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KITIBHA KUṢṬHA AND PSORIASIS: AN INTEGRATIVE REVIEW OF AYURVEDIC AND MODERN PERSPECTIVES

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ABSTRACT

Kitibha Kuṣṭha, described under Kuṣṭha roga in Ayurveda, shows close clinical resemblance to psoriasis, a chronic immune-mediated dermatological disorder. Both conditions are characterized by dryness, roughness, scaling, discoloration, and itching, reflecting the predominance of Vata and Kapha doṣas in Kitibha Kuṣṭha and inflammatory immune pathways in psoriasis. This review aims to integrate classical Ayurvedic concepts with contemporary biomedical understanding to establish a correlation between the two conditions. Ayurvedic literature explains the etiopathogenesis through doṣa-duṣya saṃmūrchana involving Twak, Rakta, Mamsa, and Lasika, precipitated by nidānas such as viruddha āhāra and improper lifestyle. Modern medicine attributes psoriasis to genetic predisposition, immune dysregulation, and environmental triggers, including stress. Current allopathic management is largely symptomatic, relying on topical and systemic therapies with limitations in long-term use. In contrast, Ayurveda offers a holistic approach comprising śodhana (purificatory therapies), śamana (palliative measures), and strict adherence to pathya āhāra and vihāra, aiming at disease modification and prevention of recurrence. The integrative understanding highlights the potential of Ayurvedic interventions in providing safe, cost-effective, and sustainable management of psoriasis.

KEYWORDS: Kitibha Kuṣṭha, Psoriasis, Vata-Kapha, Doṣa-duṣya saṃmūrchana, Śodhana, Śamana.

INTRRODUCTION

Ayurveda is a Traditional system of medicine which has a holistic perspective in diagnostic as well as therapeutic means since many centuries. In the current scenario the rich collection of knowledge endowed with the core principles of the unique science hold a special place in all branches of medicine especially in dermatology cases In Ayurveda a patient is examined by *darsana(*Inspection), *sparsana(* Palpitation and Percussion) and *prasna*(Interrogation) which is called *trividhapariksha*(The mode of examination). Through these modes of examination and the detailed description of etiopathogenesis, sysmtomatology, treatment protocol etc. In Ayurveda we can see the references of autoimmune, chronic and even dreadful skin disease which contemporary significant. Skin is the largest organ of the human body accounting for 16-20% of total body weighs. The skin of an average adult covers $2m^2$ area individual.[1] Patients with skin disease may experience physical, socio-economic and psychological embarrassment in the society. Changes in skin colour may indicate homeostatic imbalances in the body. Many interrelated factors affect both the appearance and health of the skin including nutrition, hygiene, circulation, age, immunity, genetic traits, psychological state and drugs. In Ayurveda, the word ‘twacha’ or ‘charma’ is used for skin. Ayurvedic literature has also provided substancial information regarding the diagnosis and management of skin disorders. In Ayurveda the term “Kustha” include all type of skin diseases. Most of the Ayurvedic texts categorise the Kustha Roga into two groups, Mahakustha and Kshudrakustha which further divided into seven types and eleven type. Kitibha is a type of kshudrakustha described in different Ayurvedic classics. It is a vata-kaphaja disorder. The lakshanas of Kitibha kustha includes, shyva, Krishna varna, parushata, kharaspsrsha, kandu, ghanatwam and srava. Kitibha kustha is correlated with psoriasis of modern science by many scholars because of similar and identical characteristic features. Psoriasis is a common dermatological disorder affecting approximately 2% of the global population. It is immune mediatedconditions characterised by well defined. erythamatous papules and rounded plaque, typically covered with silvery mica like scales.[2] It is an immune mediated genetically determined common dermatological disorder which affects skin, nails, joints and having various systemic associations. There is evidence that the disease is associated with a high impact on the health-related quality of life and considerable cost. It is typically a lifelong condition.

METHOD AND METERIAL

Study Design

This study is a **systematized narrative integrative review** aimed at critically analyzing and correlating the Ayurvedic concept of Kitibha Kuṣṭha with psoriasis described in modern medicine.

Data Sources

Ayurvedic Literature

Classical Ayurvedic literature was reviewed from authoritative texts including Caraka Samhita, Sushruta Samhita, and Ashtanga Hridayam with their respective commentaries.

Modern Scientific Literature

Modern medical data were obtained from standard textbooks such as Davidson's Principles and Practice of Medicine and Harrison's Principles of Internal Medicine, Dermatology by DM Thapa, along with peer-reviewed journal articles.

RESULTS AND DISCUSSION

Disease Review- Kitibha kustha

Whole of the skin disease in Ayurveda is explained under the broad term kustha one among the Asthamahagadha.[3] The vyakhaya of kustha is "kushitam va tishthati".[4] i.e the disease which makes the body look ugly. Here Kitibha is one among the kshudra kustha, affectingthe 4 teak layer, vitiating rasa and raktavaha strata's come under bahiya roga marga disease. It is vividly described in all Samhitas mentioning its lakshan and treatment.

Nirukti & Paribhasa

The term kitibha is the combinition of 'kiti' & 'Bha'. The word 'kiti' refers to variety of blackinsects and stays in kesha pradesho or in hair. According to hemadri, the commentator of Vagbhatta the 'kiti' is also called 'Akeena'. This indicates that it is either a lice or some other insect which is similar to lice. The term 'Bha' refers to the resemblance or similarity. So the term kitibha suggests something which resemblance a lice. The similarity that is mentioned only in colour not in size and shape. So the definition of kitibha is a pathological skin condition where the colour of skin is black like kiti. Chakrapani, Gangadhar also describe kitibha kustha in Ayurved Dipika & Jalpakalpataru respectively Dalhanacharya & Gayadas have also described.

The lakshana of kitibha kustha explained by Acharyas has variation –

Acc Charaka to -*Shyāvam kiṇakharasparśa paruṣam kiṭimam smṛt* **(Chi.Chi.7/22)**[5]

The lesions of kitibha kustha are

1. Shayava: Blackish-brown in colour.
2. Kina sparsha, Rudha vrana sthan – rough on touch just like the scar of wound.
3. Khara Sparsha – Lesions are rough or coarse to touch. Purusha – Dry lesion

The similar description is available in Bhavaprakash, Madhav Nidana & Yoga Ratnakar.

Acc to Susrutha- *Yat srāvi vṛttaṁ ghanam ugra-kaṇḍu tat snigdha-kṛṣṇaṁ kiṭibhaṁ vad anti* **(Su.Sh.Ni.5/13)**[6]

The lesions of kitibha kustha are

1. Sravi – Exudating.
2. Vrittam – Round or coined shaped lesion.
3. Ghanam – Well defined borders
4. Snigdham – Sticky, unctuous
5. Krishnam – Black in colour.

Acc to Ashtanga-*Asvedam matsya-śakala-sannibhaṁ kiṭibha punaḥ***(As.Hr.Ni.14/20)**[7]

The lesions of kitibha kustha are

1. Kandu – Itching
2. Ashitam – Shyava varna.

In Bhela Samhita following lakshanas explained

1. Drudham – Well defined or firm.
2. Punah prasravanti – Oozing
3. Roodhanvitam cha – Separation of lesion
4. Vardhate cha samutpannam – The lesions extends after manifestation (Bh.S.Chi. 6/25).

According to Kashayap Samhita

1. Anuna – Redish in colour.
2. Vriddhimanti – Spreding in nature.
3. Guruni – Lesions are large.
4. Prashantani cha punarutpadyante – Subsides relapses (K.S. Kustha Chikitsa)

NIDAN OF KUSTHA ROGA

In Ayurveda, Nidan refers to both the diagnostic process (Vyadhi Bodhaka Nidana) and the causative factors (Vyadhi Utpadaka Hetu).Understanding the cause is essential for effective treatment, which includes Nidan Parivarjanam (avoiding causes). No specific Nidan exists for different types of Kustha; the general causes for skin diseases apply to all forms. Nidana, or the causes related to the emergence, spread, and development of a disease, are generally categorized in classical Ayurveda literature as follows:

In **kustha roga**, following nidans could be identified according to the Samhitas:

1. Sannikrishta or Abhyantara karana (internal cause): Saptakodravya sangraha, Mansika nidan.
2. Viprakrishta or Bahya karana (external cause)

Aharaja, Viharaja, Krimi, Aupsargika, Anya vyadhi and Jala as a karana

1. Sahaja nidan & Beeja dosha
2. Purvajanmakrita
3. Vishesha hetu (karmaja kustha hetu)

SANNIKRISHTA NIDAN: The fundamental components involved in *Roga Samprapti* (pathogenesis) of Kitibha Kushtha include the “Sapta Dravya,” comprising three Doshas (*Vata, Pitta, Kapha*) along with four Dushyas (*Tvak, Rakta, Mamsa*, and *Lasika*).

In Kitibha Kushtha, predominance of **Vata and Kapha Dosha** leads to characteristic features such as dryness, roughness, scaling, and discoloration of the skin.

MANSIKA / PSYCHOLOGICAL FACTORS: Psychological factors like excessive anger, stress, anxiety, emotional trauma, and unethical behaviors play a significant role in triggering and exacerbating Kitibha Kushtha (Psoriasis). Stress is considered a major precipitating and aggravating factor in psoriasis, influencing disease severity and recurrence.

VIPRAKRISHTA NIDAN: These are external factors that facilitate *Dosha-Dushya Samurchana* (interaction between Doshas and tissues), leading to disease manifestation.

Table No 1: Aharaja Nidans of Kustha Roga described by Charaka, Sushruta, Vagbhata, Madhava Nidana, Bhela Samhita, Harita Samhita, and Bhavaprakasha are as follows.[8-14]

Sl	Nidana	C	S	A.H	Bhel	Ha	M.Ni	B.P
1	**Virudha ahara**							
	Fish-with incompatible items	+						
	Specificgrains+milk/curd(hayanak, yavaka, chanaka	+						
	Mulaka & lasuna with milk	+						
	Gramya/Anupama mamas with payasa	+	+					
	Pippali, kakamachi, lakucha with dadhi & sarsapa	+						
	Mrga mamsa with kshira	+						
	Mulaka with guda	+						
	Madya with kshira	+						
	Amla with kshira	+						
	Harita shaka excess with kshira	+						
	Madhu+ mamsa followed by ushna	+						
	Matsya with nimbuka & kshira	+						
2]	**Mithya ahara**	+	+	+	+	+		
	Navanna, dadhi, matsya, amla lavana	+	+	+				
	Tila, kshira, guda	+	+	+				
	Drama, snigdha, guru ahara	+	+	+	+			
	Excess sneha	+		+				
	Vidahi ahara	+		+				
	Adhyashasana	+	+	+	+			
	Ajirnashana	+	+	+	+			
	Asatmya ahara	+		+				
	Excess Madhu & phanta	+		+				
	Dusta jala	+						

Aharaja Nidana

Dietary factors play a crucial role in the causation of Kitibha Kushtha. The major contributors include *Virudha Ahara* (incompatible diet) and *Mithya Ahara* (improper dietary practices).

Virudha Ahara[15]

Consumption of incompatible food combinations disturbs *Agni*, leads to *Ama* formation, aggravates Doshas (especially Vata and Kapha in psoriasis), and causes obstruction of *Srotas*, resulting in skin disorders like Kitibha Kushtha.

Mithya Ahara

Improper dietary habits that violate *Ashta Ahara Vidhi Visheshayatana* impair *Jatharagni*, produce *Ama*, and contribute significantly to chronic skin diseases including psoriasis.

Viharaja Nidana

Lifestyle-related factors such as suppression of natural urges, irregular routines, excessive physicalU exertion, indulgence in unethical activities, sudden dietary changes, and excessive sexual activity contribute to the vitiation of Doshas and aggravation of Kitibha Kushtha.

Table No. 2: Different Types of Viharaja Nidana.[17,19]

Sr.no	Viharaja nidan	Ch. (Ni.5/6)[16]	Su (Ni.5/3)[16]	A.H (Ni.14/ 1-3)[18]	M.Ni (49/ 1-6)[19]
1	Shitosna vyatyasa sevana & Anupurvya sevana	+			
2	Santarpana & Apatarpana diet without sequence	+			
3	Sudden diving into cold water or drinking cold water after fear, exhaustion, & coming from sunlight	+	+		+
4	Practice of physical exercise & sunbath after heavy meals	+			+
5	Vyavaya during ajirna	+	+		+
6	Vega Dharan like mutra, purisha, chardi.	+	+		+
7	Kupathya in panchkarma	+	+		+
8	Divaswapna after lunch	+			
	Achar Hetu				
1	Papakarma	+	+	+	+
2	Vipra guru tiraskara	+			+
3	Sadhu ninda			+	
4	Use of money material acquired by wrong deeds			+	

KRIMI AS NIDANA OF KUSTHA[20]

Krimi (microorganisms) are considered a secondary causative factor in the manifestation of Kitibha Kushtha (Psoriasis) according to Ayurveda. While modern science emphasizes direct infection, Ayurvedic classics describe Krimi as contributing factors influenced by internal imbalance. Charaka Samhita attributes it to Raktaja Krimi, whereas Ashtanga Hridaya explains it as Abhyantara Krimi. The role of Vyadhikshamatva (immunity) is crucial—reduced immunity enhances susceptibility to disease. Imbalance of **Kapha and Pitta Dosha** leads to **Kleda formation**, resulting in skin lesions and creating a favorable environment for microbial growth. Management includes **Krimighna therapy (elimination of microorganisms)** and **Shodhana Chikitsa (detoxification procedures)**, especially in severe conditions involving Raktaja Krimi.

AUPSARGIKA NIDANA OF KUSTHA[21]

Sushruta Samhita describes **Aupsargika Nidana** as causative factors related to contagious nature of diseases. This correlates with modern understanding of communicable conditions.

Transmission may occur through

- **Prasangaat** – sexual contact
- **Gatrasamsparsha** – direct physical contact
- **Nishwasa** – respiratory/droplet transmission
- **Sahabhojana** – sharing food
- **Sahasayana** – sharing bed
- **Vastra-Malya-Anulepana** – use of contaminated clothes, ornaments, or cosmetics

JALA AS KUSTHA NIDANA[22]

Water originating from specific geographical regions such as the **Vindhya, Sahya, and Pariyatra ranges** is described in Ayurveda as a contributing factor for the development of Kustha. Impure or vitiated water may disturb Dosha balance and predispose individuals to skin disorders like Kitibha Kushtha.

OTHER VYADHI AS KUSTHA NIDANA[23]

Certain diseases such as **Raktapitta, Raktarsha, and Amatisara**, when improperly managed (especially by **Stambhana therapy**), can lead to Kushtha. Stambhana causes **Tiryak Gati of Doshas**, resulting in their abnormal spread towards the skin and subsequent manifestation of disease.

SAHAJA NIDANA OR BEEJA DOSHA[24]

Kustha is also considered an **Adibala Pravritta Vyadhi (hereditary disorder)**. A child born from parents affected with Kustha may inherit susceptibility due to **Beeja Dosha (genetic defect)**.

Ayurveda also explains a karmic aspect, stating that unresolved disease may persist across lifetimes.

VISHESHA HETU (KARMAJA HETU)

Includes unethical and immoral activities such as

- Disrespecting elders and learned persons
- Violence, theft, or harmful actions

- Mistreatment of noble individuals
- Acquisition of wealth through wrongful means
- These factors contribute to disease manifestation through **psychosomatic imbalance**.

PURVARUPA OF KUSTHA

Purvarupa are **prodromal symptoms** appearing before the full manifestation of disease. These represent the **Sthanasamshraya stage** in Kriyakala and are generally nonspecific.

Table No. 3: Kustha Purvarupa.[25-31]

SL no	Purvarupa	Ca	Su	A.H	Bhel	Ha	M.Ni	B.P
1	Aswedanam	+	+	+	+	+	+	
2	Atiswedanam	+	+	+	+	+	+	+
3	Parushyam	+	+					
4	Atislakshantwam	+		+		+	+	+
5	Vaivarnyam	+		+	+	+	+	+
6	Kandu	+	+	+			+	+
7	Nistoda	+		+			+	+
8	Suptata	+	+	+	+		+	+
9	Paridaha	+		+	+		+	+
10	Pariharsha					+		
11	Lomaharsha	+	+	+	+	+	+	+
12	Kharatwam	+		+		+	+	+
13	Ushmayanam	+			+			
14	Gauravaam	+			+	+		
15	Swayathu	+						
16	Visarpagam abhiksnatam	+						
17	Bahya chidreshu upadeha	+						
18	Pakvadagdhadasta-bhagna-ksata-uposkhalisteshwa atimatram vedanam	+						
19	Swalapanam api vrananam arohanam	+						
20	Swalpanam api vrananam dusti	+						
21	Kothonnati	+		+			+	+
22	Srama	+		+				
23	Klama	+			+			
24	Bhrama						+	
25	Nimmite alpe api vrananam kopanam			+			+	+
26	Davathu				+			
27	Asrija karshynam						+	+
28	Rudhanam api rukshatwam						+	+
29	Shigra utpatti chirasthithi			+			+	+

GENERAL SAMPRAPTI (PATHOGENESIS) OF KUSTHA ROGA (KITIBHA KUSTHA)

Acharyas describe the Samprapti of Kustha collectively. In Kitibha Kushtha (Psoriasis), the

same Samprapti applies with dominance of Vata and Kapha.

AS PER ACHARYA CHARAKA[32]

Nidana Sevana

↓

Vitiation of Tridosha (predominantly Vata-Kapha)

↓

Shithilata of Twaka, Rakta, Mamsa, Lasika

↓

Sthanasamshraya in Shithila Dhatus

↓

Manifestation of Kitibha Kushtha (Psoriasis)

Nidana such as Viruddha Ahara, Ati Snigdha, Guru Ahara, and improper lifestyle vitiate Doshas. These Doshas localize in Twaka, Rakta, Mamsa, and Lasika leading to Dosha-Dushya Samurchana, resulting in Kitibha Kushtha. Krimi and immune-mediated factors may also contribute to chronicity.

Table No 4: SAMPRAPTI GHATAK OF KUSTHA ROGA (KITIBHA KUSTHA).[33]

Dosha	Vata – vyana Pitta – bhrajaka Kapha- kledaka
Dushya	Dhatu: Rasa, rakta, mamsa, lasika, later all dhatus Upadhatu: Sira, twacha, snayu Other: ambu, dhamani, tarunasthi Saririkmala Dhatumala: sweda, loma, twacha snehamsa
Agni	Jatharagni, dhatvagni
Agnidushti	Mandagni
Ama	Agnijanya
Srotas	Rasavaha, Raktavaha, Mamsavaha, Svedavaha later all dhatuvaha srotas involves
Srotodusti	Sanga

SADHYASADHYATHA: Krichrasadhya

CHIKITSA[34-36]

Management of Kitibha Kuṣṭha is broadly divided into three approaches: Śodhana (purification), Śamana (palliative therapy), and Pathya sevana (diet and lifestyle regulation). As it is predominantly a Vāta–Kaphaja disorder, internal oleation (snehapāna) with ghee followed by emesis (vamana) is considered beneficial. Treatment should be selected based on doṣa predominance—Vasti for Vāta, Virechana for Pitta, and Vamana for Kapha. Śodhana procedures may be repeated depending on disease severity (roga bala) and patient strength (rogi bala). After elimination therapies, oleation with ghee or oil is advised, but only after

proper expulsion of vitiated doṣas; otherwise, it may worsen the condition.

Śodhana Chikitsa

- Dīpana–Pācana: Use of formulations like Chitrakādi vaṭi, Agnitundi vaṭi, and Hiṅgvāṣṭaka cūrṇa to improve digestion.
- Snehapāna: Administration of medicated ghee such as Pañcatikta ghṛta in gradually increasing doses over about 5 days, adjusted to the patient's digestive capacity.
- Abhyanga & Svedana: Full-body oil massage (e.g., with Nimbādi taila, Nalapāmarādi taila, or Maricādi taila) followed by sudation (nāḍi sveda) for 3 days.
- Pradhāna Karma: Main purification procedures—Virechana, Vamana, or Vasti—selected according to doṣa dominance.
- Saṃsarjana Karma: Post-therapy dietary regimen including light and specific herbal preparations to restore digestion.

Śamana Chikitsa

- Indicated for patients with low strength who cannot undergo Śodhana, or after completion of purification therapy.

Common Śamana Aushadhi

- General drugs: Khadira (considered श्रेष्ठ for Kuṣṭha), Khadirāṣṭaka kvātha, Rasāñjana, Abhayā with Trikatu, Mustādi cūrṇa, Gandhaka Rasāyana, Amṛtabhallātaka.
- Cūrṇa: Mustādi, Triphalādi, Kuṣṭhādi, Hapuṣādi, Lauha Rasāyana, Ayaskṛti.
- Āsava/Āriṣṭa: Triphalāsava, Mādhvāsava, Lodhrāsava, Kanakabindvāriṣṭa, Khadirāriṣṭa.
- Kaṣāya: Khadirāṣṭaka kvātha, Patolādi kaṣāya.
- Vaṭi/Gutika: Pathyādi gutika, Maṇḍūra vaṭaka, Candraprabhā vaṭi, Arogyavardhinī vaṭi.
- Guggulu preparations: Kaiśora guggulu, Mahāyogarāja guggulu, Ekaviṃśatika guggulu.
- Ghṛta: Patola ghṛta, Pañcatikta ghṛta, Mahātiktaka ghṛta.
- External applications (Bahya Snehana): Śvetakaravīrādi taila, Maricādi taila, Nimbādi taila.

PATHYA-APATHYA[37]

Āhāra (Diet)

Light, easily digestible, and wholesome foods are recommended. Bitter-tasting leafy vegetables should be included regularly. Medicated ghee preparations processed with herbs like Bhallātaka, Triphalā, and Nimba are beneficial. Intake of old (aged) cereals is also

advised for better digestion and doṣa balance.

Vihāra (Lifestyle)

Supportive measures include bathing with Khadira decoction or Siddhārthaka preparations, observing controlled fasting (upavāsa), tolerating natural urges like thirst when appropriate, exposure to sunlight (ātapa sevana), and fresh air (māruta sevana). Spiritual practices such as worship of deities and respect toward teachers (deva and guru pūjana) are also recommended as part of holistic care.

PSORIASIS – Moderndescription[38]

Psoriasis is a chronic inflammatory, hyperproliferative skin disease. it is characterised by well-defined, erythematous scaly plaques, particularly affecting extensor surfaces, scalp and nails, and usually follows a relapsing and remitting course.

Epidemiology Incidence

Psoriasis affects approximately 1.5%-3% of populations of European ancestry but is less common in Asian, South American and African populations.

Sex

It occurs equaly in both sexes and at any age.

Age

although it is uncommon under the age of 5 years, more than 50% of patients present before the age of 30 years. The age of onset follows a bimodal distribution, with an early-onset type in the teenage or early adult years, often with a family history of psoriasis, a more severe disease course and strong HLA association. The later-onset type is typically seen between 50 and 60 years, usually without a family history and with a less severe disease course.

Pathophysiology

Both genetic predisposition and environmental triggers play significant roles in psoriasis. Twin studies demonstrate higher concordance in identical twins (60–75%) compared to fraternal twins (15–20%), highlighting a strong hereditary component. In families, the age of onset and disease severity often resemble each other. If one parent is affected, the child's risk is around 15–20%, increasing to nearly 50% if both parents have psoriasis, and rising further when siblings are also affected. Genetically, variations in the HLA-C region within the major histocompatibility complex on chromosome 6 contribute to almost half of the disease's

heritability. In addition, more than 70 genetic loci are associated with susceptibility, many of which are involved in epidermal barrier integrity, antigen presentation, cytokine regulation (notably IL-13 and IL-23), T-cell differentiation (especially Th1 and Th17 pathways), and NF-κB signaling. Some of these genetic factors overlap with other inflammatory conditions such as Crohn's disease, ankylosing spondylitis, and psoriatic arthritis. Environmental influences like stress may worsen the condition, although this remains debated; psoriasis itself can also lead to psychological stress. Higher rates of smoking and alcohol consumption are observed among patients, though whether these are causes or consequences is unclear. Psoriasis is also linked with metabolic syndrome. Histologically, psoriasis is characterized by rapid keratinocyte proliferation and abnormal maturation, resulting in retention of nuclei within the stratum corneum. There is prominent inflammation with infiltration of activated T-cells (mainly Th1 and Th17), along with the release of cytokines such as IL-17, IL-23, IL-12, TNF-α, IFN-γ, and adhesion molecules like ICAM-1. Vascular alterations are also evident, including dilated and tortuous dermal capillaries, along with increased production of mediators like VEGF. The exact initiating factor remains unclear. Although excessive cell proliferation was once considered the primary event, it is now thought to occur secondary to immune-mediated inflammation. The turnover time of keratinocytes is markedly reduced from about 28 days to nearly 5 days, causing immature cells to reach the skin surface prematurely. Increased proliferation is also seen in non-lesional skin, though less pronounced. Even clinically unaffected nails in psoriasis patients tend to grow faster than normal.

Types Of Psoriasis And Its Clinical Features[39]

Plaque Psoriasis

The most common form of psoriasis is plaque-type psoriasis. It is characterized by well-defined, slowly expanding plaques that tend to remain stable and show little change over long periods. Commonly affected sites include the elbows, knees, scalp, and gluteal cleft, with lesions typically appearing symmetrically on the body. This type usually develops gradually, follows a chronic and slow course, and spontaneous remission is uncommon.

Inverse Psoriasis

primarily involves intertriginous (skin fold) areas such as the axillae, groin, submammary region, and navel, and may also affect the scalp, palms, and soles. The lesions are well-defined plaques, but unlike typical psoriasis, they often appear moist and lack scaling due to friction and humidity in these regions.

Guttate Psoriasis

Also known as eruptive psoriasis, is commonly seen in children and young adults. It has an acute onset, either in individuals with no prior history or in those with existing plaque psoriasis. It presents as numerous small, red, scaly papules, often following an upper respiratory infection caused by β-hemolytic streptococci. Conditions like pityriasis rosea and secondary syphilis should be considered in the differential diagnosis.

Pustuler Psoriasis

Pustular psoriasis may be localized or generalized. The localized form typically affects the palms and soles and can resemble eczema. In contrast, generalized pustular psoriasis presents with widespread redness, sterile pustules, and varying degrees of scaling. Severe episodes are often associated with high fever (around 39–40°C), lasting several days, along with extensive eruptions on a background of intense erythema. In advanced cases, it may progress to **erythrodermic psoriasis.**

Investigations In Psoriasis[40]

A skin biopsy is generally not necessary, but it may be done when the diagnosis is uncertain. In cases of guttate psoriasis, screening for infections—especially a throat swab or serological tests for recent streptococcal infection—can be helpful Evaluating disease severity and its effect on quality of life is important, commonly using tools like the Dermatology Life Quality Index (DLQI) and the Psoriasis Area and Severity Index (PASI). Since psoriasis is associated with metabolic syndrome, patients should also be assessed for related comorbidities and cardiovascular risk factors and managed accordingly. In severe or treatment-resistant cases, testing for HIV should also be considered.

TREATMENT[41]

Management depends on the type, site, and severity of the disease. Patients should be advised to avoid skin dryness and irritation and to maintain proper hydration. Localized plaque psoriasis is usually treated with mid-potency topical corticosteroids, though prolonged use may lead to reduced efficacy (tachyphylaxis) and skin thinning. Topical agents such as vitamin D analogues (e.g., Calcipotriene) and retinoids (e.g., Tazarotene) are effective and have largely replaced older therapies like coal tar, salicylic acid, and anthralin. Ultraviolet (UV) therapy, either natural or artificial, is beneficial for patients with more extensive disease. Modalities include UVB, narrowband UVB, and UVA combined with psoralens (PUVA). Its therapeutic effect is mainly due to immunosuppression, although it carries a risk

of skin cancers, including melanoma and nonmelanoma types. UV therapy should not be used with Cyclosporine and must be used cautiously in immunocompromised individuals. For severe or widespread psoriasis, systemic therapy is required. Oral corticosteroids are generally avoided because their withdrawal can trigger severe pustular psoriasis. Methotrexate is effective, particularly in patients with psoriatic arthritis. Acitretin is another option, especially when immunosuppression is undesirable, though its use is limited by teratogenicity. Apremilast is a newer oral drug useful in both psoriasis and psoriatic arthritis, but caution is needed in patients with renal impairment or depression. Since psoriasis is a T-cell–mediated disorder, immunosuppressive therapies play a key role. Drugs like cyclosporine are effective, and newer biologic agents target specific immune pathways with improved safety profiles. However, their long-term safety data are still evolving. Tumor necrosis factor (TNF-α) inhibitors may worsen congestive heart failure and should be used carefully in such patients. Immunosuppressive treatments should not be started in the presence of serious infections such as tuberculosis, HIV, or hepatitis B/C, and regular screening for infections, especially TB, is essential. Rare complications like progressive multifocal leukoencephalopathy and drug-induced lupus have been reported with TNF-α inhibitors. Additionally, these therapies may increase the risk of malignancies, particularly skin cancers, so ongoing monitoring is necessary.

DISCUSSION

Kuṣṭha is a comprehensive term in Ayurveda encompassing a wide spectrum of skin disorders. Among its eighteen types, Kitibha Kuṣṭha is classified under Kṣudra Kuṣṭha and is predominantly characterized by the vitiation of Vata and Kapha doṣas, along with the involvement of Rakta dhātu. Psoriasis can be correlated with various types of Kuṣṭha; however, a critical evaluation reveals that the clinical manifestations of Kitibha Kuṣṭha show the closest resemblance to those of psoriasis compared to other Kṣudra Kuṣṭhas. Although Kitibha Kuṣṭha is traditionally considered a minor variety, in the present clinical context, psoriasis represents a severe dermatological condition and is regarded as *Kṛcchra Sādhya* (difficult to manage). It is a chronic, non-infectious, immune-mediated inflammatory disorder characterized by well-demarcated erythematous plaques covered with silvery-white scales, commonly involving extensor surfaces and the scalp, and exhibiting a relapsing and remitting course. The global prevalence of psoriasis is estimated to be around 2–3%.

Table No. 5: Comparison between Kitibha Kuṣṭha and Psoriasis.

S. No.	Features of Kitibha Kuṣṭha	Corresponding Features in Psoriasis
1	Reddish to dark (aruna, rakta–kṛṣṇa) discoloration	Erythema (redness of skin)
2	Dark/blackish discoloration (śyāvata)	Hyperpigmentation
3	Rough, hard surface on touch (khara sparśa)	Hyperkeratinization
4	Dryness of skin (rukṣatā)	Dry, scaly skin
5	Repeated appearance after subsiding	Chronic recurrence
6	Itching (kandu)	Mild to moderate pruritus
7	Circular, well-defined lesions (vṛtta)	Well-circumscribed plaques
8	Thickened lesions with extensive involvement (ghana)	Thick plaques with wider body involvement

Kitibha Kuṣṭha presents with features of all three doṣas. Symptoms like rukṣatā (dryness), paruṣyatā (roughness), and toda (pricking pain) indicate Vata Dosha involvement; raga (redness) reflects Pitta Dosha; while kandu (itching) and śvaitaya (whitish discoloration) suggest Kapha Dosha dominance. Since Vata and Kapha features predominate, Kitiba Kuṣṭha can be understood primarily as a Vata-Kapha dominant skin disorder. In modern medicine, psoriasis management is largely palliative rather than curative, with topical therapies forming the first line despite limitations, especially in widespread lesions. This highlights the need for safer, cost-effective, and practical treatment options. Ayurveda provides comprehensive management by addressing the disease at the tissue level. Therapies include śodhana (purification procedures), followed by saṃsarjana karma and śamana (pacifying treatments), along with adherence to appropriate diet and lifestyle (pathya āhāra and vihāra). Medicated oils are particularly useful as they are easy to apply over larger areas and are less likely to affect healthy skin. When these treatments are tailored according to the patient's prakṛti and doṣic predominance under proper medical guidance, they help restore the balance of doṣas and dhātus, ultimately promoting overall health and well-being.

CONCLUSION

Kitibha Kuṣṭha closely resembles psoriasis due to the similarity in clinical features. It is considered a severe skin disorder and is categorized as *Kṛcchra Sādhya* (difficult to manage). Being a psychosomatic condition, stress plays a significant role as a triggering and aggravating factor, showing a strong association with the etiopathogenesis of psoriasis. Śamana therapy alone is insufficient to completely resolve the *doṣa-duṣya saṃmūrchana*. A comprehensive approach involving *śodhana* (purification), *śamana* (pacification), and strict adherence to *pathya āhāra* and *vihāra* is essential. The combined application of these three therapeutic principles helps in effective management and potential eradication of the disease.

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