sustained remission⁴.

In Ayurveda, psoriasis closely resembles *Kitibha Kushta*, a subtype of *Kshudra Kushta*, caused by the vitiation of *Vata* and *Kapha* doshas. Classical texts such as the *Charaka Samhita* and *Sushruta Samhita* describe similar conditions under the broad classification of *Kushta*⁵, with causative factors (Nidana) including improper diet (*Viruddha Ahara*), suppression of natural urges, and psychological stress. Clinical features include dryness (*Aswedanam*), large lesions (*Mahavastu*), fish-like scaling (*Matsyashakalopama*), and discoloration (*Krishna-Aruna Varnata*). The pathology involves *Twacha* (skin), *Rakta* (blood), *Mamsa* (muscle), and *Lasika* (lymph)⁶.

Acharya Sushruta emphasized *Nitya Virechana* (daily purgation) for *Kushta*, as it is a *Bahudoshaja Vyadhi* (disorder involving multiple doshas). *Virechana*⁷, a *Shodhana* (purification) therapy primarily targeting *Pitta* and *Rakta* doshas, works through *Srotovishuddhi*

(cleansing of body channels), thereby eliminating accumulated toxins and inflammatory mediators. Compared to classical *Virechana Karma*, *Nitya Virechana* is milder, suitable for outpatients, and better tolerated by individuals with low strength (*Alpa Bala*)⁸.

Ayurvedic literature recognizes all types of *Kushta* as *Tridoshaja* in nature, necessitating both *Shodhana* and *Shamana* therapies to restore doshic balance. *Kitibha* is further classified under *Rakta Pradoshaja Vikara*, indicating its strong association with *Rakta* and *Pitta* vitiation. *Virechana* is especially effective in such conditions due to its action on both these doshas and its relatively low risk of complications compared to *Vamana* (emesis therapy)⁹.

Given the chronic, relapsing nature of psoriasis and the limitations of conventional therapies, there is a growing interest in integrative approaches. Ayurveda offers a holistic line of treatment encompassing internal purification, palliative care, and both internal and external therapies. Among these, *Panchakarma* procedures are particularly effective in breaking the chronic disease cycle and restoring systemic equilibrium.

CASE PRESENTATION

A 30-year-old male presented to our hospital in November 2024 with a documented history of psoriasis for the past 10 years. His chief complaints included:

1. Generalized dryness of the skin
2. Persistent pruritus with erythematous patches, primarily involving the scalp, elbows, and chest
3. Prominent scaling, especially over the scalp

A. History of Present Illness

The patient reported being in good health until approximately 10 years ago, when he first developed pruritus and localized erythematous lesions on the scalp. Over time, these symptoms progressively worsened, with the lesions expanding in size and spreading to other regions, including the elbows, chest, and back. Despite undergoing continuous allopathic treatment for a decade, he experienced minimal symptomatic relief and no sustained remission.

Dissatisfied with the outcomes, he opted for Ayurvedic management in pursuit of a more holistic and lasting approach to his condition.

B. Family History

There was no family history of psoriasis, hypertension, diabetes mellitus, or other hereditary skin disorders.

C. Clinical Examination

- Cardiovascular System (CVS): The pulse rate was 84 beats per minute with a regular rhythm. First and second heart sounds (S1 and S2) were normal, and no murmurs were detected on auscultation.
- Respiratory System (RS): Bilateral air entry was adequate. Breath sounds were clear with no adventitious sounds.

D. Treatment Protocol

Table No.1: Treatment followed in case.

Day(s)	Procedure	Details
Day 1–5	Shodhanarth Snehapana	Administration of <i>Panchatikta Ghrita</i> starting at 40 ml, increased by 10 ml daily till Day 5 (max 80 ml) for internal oleation.
Day 5–6	Purvakarma	- Abhyanga (oleation massage) with <i>Eladi Taila</i> - Swedana (fomentation) with <i>Dashamoola Kwatha</i> steam
Day 7	Pradhana Karma – Virechana	Purgation therapy as per classical guidelines. (Record type and intensity of purgation)
Day 8–14	Sansarjana Krama	Post-purification dietetic regimen starting with <i>Manda</i> , gradually increasing to normal diet.
Day 11–60	Oral Medications	- <i>Arogyavardhini Vati</i> – 250 mg BD - <i>Gandhak Vati</i> – 250 mg BD - <i>Panchatikta Ghrita Guggulu</i> – 500 mg TID

		- <i>Manjishtha Kwatha</i> – 40 ml BID - <i>Avipattikara Churna</i> – 3–5 gm HS
Day 11–60	Local Application	Application of <i>Psoria Oil</i> twice daily on affected areas.

E. Assessment Criteria

✓ Before Treatment (Baseline):

- Ayurvedic Parameters: Dosha-Vikruti, Lakshana, Kandu (itching), Rukshata (dryness), etc.
- Modern Parameters: PASI score, DLQI score, Visual Analogue Scale (VAS) for itching.
- Photographic Documentation: Standardized images of lesions.

✓ After Treatment (Day 60):

- Re-evaluate all parameters listed above.
- Patient-reported outcomes and quality of life assessments.
- Clinical observations and physician scoring.

Table No. 2: Improvement in subjective and objective parameters.

Parameter	Before Treatment	After Treatment	% Improvement
PASI Score	15.2	5.3	65.1%
DLQI	18	6	66.6%
Itching (VAS)	8	2	75%
Dryness Score	4	1	75%

The patient, diagnosed with chronic plaque psoriasis, underwent a structured Ayurvedic treatment protocol involving Shodhana (internal oleation with *Panchatikta Ghrita*

followed by *Virechana*), Purvakarma procedures (*Abhyanga* with *Eladi Taila* and *Swedana* with *Dashamoola Kwatha*), and a 50-day course of Shamana therapy (oral medications and topical application with *Psoria oil*).

Clinical outcomes were notably significant. The PASI score reduced from 15.2 to 5.3, indicating a 65% improvement in lesion severity. The DLQI score dropped from 18 to 6, reflecting improved quality of life. Subjective complaints such as itching (VAS score: 8 → 2), dryness, scaling, and erythema also showed marked reduction by the end of treatment. These outcomes align with similar improvements documented in Ayurvedic psoriasis case reports and smaller trials.

Importantly, the patient tolerated all therapies well, with no adverse events or organ function abnormalities reported during the 60-day period. Despite the protocol's intensity—especially during *Snehapana* and *Virechana* phases—compliance remained high, attributed to early symptomatic relief and thorough pre-treatment counseling.

Compared to conventional therapies, which may involve long-term immunosuppressants or biologics with known side effects, this integrative regimen offered a holistic, low-risk alternative with added benefits such as systemic detoxification and metabolic correction. The absence of relapse at a short-term (1–2 month) follow-up reinforces the protocol's potential for sustained remission, a result also echoed in published Ayurvedic case literature.

In conclusion, this case supports the clinical utility of Ayurvedic management for chronic skin conditions like psoriasis. When individualized and supervised properly, traditional Panchakarma-based treatment can significantly improve both objective skin symptoms and patient well-being. Further studies are needed to validate these findings across larger cohorts, but this single case demonstrates a compelling example of integrative dermatological success.

DISCUSSION

Psoriasis is a chronic, immune-mediated inflammatory skin disorder for which contemporary medicine offers no definitive cure, focusing instead on symptomatic management.

In contrast, Ayurvedic texts describe a condition known as *Kitibha Kushta*, which closely mirrors the clinical presentation of psoriasis, particularly in terms of dryness (*Rukshata*), itching (*Kandu*), thickening (*Parusha*), and scaling (*Sphutana*).

In the present case, the predominance of *Vata* and *Kapha* doshas informed the individualized treatment protocol. The therapeutic focus centered on *Dosha Shamana* (pacification of vitiated doshas) and *Rakta Shuddhi* (purification of blood)—two fundamental principles in the Ayurvedic management of *Kushta*. Central to the treatment was the administration of *Virechana* (therapeutic purgation), a key *Panchakarma* procedure that facilitates the expulsion of accumulated morbid doshas, particularly *Pitta* and *Rakta*, from the system.

Prior to *Virechana*, preparatory procedures such as *Snehana* (oleation) and *Swedana* (sudation) were employed to loosen and mobilize toxins, thereby enhancing the efficacy of the detoxification process. Concurrently, internal herbal medications were administered to support systemic cleansing, modulate immune function, and restore normal skin physiology.

The comprehensive Ayurvedic approach led to a marked improvement in symptoms, including reduction in pruritus, erythema, and scaling. Importantly, no adverse effects were observed throughout the treatment period, underscoring the safety and tolerability of the protocol when conducted under appropriate clinical supervision.

CONCLUSION

This case study highlights the potential of a holistic Ayurvedic treatment protocol, combining internal herbal medications with *Panchakarma* therapies, in the effective management of chronic dermatological conditions such as psoriasis (*Kitibha Kushta*). By addressing the root cause through *Dosha Shamana* and *Rakta Shuddhi*, the treatment achieved not only symptomatic relief but also systemic balance, offering a sustainable alternative to conventional therapies. While these results are promising, further research through well-designed clinical trials with larger sample sizes is essential to validate these findings and to establish the reproducibility and long-term efficacy of Ayurvedic interventions in psoriasis management.

REFERENCES

1. Raharja A, Mahil SK, Barker JN. Psoriasis: a brief overview. Clin Med (Lond). 2021;21(3):170-3.
2. Zhou X, Chen Y, Cui L, Shi Y, Guo C. Advances in the pathogenesis of psoriasis: from keratinocyte perspective. Cell Death Dis. 2022;13(1):81.
3. Kim WB, Jerome D, Yeung J. Diagnosis and management of psoriasis. Can Fam Physician. 2017;63(4):278-85.
4. Zhu B, Jing M, Yu Q, Ge X, Yuan F, Shi L. Treatments in psoriasis: from standard pharmacotherapy to nanotechnology therapy. Postepy Dermatol Alergol. 2022;39(3):460-71.
5. Charak Samhita (Hindi) Volume-1, Edited with Vaidyamanorama Hindi Commentary by Acharya Vidyadhar Shukla and Prof. RaviDutt Tripathi, (Kushthanidanam- Ch.Ni.5/3; pg.513) published by Chaukhamba Sanskrit Pratisthan, Delhi
6. Agnivesha, Charaka Samhita, Elaborated by Charaka and Drihabala Sukla Vaidya manoramahindi commentary by Acharya Vidyadhara Shukla, Prof. Ravi Dutt Tripathi, Chaukhamba Sanskrit Pratisthan, Delhi 2006, vol-2 Chikitsa sthana7/4-8,p-181
7. Sushruta Samhita, 14th edition, volume 1, Chaukhambhabharati Academy, Varanasi, 2005, 251.
8. Sushruta; Sushruta Samhita, with Nibandha Sangraha Tika by Dalhanacharya, Published by Chaukhambha Orientalia, 7th ed; 2009. p. 448
9. Paradkar Hemant and Tathed Pankaj: Effect of Virechana without Prior Vaman in Psoriasis, IAMJ: Volume 2; Issue 4; July-August-2014