

An Evidence-Based Ayurvedic Intervention in Kitibha Kushta: A Single Case Study

Dr. Annapurna K. Bhandge¹, Dr. S.G. Chavan²

¹Post Graduate Scholar, Department of Kayachikitsa, Ayurveda Mahavidyalaya and Hospital, Hubballi, Karnataka, India.

²Professor and HOD, Department of Kayachikitsa, Ayurveda Mahavidyalaya and Hospital, Hubballi, Karnataka, India.

ABSTRACT:

Background: The skin is the largest organ of the body, it's a reflection of both outer beauty and inner health. Ayurveda categorizes all skin disorders under the comprehensive term "Kushta." Kushta Roga includes a broad range of dermatological conditions, among them psoriasis, acknowledged as a chronic, recurrent skin disease driven by the immune system. Affected individuals experience significant physical, emotional, and psychosocial burdens due to these disorders, which impairs their overall quality of life.

Case presentation: A 65-year-old male having gradually increased in the itching, discolouration, dryness, roughness over the lesions over the abdomen, upper and lower back, bilateral lower and upper limb and scalp region with a chronicity of 12 years and took allopathy medicines and got temporary symptomatic relief.

Intervention: Underwent Snehapana, swedana, Virechana, Shamana aushadi's (internal medicines and topical application).

Outcome: After 8 months significant gradually reduction in hyperkeratosis, itching, discolouration and burning were noted. PASI (Psoriasis Area Severity Index) score index before treatment score 25.6 and after treatment score 2.6.

Conclusion: A case of chronic Kitibha Kushta (Plaque Psoriasis) advised for virechana for 2 sittings and shamana aushadi's and Shamana Sneha for later days. This helps to treat and successfully manage a Kitibha Kushta.

Keywords: Kitibha Kushta, Virechana, Shamana Sneha, Plaque Psoriasis.

INTRODUCTION:

All the skin diseases in Ayurveda have been discussed under the broad heading of "Kushta"^{1,2}. Kushta is produced due to vitiation of saptako dravya sangraha³ i.e., Vata, Pitta, Kapha, Twak, Rakta, Mamsa and Lasika. Kushta is considered as Mahagada due to its durvijneya, sudustara and daruna swabhava⁴. Kushta is classified as Maha Kushta and Kshudra Kushta. Kitibha Kushta comes under Kshudra Kushta, Vata and Kapha are the dominant dosha in Kitibha Kushta with clinical symptoms like Shyava Varna (discoloration), Kinakhara Sparsha (rough in touch/scaly), Parushatva (hard), Ruksha (dry).⁵It can have negative impact on physical, emotional and psychosocial status of affected person. Kitibha Kushta is included in Kshudra Kushta commonly found today, having sign and symptoms similar to Plaque psoriasis. In India the prevalence of psoriasis varies from 0.44 to 2.8%⁶. Psoriasis is characterized by the

development of erythematous, well defined, dry, scaly papules and plaques of size ranging from a pinhead to palm-sized or larger.⁷ Topical therapies such as vitamin D analogues (calcipotriol) or corticosteroids are first line. Second-line therapy includes phototherapy (narrowband ultraviolet B radiation (NB-UVB) and psoralen with ultraviolet radiation (PUVA) and conventional systemic agents (methotrexate, ciclosporin and acitretin).

CASE REPORT:

Presenting complaints:

A 65-year-old male patient came to Kayachikitsa OPD of Ayurveda Mahavidyalaya and Hospital on 06/07/2025, approached with the complaints of Vaivarnya(Discolouration) since 8 years, Kandu(itching sensation) with on and off nature since 3 years, Powdery discharge since 6 months over the bilateral lower limb and upper limb, abdomen, thorax, upper and lower back and frontal region of the scalp. Associated with the complaints of Daha(burning sensation) since 3 months and bilateral lower limb swelling since 2-3 months.

History of Present illness:

Patient was apparently normal 10-12 years ago. He observed slightly change in the texture of skin. Change in the texture in terms of small lesions eruptions firstly noticed predominantly over the lower limbs, right leg, abdomen and all over the body. Patient ignored the initial stage without following diet and without any medical intervention. Later, he observed that the lesions gradually spreads all over the body. Hence, he approached to the allopathy hospital and took medicines for 1 month and observed there was a temporary relief from the symptoms and later patient discontinued the medicines and after a gap of few weeks again patient approached to the one of the clinic and took medicines and did not get relieve from the symptoms. Hence, he approached our hospital for better treatment.

Past history:

- K/C/O Hypertension on Ayurvedic medications. (7/1/25)
- N/K/C/O Diabetes mellitus, Bronchial Asthma, IHD, Thyroid dysfunction and any food/drug allergy.

Family history: There is no familial history associated with the present illness.

Surgical History: No any surgical history

General Examination:

- B.P.-170/100 mmHg
- Pulse Rate- 82bpm
- R.R – 14bpm
- Temperature – Afebrile
- Height – 164 cm
- Weight – 75 kg
- BMI – 27.9 (overweight)
- Pallor, Icterus, Clubbing, Lymphadenopathy-absent
- Edema – Lower limb present
- Koshta - Krura
- Agni -Tikshna

Ashta-sthana Pareeksha:

- Nadi : Prakruta

- Mala : Regular, once a day, hard consistency, normal colour
- Mutra : 5-6 times/day, 1time/night
- Jiwaha : Ishat lipta
- Shabda : Prakruta
- Sparsha: Khara at the site of lesions
- Drik : Prakruta
- Akriti : Madhyama

Dashavidha Pareeksha:

- Prakruti : Pitta-Vata
- Vikriti : Vata-kapha pradhana, tridosha
- Samhanana : Madhyama
- Pramana : Madhyama
- Satmya : Madhyama
- Satva : Pravara
- Ahara Shakti: Abhyavarana: Pravara
- Jarana Shakti: Pravara
- Vyayama Shakti: Madhyama
- Vaya : Vriddha

Table 01: Showing the clinical findings.

Clinical findings	Impression
Site of lesion	Thorax, abdomen, upper and lower back, B/L lower limb and upper limb and scalp
Colour	Silvery white scales with blackish discolouration.
Shape	Irregular in shape.
Border	Clearly defined borders
Distribution	Generalized, asymmetrical
Onset	Gradual, initially with small elevated pimples
Discharge	Blood spot after severe itching
Type of lesion	Plaque
Duration	08 years
Progression	Gradual increase in size and no of lesions
Flare-up	Present (+++)
Nature	Spreading
Arrangement	Coalescing arrangement
Auzpit sign and candle grease sign	Positive
Aggravating factor	On having non vegetarian food and exposure to sun and dust.
Relieving factors	Ointment application and cold water bath
PASI (Psoriasis are severity index)	25.6

Image 01- Thorax and Abdomen



Image 02 – Right Lower Limb



Image 03- Upper and Lower back



Table 02-Showing Samprapti Ghataka

Dosha	Vata- Kapha Pradhana Tridosha
Dushya	Twak, Mamsa, Rakta, Lasika
Agni	Jataragni
Aama	Jataragni
Srotas	Rasa, Rakta, Mamsa and Swedavaha
Srotodushti	Sanga and Vimargagamana
Udhbhava Sthana	Aamapakwashaya
Sanchara Sthana	Sira, Sarvasharira
Vyakta Sthana	Twak
Vyadhi Swabhava	Krucchra Sadhya

TREATMENT PLAN:

Table 03- Showing 1st sitting of Virechana

18/02/25	Aamapachana with Avipattikara Choorna 1tsp-0-1tsp with Ushna jala before food for 4 days	
22/02/25 to 26/02/25	Arohana kind of Snehapana with Panchatikta Guggulu Ghrita (30ml,60ml, 90ml, 120ml, 150ml) for 5 days	
27/02/25 to 01/03/25	Sarvanga Abhyanga with vatari taila followed by nadi sweda for 3 days (Vishrama kala)	
02/03/25	Virechana with Trivruth Lehya-30gm	Number of Vegas observed-12 vegas
03/03/25 to 07/03/25	Samsarjana Krama for 5 days	

Table 04- Showing Shamana Aushadi - Matra, Sevana Kala with Anupana after 1st sitting of Virechana from 08/03/25 to 23/03/25

Aushadi's	Dose	Kala	Anupana
Panchatikta guggulu Ghrita	3tsp BD	BF	Sukhoshna Jala
T. Guduchi	1BD	AF	Sukhoshna Jala
T. Manjistadi Kashaya	1BD	AF	Sukhoshna Jala
T. Dashamoola kashaya	1BD	AF	Sukhoshna Jala
T. Gandhaka Rasayana	1BD	AF	Sukhoshna Jala

05- Showing 2nd sitting of Virechana

24/03/25	Aamapachana with Avipattikara Choorna 1tsp-0-1tsp with Ushna jala before food for 4 days	
28/03/25 to 01/04/25	Arohana kind of Snehapana with Panchatikta Guggulu Ghrita (30ml,60ml, 90ml, 120ml, 150ml) for 5 days	
02/04/25 to 04/04/25	Sarvanga Abhyanga with vatari taila followed by nadi sweda for 3 days (Vishrama kala)	
05/04/25	Virechana with Trivruth Lehya-30gm	No of Vegas observed-10 vegas
06/04/25 to 10/04/25	Samsarjana Krama for 5 days	

Table 06- Showing Shamana Aushadi - Matra, Sevana Kala with Anupana after 2nd sitting of Virechana from 11/04/25 to 10/05/25(30 days).

Aushadi's	Dose	Kala	Anupana
Panchatikta guggulu Ghrita	3tsp BD	BF	Sukhoshna Jala
T. Guduchi	1BD	AF	Sukhoshna Jala
T. Manjistadi Kashaya	1BD	AF	Sukhoshna Jala
T. Dashamoola kashaya	1BD	AF	Sukhoshna Jala
T. Gandhaka Rasayana	1BD	AF	Sukhoshna Jala

Image 04 - Showing chronological improvement of the upper and lower back



Image 05- Showing chronological improvement of thorax and abdomen



Image 06- Showing chronological improvement of right lower limb



PASI(Psoriasis are severity index) after treatment – 2.6

Table 07 - Showing Pathya-Apathya

PATHYA	
Aahara	Vihara
Laghu-ruksha Bhojana, Tikta Rasa Pradhana Aahara, Ghrita with Aahara, Purana Dhanya, Patola Etc	Laghu Vyayama, for bath eladi soap
APATHYA	
Aahara	Vihara
Navaanna, Pishtanna, Vidhahi-abhishyandhi-guru-sheeta-snigdha Aahara, Dadhi, Matsya, Tila, Lavana-amlam, gudha, Madhya Etc	Diwasapna, Mala-mutra Veghadharana, Ati-vyayama Etc

Following Showing differential diagnosis

Alasaka

Vicharchika

Eka kushta

Kitibha Kushta

Final diagnosed as Kitibha Kushta

Discussion:

After obtaining a detailed clinical history, the Nidana (etiological factors) responsible for Kitibha Kushta were identified. Considering the Lakṣaṇa (clinical manifestations) and the Doṣha predominance, an appropriate line of treatment was planned. The treatment protocol included Virechana Karma (therapeutic purgation) as a Sodhana measure, followed by Samana Oushadhi (pacifying internal medications), along with strict adherence to Nidana Parivarjana (avoidance of causative factors).

- Aamapachana is achieved by administration of Avipattikara Choorna as it act as Deepana–Pachana, Pitta-shamana & Amlapitta-hara, Mridu Virechana, Shothahara, Ruchya & Anulomana
- Snehapana with Panchatikta guggulu Ghrita which act as Vrana Shodhana & Ropana, Shothahara, Lekhana & Strotoshodhana, Balya & Rasayana.
- Abhyanga with Vatari taila which act as Vata-Kapha shamana, Kushthaghna, Ropana, Twak snigdha and mridu karaka, shothahara. Here, Kitibha Kushta is Vata-Kapha dominant hence Vatari taila is selected.
- Trivruth Lehya is used for virechana karma, it act as Sukha virechana. In Kushtha, where Dosha Dushti (especially Pitta and Kapha) and Rakta Dushti are involved, Virechana helps detoxify the system and purify Rakta Dhatu. Trivrit is Tikta and Katu Rasa help in Amapachana, Removes accumulated Ama. Trivrit Lehya helps in eliminating vitiated Rakta through purgation and reduces Rakta Dushti Lakshanas such as Kandu (itching), Pidaka (eruptions), and Vaivarnya (discoloration).

Over all it does virechana karma, rakta Shodhana, aamapachana, srotoshodhana, agni Deepana, vatanulomana.

Action of Virechana Karma

The Virechana Dravyas which are having properties like Ushna, Tikshna, Sukshma, Vyavayi, Vikasi it reaches to the heart due to their potency it enters into Dhamani and circulates throughout the Sthula and Sukshma strotas. By its Agneya Guna it liquefies the Dosha Sanghat. This Doshasanghat gets Chhinna-Bhinna and circulates throughout the Strotas and didn't get sticks anywhere because the Snehana was done in the Purvakarma, as like honey not sticks to the vessel which is coated by oil. This Doshasanghat passes through the minute capillaries and moves towards the Koshtha and ultimately reaches to the Amashaya. The Virechana drug has the predominance of the Jala and Prithvimahabhuta, so it acts as a Adhobhagaharaprabhava. It does the elimination of the vitiated Dosha from the Gudamarga.⁸. Ghrita is used for snehapana

having tikta (Bitter), Madhura (sweet), Ruksha (rough), Katu (pungent), Kashaya (astringent), Sheeta (cold), and Snigdha (oily) properties along with Ushnavirya, which help to pacify the Tridosha involved in disorder. The pacification of Vatadosha is responsible for subsiding the symptoms such as Kharasparsh, Kina, Parusha and Shyava varna in the Kitibha Kushta. The pacification of the Pitta Dosha helps in reducing the Daha and Strava, while Kapha dosha pacification decreases Kandu, Vruttanvrudhimanthi⁹.

Shamana Snehana normalizes the aggravated dosha without expelling and disturbing the normal dosha.¹⁰ Hence shamana snehapana is used.

CONCLUSION:

The eight-year, chronic Vata-Kapha Kushta is rationally administered with Classical virechana for 2 sittings, Shamana aushadi, shamana snehapana and Pathyapathya for three months. This led to 95% reduction in Flares and good relief of chief symptoms itching and burning sensation with subsequent reduction in blood spot after severe itching. The key observation of this case was the significant decrease in PASI score from 26.5 to 2.6. No adverse reaction was noted during treatment. This case highlights the potential of a comprehensive Ayurvedic approach by integrating virechana rationally helps in successful management of Vata-Kapha Kushta.

REFERENCE:

1. Chakrapanidatta, Ayurveda Deepika commentary on charaka Samhita, chikitsa sthana, chapter, reprint, edition Varanasi chowkambha, 2015; 7: 458.
2. Dalhana commentary of Sushruta Ssamhita chikitsa sthana chapter varanasi chowkambha vishwabharati publications, 2005; 9: 365.
3. Vd Yadavji Trikamji Acharya, Agnivesha, Charaka samhita, with Ayurveda Dipika commentary by chakrapani, nidana sthana 5th chapter verse 3, Chaukhamba Publication New Delhi. Reprint 2018.
4. Sharma P V. Susruta Samhita. Sutra Stana. Reprint Edition. Varanasi; Chaukhambha Vishabharati; 2013. 316p.
5. Chalapathi RS, Maheswar T, Subhose V, Swamy RK. Critical Evaluation of Kshudra Kustas of Charaka Samhitha: an Ayurvedic Treatise in Light of Modern Medicine. Int JRes Ayurveda Pharm. 2016;7(1):13–9.
6. Dogra S, Mahajan R. Psoriasis: Epidemiology, clinical features, co-morbidities, and clinical scoring. Indian Dermatol Online J. 2016;7(6):471
7. Tveit KS. Effect of Herring Roe Lipids on Mild Psoriasis. Nord Congr Dermatology Venereol [Internet]. 2019;63(April):278–85. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5389757/>.
8. Rais A, Bhatted S. Clinical study to evaluate the effect of Virechanakarma on serum electrolytes. AYU (An Int Q J Res Ayurveda). 2013;34(4):379.
9. Gunarathna EP, Kulathunge RDH. Effect of Panchatikta Ghrita and GandhakadiTaila in the Management of Kitibha (Psoriasis)-A Case study. Int J AYUSH Case Rep. 2018; 2:9–17. [Google Scholar]
10. Pt. Sastri Hari Sadashiv, Vagbhata, with Sarvangsundara commentary by Arundatta and the Ayurvedarasayana commentary by Hemadri, Ashtang Hridaya, Varanasi, Chaukhamba Surbharati Prakashan, Reprint ed 2017, 248.