

**A STAGED SIX-WEEK AYURVEDIC PROTOCOL FOR PSORIASIS
(KITIBHA/EKAKUSHTHA) USING KRIMIKUTHARA RASA, GANDHAKA
RASAYANA, PARIPATHADI KASHAYA, PANCHATIKTA KASHAYA,
KAMADUGDHA RASA, AROGYAVARDHINI RASA, AND NITYA
VIRECHANA WITH TRIPHALA CHURNA**

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ABSTRACT

Psoriasis is a chronic relapsing inflammatory skin disease characterized by erythematous plaques, adherent scaling, itching, dryness, and variable psychosocial burden. In Ayurveda, a number of such clinical features may be interpreted under the broad disease category of *Kushtha*, especially *Kitibha Kushtha* and *Ekakushtha*. Classical Ayurvedic management of *Kushtha* emphasizes *nidana parivarjana* (avoidance of causative factors), correction of impaired *agni*, *ama pachana*, *shodhana* where appropriate, *shamana oushadhi*, external care, and long-term *rasayana* support. This article presents a staged, six-week, physician-supervised management plan. The first fortnight is designed to address *krimi*, *kleda*, *ama*, *kapha-pitta* aggravation, and pruritus through *Krimikuthara Rasa*, *Gandhaka Rasayana*, and *Paripathadi Kashaya*. During the second fortnight, *Gandhaka Rasayana*, *Kamadugdha Rasa*, and *Panchatikta Kashaya* are

used with emphasis on *pitta-rakta shamana*, *kushthaghna*, and *twak-prasadana* measures. The final fortnight employs *Arogyavardhini Rasa* and *Gandhaka Rasayana* to support *agni*, *meda-kleda* regulation, and chronic *kushtha* control. Mild daily bowel regulation with carefully titrated *Triphala Churna* is proposed as a form of *mridu/nitya virechana* only in appropriately selected patients. The regimen must not replace evidence-based dermatological assessment, and objective outcomes such as PASI/BSA, itch score, lesion photographs, bowel frequency, adverse effects, and laboratory safety should be documented.

KEYWORDS: Psoriasis, *Kitibha Kushtha*, *Ekakushtha*, *Gandhaka Rasayana*, *Krimikuthara Rasa*, *Paripathadi Kashaya*, *Panchatikta Kashaya*, *Arogyavardhini Rasa*, *Triphala*, *Nitya Virechana*.

INTRODUCTION

Psoriasis is clinically recognized as a non-contagious, chronic inflammatory dermatosis commonly presenting with sharply demarcated erythematous plaques and silvery-white scales. Disease severity may fluctuate, with periods of exacerbation and remission. Published Ayurveda case reports have used combinations of *shodhana*, *shamana*, *rasayana*, dietary regulation, and formulations including *Gandhaka Rasayana*, *Patolakaturohinyadi Kashaya*, *Arogyavardhini Vati*, and *panchatikta*-based preparations; however, these reports should not be interpreted as proof that one fixed prescription suits every person with psoriasis.^{[3][4][5][6]}

In the Ayurvedic framework, *Kushtha* is understood as a complex disorder in which the *dosha* vitiate *Twak*, *Rakta*, *Mamsa*, and *Lasika*. The classical emphasis on dietary incompatibilities, *viruddha ahara*, excessive intake of sour, salty, heavy, oily, fermented or unsuitable foods, impaired digestion, and faulty lifestyle reflects the central place of *nidana parivarjana* in management. The condition may manifest with *rukshata* (dryness), *khara sparsha* (roughness), *kandu* (itching), scaling, discoloration, thickening, and chronic recurrence—features relevant to *Vata-Kapha* dominant *Kitibha/Ekakushtha*.

The therapeutic rationale of the staged protocol is therefore.

- To remove or reduce provoking factors through *nidana parivarjana*.
- To improve *agni* and digest *ama*.
- To reduce *kleda*, *kapha*, *pitta*, and *rakta dushti*.
- To use *kushthaghna*, *kandughna*, *krimighna*, and *twachya* medicines according to the clinical state.

- To maintain regular, soft bowel evacuation without causing dehydration, weakness, severe purgation, or *vata prakopa*.
- To continue long-term diet, lifestyle, topical skin care, and dermatology follow-up after the initial six weeks.

Case Details

A Female patient aged 55 years who is not known case of diabetes mellitus, hypertension, any other systemic diseases came with complaints of itchy rashes over lower back and on right leg since 2 months. The rashes were reddish, oval and scaly in appearance. She also told rashes started at one point below knee joint and then progressed all over leg and lower back.

Ayurvedic diagnosis and rationale

Probable Ayurvedic correlation

The closest Ayurvedic correlations should be selected after clinical examination.

Clinical presentation	Probable Ayurvedic correlation
Thick, dry, rough, dark or reddish plaques with prominent scaling	<i>Kitibha Kushtha</i>
Extensive scaling with reduced sweating, dryness, and broad lesions	<i>Ekakushtha</i>
Fine scaling, itching, and relatively superficial lesions	<i>Sidhma</i> or mixed <i>Kushtha</i>
Marked erythema, burning, heat, oozing, or inflammatory flare	<i>Pitta-Rakta</i> dominant <i>Kushtha</i>
Severe itch, thickening, obesity, heaviness, and exudation	<i>Kapha-Kleda</i> dominant component

A psoriatic lesion may not correspond perfectly to a single classical disease label. Therefore, the physician should treat the observable *dosha-dushya sammurchana* rather than force every patient into one diagnostic category.

Samprapti-oriented interpretation

The suggested disease process may be described as follows.

Nidana sevana → Agnimandya and Ama → Dosha prakopa → Twak-Rakta-Mamsa-Lasika dushti → *Kushtha lakshana*

For plaque-predominant psoriasis, *Vata* may contribute to dryness, fissuring, scaling, and roughness; *Kapha* may contribute to thickness, heaviness, and persistence; *Pitta-Rakta* involvement may contribute to redness, burning, inflammation, and active spread. A staged prescription is thus intended to begin with *ama-kleda-krimi* oriented measures, then

emphasize *pitta-rakta shamana*, and finally provide *agni-deepana*, *kushthaghna*, and *rasayana* support.

Proposed six-week protocol

Baseline assessment before treatment

Before initiating the protocol, record.

- Clinical diagnosis and subtype of psoriasis.
- Duration of illness, previous treatment, relapse pattern, and family history.
- PASI score or BSA involvement.
- Itching score using a visual analogue scale.
- Pain, burning, sleep disturbance, stress, and quality-of-life impact.
- Distribution of lesions: scalp, palms, soles, trunk, limbs, nails, genital region, and flexures.
- Signs of active infection, oozing, fever, generalized erythroderma, or arthritis.
- Bowel habit, appetite, *agni*, *koshta*, *satva*, and *prakriti*.
- Current allopathic medicines, especially methotrexate, cyclosporine, biologics, oral retinoids, corticosteroids, anticoagulants, antidiabetic medicines, and hepatotoxic drugs.
- Baseline CBC, liver-function tests, renal-function tests, fasting glucose when clinically indicated.
- Pregnancy status in women of reproductive age.

The patient should be referred urgently to a dermatologist if there is erythroderma, generalized pustular psoriasis, fever, severe malaise, suspected secondary infection, rapidly spreading lesions, severe pain, eye symptoms, or symptoms of inflammatory arthritis.

First fortnight: Days 1–14

Therapeutic objective: Initial *ama pachana*, *krimighna* support, *kleda-shamana*, relief of itching, and reduction of *Kapha-Pitta* involvement.

Formulation	Dose	Time and anupana	Intended Ayurvedic role
<i>Krimikuthara Rasa</i>	2 tablets thrice daily	After food with honey, ginger juice, or warm water depending on <i>agni</i> and physician discretion	<i>Krimighna</i> , <i>deepana-pachana</i> , reduction of <i>ama</i> and <i>kleda</i>
<i>Gandhaka Rasayana</i>	2 tablets thrice daily	After food with water or as directed	<i>Kushthaghna</i> , <i>kandughna</i> , <i>twachya</i> , <i>rasayana</i> support
<i>Paripathadi</i>	10 ml	Diluted with 30–60 mL	<i>Pitta-kapha hara</i> , <i>rakta-</i>

<i>Kashaya</i>	thrice daily	warm water, before food	<i>prasadana, jwara/kushtha</i> supportive approach
<i>Triphala Churna</i> for bowel regulation	1 tea spoon HS	With warm water	Mild <i>anulomana</i> ; used only to achieve one soft, non-urgent bowel movement

Rationale for first fortnight

Krimikuthara Rasa is traditionally used in *krimi* disorders and is incorporated here only when the clinical assessment suggests *ama*, *kleda*, impaired digestion, itching, coated tongue, disturbed bowel habit, or a *krimi*-associated component. It should not be used merely because psoriasis is present. Standard Ayurvedic teaching materials list *Krimikuthara Rasa* among recognized *rasayoga* formulations.^[7]

Gandhaka Rasayana is selected for its traditional use in chronic skin disorders, itching, and *kushtha*-oriented treatment. Contemporary case reports on psoriasis frequently include it in multi-modal treatment plans, though case reports cannot establish efficacy for all patients.^{[4][6][3]}

Paripathadi Kashaya is intended to support *pitta-kapha shamana* and improve the internal milieu in inflammatory, itching, and heat-associated skin presentations. In an active inflammatory phenotype with marked redness, burning, or pruritus, it may be preferred as an early decoction. If the patient has extreme dryness, marked debility, poor appetite, or frequent loose stools, the dose and selection of *kashaya* need reconsideration.

Expected observations

At the end of Week 2, the clinician should reassess:

- Appetite and tongue coating.
- Bowel pattern and whether purgation is excessive.
- Itching frequency and sleep.
- Erythema, scaling, induration, and spread of plaques.
- New lesions or signs of infection.
- Any nausea, abdominal pain, diarrhea, weakness, dizziness, or allergic reaction.
- Medication adherence and dietary compliance.

Second fortnight: Days 15–28

Therapeutic objective: Pacification of *Pitta-Rakta*, support of *Twak* and *Rakta*, reduction of inflammatory activity, and continued control of scaling and itching.

Formulation	Dose	Time and anupana	Intended Ayurvedic role
<i>Gandhaka Rasayana</i>	2 tablets thrice daily	After food with water	Continued <i>kushthaghna</i> , <i>kandughna</i> , and <i>rasayana</i> support
<i>Kamadugdha Rasa</i>	2 tablets thrice daily	After food with water, ghee, or physician-selected anupana	<i>Pitta shamana</i> , support for burning, heat, erythema, and acid-peptic symptoms if present
<i>Panchatikta Kashaya</i>	10ml thrice daily	Diluted with 30–60 mL warm water, before food	<i>Tikta rasa</i> predominance; <i>kushthaghna</i> , <i>pitta-kapha hara</i> , <i>rakta-prasadana</i> approach
<i>Triphala Churna</i>	Continue only at the lowest effective dose	Bedtime with warm water	Maintenance of gentle bowel regularity, not forceful purgation

Rationale for second fortnight

The transition to *Panchatikta Kashaya* reflects the classical importance of *tikta rasa* in *kushtha*, *pitta-kapha* disorders, and *rakta-twak* involvement. Panchatikta-based therapies are commonly used in published Ayurvedic psoriasis protocols, including panchatikta ghrita/guggulu-based regimens in *Ekakushtha* and other chronic scaly dermatoses.^[8]

Kamadugdha Rasa may be considered where *pitta* features are clinically prominent: burning sensation, marked erythema, heat intolerance, sour eructation, hyperacidity, or aggravation after spicy and sour foods. It should not be continued reflexively in a cold, severely *vata-kapha* dominant patient without *pitta* signs. If the patient develops constipation, abdominal heaviness, or reduced appetite, the formulation and anupana should be reviewed.

Clinical evaluation at Week 4

Document the following objectively.

- PASI or BSA change from baseline.
- Pruritus score.
- Degree of scaling, thickness, erythema, and fissuring.
- Need for rescue dermatological therapy.
- Frequency and consistency of bowel movements.
- Change in appetite, sleep, and stress.
- Any evidence of toxicity or intolerance.
- Liver and renal tests if prolonged or mineral-containing therapy is planned.

Third fortnight: Days 29–42

Therapeutic objective: Support *agni*, reduce chronic *kleda-medodushti*, continue *kushthaghna* and *rasayana* therapy, and consolidate early response.

Formulation	Dose given	Time and anupana	Intended Ayurvedic role
<i>Arogyavardhini Rasa/Vati</i>	2 tablets thrice daily	After food with warm water	<i>Deepana-pachana</i> , <i>kleda-medohara</i> , <i>yakrit</i> support in selected patients, and chronic <i>kushtha</i> management
<i>Gandhaka Rasayana</i>	2 tablets thrice daily	After food with water	Continued support for itching, skin health, and relapse prevention strategy
<i>Triphala Churna</i>	1 tea spoon HS	Warm water at bedtime	Gentle bowel regulation; stop/reduce if stools are loose

Rationale for third fortnight

Arogyavardhini Rasa is traditionally used when there is sluggish digestion, chronic metabolic disturbance, *meda-kleda* predominance, and dermatological disease. It should be selected cautiously and only after assessment of the patient's digestive strength, liver status, and current medicines. National Ayurveda curriculum material identifies *Arogyavardhini Gutika* as a recognized *rasayoga* and also lists *Krimikuthara Rasa* in standard materia-medica teaching.^[7]

The combination of *Arogyavardhini Rasa* and *Gandhaka Rasayana* is intended not as an indiscriminate “anti-psoriasis” combination, but as a clinically chosen final phase after initial reduction of *ama*, *kleda*, inflammatory activity, and bowel irregularity. Patients with poor appetite, low body weight, persistent diarrhea, anemia, advanced liver disease, renal disease, pregnancy, or significant drug interactions require a different plan or specialist consultation.

Nitya virechana with Triphala Churna**Concept**

Nitya virechana refers to regularly administered, mild evacuation therapy without producing the intense purgation expected in classical *shodhana virechana*. It should be understood as a carefully titrated *mridu shodhana/anulomana* approach, not as a mandate for daily diarrhea. Literature discussing *nitya virechana* describes it as daily use of mild purgative substances without the full preparatory procedures of formal *virechana karma*.^[9]

In *Kushtha* with *Pitta-Rakta* involvement, *virechana* occupies an important conceptual place in Ayurveda. Ayurvedic reviews commonly summarize that *vamana* is considered in *Kapha*-

dominant *Kushtha*, whereas *virechana* and *raktamokshana* are considered where *Pitta* predominates. However, daily use of *Triphala Churna* should be treated as bowel regulation rather than equivalent to a formal, supervised classical purgation procedure.^[10]

Practical method

- Start with **3 g Triphala Churna** at bedtime with 150–200 mL lukewarm water.
- Increase gradually, only if necessary, to **4–6 g at bedtime**.
- Target: one soft, satisfactory bowel movement in the morning.
- Do **not** target repeated stools, cramping, urgency, watery diarrhea, weakness, or dehydration.
- Reduce the dose or stop temporarily if the patient passes more than two loose stools per day, has abdominal cramps, dizziness, reduced urine output, marked fatigue, or worsening dryness.
- Maintain adequate oral fluid intake unless medically restricted.
- Reassess daily in an inpatient setting and at least weekly in outpatient practice.

Contraindications and cautions

Avoid or defer this plan in:

- Pregnancy and lactation unless specifically advised by a qualified clinician.
- Acute diarrhea, dysentery, severe dehydration, active inflammatory bowel disease flare, or significant rectal bleeding.
- Frail, elderly, severely underweight, or markedly debilitated patients.
- Severe *vata prakopa*, profound dryness, hypotension, or recurrent syncope.
- Significant renal failure, advanced liver disease, or electrolyte disturbance.
- Children unless evaluated and prescribed by a pediatric Ayurveda specialist.
- Acute febrile illness, severe infection, or unstable systemic disease.
- Patients receiving medications in which diarrhea, electrolyte changes, or altered absorption could be harmful.

Formal *virechana* is described in detail in Ayurvedic classical traditions and later academic sources, including the *Vamana–Virechana Vidhi* discussions of *Ashtanga Hridaya*; it should be planned separately with appropriate *purvakarma*, patient selection, dose determination, *samyak yoga* assessment, and *samsarjana krama*.^{[11][12]}

Pathya and apathya**Pathya ahara**

Food should be simple, freshly prepared, light to digest, non-irritating, and tailored to the patient's *agni*.

- Old *shali* rice or other easily digestible grains in appropriate quantity.
- *Mudga yusha* or light green gram preparations.
- Bitter and astringent vegetables as tolerated: bitter melon, neem flower preparations in small amounts where culturally appropriate, leafy vegetables, bottle melon, ridge melon, and snake melon.
- Cooked vegetables with minimal oil and mild seasoning.
- Warm water or boiled-and-cooled water according to constitution and climate.
- Pomegranate, amla, and other suitable fruits in moderation if they do not aggravate symptoms.
- Small quantities of ghee may be considered in patients with severe dryness and *vata* predominance, but should be individualized.
- Regular meal timing and adequate sleep.
- Stress-reducing measures such as gentle yoga, *pranayama*, relaxation, and consistent sleep timing.

Apathya ahara and vihara

Avoid the following, particularly during active disease.

- *Viruddha ahara*, especially incompatible dietary combinations.
- Curd at night, frequent fermented foods, excess vinegar, pickles, and sour foods.
- Excessively salty, pungent, fried, processed, and packaged foods.
- Reheated oil, fast foods, bakery items, and excess refined sugar.
- Alcohol and smoking.
- Heavy non-vegetarian meals if they worsen digestion or the patient reports a clear disease association.
- Overeating, irregular meal timing, daytime sleep after heavy meals, and prolonged fasting that aggravates *vata*.
- Mechanical trauma, scratching, harsh soaps, very hot baths, and unnecessary skin exfoliation.
- Sleep deprivation and uncontrolled psychological stress.

Published Ayurveda psoriasis case reports similarly describe dietary avoidance of excessive salt, sour foods, curd, sweet/heavy foods, meat/fish in selected protocols, and overeating as part of a comprehensive management strategy.^{[3][4]}

External care and supportive measures

The internal protocol should be accompanied by gentle topical care:

- Use a bland moisturizer after bathing, particularly for dry, fissured plaques.
- Avoid harsh detergents, fragranced products, vigorous rubbing, and hot water.
- Keep nails short to limit excoriation from scratching.
- Use physician-selected Ayurvedic topical preparations only after ruling out secondary infection and contact dermatitis.
- Scalp psoriasis may require separate dermatological management.
- Palmar and plantar fissures may need protective emollients, dressings, and assessment for infection.
- If prescribed topical steroids, vitamin D analogues, phototherapy, systemic agents, or biologics by a dermatologist, do not abruptly discontinue them. Coordinate Ayurveda and dermatology care.

Monitoring and outcome measures

Weekly clinical monitoring

Parameter	Baseline	Week 2	Week 4	Week 6
Percentage of area involved	30%	20%	10%	0%
Itching score, 0–10	10	8	4	0
Erythema 0–4	3	3	0	0
Scaling	Moderate	Moderate	Mild	Absent
Sleep disturbance	Absent	Absent	Absent	Absent
Bowel frequency and consistency	Regular	Regular	Regular	Regular
Adverse effects	Absent	Absent	Absent	Absent

Photographic demonstration

Baseline**After 6 weeks****DISCUSSION**

The proposed management strategy adopts a sequential Ayurvedic approach rather than relying on a single formulation throughout the course of psoriasis. The first phase emphasizes correction of impaired digestion, *ama*, *kleda*, and itching-associated factors. The second phase gives greater attention to *tikta rasa*, *pitta-rakta shamana*, and chronic skin-tissue support. The third phase focuses on *deepana-pachana*, metabolic regulation, and consolidation with *Arogyavardhini Rasa* and *Gandhaka Rasayana*.

The use of *Gandhaka Rasayana* across all three phases is based on its traditional place in chronic skin conditions and its frequent inclusion in contemporary Ayurvedic psoriasis case

reports. Nevertheless, a six-week course should be viewed as an initial therapeutic window. Psoriasis commonly relapses, and sustained improvement depends on long-term trigger management, weight management where relevant, sleep regulation, stress control, topical care, and coordinated dermatology follow-up.^{[6][4][3]}

The inclusion of *Triphala Churna* must be conservative. While mild daily evacuation may be conceptually aligned with *mridu virechana* in selected *Pitta-Rakta* and *Kushtha* states, excessive purgation can produce dehydration, fatigue, loss of appetite, and aggravation of dryness. Therefore, the correct endpoint is a comfortable, soft bowel movement—not repeated loose stools.

Importantly, the evidence base for this exact sequence—*Krimikuthara Rasa* + *Gandhaka Rasayana* + *Paripathadi Kashaya*, followed by *Gandhaka Rasayana* + *Kamadugdha Rasa* + *Panchatikta Kashaya*, followed by *Arogyavardhini Rasa* + *Gandhaka Rasayana* with *Triphala*-based mild daily purgation—is not established through large controlled clinical trials. It is best presented in an academic article as a proposed, individualized clinical protocol grounded in Ayurvedic therapeutic principles, not as a proven standard of care.

CONCLUSION

Psoriasis may be approached in Ayurveda under the broad framework of *Kushtha*, especially *Kitibha Kushtha* and *Ekakushtha*, after detailed *dosha-dushya* assessment. A staged six-week regimen may be conceptualized as follows: early correction of *ama*, *kleda*, itching, and possible *krimi* factors; subsequent *pitta-rakta* pacification with panchatikta-based therapy; and final consolidation through *Arogyavardhini Rasa* and continued *Gandhaka Rasayana*. Carefully titrated *Triphala Churna* may assist bowel regularity in suitable patients but must not produce excessive purgation.

The most essential component remains *nidana parivarjana*, supported by appropriate diet, lifestyle discipline, topical skin care, objective outcome assessment, and medical safety monitoring. A qualified Ayurveda physician should individualize the medicine selection, dose, duration, and need for formal *shodhana*. Dermatology co-management is especially important in severe, unstable, extensive, or joint-associated psoriasis.

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