

AYURVEDIC MANAGEMENT OF KITIBH (PSORIASIS): A CASE STUDY**Dr. Nikita Wayal*¹, Dr. Kalpana Gholap²**

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ABSTRACT

Psoriasis is a chronic, immune-mediated inflammatory skin disorder characterized by erythematous, scaly plaques and recurrent exacerbations. In Ayurveda, psoriasis may be clinically correlated with Kushta, particularly Kitibha among Kshudra Kushta. A 40-year-old male presented with multiple erythematous, scaly plaques over the back associated with Kandu (itching) and scaling. The patient was diagnosed with Kitibha Kushta and managed with Ayurvedic treatment comprising Deepana-Pachana, Snehapana, Snehana and Swedana, followed by Vamana Karma and subsequent Shamana Chikitsa. At the completion of Vamana, Pittantika Vamana was achieved. Significant relief in Kandu, scaling and erythema was observed following the procedure. Serial photographic documentation was maintained for comparison and demonstrated progressive improvement in the lesions. The

present case highlights the potential role of Vamana Karma in the management of Kitibha Kushta (psoriasis).

KEYWORDS: Kitibha Kushta, Psoriasis, Vamana Karma, Shodhana, Shamana Chikitsa, Ayurveda.

INTRODUCTION

Skin is the largest organ of the human body and forms an essential protective interface between the individual and the external environment. Apart from providing protection against physical, chemical and microbial insults, the skin plays an important role in sensory perception, thermoregulation, fluid balance and maintenance of internal homeostasis. The integrity and functional status of the skin are influenced by several factors, including nutrition, hygiene, age, genetic predisposition, immune status, environmental exposure, lifestyle and psychological well-being. Consequently, chronic dermatological disorders may have a considerable impact not only on physical health but also on the psychological and social well-being of affected individuals.

Psoriasis is a chronic, immune-mediated inflammatory dermatological disorder characterized by a persistent and recurrent course. It is also considered an autoimmune skin disease, with a reported prevalence of approximately 0.44–2.8% in India, and is associated with a considerable socioeconomic impact on affected individuals. Clinically, it commonly presents with well-demarcated plaques associated with erythema, scaling, itching and variable degrees of pigmentation, depending upon the stage and skin type. A characteristic clinical presentation of psoriasis is the presence of erythematous plaques covered with silvery-white scales.^[1] The disease may involve different anatomical sites, including the scalp, trunk and extensor surfaces, and its chronicity and recurrence can significantly affect quality of life. Despite the availability of topical, systemic and phototherapeutic approaches, long-term management remains challenging because of recurrent disease activity, treatment-related limitations and variability in therapeutic response. In modern medical science, psoriasis is managed using various therapeutic modalities, including corticosteroids and phototherapy such as psoralen plus ultraviolet A (PUVA), depending upon the severity and clinical presentation.^[2]

In Ayurveda, disorders affecting the skin are broadly described under the concept of Kuṣṭha, which encompasses a heterogeneous group of dermatological conditions. The skin is correlated with Tvak in Ayurveda, and disorders affecting the skin (Tvak Vikāra) are broadly discussed under the heading of Kuṣṭha.^[3] The classical texts describe Kuṣṭha as a disorder involving the vitiation of Doṣa along with Duṣya, particularly Tvak, Rakta, Māṃsa and Lasikā.^[4] The manifestation and clinical diversity of Kuṣṭha are understood on the basis of the predominance of individual Doṣa, the nature of Doṣa–Duṣya interaction and the

involvement of various channels and tissues. Among the different varieties of Kuṣṭha, Kitibha Kuṣṭha is described with characteristic features such as Śyāva Varṇa (dusky or blackish discoloration), Kharatva (roughness) and Paruṣatva (coarseness) of the affected skin.^[5] These characteristic features provide an important basis for correlating the clinical presentation of Kitibha Kuṣṭha with certain chronic plaque-forming dermatological conditions.

The etiopathogenesis of Kuṣṭha in Ayurveda is associated with improper dietary practices, incompatible food combinations, faulty lifestyle and other factors capable of vitiating the Doṣa and affecting the integrity of the involved tissues. In Kitibha Kuṣṭha, the predominance of Vāta and Kapha Doṣa is particularly emphasized. The resulting Doṣa–Duṣya interaction may manifest as alterations in skin texture, colour, scaling and other characteristic clinical features. Thus, Ayurvedic management is directed not merely towards symptomatic relief but towards correction of the underlying pathophysiological process through appropriate Śodhana, Śamana, dietary regulation and lifestyle modification.

From the Ayurvedic therapeutic perspective, Śodhana Chikitsa occupies an important position in the management of chronic disorders when appropriately indicated after assessment of the patient's Doṣa, Doṣa-bala, Vyādhi-bala, Agni, Koṣṭha and overall clinical status. Among the Panchakarma procedures, Vamana Karma is primarily indicated for disorders involving Kapha predominance and is therefore considered relevant in selected presentations of Kuṣṭha. Properly planned Śodhana, followed by suitable Śamana therapy and Pathya–Apathya measures, may help in reducing disease manifestations and maintaining clinical improvement. However, the therapeutic approach must be individualized according to the patient's constitution, disease stage, strength and associated clinical factors.

Although psoriasis is well established within contemporary dermatology, direct one-to-one equivalence between a modern diagnosis and an Ayurvedic disease entity should be interpreted cautiously. Ayurvedic diagnosis is primarily based on the assessment of Doṣa, Duṣya, Lakṣaṇa, Hetu, Samprāpti and other clinical parameters. Therefore, the present case was clinically correlated with Kitibha Kuṣṭha, based on the observed characteristic features, while the clinical presentation showed resemblance to plaque psoriasis. Such clinical correlation provides an opportunity to examine the applicability of Ayurvedic diagnostic and therapeutic principles in chronic plaque-forming skin disorders.

The present case report was undertaken to evaluate the clinical response of Ayurvedic management in a patient presenting with chronic, recurrent cutaneous lesions clinically correlated with Kitibha Kuṣṭha. The treatment protocol was planned according to the principles of Doṣa–Duṣya involvement and included appropriate Śodhana and Śamana Chikitsa, with particular emphasis on Vamana Karma. The therapeutic outcome was assessed through systematic evaluation of clinical signs and symptoms and serial photographic documentation of the affected areas. The present case aims to contribute clinical evidence regarding the role of an individualized Ayurvedic therapeutic approach in the management of Kitibha Kuṣṭha and to provide a basis for further systematic clinical research in chronic dermatological disorders.

CASE PRESENTATION

A 40-year-old male patient presented to the outpatient department with complaints of multiple erythematous, scaly plaques over the back for the past 2–3 years. The lesions were associated with pruritus (kandu) and scaling.

History of Present Illness

The patient was apparently healthy 2 years ago, when he gradually noticed the appearance of multiple erythematous, scaly plaques over the back. The lesions were initially localized and gradually increased in number and spread over the back. They were associated with pruritus and scaling.

There was no history of preceding trauma or chemical exposure over the affected area.

Past History

There was no history of major systemic illnesses such as diabetes mellitus, hypertension, thyroid disorders, or any diagnosed autoimmune conditions. The patient had not undergone any major surgeries and had no significant past medical history.

Family History

No family history of similar depigmentary disorders or autoimmune diseases was reported.

Personal History

Appetite (Ahar Shakti): Normal

Digestion (Agni): Moderate

Bowel Habits (Mala): Regular

Micturition (Mutra): Normal

Sleep (Nidra): Sound

Addictions: None

Aharaja Nidana (Dietary Factors).

The patient reported irregular dietary practices, including occasional consumption of Viruddha Ahara (incompatible food combinations), such as intake of milk with sour or salty substances. Frequent consumption of spicy, oily, and fermented foods was also noted, which may have contributed to Pitta Dosha vitiation.

Viharaja Nidana (Lifestyle Factors)

The patient followed a relatively sedentary lifestyle with limited physical activity. Irregular daily routine and occasional mental stress were reported. No significant history of excessive sun exposure or contact with chemicals was noted.

SAMPRAPTI GHATAKA

Dosha: Tridosha (pitta- vatapradhana)

Dushya: Rasa, Rakta, Mamsa, Medas

Adhishtana: Twak

Strotas - Annavaha Strotas, Raktavaha Strotas

Strotodushti - Sang

Agni - Agnimandya

Adhishthana - Twak

Sadhyata – Krichhasadhya.

TREATMENT

Table: No. 01

Deepan-Pachana	Trikatu churna 3gm twice daily before food with lukewarm water.
Internal Snehana	1 st day -Panchatikta Ghrita -30ml 2 nd day – Panchatikta Ghrita -60ml 3 rd day- Panchatikta Ghrita -90ml 4 th day - Panchatikta Ghrita -120ml 5 th day- Panchatikta Ghrita -150ml
External Snehana Swedana	6 th day- Snehana Swedan with Marichyaditaila and Nadi Sweda with Dashamool Kwatha
Vaman	7 th day-After <i>Snehana Swedan</i> Vamana karma Madanphala Antarnakha Musti Pramana. Vacha - 5gm

	Honey -Q.S. (50ml) Saindhov Lavana -Q.S. (15 gm) Yashtimadhu Kwatha -5ml Vaigaki-10 Manaki approx. 1.5 Prastha Antaki- Pittanta Laingiki- Kramaat kaphapitta anilangamana, Shareera laghuta, Dourbalya, Kanta Indriya shudhi. Anati mahati vyatha etc.
Sansarjan karma	Sansarjan karma for 7 days
Post vaman medication	1- Arogyavardhini vati-2tab Twice a day After meal 2-777 oil externally after having bath 3-Panchtikta Ghrit 10 ML BD Before food orally

Grading – PASI (Psoriasis Area Severity Index) Score

Three clinical signs are used to determine the severity of each area: Severity parameters are rated on a scale of 0 to 4, with 0 being the least severe and 4 being the most severe. The body is split into four sections: the head (H) (10%), the arms (A) (20%), the trunk (T) (30%), and the legs (L) (40%). Each of these areas is scored separately, and the four results are then added together to form the total PASI. The percentage of skin area engaged in each sector is calculated and then converted into a grade from 0 to 6.

Table No.02: Showing involved area with grading.

0 percent of area involved	Grade zero
<10 percent of area involved	Grade One
10-29 percent of area involved	Grade Two
30-49 percent of area involved	Grade Three
50-69 percent of area involved	Grade Four
70-89 percent of area involved	Grade Five
90-100 percent of area involved	Grade Six

Showing Assessment Criteria

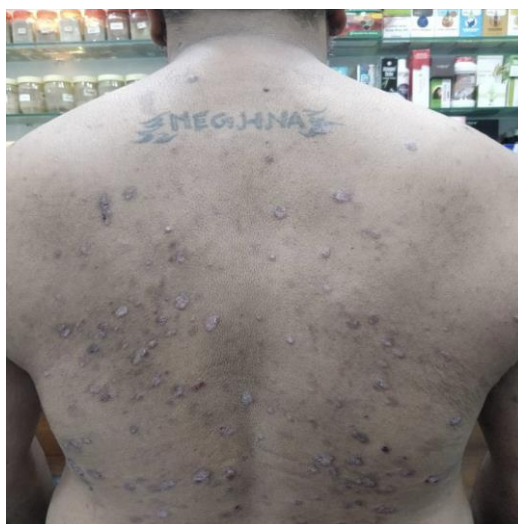
	Back	Arms Trunk	Arms Trunk
	Before Treatment	15 Days	45 Days
Skin area involved Grade – A	5	4	3
Erythema (Redness)	5	4	2
In duration (Thickness)	4	3	1
Desquamation (scaling)	5	3	1

E, I, D- B			
Total PASI Score-	21	12	3.6

Showing the Treatment's Overall Outcome.

	Before Treatment	After Treatment
Redness	+++	+
Thickness	++	+
Scaling	++	+
Itching	++	+

Before Treatment.



After 15 Days



After 45 days



DISCUSSION

The present case was managed according to the Ayurvedic principles of Śodhana and Śamana Chikitsa, with Vamana Karma as the principal Śodhana procedure.^[6] The treatment protocol was planned considering the clinical presentation, Doṣa involvement, Agni, and the chronic nature of the disease.

According to the Ayurvedic literature, Vāta and Pitta Doṣa are considered predominant in Kitibha Kuṣṭha. Tvak, Lasikā, Rakta and Māṃsa are described in relation to the pathogenesis of Kuṣṭha and are associated with the involvement of Raktavaha Srotas.^[7] In the present case, these considerations were taken into account while assessing the Samprāpti Ghaṭaka and planning the treatment protocol, with emphasis on addressing Doṣa–Duṣya involvement. As Agnimandya was considered an important component of the Samprāpti, Deepana-Pācana was administered initially with Trikatu Churna for three days. This was intended to improve Agni and support proper digestion before initiating Snehapāna.

Snehapāna was subsequently performed with Panchatikta Ghrita in a gradually increasing dose for five days. The administration of Ghrita was intended to facilitate internal oleation and prepare the patient for subsequent Śodhana. Panchatikta Ghrita contains predominantly Tikta Rasa-containing drugs and is traditionally indicated in various skin disorders. Its Tikta Rasa and associated properties are considered beneficial in conditions involving Pitta, Rakta and Tvak, while the Snigdha and Mṛdu properties of Ghrita support the process of Snehana. Thus, Panchatikta Ghrita was considered appropriate as a preparatory measure before

Vamana and as a component of the overall management of Kuṣṭha. It is also traditionally described with Deepana, Pācana, Srotoshodhana, Kuṣṭhaghna and Kandughna properties.^[8]

After completion of Snehapāna, Bahya Snehana was performed using Marichyadi Taila, followed by Sarvāṅga Swedana with Nāḍī Sweda using Daśamūla Kwatha. Marichyadi Taila was employed for external oleation with the intention of reducing dryness, maintaining skin softness and providing local moisturization. Following Bahya Snehana, Sarvāṅga Swedana was performed. Swedana facilitates Doṣa Vilayana, i.e., liquefaction of the aggravated Doṣas, and is traditionally understood to assist in their movement from the Śākhā towards the Koṣṭha, where they can subsequently be eliminated through the appropriate Śodhana procedure. It is also described as helping to alleviate Srotorodha by reducing obstruction in the Srotas.^[9] Thus, Bahya Snehana followed by Sarvāṅga Swedana constituted an important preparatory step before Vamana Karma in the present case.

The Samhitas provide detailed descriptions of both Śodhana and Śamana Chikitsa in the management of Kuṣṭha.^[10] Śodhana is considered when appropriately indicated after assessment of the patient's strength, Doṣa, disease severity, Agni and other clinical factors. In the present case, Vamana Karma was selected as the principal Śodhana procedure based on the clinical assessment and the Ayurvedic therapeutic rationale.

Vamana Karma is primarily intended for the elimination of aggravated Doṣa through the upper route, particularly Kapha, and is performed after appropriate preparatory procedures. In the present case, Vamana was performed following Snehana and Swedana using the prescribed Vamana Dravyas. The procedure was continued until the desired signs of proper Vamana were achieved, including Pittāntika Vamana. The classical Vamana Dravyas and Vamanopaga Dravyas used in the procedure possess properties such as Vyavāyi, Vikāsi, Uṣṇa and Tīkṣṇa, which are traditionally considered to facilitate their action and support the process of Doṣa elimination.

The achievement of Pittāntika Vamana was considered an indication of completion of the procedure according to the adopted therapeutic protocol. Following Vamana Karma, Samsarjana Karma was administered for seven days to gradually restore the patient's digestive capacity. Post-Vamana dietary rehabilitation is important because Agni is considered relatively weakened following Śodhana. Gradual reintroduction of appropriate

food was therefore advised to restore normal digestive function and minimize the risk of post-procedural complications.

Following completion of Śodhana and Samsarjana Krama, Śamana Chikitsa was continued with internal and external medications. Arogyavardhini Vati and Panchatikta Ghrita were prescribed as part of the post-Vamana management, while 777 oil was used externally. The purpose of continuing Śamana therapy was to address the residual Doṣa and clinical manifestations and to support maintenance of the improvement achieved following Śodhana. Arogyavardhini Vati is traditionally described as possessing Deepana, Pācana and Kuṣṭhaghna properties and is used in Ayurvedic practice in various disorders involving impaired metabolism and skin manifestations. The formulation contains multiple herbal and mineral ingredients and is traditionally considered to support the correction of metabolic and Doṣic disturbances.^[11] In the present case, its contribution should be interpreted as part of the integrated treatment protocol rather than as an isolated therapeutic intervention.

777 oil was used as an external application during the post-treatment period. Local application was intended to address dryness, scaling and discomfort associated with the cutaneous lesions. The ingredients traditionally used in the formulation are considered to possess soothing and moisturizing properties. In the present case, progressive improvement in erythema, induration, desquamation and itching was observed during follow-up.

CONCLUSION

The present case suggests that an integrated Ayurvedic management protocol encompassing Śodhana, Śamana, and Svasthavṛtta may have clinical utility in the management of Kitibha Kuṣṭha, clinically comparable to plaque psoriasis. Improvement was observed through both clinical assessment and serial photographic documentation, with a progressive reduction in the extent, number, thickness, and scaling of cutaneous lesions, accompanied by flattening of previously raised plaques. The observed reduction in Psoriasis Area and Severity Index (PASI) scores further supports the clinical improvement noted during treatment. Residual hyperpigmentation in previously affected areas indicated ongoing resolution despite substantial regression of active lesions. The incorporation of Nidāna Parivarjana and individualized dietary and lifestyle modifications addressed potentially modifiable occupational and environmental factors, emphasizing the importance of a comprehensive approach that extends beyond symptomatic treatment. Nevertheless, as this observation is

derived from a single case, these findings should be interpreted cautiously and warrant confirmation through well-designed clinical studies.

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