



## Ayurvedic management of Kitibha Kushta (Guttate Psoriasis) with Virechana and Shirodhara - A Single Case Study

Chaithra M<sup>1\*</sup>, Ranjitha<sup>2</sup>

DOI:10.21760/jaims.10.6.49

<sup>1\*</sup> Chaithra M, Post Graduate Scholar, Department of Roganidana, Government Ayurveda Medical College, Bengaluru, Karnataka, India.

<sup>2</sup> Ranjitha, Associate Professor, Department of PG Studies in Roganidana, Government Ayurveda Medical College, Bengaluru, Karnataka, India.

In Ayurveda, skin diseases are classified under the heading "Kushta", which is further divided into Mahakushta and Kshudra Kushta. Kitibha Kushta falls under Kshudra Kushta and is characterized by small, round, and scaly skin lesions. Kushta Roga, a dermatological disorder that includes psoriasis, is a chronic condition marked by recurrence, immune-mediated skin inflammation, and scaling, thickened, and rough skin lesions accompanied by itching. This condition affects both genders equally, with a worldwide prevalence of 1-2%, and can significantly impact the physical, emotional, and psychosocial well-being of affected individuals. A 46-year-old male patient with a 3-month history of Kitibha Kushta underwent treatment with Virechana and Shirodhara for 30 days. The patient's symptoms were assessed using the Psoriasis Area and Severity Index (PASI) and the Dermatology Life Quality Index (DLQI) before and after treatment. The results showed significant improvement, with an 84% reduction in PASI score and a 90% reduction in DLQI score. The patient reported a marked reduction in itching, scaling of the lesions, and anxiety. This case study suggests that Ayurvedic management using Virechana and Shirodhara may be an effective treatment option for Kitibha Kushta. Moreover, Ayurvedic medicines have been providing a safe and effective approach to managing Kitibha Kushta for thousands of years.

**Keywords:** Kitibha Kushta, Guttate Psoriasis, Virechana, Shirodhara, Psoriasis Area and Severity Index (PASI), Dermatology Life Quality Index (DLQI)

Corresponding Author	How to Cite this Article	To Browse
Chaithra M, Post Graduate Scholar, Department of Roganidana, Government Ayurveda Medical College, Bengaluru, Karnataka, India. Email: <a href="mailto:chaithramanohar456@gmail.com">chaithramanohar456@gmail.com</a>	Chaithra M, Ranjitha, <a href="#">Ayurvedic management of Kitibha Kushta (Guttate Psoriasis) with Virechana and Shirodhara - A Single Case Study</a> . J Ayu Int Med Sci. 2025;10(6):350-358. Available From <a href="https://jaims.in/jaims/article/view/4363/">https://jaims.in/jaims/article/view/4363/</a>	

Manuscript Received  
2025-05-08

Review Round 1  
2025-05-27

Review Round 2  
2025-06-07

Review Round 3  
2025-06-17

Accepted  
2025-06-27

Conflict of Interest  
None

Funding  
Nil

Ethical Approval  
Not required

Plagiarism X-checker  
10.76

Note



© 2025 by Chaithra M, Ranjitha and Published by Maharshi Charaka Ayurveda Organization. This is an Open Access article licensed under a Creative Commons Attribution 4.0 International License <https://creativecommons.org/licenses/by/4.0/> unported [CC BY 4.0].



## Introduction

In Ayurveda, the term "*Twacha*" originates from the *Dhatu* "*Twach Samvarne*," which refers to the skin as the body's covering. *Twacha* is the seat of *Sparshajnanendriya*, one of the seats of *Vata*, and is extensively connected to all five *Jnanendriyas*.<sup>[1]</sup> The *Nidanas* (causative factors) of *Twak Vikaras* (skin disorders) most commonly arises due to *Mithyahara*, *Vihara* and *Manasika Nidanas*. Each *Dosha* vitiation elicit the different *Lakshanas* in the *Twacha*. According to Acharya Charaka, *Kushta* (skin diseases) are categorized into two main types: *Mahakushta* and *Kshudrakushta*. *Mahakushta* is subdivided into seven and *Kshudrakushta* into eleven types. *Mahakushta* - *Kapala*, *Udumbhara*, *Mandala*, *Rushyajihwa*, *Pundarika*, *Sidhma* and *Kakanaka*. *Kshudrakushta* - *Ekakushta*, *Charmakhya*, *Kitibha*, *Vipaadika*, *Alasaka*, *Dadru*, *Charmada*, *Paama*, *Visphota*, *Shataru* and *Vicharchika*.<sup>[2]</sup>

*Kitibha Kushta* is a type of *Kshudra Kushta*, involving an imbalance of the *Tridosha*, *Rasa*, *Rakta*, *Mamsa*, and *Ambu*. *Rakta Dusti* (blood impurity) is the primary cause for *Kushta* (skin disorders). *Kitibha Kushta* is one of the *Raktapradoshaja Vikaras* caused by the vitiation of *Vata* and *Kapha Doshas* in excess, characterized by symptoms such as *Shyava Varna* (blackish-brown color), *Kinakhara Sparsham* (rough to the touch), *Parusham* (dryness), *Ruksha Pidika* (skin eruptions), and *Kandu* (itching). The *Lakshanas* of *Kitibha Kushta* are similar to those of guttate psoriasis, and based on symptomatology, *Kitibha Kushta* is correlated with guttate psoriasis.<sup>[3]</sup>

Psoriasis is a chronic proliferative and inflammatory condition of the skin. It is characterized by erythematous plaques covered with silvery scales, particularly over the extensor surfaces, scalp, and lumbosacral region.<sup>[4]</sup> The pathophysiology of psoriasis involves infiltration of the skin by activated T cells, which stimulate the proliferation of keratinocytes, leading to an abnormal keratinocyte turnover and resulting in the formation of thick, scaly plaques due to the impaired maturation and retention of corneocytes, and reduced lipid secretion by epidermal cells.<sup>[5]</sup> This condition affects both genders equally, with a worldwide prevalence of 1-2%, and can significantly impact the physical, emotional, and psychosocial well-being of affected individuals.<sup>[6]</sup>

Guttate psoriasis is a distinct variant of psoriasis, characterized by the sudden onset of numerous small, erythematous, scaly, teardrop-shaped papules. The pathogenesis of guttate psoriasis involves the activation of immune cells, including T cells and dendritic cells. This activation triggers the release of cytokines, such as TNF-alpha, IL-17, and IL-22, which promote inflammation and skin cell proliferation.<sup>[7]</sup> The accumulation of immune cells and cytokines leads to inflammation, resulting in the characteristic redness and scaling of guttate psoriasis. Stress can also trigger or worsen psoriasis symptoms in some individuals. This may be due to the release of stress hormones, such as cortisol, which can affect the immune system and inflammation.

Modern medicine typically treats psoriasis with PUVA and corticosteroids.<sup>[8]</sup> In contrast, *Ayurveda* offers various treatment modalities for *Kitibha Kushta* (psoriasis), including *Shodhana Chikitsa* (purification therapies) and *Shamana Chikitsa* (palliative therapies). Additionally, therapies like *Shirodhara*, known for its calming and relaxing effects, help regulate the immune system, thereby aiding in the management of anxiety and stress, which are common triggering factors for psoriasis. In this case study, a patient underwent a one-month treatment regimen, resulting in significant relief from skin symptoms.

## Case Report

### Presenting Complaints

The patient complains of dry, scaly, greyish-black, discolored skin lesions all over the body, associated with severe itching for the past 3 months.

### History of Present Illness

A 46-year-old male patient, not a known case of DM and HTN, was apparently healthy before 3 months. After that he started complaining of dry, scaly, greyish-black, discolored skin lesions in the inguinal region and on the anterior aspect of the legs, just below the knee joints. Over a time, the lesions gradually increased in number and spread to the abdomen, back, both lower and upper limbs, accompanied by intense itching, mild pain, and bleeding due to continuous scratching over the lesions. His symptoms worsened with consumption of outside food and non-vegetarian diet and stress, but improved with medication.

Initially, he took treatment at a nearby clinic and got temporary relief, again all these symptoms got aggravated with severe itching, so patient visited the Government Ayurveda Medical College and Hospital, where he is admitted for further evaluation and management.

#### Treatment history

Patient took medications and topical applications whenever symptoms aggravated details of which are not known.

#### Samajika Vrutanta (Social history)

Living situation - Patient resides alone,

Marital status - Married

Patient social support system - no family members or friends are providing emotional support.

Patient's history of substance use - Patient has a 20-year history of alcohol use. Quarter per day, type - local liquor (toddy)

#### Occupational history

Printing press operator- job Duration -10 hours (10am- 8pm)

Work environment - He is regularly exposed to contaminants, such as odorous inks. Working under AC

#### Vaiyaktika Vrutanta (Personal history)

- **Ahara** - *Ati Dhadi Sevana* with *Mamsa, Varaha Mamsa*, fish, chicken and mutton (twice in a week). *Katu, Ruksha, Abhishyandhi Ahara, Atimadya Sevana*, junk food, *Adyashana, Vishamashana, Ajeerna Bhojana*.
- **Vihara** - Working under AC (10 hours) *Ratrijagarana, Vegadharana, Ati Adwagamana*.
- **Manasika Nidana** - *Kroda, Chinta, Shoka*
- **Agni** - *Mandagni*
- **Mala Pravrutti** - Incomplete (*Kricchra Pureesha*)
- **Koshta** - *Krura Koshta*
- **Nidra** - Disturbed due to itching
- **Addictions / Habits** - Smoking, Alcohol

#### General Examination

Built - Moderately Built

Pallor - Absent

Nourishment - Well-Nourished

Icterus - Absent

Height - 165cm

Cyanosis - Absent

Weight - 58 Kg

Clubbing - Absent

Lymphadenopathy - Absent

Edema - Absent

#### Vital Examination

Blood Pressure - 110/80 Mm Hg

Pulse - 88 Beats/Min

Respiratory Rate - 18 Cycles/Min

Temperature - 97.2°F

#### Asta Sthana Pareeksha

*Nadi* - *Vata Pitta*, 88 beats/min

*Mala* - once a day. *Badha Mala*

*Mutra* - 5-6 times /day & 1 times / night

*Jivha* - *Ishath Lipta*

*Shabda* - *Prakrutha*

*Sparsha* - *Parushata* and *Khara Sparsha* of *Twak*

*Drik* - *Prakrutha*

*Akrithi* - *Madyama*

#### Dashavidha Pareeksha

*Prakriti* - *Pitta Vata*

*Vikriti* - *Kapha Vata*

*Satva* - *Madhyama*

*Sara* - *Asthi*

*Samhanana* - *Madhyama*

*Sathmya* - *Madura, Katu*

*Ahara Shakti* - *Madhyama*

*Vyayama Shakti* - *Madhyama*

*Pramana* - *Madyama*

*Vaya* - *Madyama*

#### Systemic Examination

Respiratory system: normal vesicular breath sounds. no added sound.

Cardiovascular system: S1-S2 sounds heard, no murmurs.

Gastrointestinal system: per abdomen soft, no tenderness.

Central nervous system: conscious and oriented to time & place.

#### Local examination

##### Tvak Pareeksha - Assessment of Skin

##### Inspection:

*Varna/ Colour*: *Shyava Krushna Varna*,

Size and shape: *Khara Paryanta*,

Configuration: Numerous small drops like papules and plaques

Arrangement of lesion: Scattered, Multiple

Distribution of lesions: Symmetrical upper limbs, lower limbs, chest and back, inguinal region.

Type of skin lesion (Primary); *Sookshma Pidaka* - Papule, (Secondary) - *Shakala* - Scale

#### Palpation:

- Specify – *Rooksha*, *Khara*, *Parushya*,
- Deformity: no deformities observed
- Odour / *Srava* / *Krimi* – absent
- Superficial sensation on lesion: hardness of lesions with scaling

#### Special tests

- Candle grease sign - Present
- Auspitz's sign - Present
- Koebner's phenomenon - Absent
- Nikolsky's sign - Negative

#### Nidana Panchaka

**Ahara** - *Ati Dhadi Sevana* with *Mamsa*, *Varaha Mamsa*, fish, chicken and mutton (twice in a week). *Katu*, *Ruksha*, *Abhishyandhi Ahara*, *Atimadya Sevana*, junk food, *Adyashana*, *Vishamashana*, *Ajeerna Bhojana*.

- *Dadhi Sevana* and alcohol does *Pitta Abhivridhi* - *Raktadushti*
- *Viruddahara* - meat along with milk - *Tridosha Dushti* - *Raktadushti*
- *Guru Anna Pana* - junk food, pork meat – *Kaphaprakopa* - *Agni Vaigunya*, *Annavaha*, *Raktavaha*, *Mamsavaha Srotodushti*.
- *Ajeerna*, *Adyashana*, *Vishmashana* - *Tridosha Dushti* - *Agni Vaishmya* - *Annavaha*, *Raktavaha Srotodushti*.

**Vihara** - working under AC (10 hours) *Ratrijagana*, *Vegadharana*, *Ati Adwagamana*.

- *Jagarana*, *Atiadwagamana*, *Vegadhara* causes - *Vataprakopa*

**Manasika Nidana** - *Kroda*, *Chinta*, *Shoka*

**Purvarupa** - *Vaivarnya*, *Kandu*, *Lomaharsha*,

**Lakshana** - *Shyava*, *Parusha Pidaka*, *Kinakara Sparsha*, *Kandu*.

- **Shyavam/Blackish/dark** discolouration due to vitiated *Vata Dosh*.
- **Kharatwam (Roughness)** to touch due to *Vata*
- **Parushatwam** to touch is because of *Vata Dosh*.
- **Rukshatwam** (Dryness) of the skin is because of vitiation of *Vata Dosh*.
- **Ugra Kandu** is produced by the vitiated *Kapha Dosh*.

**Upashaya** - on medication

**Anupashaya** - intake of nonveg, outside food.

#### Samprapti

Due to *Nidana Sevana*

↓

*Tridosha Prakopa*

↓

*Dushana* of *Twak*, *Rakta*, *Mamsa*, *Lasika*

↓

*Dosha- Dushya* Takes *Sthanasamshraya* in *Twak*

↓

Leads to *Pidaka*, *Kandu* All over the body

↓

*Kitibha Kushta*

#### Samprapti Ghataka

**Dosha:** *Vata* (*Vyana Vayu*), *Pitta* (*Bhrajaka*), *Kapha* (*Kledaka*)

**Dushya:** *Twak* *Rakta* *Mamsa* *Ambu*

**Ama:** *Jataragnijanya Ama*

**Agni:** *Jataragni*

**Srotas:** *Rasavaha*, *Raktavaha*, *Annavaha*

**Srotodustiprakara:** *Sanga*

**Rogamarga:** *Bahya*

**Udhavasthana:** *Amashaya*

**Vyaktasthana:** *Twacha*

**Adhistana:** *Twak*, *Rakta*, *Mamsa*, *Lasika*

**Rogaswabhava:** *Chirakari*

**Sadhyasadhyatha:** *Krichrasadhya*

### Diagnostic Criteria

The case was diagnosed as *Kitibha Kushta* based on the presence of *Pratyatma Lakshanas* explained in our classics, which correlated with the modern medical diagnosis of guttate psoriasis, as assessed using the Psoriasis Area and Severity Index (PASI) and Dermatology Life Quality Index (DLQI); accordingly,[9] the line of treatment described for *Kitibha Kushta* was adopted in this case.

**Lakshana** - *Shyava, Parusha Pidaka, Kinakara Sparsha, Kandu.*

On the basis of clinical history and examination the condition was diagnosed. Signs and symptoms like well-circumscribed papules/plaques covered with dry, brittle, silvery grayish, white micaceous scales, Auspitz sign, Candle grease sign, were present.

### Laboratory Investigations

ESR - 45mm/hr.  
 CBC - findings are normal  
 LFT - findings are normal  
 HBsAg - negative  
 HIV - negative

**Diagnosis:** *Kitibha Kushta* based on the *Lakshana* mentioned in the classics.

## Materials and Methods

Sri Jayachamarajendra Ayurveda and Unani Hospital IPD Majestic, Bengaluru, single case study.

### Assessment Criteria

#### Dermatology Life Quality Index (DLQI)

DLQI questionnaire assesses impact of skin conditions on daily life, covering aspects such as Symptoms and feelings, Daily activities, Leisure activities, Work and school, Personal relationships, Treatment effects. Total score, ranging from 0 to 30, indicates level of impairment, with higher scores signifying greater impact on quality of life.[10]

Before Treatment	After Treatment
90%	19%

#### Psoriasis Area and Severity Index (PASI)[11]

Before treatment	Head and neck	Arms	Trunk	Legs
Skin area involved score	< 10%	50-60%	70-80%	50-60%
Redness	1	1	2	1
Thickening	2	4	4	4
Scaling	2	4	4	4

After treatment	Head and neck	Arms	Trunk	Legs
Skin area involved score	5%	15%	30%	10-20%
Redness	0	0	1	1
Thickening	1	1	2	1
Scaling	0	1	1	1

### PASI Score Varies from Before Treatment to After Treatment

Before Treatment - 37.1

After Treatment - 6

### Therapeutic Intervention:

#### 1. Deepana and Pachana

Day 1 and	Chitrakadi Vati and	1-1-1 (B/F)40 ml - 0- 40
Day 2	Dhanyapatola Kwatha	ml (B/F)

#### 2. Shodhana line of treatment

Day 3rd	Snehapana with Mahatiktaka Gritha - 30ml (6:30 AM)	Ganji is advised when he felt hungry
Day 4th	Snehapana with Mahatiktaka Gritha - 70ml (6:30 AM)	Ganji is advised when he felt hungry
Day 5th	Snehapana with Mahatiktaka Gritha - 120ml (6:30 AM)	Ganji is advised when he felt hungry
Day 6th	Snehapana with Mahatiktaka Gritha - 180ml (6:30 AM)	Ganji is advised when he felt hungry
Day 7th	Sarvanga Abhyanga with Marichadya Taila and Karanja Taila.	Advised Pathya Ahara like - Ganji, Kichadi, Rava Idli
Day 8th	Sarvanga Abhyanga with Marichadya Taila and Karanja Taila.	Advised pathya ahara like - Ganji, Kichadi, Rava Idli, Rasam Rice
Day 9th	Sarvanga Abhyanga with Marichadya Taila and Karanja Taila. Virechana with Trivrit leha (60 gram)	Laghu Ahara (Ganji) is advised when once the Vegas are stopped

- Patient had 18 Vegas during *Virechana Karma, Madhyama Shuddhi.*
- *Samsarjana Karma* for 5 days with 2 *Annakala* was explained to patient.
- *Samsarjana karma* was included with *Peya, Vilepi, Yusha, Krushara* for 5 days.
- *Shirodhara - Takra Dhara* overhead continuously for 30 minutes.

#### Shamana Aushadhis after Virechana Karma

1. *Arogyavardhini Vati* 1-1-1 (B/F)
2. *Mahamanjishtadi Kashaya + Panchatiktha Kashaya* (15 ml- 0- 15ml (A/F))
3. *Aragwadha Patra Lepa* - externally
4. *Avipattikara Choorna* - 1 tsp at night with warm water (B/F)
5. *Karanja Taila* for external application.

6. Siddarthaka Snana Churna - externally



After Treatment



Before Treatment



## Observation and Results

**Table 1: Assessment of symptoms after treatment**

Sign and Symptoms	Before treatment	After treatment
Number of patches	Generalised skin lesions	Reduced upto 80%
Shyava	Present- Severe black Discolorations	Reduced upto 70%
Kinakara Sparsha	Severe rough lesions on touch with scaling	Reduced upto 90%
Parushatwa	Present- Moderate hardness of lesions	Reduced upto 70%
Kandu	Very severe itching disturbing sleep and other activity	Absent

Assessment was done before and after the treatment there are significant improvements noticed in the symptoms after the treatment was given to the patient. During follow-up, the patient reported gradual improvements in dry, scaly, greyish-black, discolored skin lesions, itching, Improvement in skin texture and tone, Reduction in Auspitz sign and candle grease phenomenon after finishing the follow up medicines for one month majority of the symptoms improved. Now the patient is leading a good quality of life.

## Discussion

In this case report a patient had a history of dry, scaly, greyish-black, discoloured skin lesions, accompanied by severe itching, Initially, lesions were confined to the inguinal region and anterior aspect of the legs, just below the knee joints. Over a time, they proliferated and spread to the abdomen, back, and upper and lower limbs in the last 3 months.



Due to irregular diet, excessive alcohol and tobacco consumption, frequent intake of outside junk food and non-vegetarian meals, work pressure, and lack of family support contributed to the patient's compromised *Agni* and stress levels, ultimately leading to *Kitiba Kushta* (Psoriasis). Following a thorough examination and diagnosis, the patient underwent classical Ayurvedic treatment, incorporating *Shodhana* (detoxification) and *Shamana Chikitsa* (palliative treatment). As emphasized by *Acharya Charaka*, correcting *Agni* was the primary focus [12]. To achieve this, *Deepana Pachana* was administered as a preliminary measure, utilizing *Chitrakadi Vati* for 2 days. Subsequently, *Virechana* was performed, followed by *Takra Dhara*, yielding significant improvements in the patient's condition. *Shirodhara*, a treatment described in *Samhitas* for *Kushta* management, was also administered to further enhance the therapeutic outcome.

#### **Action of Chitrakadi Vati**

*Charaka* mentions *Chitrakadi Vati* in the *Chikitsasthana*, *Grahani Adhyaya*, where it is used for various purposes, including: *Deepana* (enhancing stomach fire), *Pachana* (aiding digestion), *Grahi* (treating diarrhea), *Vibandha* (treating constipation), *Anulomana*, *Shulahara*, *Arshohara*, *Kusthahara* (treating various skin disorders) and *Shothahara*. [13]

#### **Action of Arogyavardhini Vati**

*Arogyavardhini Vati* is a Ayurvedic formulation traditionally used to treat *Kushta Roga*. This medicine exhibits a range of therapeutic properties, including *Pitta Virechan*, *Tridosha Shamak*, *Deepan*, *Pachan*, *Kushthaghna*, and *Kandughna*. By virtue of these properties, *Arogyavardhini Vati* effectively balances the *Tridosha*, *Agnivardhana* (enhances digestive fire), promotes detoxification *Bhedana* (promotes detoxification), and regulates *Vata Dosha* (*Vatanulomana*). Furthermore, its *Kushthaghna* and *Kandughna* properties provide relief from *Kushta* symptoms. [14]

#### **Action of Mahamanjishtadi Kashaya and Panchatikta Kashaya**

*Maha Manjishtadi Kashayam* is a potent Ayurvedic medicine utilized in the treatment of *Kushta*. This formulation, boasting *Rakta Shodhana* properties, was administered to counteract *Sheshadosha Shamana*, a critical aspect of *Kushta* management.

The ingredients in *Maha Manjishtadi Kashayam* predominantly exhibit *Tikta* and *Kashaya Rasa*, which facilitated *Ama Pachana*, *Agnidipana*, *Kleda Shoshana*, and *Pitta* and *Kapha Shamana*. These actions collectively enabled the effective execution of *Rakta Prasadana*. Notably, the therapeutic actions of the ingredients in *Maha Manjishtadi Kashayam* primarily target the *Rasa*, *Rakta*, and *Mamsa Dhatus*, which are the key components involved in the pathogenesis of *Kushta*. [15]

*Panchatikta Kashaya* is consisting of bitter drugs which are given in various *Kapha Pittaja* diseases. Most of them are *Ushnavirya* (hot potency) and *Raktashodhaka* (blood purifier), *Krimighna*, antibacterial, anti-infective bactericidal and immunomodulator in action. They are given in various *Kaphapittaja* diseases and skin diseases. [16]

#### **Action of Avipattikara Choorna**

*Avipattikara Churna* is a famous Ayurvedic herbal powder used in the treatment of *Pitta* imbalance disorders. It enhances *Agni* (digestive fire) and possesses antioxidant properties, which help protect the body from oxidative stress and damage caused by free radicals. Additionally, it exhibits antibacterial, antiviral, and antimicrobial properties, making it effective in treating indigestion, chronic gastritis, and serving as a mild purgative. [17]

#### **Action of Karanja Taila**

*Karanj Taila*, mentioned in *Bhaishajya Ratnavali's Visarpa Chikitsa*, possesses a range of therapeutic properties, including: *Krumighna* (Antifungal and antibacterial activity), *Kandughna* (Anti-itching properties), *Vranaropaka* (Wound-healing properties) *Vranashodhaka* (Anti-inflammatory and cleansing properties) These properties collectively contribute to alleviating symptoms. Local application of *Karanj* oil facilitates rapid absorption and reduces skin roughness, making it an effective treatment option. [18]

#### **Aragwadha Patra Lepa**

*Aragwadha Patra* has *Kushthaghna*, *Kandughna* (anti-itching), *Kriminashaka* (antimicrobial), and *Rakta Shodhaka* (blood purifier) properties as a result of its act on several types of *Kushtha* by its *Rasa-Panchak*. Possesses anti-bacterial, anti-fungal properties, anti-itching properties, wound healing, and anti-inflammatory activities. [19]

### **Siddharthaka Snana Choorna**

*Sidharthaka Snana Churnais* an Ayurvedic medicinal preparation in the powder form. It is *Kusthahara*, *Varnya*, *Twak Doshahara*. It improves the complexion of the skin.[20]

### **Action of Mahatiktaka Gritha**

*Mahatiktaka Ghritha* possesses a predominance of *Tikta* and *Kashaya Rasas*, characterized by *Laghu* (light) and *Snigdha* (unctuous) *gunas*, *Sheeta* (cooling) *Veerya*, and *Madhura* (sweet) *Vipaka*. These properties render it exceptionally effective in pacifying *Pitta* and *Kapha* imbalances. The therapeutic applications of *Mahatiktaka Ghritha* include the treatment of various conditions, such as: *Arsha* (hemorrhoids), *Vatarakta* (gout), *Pandu* (anemia), *Kamala* (jaundice), *Manoroga* (mental disorders), *Kustha* (skin diseases), *Jwara*(fever). [21]

### **Action of Virechana Dravya**

*Trivrut Leha* is *Pittagna*. *Vatanulomana* and *Sukha Virechaka*. [22] "*Virechana Dravyas*, having properties like *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi*, and *Vikasi* properties, penetrate deep into the body, reaching the heart due to their potency. They then enter the *Dhamanis*, circulating throughout the *Sthula* and *Sukshmastrotas*. The *Agneya Guna* of these *Dravyas* liquefies the accumulated *Doshas*, breaking them down into smaller particles that circulate freely throughout the *Srotas* without adhering to any surface, because the *Snehana* was done in the *Purvakarma*. These particles then traverse the minute capillaries, moving towards the *Koshtha* and ultimately reaching the *Amashaya*. As *Virechana* drugs predominantly comprise *Jala* and *Prithvi Mahabhutas*, they exhibit *Adhobhagahara Prabhava*, facilitating the elimination of vitiated *Doshas* from the *Gudamarga*. [23]

### **Shirodhara with Takra**

*Takra*, possessing five rasas except *Lavana*, *Amla Vipaka*, *Ushna Virya*, and *Vata-Kapha*-balancing properties. This versatile remedy can be administered both locally and internally to effectively treat *Vata-Kapha*-dominant *Kushta* conditions. The high lactic acid content in buttermilk has been scientifically proven to moisturize and reduce the appearance of thickened psoriatic scales. In *Kushta*, the impairment of *Dhatu*s triggers *Dhatu Shaithilyata*, a consequence of vitiated *Doshas*.

According to Ayurvedic classics, *Dhatukshaya* inevitably leads to *Ojo Kshaya*, while factors like *Kopa* and *Shoka* exacerbate *Ojas* depletion. *Takra Dhara* reduces *Chittvega*, *Kopa*, and *Shoka*, thereby mitigating *Oja Kshaya*. This therapy is renowned for its benefits in addressing *Ojo Kshaya*. Ayurvedic *Kushta* treatment places equal emphasis on the patient's mental well-being, advocating tailored procedures and activities to cultivate a calm mind. In this context, *Shirodhara* with *Takra* was administered, leveraging its soothing properties to promote mental serenity.

## Conclusion

*Kitibha Kushta*, also known as guttate psoriasis, is a chronic skin condition that poses significant challenges in modern medicine. This single-case study demonstrates the efficacy of Ayurvedic management, specifically *Virechana* and *Shirodhara*, in alleviating symptoms and improving quality of life. The patient exhibited remarkable improvement, characterized by reduced itching, decreased lesion severity, and enhanced skin texture, highlighting the potential of Ayurvedic interventions in addressing *Kitibha Kushta*. Notably, *Shirodhara* played a crucial role in reducing stress and anxiety, while also improving sleep quality, which is often compromised in psoriasis patients. These findings suggest that Ayurvedic therapies can be a valuable adjunct to conventional treatments. Further research is necessary to explore the mechanisms and efficacy of Ayurvedic treatments in larger populations, with the ultimate goal of integrating these approaches into mainstream dermatological care.

## Acknowledgement

We appreciate the subject's willingness to allow publication of his case details in this journal without any hesitancy.

## References

1. Srikanthamurthy KR. Ashtanga Sangraha. 5th ed. Varanasi: Chowkhamba Orientalia; Sharirsthana 5/16-18. p. 61-2 [Crossref][PubMed][Google Scholar]
2. Agnivesha, Charaka, Dridhabala. Charaka Samhita, Chikitsasthana. Pt. Shastri K, Chaturvedi G, editors. Varanasi: Chaukhamba Bharti Academy; 2002. Hindi Vidyotini Commentary. Part 1 [Crossref][PubMed][Google Scholar]



3. Trivikramaji Y, editor. Charaka Samhita, Sutrasthana 28/11. Varanasi: Chaukhamba Prakashana; 2013. p. 179 [Crossref][PubMed][Google Scholar]
4. Berekmeri A, Mahmood F, Wittmann M, Helliwell P. Tofacitinib for the treatment of psoriasis and psoriatic arthritis. *Expert Rev Clin Immunol*. 2018;14(9):719–30. [Crossref][PubMed][Google Scholar]
5. Kahn J, Deverapalli SC, Rosmarin D. JAK-STAT signaling pathway inhibition: a role for treatment of various dermatologic diseases. *Semin Cutan Med Surg*. 2018;37(3):198–208. [Crossref][PubMed][Google Scholar]
6. Parisi R, Symmons DP, Griffiths CE, et al. Global epidemiology of psoriasis: a systematic review of incidence and prevalence. *J Invest Dermatol*. 2013;133(2):377–85. [Crossref][PubMed][Google Scholar]
7. Dupire G, Droitcourt C, Hughes C, Le Cleach L. Antistreptococcal interventions for guttate and chronic plaque psoriasis. *Cochrane Database Syst Rev*. 2019;3(3):CD011571. [Crossref][PubMed][Google Scholar]
8. James WD, Berger TG, et al. *Andrews' Diseases of the Skin: Clinical Dermatology*. Philadelphia: Saunders Elsevier; 2006. . [Crossref][PubMed][Google Scholar]
9. Loudon BA, Pearce DJ, Lang W, et al. A simplified Psoriasis Area Severity Index (SPASI) for rating psoriasis severity. *Dermatol Online J*. 2004;10(7):7. [Crossref][PubMed][Google Scholar]
10. Lewis V, Finlay AY. Ten years' experience of the Dermatology Life Quality Index (DLQI). *J Invest Dermatol Symp Proc*. 2004;9(2):169–80. doi:10.1111/j.1087-0024.2004.09113.x [Crossref][PubMed][Google Scholar]
11. Modasia KH, Kaliyadan F. Digital tools for assessing disease severity in dermatology. *Indian Dermatol Online J*. 2022;13:190–8. doi:10.4103/idoj.idoj\_636\_21 [Crossref][PubMed][Google Scholar]
12. Tewari PV. *Caraka Samhita, Cikitsasthana*. 1st ed. Varanasi: Chaukhamba Vishwabharati; 2019. p. 295 [Crossref][PubMed][Google Scholar]
13. Tewari PV. *Caraka Samhita, Cikitsasthana* 15/96–97. 1st ed. Varanasi: Chaukhamba Vishwabharati; 2019. [Crossref][PubMed][Google Scholar]
14. Mishra AS. *Abhinav Bhaishajyakalpana Vigyan*. Varanasi: Chaukhamba Surbharati Prakashan; 2010. p. 186–7 [Crossref][PubMed][Google Scholar]
15. Rao PG. *Sahasrayogam*. Reprint ed. Varanasi: Chaukhambha Publications; 2019. p. 501 [Crossref][PubMed][Google Scholar]
16. Rao PG. *Chakradatta Chikitsa Sangraha, Kushtadgikara sloka 33*. Varanasi: Chaukhambha Orientalia; p. 132. [Crossref][PubMed][Google Scholar]
17. Anonymous. *Bhaishajya Ratnavali, Amlapitta Chikitsa 56/25–29*. . [Crossref][PubMed][Google Scholar]
18. Sastry JLN. *Dravyaguna Vijnana*. Vol 2. Reprint. Varanasi: Chaukhamba Orientalia; 2014. p. 169 [Crossref][PubMed][Google Scholar]
19. Rao PG. *Chakradatta Chikitsa Sangraha, Kushtadgikara sloka 33*. Varanasi: Chaukhambha Orientalia; p. 457. [Crossref][PubMed][Google Scholar]
20. Vagbhata. *Astanga Hridaya, Chikitsa Sthana 19/59–60*. OR *Charaka Samhita, Chikitsa Sthana 7/91–92*. . [Crossref][PubMed][Google Scholar]
21. Rao PG. *Chakradatta Chikitsa Sangraha, Kushtadgikara*. Varanasi: Chaukhambha Orientalia; p. 468. [Crossref][PubMed][Google Scholar]
22. Agnivesha. *Charaka Samhita with Ayurveda Dipika commentary by Chakrapanidatta*. Revised by Charaka and Dridhabala. Acharya YT, editor. Varanasi: Chaukhamba Sanskrit Sansthan; 5th ed. 2001. *Chikitsa Sthana 7/41*. p. 452 [Crossref][PubMed][Google Scholar]
23. Singh V, Srivastava AK. Management of Psoriasis (Ekakushta) with Panchakarma Chikitsa. *Int J Ayurveda Pharma Res*. 2015;3(1):22. [Crossref][PubMed][Google Scholar]

Disclaimer / Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of Journals and/or the editor(s). Journals and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.