

CLINICAL INSIGHTS INTO KITIBHA KUSTA W.S.R. TO PSORIASIS – A CASE STUDY

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ABSTRACT

Psoriasis is chronic immune-related inflammatory skin condition that affects 2-3% of global population and 0.44 – 2.8% of Indians. It is characterized by hyperkeratinisation, erythematous scaly plaques. Nowadays due to *mityaharavihara*, sedentary and stressful life style psoriasis cases are increasing rapidly and conventional treatment remains limited. In Ayurveda we compare psoriasis with *kitibha kusta* which is one among the *Astadasha kustas* that to *Kshudra kusta* explained in *Bruhatrayi* and *Laghutrayi*, characterized by *Shyava varna* (blackish brown color), *kinakara Sparsha* (rough to touch), *Parusha* (hard) and *Kandu* (itching).

Case summary: A 50-year-old male patient consulted with complaints of multiple erythematous elevated lesions associated with diffused scaling and itching present on various

parts of the body since 10years. He was diagnosed with Kitibha kusta (chronic plaque psoriasis) based on his signs and symptoms, his PSAI score before treatment: 23.2%, Patient is incompatible to *Gandaka rasayanam*, *Avipattikara churnam*, on assessment we identified *Bahudoshavasta* in patient hence we conducted *vamana* procedure, advised *Shamanoushadis* after *Vamana karma*, significant improvement was seen in patient after *Vamana karma*, patients PSAI score became almost zero after 6 months of treatment.

KEYWORDS: Psoriasis, *Kitibha Kusta*, *Vamana*, *Shamanoushadis*.

INTRODUCTION

Psoriasis is chronic immune related inflammatory skin condition that affects 2-3% of global population,^[1] 0.44 – 2.8% of Indian.^[2] It is characterized by hyperkeratinisation, erythematous scaly plaques, may occur especially over the scalp, ears, genitalia, extensor aspects of lower limb and upper limb. Among all types of psoriasis, plaque psoriasis is most common one with Auspitz sign and Candle grease test, apart from plaque psoriasis we come across other types like Guttate psoriasis, Erythrodermal psoriasis, Inverse psoriasis, Pustular psoriasis.

Due to over-the-top augmentation of cells in the basal layer, Irregular lesions can be seen on epidermal layer, keratinocyte formation time is reduced to 5-6 days from 28-30 days.

In Ayurveda we compare psoriasis with *kitibha kusta* which is one among the *Astadasha kustas*^[3] that to *Kshudra kusta*^[4] explained in *Bruhatrayi* and *Laghutrayi*, characterized by *Shyava varna* (blackish brown color), *kinakara Sparsha* (rough to touch), *Parusha* (hard) and *Kandu* (itching).^[5]

MATERIALS AND METHODS

PATIENT INFORMATION

A 50-year-old male patient consulted with complaints of multiple erythematous elevated lesions associated with diffused scaling and itching present on various parts of the body i.e. over extensor aspects of upper and lower limbs, umbilical region, lower back, scalp since 10years, aggravated in the past 3 months. He was diagnosed with *Kitibha Kusta* (Psoriasis) based on his signs and symptoms like *Shyava varna mandala* (blackish brown color lesions), *kinakara Sparsha* (rough to touch), *Parusha* (hard) and *Kandu* (itching). He went to various Allopathic and Ayurvedic hospital got symptomatic relief, skin lesions got aggravated since 3months hence he came to our hospital for further treatment.

Associated complaints

He had poor appetite and gastritis.

Personal history

Appetite: low

Sleep: un-disturbed

Bowel: regular

Urine flow: normal

Dietary habits: Excessive intake of sour, salty, pungent foods, untimely meals, excess tea 4-5 times per days, excess intake of deep-fried foods like chilly fritters, dumplings etc, excess curd intake especially during night time, *Ratri jagarana*.

Time line

Table 1: case Timeline.

Date	Medical history
June 2017	First onset of erythematous elevated lesions with plaque over scalp, consulted Ramayya hospitals, bangalore for treatment, took treatment for 6 months but no relief.
April 2018	Lesions aggravated and lesions start to develop over the extensor aspects of upper and lower limbs. Consulted Victoria hospital, Bangalore for treatment, took treatment nearly for one year and got relief from the symptoms.
August 2019	Erythematous scaly elevated lesions again start to develop over the scalp followed by other regions, consulted same hospital for treatment, patient posted for <i>Virechana</i> followed by <i>Shamanoushadis</i> for 1 ½ year.
2022, 2023	Patient was completely asymptomatic.
February 2024	Symptoms start to reappear again, patient consulted homeopathic treatment, took treatment for 6months and got mild relief.
August 2025	Symptoms got flared up and came to our hospital for treatment.

Clinical assessment

General examination

Pallor, icterus, central cyanosis, oedema, digital clubbing, local lymphadenopathy – absent

Astastana pariksha

Nadi - vata kapha

Shabdha - ruksha, parusha sparsha

Mala - 2times/day, 1time/night

Sparsha - anushna sheeta

Mutra - 4-5 times/day

Druk - prakruta

Jihwa – aliptata

Akruti - sthoulya

Systemic examination

CNS: conscious and well oriented

CVS: S₁, S₂ heard

Respiratory: Bilateral lung field clear

Integumentary system: Erythematous scaly elevated lesions over scalp, back, extensor aspects

of upper limb and lower limb, thigh, hyperkeratinised plaque lesions over knee and elbow.

Candle grease and Auspitz sign - positive

PSAI score: 23.2%

Ayurvedic view: Lesions are of *shyava varna* (blackish brown color), *kina khara Sparsha* (rough to touch), *parusha* (hard), associated with *Kandu* (itching).

Utsanna mandala, deerghkalina pidaka, kandu - kapha lakshanas. Varna, kinakhara Sparsha, parushata - vata lakshanas.

Spread most of the body - due to involvement of *rasa* and *rakta dusti*, involving *rasavaha* and *raktavaha srotas*.

Other history

Patient is irritant to *Gandaka Rasayanam, Avipattikara churnam*.

Treatment intervention

Table 2: Timeline of intervention.

Date	Intervention	Dose
15-08-25 to 20-08-25	<i>Deepana, pachana</i>	<i>Citrakadi vati</i>
21-08-25 to 24-08-25	<i>Snehapana with Aragwadha Mahatiktak ghrita</i>	Day 1 - 40ml Day 2 - 80ml Day 3 - 120ml Day 4 - 160ml
25-08-2025	<i>Sarvanga abhyanga with marichadya tailam, Mrudu nadi sweda</i>	OD
26-08-2025	<i>Sarvanga abhyanga with marichadya tailam, Mrudu nadi sweda Vamana</i>	OD Pradhana karma <i>Madanadi kalpam</i> <i>Madanaphala – Antarnakha musti</i> <i>Pramana of pt</i> <i>Pippali – 2gm</i> <i>Yastimadhu – 4gm</i> <i>Vacha – 3gm</i> <i>Madhu – to make it bolus like</i> <i>Yastimadhu phanta – 2lit</i> <i>Saindava jala – 2 lit</i> Paschat karma <i>Mukha prakshalana</i> <i>Pani pada prakshalana</i> <i>Gandusha</i>

		<i>Dhumapana</i>
27-08-25 to 30-08-25	<i>Samsarjana krama (peyadi krama)</i>	

Patient underwent *Vamana* procedure and got 9 *vamana vegas* with *pittanta*. Patient had stable vitals throughout the procedure.

Shamanoushadis

Table 3: Shamanoushadis.

S.NO	<i>Aushadi</i>	Dose, <i>Sevana kala</i>	<i>Anupana</i>
1	<i>Yastimadhu mishrana</i> <i>Yastimadhu -100gm</i> <i>Rasamanikya -10gm</i> <i>Shataputi abhraka Bhasma -2gm</i> <i>Trivanga bhasma -10gm</i>	6gm twice a day After food	<i>Mahatiktaka ghrtam</i>
2	<i>Aragwadha mahatiktaka kashayam</i>	20ml twice a day Before food	<i>Ushna jalam</i>
3	<i>Manibhadra guda</i>	5gm once a day Early morning Empty stomach	<i>Madhu</i>
4	<i>Bruhat Dantapala Tailam</i>	Twice a day, external application	

RESULT

Table 4: outcome of Intervention.

<i>Lakshana</i>	<i>Shodana poorva</i>	<i>Shodanothara</i>	After 6 months
<i>Shyava varna</i>	Present	Reduced	Reduced
<i>Kinakara Sparsha</i>	Present	Slightly reduced	Completely reduced
<i>Parusha</i>	Present	Slightly reduced	Completely reduced
<i>Kandu</i>	Present	Occasional	No itching
PSAI score	23.2%	20%	0

Pictures showing Before & After Treatment



Fig.1
Before treatment



Fig.2
During Snehapana



Fig.3
After 6 months

MODE OF ACTION (*samprapti vighatana*)

Targeting both contemporary cellular hyperproliferation and traditional bio-humoral disharmony (*Vata-Kapha* dominance in *Rasa-Rakta-Mamsa-Lasika dushyas*) is necessary for

the therapeutic treatment of *Kitibha Kusta* (Psoriasis). Due to the patient's *Bahudoshavastha* a 6-month course of tailored *Shamanoushadhis* (palliative therapy) was administered after *Shodhana* (purification) by *Vamana Karma*. The illness etiology was methodically broken by this combination technique (*Samprapti Vighatana*).

1. Role of *Shodhana: Vamana Karma*

Expulsion of Morbid *Doshas*: *Kusta* is generally a *Santarpana-nimittaja* (metabolic/overnutritional) and *Bahudosha* condition. Classically, *Vamana* is the *uttama* line of treatment for *Kapha-dominant* or *Kapha Utkleshta* skin disorders. It forcefully expels the *Utkleshta Kapha* and *Pitta* from the *Amashaya*, cutting off the primary source of metabolic toxins (*Ama*) that fuel *Srotodushti*.

Micro-Circulatory Decongestion: From a modern perspective, *Vamana* exerts a transient autonomic stimulus that alters capillary permeability. This flushes out inflammatory cytokines and micro-vascular plugs from the dermal papillae, explaining the rapid initial reduction in the patient's Psoriasis Area and Severity Index (PASI) score from 23.2% to 20% right after *Shodhana*.

2. Mode of Action of *Shamanoushadhi* (Internal)

A. *Yastimadhu Mishrana* (Herbo-Mineral Compound): This unique formulation balances aggressive cellular proliferation with systemic rejuvenation.

Yastimadhu^[6] (*Glycyrrhiza glabra*) acts as a natural *Vata-Pitta shamana* and *Kandughna* (anti-pruritic). Phytochemicals like glycyrrhizin exhibit a corticosteroid-like anti-inflammatory action, down-regulating pro-inflammatory cytokines (TNF- α , IL-17/IL-23) that drive psoriasis hyperkeratinization.

Rasamanikya^[7] is a potent *Rakta-shodhaka* (blood purifier) that targets underlying *Raktavaha sroto-dushti*, stabilizing tissue metabolism and halting the rapid 5-to-6-day keratinocyte cell cycle to help return the epidermal layer to its normal 28-to-30-day cycle. *Rasamanikya* pacifies excessive *Vata dosha* preventing rapid keratinocyte cycle, skin dehydration and sensitivity, it also pacifies *kapha-pitta* together therefore resists skin problems that may occur due to excessive oily layer, removes accumulated toxins under the skin.

Shataputi Abhraka Bhasma^[8] & *Trivanga Bhasma* act as deep cellular rejuvenators

(*Rasayana*), stabilizing cell membranes, correcting immune misfires at the tissue level (*Dhatu-agni*), and repairing the altered dermal-epidermal junction.

B. Aragwadha Mahatiktaka Kashayam: Packed with *Tikta* and *Kashaya rasa*, this *kashaya* directly acts on *Rakta-dushti* and purifies the metabolism of the liver. In addition to lowering high plaques (*Utsanna Mandala*) and treating chronic tissue inflammation, *tikta rasa* naturally lowers excess moisture and swelling (*Kleda-shoshana and Kaphahara*).

C. Manibhadra Guda^[9]: Made with *Haritaki* and *Trivrit*, it guarantees consistent, gentle laxation (*Mridu Virechana*), anulomanam. *Manibhadra Guda* was a great mild substitute because the patient was sensitive to conventional remedies like *Avipattikara Churna*. Its constant descent (*Vatanulomana*) preserves the beneficial effects of *Vamana* by preventing metabolic waste from accumulating again in the circulation.

3. Mode of Action of External Application

Bruhat Dantapala Tailam^[10]: Treating the compromised skin barrier topically is essential. The oil base hydrates the skin and breaks up heavy scaling by directly opposing the dry, harsh characteristics of *Vata dosha* (*Ruksha* and *Khara guna*). The main herb in *Dantapala*, *Wrightia tinctoria*, reduces epidermal turnover. Frequent treatment eliminates hyperkeratosis, resulting in the total elimination of rough texturing (*Kinakara Sparsha*) and a final PASI score of zero.

DISCUSSION

Psoriasis is chronic immune linked inflammatory skin disease characterized by hyperkeratinisation, erythematous scaly plaques, in Ayurveda it can be correlated with *Kitibha kusta* which is *raktavaha sroto vikara* involving *kaphavatatmaka samprapti*, *Twak* as *adistana*. As this patient was assessed with *Bahudoshavasta*, *kapha vatatmaka samprapti* patient is posted for *vamana karma*, followed by administration of *shamanoushadis* for 6 months. The PASI score is 23.2% before *vamana*, after *vamana* it was reduced to 20%, after usage of 6 months of *Shamanoushadi* patient PASI score reduced to almost Zero and patient became Asymptomatic Completely.

CONCLUSION

This case study shows that chronic plaque psoriasis (*Kitibha Kusta*) can be effectively treated with an organized Ayurvedic approach that combines *Vamana Karma* (therapeutic emesis) with

targeted *Shamanoushadhis* (palliative internal and external medications).

The following results were obtained from the protocol's effective treatment of the patient's underlying *Kapha-Vata* morbidity and *Bahudoshavastha*.

Complete Clinical Remission: Following *Vamana*, the patient's initial PSAI score of 23.2% fell to 20%, and after six months of palliative care, it reached a definitive 0%.

Elimination of Symptoms: *Shyava Varna* (discoloration), *Kinakara Sparsha* (roughness), *Parusha* (hardness), and *Kandu* (itching) were all fully resolved.

Effective Alternative: For a patient who was extremely sensitive or intolerant to conventional formulations like *Gandhaka Rasayana* and *Avipattikara Churna*, the tailored medicine selection offered a great, well-tolerated treatment approach.

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