

Ayurvedic approach to treat Kitibha Kushta (Guttate Psoriasis) - A Case Report


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DOI:10.21760/jaims.10.7.45

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Psoriasis is a chronic inflammatory hyperproliferative skin disorder which particularly affects the extensor surfaces & scalp region. Its worldwide prevalence rate is 2% to 3% and in India prevalence rate is between 0.44% to 2.8%. Guttate psoriasis, mentioned in contemporary science, can be compared to Kitibha Kushta based on similar symptoms such as small, red or pink spots (Mandala Utapatti) appearing on the trunk, arms, and legs, scaly or crusty texture, and itching (Kandu) or burning (Daha). Although various treatments are available, they are often associated with side effects and medicine dependency. So, Ayurvedic treatment principle consists of Shodhana and Shamana Chikitsa which can be intervened in the management of Kitibha Kushta. Owing to this a case study comprising of Virechan Karma along with Shamana Aushadhi has been planned in the management of Kitibha Kushta. A 27-year-old male patient presented with symptoms of small red-pinkish patches spreading across the body, along with itching and burning sensation for the past 4 months. The patient visited our hospital and was diagnosed with Kitibha Kushta. Pre- and post-assessment was conducted using the PASI score to evaluate the severity of the condition. PASI score, which reduced from 56.8 to 8.3 after the completion of the therapeutic intervention.

Keywords: Shodhana Chikitsa, Shamana Chikitsa, Guttate Psoriasis, Kitibha Kushta

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Manuscript Received
2025-05-15

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
11.34

Note



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Introduction

Ayurveda, an ancient Indian system of medicine, emphasizes both the prevention and cure of diseases. Among the various disorders mentioned in Ayurvedic texts, *Kitibha Kushtha* is one of the subtypes of *Kushtha* and is closely correlated with psoriasis in modern medicine.

According to *Acharya Sushruta*, *Kushtha* is classified under *Aupasargika Roga* (contagious diseases). The root cause of most disorders in Ayurveda, including *Kitibha Kushtha*, is attributed to *Agnimandya* (digestive impairment), which arises from improper diet and lifestyle.

Psoriasis is a chronic, inflammatory, hyperproliferative skin disorder characterized by well-defined, erythematous, scaly plaques that predominantly affect the extensor surfaces and scalp.[1] It affects both sexes equally and can occur at any age. The etiology of psoriasis is multifactorial, involving genetic predisposition, environmental triggers, and psychological stress.[2] Like any *Kushta*, *Kitibha Kushta* is caused due to vitiation of *Tridoshas* but there is a predominance of *Vata* and *Kapha*. [3] Factors like *Mithyaahara* and *Vihara* vitiates *Tridosha* which leads to aggravation of *Rasa*, *Rakta*, *Mamsa* and *Lasika*. These seven entities viz. *Tridosha*, *Rasa*, *Rakta*, *Mamsa*, *Lasika* are called as the *Sapta Dravya Sangraha* (seven morbid factors) of *Kushta*. [4] *Kitibha Kushta* having *Lakshanas* like *Shyava*, *Kina*, *Khara Sparsha* and *Parusha*. [5]

In *Ayurveda*, *Shodhana Chikitsa* (purification therapy) is considered one of the most effective treatments for *Kitibha Kushtha*. [6] This therapeutic approach aims to eliminate vitiated *Doshas* from the body, thereby alleviating symptoms and preventing disease progression. Additionally, *Shamana Chikitsa* (palliative therapy) and adherence to *Pathya-Apathya* (dietary and lifestyle guidelines) play a crucial role in holistic management.

Case Report

Patient Details:

- Name: ABC (Anonymized for confidentiality)
- Age: 27 years
- Gender: Male
- Occupation: Farmer

Chief Complaints

1. Small, red-pinkish patches (*Mandala Utapatti*) observed on the scalp, hands, and abdominal regions, with drop-shaped lesions progressively spreading across the trunk over the past four months.
2. Intense itching (*Kandu*) localized to the lesions, exacerbated by exposure to wind.
3. Burning sensation (*Daha*) experienced at the site of the lesions.

Ashtavidha Pariksha

- *Nadi* (Pulse): 78 beats/min
- *Shabda* (Voice): *Prakruta* (Normal)
- *Mala* (Stool): *Samyaka* (Normal)
- *Sparsha* (Skin Texture): *Ushna* (Warm)
- *Mutra* (Urine): *Samyaka* (Normal)
- *Druka* (Eyes): *Prakruta* (Normal)
- *Jivha* (Tongue): *Sama* (Coated)
- *Akruti* (Body Build): *Madhyam* (Moderate)

General Examination

- Pulse Rate (PR): 78 beats/min
- Blood Pressure (BP): 110/78 mmHg

Personal History

- Daily Routine (*Dinacharya*):
- Wakes up at approximately 6:00 AM
- Experiences *Ratrijagarana* (late-night awakenings) and late sleep patterns
- High stress levels
- Dietary habits include consuming *Ruksha* (dry), spicy, and fast foods

Present Medical History

The patient reported being in good health until four months ago when he began experiencing small, red, blister-like lesions over the abdomen and back, accompanied by itching. Over time, these lesions spread across the trunk and hands, with increasing pruritus, followed by a burning sensation. The patient sought treatment with allopathic medications but found them unsatisfactory, prompting his visit to the dermatology outpatient department of our hospital for further evaluation and management.

This report highlights the detailed clinical profile of a patient with features suggestive of *Kitibha Kushtha* (Ayurvedic correlation) or guttate psoriasis (modern dermatological correlation).

Skin Examination

A. Inspection

- **Size and Shape:** Lesions range from 0.8 mm to 11 mm in diameter, distributed across the abdomen, chest, back, and both upper limbs.
- **Color:** Red
- **Thickness:** 8 to 1.2 mm
- **Lesion Type:** Small, blister-like red lesions

B. Palpation

- **Moisture:** Dry
- **Temperature:** Warm to touch.
- **Texture:** Rough and scaly, with dandruff-like scaling on the lesions.

Diagnosis:

- *Kitibha Kushtha* (Ayurvedic diagnosis) or guttate psoriasis (modern correlation).
- The diagnosis is based on clinical features, including small, drop-shaped, scaly spots predominantly observed on the trunk, scalp, hands, and abdomen.[7]

Management

Shodhana Chikitsa

Table 1: Shodhan Chikitsa - Purvakarma, Pradhankarma and Paschat Karma

| Procedure | Medicine | Dose | Duration | Route |
|--|---|---|--|----------------------|
| Deepan, Pachan | Lahashunadi Vati and Panchakola Phanta | tablet, three times daily (TDS). And 10 ml, twice daily (BD). | 3 days. | Oral |
| Snehapana | Panchatikta Ghrita[8] | Starting from 30 ml in increasing order up to 150ml (empty stomach at morning time with lukewarm water) | 5 days | Oral |
| Sarvang Abhyang F/B Swedan | Bala oil | Quantity sufficient | For 3 days (After completion of 5 days of Snehapana) | External application |
| Virechan(F/B Sansarjan Karma for 5 days) | Draksha, Arghwadha, Haritaki, Katuki, Trivritta Kwath | 120 ml Kwath with 100ml Eranda tail. | For 1 day after following Purvakarma procedure | Oral |

According to *Charaka Samhita (Kustha Adhyaya)*, the management of *Kustha* involves both *Shodhana* (purification therapy) and *Shamana Chikitsa* (palliative therapy). The patient was initiated on a combination of these therapies.

1. *Snehapana* (internal oleation therapy) is recommended by *Acharyas* for the management of *Vataj Kushtha*.

2. The patient underwent this therapy to prepare the body for *Shodhana Chikitsa*.

Table 2: Shamana Chikitsa (Palliative Treatment)

| SN | Medicine | Dose | Administration | Anupana |
|----|-------------------------|---|----------------------------|-----------|
| 1. | Arogyavardhini Vati | 500mg BD | Adhobhakta | Ushnodaka |
| 2. | Gandhaka Rasayana | 125mg BD | Adhobhakta | Ushnodaka |
| 3. | Dushivishari Agada | 125mg BD | Adhobhakta | Ushnodaka |
| 4. | Sarivadyasava | 40ml BD | Purva Bhakta | - |
| 5. | Bruhata Marichyadi Tail | Local application, quantity sufficient (Q.S.) | Applied topically at night | - |

Patient Follow-Up

The patient was monitored on the 13th, 16th, and 18th days of treatment. Progressive improvement in symptoms was observed during each follow-up visit.

Observations and Results

The improvement of condition of the patient was assessed on the basis of PASI scale*

Before treatment

| | Head and neck | Arms | Trunk | Legs |
|--------------------|---------------|--------|--------|---------|
| Redness | 4 | 4 | 4 | 4 |
| Thickening | 4 | 3 | 3 | 4 |
| Scaling | 3 | 4 | 3 | 3 |
| Skin area involved | 50-69% | 70-89% | 70-89% | 90-100% |

Total PASI Score: 56.8

After 3 months

| | Head and neck | Arms | Trunk | Legs |
|--------------------|---------------|--------|--------|--------|
| Redness | 0 | 0 | 0 | 1 |
| Thickening | 1 | 1 | 2 | 2 |
| Scaling | 1 | 2 | 1 | 2 |
| Skin area involved | <10% | 10-29% | 10-29% | 10-29% |

Total PASI Score: 8.3



Figure 1: Before Treatment



Figure 2: After Virechan



Figure 3: After Treatment

Discussion

This study evaluated the effectiveness of *Ayurvedic* treatment for *Kitibha Kushtha* (guttate psoriasis) using observations recorded before and after treatment based on the PASI (Psoriasis Area and Severity Index) scale. The patient showed significant improvement, with over 85.35% relief from skin patches (*Mandala Utapatti*) on the scalp, hands, and abdomen, along with marked reduction in associated symptoms such as itching (*Kandu*) and burning sensation (*Daha*).

The treatment demonstrated that the disruption of the *Samprapti* (pathogenesis) of psoriasis/*Kitibha Kushtha* can be achieved through this *Ayurvedic* modality. The following aspects of pathogenesis and treatment mechanisms were noted:

Pathogenesis and Role of *Doshas*

- Vitiated *Pitta Dosha* and *Dushita Rakta* lead to *Mandala Utapatti* (red, scaly patches) on the skin, which spread due to the aggravation of *Vata Dosha*.^[11]
- As the disease progresses, *Kandu* (itching) increases due to the vitiation of *Kapha Dosha*.
- The use of therapies with *Snigdha Guna* (unctuous qualities) is vital in addressing the imbalance in *Kitibha Kushtha*.

Mechanism of Action of Treatment

1. *Abhyantara Snehapana* (Internal Oleation):

- Administered on an empty stomach, *Snehapana* helps to enhance *Agni Vriddhi* (improvement in digestive fire) and reduce *Vata Prakopa* (aggravation).
- This leads to decreased *Mandala Utapatti*, *Kandu*, and *Daha*.

2. *Virechana* (Purgation Therapy):

- Action of *Virechan Karma* the *Virechan Dravyas* having properties like *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi*, *Vikasi* reaches to the heart due to their potency it enters into the all over *Dhamanis* and circulates throughout the *Sthula* and *Sukshma* Then it does the liquefaction of the *Dosha Sanghat* due to its *Agneya Guna*.
- The *Virechan* drug has the *Adhobhagahara Prabhav* due to the predominance of the *Jala* and *Prithvi Mahabhuta*. It does the elimination of the vitiated *dosha* from the *Guda Marga*.^[9]

3. Arogyavardhini Vati:

- This formulation addresses *Agnimandya* (digestive impairment) and reduces *Ama Dosha* (toxic undigested metabolic by-products), which are pivotal in the formation of *Kushtha*.
- It also prevents *Kleda* formation, maintaining *Dosha Samyata* (*Dosha* balance) and disrupting the pathogenesis (*Samprapti*) of *Kushtha*.^[10]

4. Gandhaka Rasayana:

- Bacterial infections are recognized as major triggers for guttate psoriasis.
- *Gandhaka Rasayana* has *Ushna* (hot) and *Tikshna* (sharp) properties that reduce *Kleda* and act as an effective antibacterial agent.^[11]
- It is also *Kandughna* (anti-itching), helping to mitigate *Kandu* by addressing *Vata Dushti*.

5. Dushivishari Agada

- Properties: Anti-poison (*Vishahara*) by virtue of its Prabhava (specific therapeutic effect).
- *Rakta Shodhana* (Blood Purification): Contains predominantly *Tikta Rasatmak* (bitter-tasting) herbs that purify the blood and address underlying dosha imbalances.

6. Sarivadyasava

- Properties: *Raktashodhaka* (Blood Purifier): Detoxifies the blood and removes impurities.
- Pitta-balancing: Cools the body and manages conditions caused by excess heat.
- Anti-inflammatory: Reduces inflammation in the skin and body.

7. Bruhata Marichyadi Taila

- Properties: Antifungal and anti-itching (*Kandughna*).
- Therapeutic Use: Provides symptomatic relief in conditions associated with itching and fungal infections.

Conclusion

Psoriasis is a chronic inflammatory disorder influenced by environmental and genetic factors. It is characterized by a relapsing and remitting course.

In *Ayurvedic* literature, psoriasis can be correlated with *Kitibha Kushtha* due to the similarity in signs and symptoms.

This case study highlights the efficacy of *Shodhana Chikitsa* (purification therapy) and *Shamana Chikitsa* (palliative therapy) in managing *Kitibha Kushtha* (psoriasis), along with adherence to *Pathya* (prescribed dietary and lifestyle practices) and avoidance of *Apathya* (prohibited practices). The treatment regimen resulted in significant improvement in clinical symptoms, including skin lesions, itching, and burning sensation.

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