

Ayurvedic perspective on managing Kitibha Kustha (psoriasis): A single case report

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Abstract

Introduction: Psoriasis is a chronic dermatological disorder that affects 3.5% of the global population and 0.44–2.8% of Indians. It causes significant physical, emotional, and socioeconomic burden. The condition is marked by erythematous macules with silvery scales, typically distributed on extensor surfaces, and may present systemic symptoms like arthritis. In Ayurvedic literature, a similar condition is described as *Kitibha Kustha*, characterized by dryness (*Rukshata*), exudation (*Srava*), blackish discoloration (*Shayav*), and hardness (*Parusham*). **Case Presentation:** A male patient presented with well-defined, slightly elevated, dry, erythematous macules with silvery scales and systemic symptoms suggestive of psoriasis. The Ayurvedic diagnosis was confirmed as *Kitibha Kustha* based on classical clinical features. **Therapeutic Intervention:** The patient underwent *Virechan Karma* (therapeutic purgation) as a systemic intervention and *Jivantyadi Yamak Sneha* as a local application. Treatment was administered over a structured period, with close monitoring of clinical outcomes. **Outcome:** Significant improvement was observed in clinical symptoms, including resolution of dryness, discoloration, and exudation. There was no recurrence of symptoms during the follow-up period. **Conclusion:** This case highlights the potential efficacy of Ayurvedic interventions, particularly *Virechan Karma* and herbal topical applications, in managing psoriasis.

Key words: *Jivantyadi Yamak Sneha*, *Kitibha*, Psoriasis, *Virechan*

INTRODUCTION

The skin is a large organ of the human body that covers a two-meter square surface area and serves as a major interface between man and his surroundings. According to Ayurveda, it is one of the five “*Jnanendriyas*” responsible for touch perception. The body’s first line of defense against harmful environmental elements such as physical, chemical, and biological assaults is the skin. Relapses and spontaneous remissions are brought on by changes in external stimuli and the body’s innate capacity to deal with them. These elements work together to produce a particular response pattern, which causes discrete skin lesions in different body regions. Impairment, discomfort, or ugliness can all lead to human misery. All three of these are involved in skin diseases. Dermatological issues are common in India, and this has long been known. The dermatological

issues were discussed as *Kustha* in the famous Ayurvedic texts *Charak Samhita*, *Sushruta Samhita* and *Astanga Hridaya*. There are two types of *Kustha* in Ayurveda. *Mahakustha* and *Kshudra Kustha*. *Kitibhakustha* belongs to *Kshudrakustha*. The *Lakshanas of Kitibhakustha* includes *Shyabakrishnavarna*, *Ksharasparsha*, *Kandu*, *Ghantvam*, and *Srava*.^[1] From these clinical features, *Kitibha Kustha* can be correlated with the disease psoriasis in contemporary medicine. Finding a psoriasis therapy that is both secure and efficient is therefore

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vital and Ayurveda can help. *Shodhana*, *Shamana*, and *Nidana parivarjana*, the three fundamental treatment tenets, are how Ayurveda's special therapeutic approach achieves lasting effects and improves patients' quality of life.^[2] Due to its preventative, promotive, prophylactic, and rejuvenate qualities as well as the fact that it offers a radical cure, *Panchakarma* is a particularly special therapeutic technique that functions as a *Shodhana* therapy. People all over the world have been drawn to *Ayurveda's Panchakarma* therapy because it is a one-of-a-kind treatment for a variety of chronic, auto-immune, hormonal, degenerative, and other disorders for which other treatments have failed. Here, a case of dermatophytosis treated successfully with *Ayurvedic* intervention, including the *Virechan Karma* and external application of *Jivantyadi Yamak Sneha*. Moreover, to avoid payability issues, topical route was chosen. Significant improvement within 1 month of intervention showed the uniqueness of the case.

CASE REPORT

A 45-year-old female patient visited the outpatient department reg. no. 68497 on date October 15, 2024 admitted inpatient department Sanjeevani Hospital, Dr. S.R. Rajasthan Ayurved University, Jodhpur (Rajasthan) and presented with chief complaints of *Rukshata*, blackish skin, hard and rough surface, exudative and mental stress in this problem.

No family history was known for the same. There was no history of major illness no history of trauma or surgery was found. She had a consultation with a dermatologist and was

diagnosed with psoriasis. She had allopathic medication for the last 10 months for the same disease. Initially, he got some improvement in the starting phase of the treatment; however, due to irregular uptake of medicine, her condition got worse in the last 1 month. Then, she visited the outpatient department of *Pancharma*, DSRRAU, Jodhpur, for better treatment.

Clinical Examination

Aturabalapramana (strength of individual) was assessed by *Dashavidha atura prakisha* (10-fold examination of the patient). Prakriti (constitution) of the patient was *vatakaphaja*. *Vaya* (age), *Sara* (proper nourishment of tissue), *Samhanana* (body built), *Pramana* (body proportion), *Ahara Jarana Shakti* (digestive and metabolic capacity), and *Vyayama Shakti* (exercise capacity) were *Madhyama* (medium). *Satva* and *Satyama* were *Avara* (subnormal). *Vikriti* (strength of disease) was medium.

Dermatological Examination

On skin examination, there were *Rukshata* (lesions are dry rough), *Srava* (lesions are exudative in nature), *Shayav* (blackish discoloration), and *Parusham* (hard in nature).

Diagnosis

This particular case was challenging as symptoms manifested, and the appearance of lesions was very similar to

Therapeutic interventions and clinical assessment

Date	Procedure	Drug and dose	Duration
October 13, 2024 October 14, 2024	<i>Deepana, Pachana</i>	<i>Panchkola Churna</i> 3G BD	2 days
October 15, 2024 October 16, 2024 October 17, 2024 October 18, 2024 October 19, 2024	<i>Snehapana</i> 1 st day- 30 mL 2 nd day- 45 mL 3 rd day- 60 mL 4 th day- 80 mL	<i>Mahatikt Ghrit</i>	<i>Samyak Snigdha</i> <i>Lakshanas</i> are seen 4 th day
October 20, 2024 October 21, 2024 October 22, 2024	<i>Abhyanga</i> followed by <i>bashpasweda</i>	<i>Naryantaila</i>	3 days
October 22, 2024	<i>Virechan Karma</i>	<i>Trivritavahleham</i> (80 g)	1 day
October 22, 2024 October 23, 2024 October 24, 2024 October 25, 2024 October 26, 2024	<i>Samsarjana Krama</i>	<i>Madhyamshuddhi</i>	5 days
October 27, 2024 to November 05, 2024	<i>Shaman oshadh</i>	<i>Panchtikghrit</i> <i>Gugulu</i> -2tab BD <i>Aarogyavardhani Vati</i> - 1tab BD <i>Syrup Khunsafa</i> - 1 tsp BD <i>Triphala Churna</i> once in night.	10 days
	External application	<i>Jivantyadi Yamak Sneha</i>	10 days

the presentation of nummular eczema and atopic dermatitis. Manifested symptoms (*Kandu*, *srava*, *shayav*, and *parusham*) revealed it as a case of *Kitibha Kushta*.

Procedure of Localapplication

- *Jivantyadi Yamak Sneha*^[3,4] was applied over the whole affected area. It was than kept 40–45 min
- After completing 45 min. of local application, the patients were advised to wash the area with Luke warm water.

He was advised to avoid the application of any ointment or soap on the affected area during the course of treatment. He was suggested to follow a wholesome diet which included easily digestible food like porridge, bitter-taste vegetables such as bitter gourd, pointed gourd, old cereals, and pulses such as red gram and green gram. Among non-pharmacological measures, he was suggested to maintain personal hygiene and a positive state of mind. The assessment was done before treatment [Figure 1a], after 15 days of treatment, and completion of treatment, as per the assessment criteria [Table 1 and Figure b,c].

Follow-Up and Outcome

The patient was taking antifungal medicine orally and application of clotrimazole ointment twice a day for the last 2 months, but was completely withdrawn during treatment. After 15 days of interventions, it was observed that itching had completely subsided, and there was

a significant improvement in erythema and eruption [Figure 1b]. Followup was done twice; first, after *Sansrjan Karma* without medication, and second, after 10 days with medications [Table 2 and Figure 1b]. In both follow-ups, no sign of relapse was noticed.

DISCUSSION

Case Conceptualization and Prognosis

From these clinical features, *Kitibha Kustha* can be correlated with the disease psoriasis in contemporary medicine. Intake of incompatible and contaminated food, drinking cold water just after exposure to the sun or after doing physical work, excessive intake of salty or acidic food items, haphazard intake of food with hot and cold properties, improper administration of *Panchakarma* therapies, suppression of natural urges, and sleep during day time are the main *Nidanas* (causative factors). In the present case, the patient was having excessive psychological stress, which was the probable etiological factor; consumption of *Nidana* might lead to aggravation of *Dosha Vata Kapha*, leading to the pathogenesis of *Kitibha Kustha*.

Rational of Interventions

In Ayurveda, *Virechan Karma* plays a crucial role in treating chronic diseases like *Kitibha Kustha* (psoriasis), primarily by eliminating accumulated *Amadosha*, *Visha*, or *Dushi Visha* (endotoxins). This purification process helps prevent

Table 1: Assessment criteria

Clinical features	Grade	Grade 1	Grade 2	Grade 3
<i>Rukshata</i> /dryness (Lesions are dry rough)	No line on scrubbing with nail	Faint line on scrubbing with nail	<i>Rukshata</i> causing <i>kandu</i>	<i>Rukshata</i> leading to crack formation
<i>Srava</i> (lesions are exudative in nature)	No <i>srava</i>	Mild <i>srava</i>	Moderate <i>srava</i>	Severe <i>srava</i>
<i>Shyava</i> (Blackish discoloration)	Normal	Faint or near to normal	No blenching+blue color	Blue color+subcutaneous
<i>Parusham</i> Hard in nature (crack)	Normal	Mild hard to touch	Moderate hard to touch	Severe hard to touch



Figure 1: (a) Before *Snehpana* (b) After *Virechan Karma* (c) After L/A of *Jivantyadi Yamak Sneha*

Table 2: Evaluation of symptoms before and after treatment

Clinical features	Before treatment [Figure 1a]	After treatment [Figure 1c]
<i>Rukshata</i> /dryness (Lesions are dry rough)	Grade 3	Grade 1
<i>Srava</i> (lesions are exudative in nature)	Grade 1	Grade 0
<i>Shyava</i> (Blackish discoloration)	Grade 3	Grade 0
<i>Parusham</i> (Hard in nature [crack])	Grade 2	Grade 0

relapses by addressing the root cause of disease and cleansing blockages in the microcirculatory channels, thus preparing the body for further *Shamana* (symptomatic treatment) and *Rasayana* (rejuvenation) therapies. *Virechan Karma* is particularly effective for diseases involving *Pitta*, *Kapha* and *Rakta Dushti*, making it ideal for skin conditions such as psoriasis.

The treatment begins with *Deepana* and *Pachana Karma*, aimed at strengthening *Agni* (digestive fire) to aid in the digestion of *Snehapana* (medicated ghee). *Panchkol Churna*, a blend of five herbs, was administered for its *Deepana*, *Amapachana*, *Kaphaghna*, *Kushthaghna*, and *Krimighna* properties, enhancing digestion and supporting the body's detoxification process.

Ghrita (ghee), with its high antioxidant and lipophilic properties, supports digestion and aids in the delivery of medications to target organs. It is also known for improving skin complexion and relieving conditions like *Visarpa* (inflammatory skin diseases).

Trivrit Avlehm is an Ayurvedic formulation that is particularly renowned for its therapeutic effects on various digestive and skin disorders, including conditions like *Kitibha Kustha* (psoriasis). It is primarily known for its detoxifying, purgative, and blood-purifying properties. The key ingredient, *Trivrit* (*Operculina turpethum*), is an herb that has been used for centuries in Ayurveda for its potent *Virechan* (laxative) action, making it an effective choice for clearing *Ama* (toxins) from the body, which is crucial in managing chronic diseases like psoriasis. Finally, *Jivantyadi Yamak Sneha*, a topical formulation with ingredients like *Jivanti*, *Go-ghrita*, and *Madhucchista* provides nourishing and soothing effects to the skin, preventing dryness and controlling *Vata* imbalances. The *Kusthaghna* and *Raktashodhaka* properties of herbs

like *Manjista*, *Kampillaka* and *Daruharidra* help detoxify the blood and promote skin healing, making the treatment effective in managing psoriasis.

Strengths of the Study

As a result, the *Kusthaghna* property of several medications, including *Trivrit*, *Manjista*, *Kampillaka*, *Tuttha*, and *Madhuchist*, which were created in conjunction with *Snehadravyas*, may have had a variety of beneficial effects in treating *Kitibha Kustha*.

CONCLUSION

According to the results of the current case study environmental changes and stress play a big influence in the development of the disease. The case has proven the efficacy of *Virechan Karma* and the external application of *Jivantyadi Yamak Sneha* in managing *Kitibha Kustha* (psoriasis) as these are safe, economical, and without any adverse effects.

DECLARATION OF PATIENT CONSENT

Authors certify that they have obtained a patient consent form, where the patient has given his consent for reporting the case along with image and other clinical information in the journal.

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