AYURVEDIC MANAGEMENT OF KITIBHA KUSHTA (PSORIASIS) ASSESED WITH SEMI QUANTITATIVE SKIN ANALYSIS : AN INTEGRATIVE CASE REPORT

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Abstract

Background

Kitibha Kushta is described under Kshudra Kushta in Ayurveda and is characterized by Rukshata (dryness), Kandu (itching), and Khara Sparsha (roughness).[1,2] These features closely resemble psoriasis, a chronic immune-mediated inflammatory skin disorder.[3] The recurrent nature and chronicity of psoriasis make its management challenging.[4]

Objective

To evaluate the effect of Ayurvedic management in chronic Kitibha Kushta (psoriasis) through clinical and skin analysis–based assessment.

Case description

A 65-year-old male presented with itching, dryness, rough scaly lesions, and discoloration over both hands and back for 20–30 years. Associated complaints included Agnimandya and Vibandha. Clinical examination and Ayurvedic assessment confirmed the diagnosis of Kitibha Kushta correlated with psoriasis.[1,2] Semi-quantitative skin analysis showed Fitzpatrick type III skin, high sensitivity index, moderate free radical index, high grease index, low immunity index, erythema, and thick adherent scales.[5]

Intervention

The patient was treated with internal Ayurvedic medicines, external therapies, Raktamokshana, and dietary–lifestyle modifications for approximately five months. Treatment was planned according to principles of Dosha Shamana, Agni Deepana, Raktashodhana, and Srotoshodhana.[1,6]

Outcome

Gradual improvement was observed during follow-up. The PASI score reduced from 18.2 to 0.2, indicating near complete remission.[7] Marked reduction in itching, dryness, scaling, erythema, and skin thickening was observed, with approximately 99% overall clinical improvement and no adverse effects.

Conclusion

This case report highlights the potential role of Ayurveda in chronic dermatological disorders. Integrative assessment using skin analysis and PASI scoring demonstrated significant improvement following Ayurvedic management.

Keywords : Kitibha Kushta; Psoriasis; Ayurveda; Skin analysis; PASI score; Kushtha Chikitsa; Case report

How to cite this article: Ghyar RR, Pandkar PD. Ayurvedic management of kitibha kushta (psoriasis) assessed with semi quantitative skin analysis: an integrative case report. Int J Drug Deliv Technol. 2026;16(73s): 487-492. DOI: 10.25258/ijddt.16.73s.52

INTRODUCTION

Psoriasis is a chronic immune-mediated inflammatory disorder characterized by hyperproliferation of keratinocytes, erythematous plaques, scaling, and recurrent exacerbations.[3] The disease is now considered a systemic inflammatory condition involving dysregulation of the IL-23/Th17 immune axis, oxidative stress, altered epidermal differentiation, and chronic immune activation.[8,9] Environmental factors such as stress, infections, trauma, smoking, obesity, and medications may trigger disease expression in genetically predisposed individuals.[10]

In Ayurveda, Kushtha is a broad term encompassing various dermatological disorders caused by vitiation of Tridosha along with involvement of Rakta, Mamsa, and Lasika Dhatu.[1] Among Kshudra Kushtha, Kitibha Kushta is characterized by Shyava Varna, Rukshata, and Khara Sparsha, predominantly due to Vata-Kapha Dosha Dushti.[2] These manifestations closely resemble psoriasis in contemporary dermatology.[4]

The chronic relapsing nature of psoriasis and limitations of symptomatic management in modern medicine encourage exploration of holistic approaches.[11] Ayurveda focuses on correction of Dosha imbalance, Agni Dushti, Ama formation, and Srotorodha, thereby addressing the root pathology.[6] In addition, modern skin analysis methods may help objectively evaluate disease severity and treatment response.[5]

The present case report demonstrates the successful Ayurvedic management of chronic Kitibha Kushta (psoriasis) assessed through clinical findings, PASI score, and skin analysis parameters.

CASE REPORT

Patient Information

A 65-year-old male from Ahmednagar district presented to the outpatient department with complaints of:

- Persistent itching (Kandu)
- Dryness (Rukshata)
- Rough scaly skin lesions
- Discoloration over both hands and back

The patient had been suffering from these symptoms for approximately 20–30 years with recurrent exacerbations.

Medical and personal history

- Appetite: Irregular (Agnimandya)
- Bowel habits: Constipation (Vibandha)
- Sleep: Disturbed due to itching
- No history of diabetes mellitus or hypertension
- Past surgical history: Hernia surgery 28 years ago
- Previous allopathic treatment provided temporary relief
- No significant family history

Clinical Findings

On examination, multiple dry, rough, thickened, scaly plaques with irregular margins were observed over both hands and back. Itching and chronic skin thickening were evident.

Ashtavidha Pariksha

Parameter	Findings
Nadi	Vata-Kapha predominant
Mutra	Normal
Mala	Vibandha present
Jihva	Slightly coated
Shabda	Normal
Sparsha	Ruksha and Khara
Druk	Normal
Akruti	Moderately built

The findings indicated Vata-Kapha Dushti associated with Agnimandya and Ama.[12]

Skin Analysis Findings (before treatment)

Semi-quantitative observational grading was used to assess skin condition.[5]

Parameter	Findings
Fitzpatrick scale	Type III
Free radical index	Moderate
Grease index	High
Sensitivity index	High
Immunity index	Low
Erythema index	Marked erythema
Scaling/roughness	Thick adherent scales
Hydration index	Moderate dryness
Pancha Mahabhuta dominance	Pruthvi and Aap

These findings indicated impaired skin barrier function, inflammatory activity, oxidative stress, and reduced Vyadhikshamatva.[5, 13]

Diagnostic Assessment

Ayurvedic diagnosis : Kitibha Kushta[2]
Modern correlation : Psoriasis[3]

Diagnostic methods

- Darshana
- Sparshana
- Prashna
- Semi-quantitative skin analysis
- PASI assessment[7]

Prognosis

Kruchra Sadhya due to chronicity and deeper Dhatu involvement.[6]

Therapeutic Intervention

Treatment was planned according to principles of:

- Dosha Shamana
- Agni Deepana
- Raktashodhana
- Srotoshodhana
- Samprapti Vighatana[1, 6]

Internal medications (Shamana Chikitsa)

Medication	Dose	Purpose
Rasamanikya Churna + Guduchi Satwa + Darvi + Khadir + Nimb Twak Churna	2.5 g BD after meal	Kushthaghna, Kandughna, Raktashodhaka
Avipattikar Churna	2gm At bedtime	Correct Agnimandya and Vibandha
Aarogyavardhini Vati	250 mg BD after meal	Kustaghna raktaprasadan
Kamdudha Vati	250 mg BD	Provides deep cooling couteractant to

	after mea l	systemic inflammation

Rasamanikya possesses Lekhana and Kushthaghna properties.[14] Guduchi acts as Rasayana and immunomodulator.[15] Nimba, Khadir, and Darvi exhibit Kandughna and Raktashodhaka actions.[15,16] Arogyavardhini clears the blood channels (Rakta Prasadana) to visibly reduce hyperkeratosis and silver scaling, Kamdudha acts as a natural adaptogen that protects the skin from stress-induced flare-ups.[19]

Raktamokshana

Raktamokshana was performed during follow-up visits for elimination of vitiated Rakta and reduction of inflammatory pathology.[17]

External therapy (Bahya Chikitsa)

- Sarvanga Abhyanga with 777 oil and Karanja oil
- Triphala soap bath

External applications helped reduce dryness, scaling, itching, and roughness while improving skin texture.[18]

Timeline

DATE	CLINICAL PROGRESS
17/11/2024	TREATMENT INITIATED
19/12/2024	REDUCTION IN SCALING
24/01/2025	~40% IMPROVEMENT
22/02/2025	~60% IMPROVEMENT
20/03/2025	~90% IMPROVEMENT
27/04/2025	~99% IMPROVEMENT

Outcome Measures

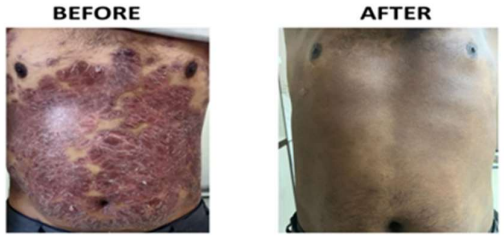


Figure 1 (A–B): Trunk Region

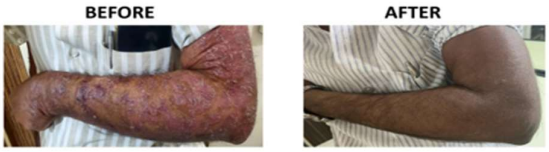


Figure 2(A–B)

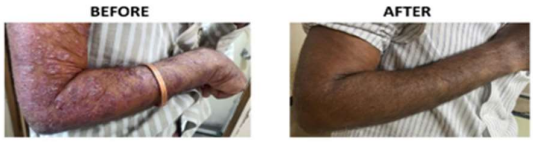
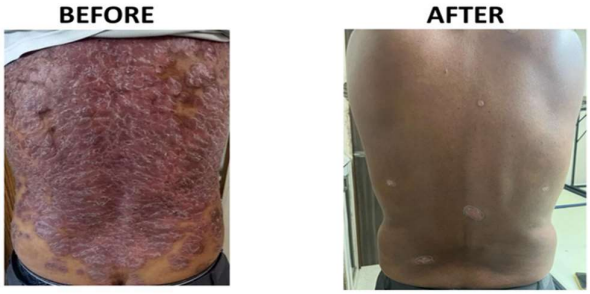


Figure 2 (A–B)



Figer 3(A-B)

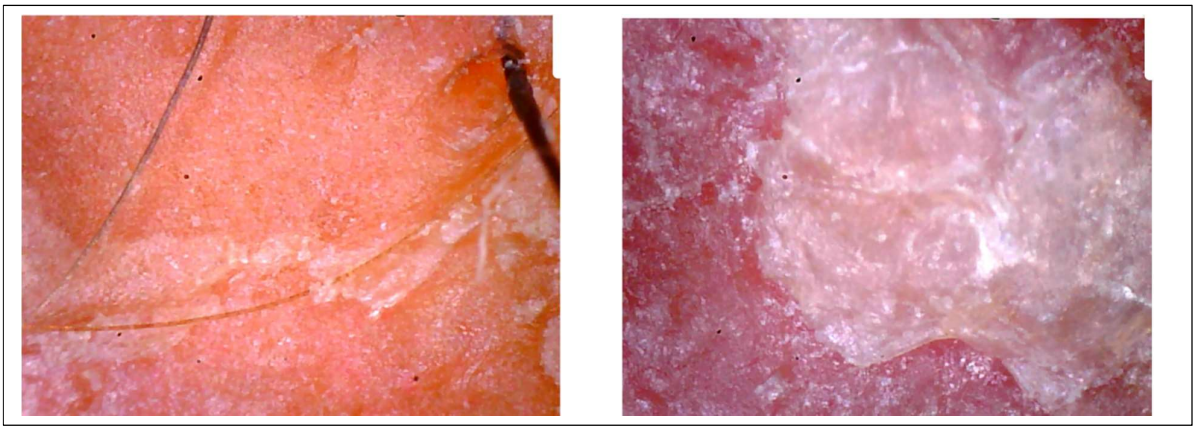


Fig 4(A)

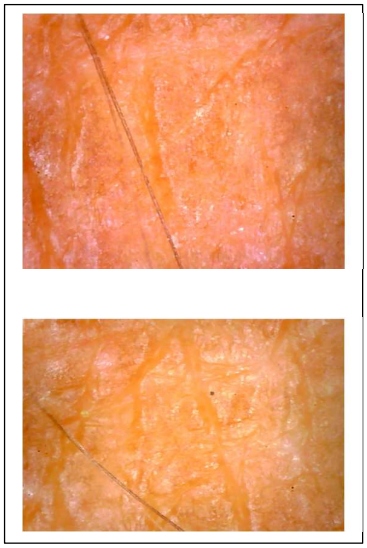


Fig 4(B)

Photographic Evidence

Figure 1 (A–B): Trunk Region

A (Before): Extensive erythematous, thick, scaly plaques

B (After): Almost complete resolution with smooth skin

Figure 2 (A–B): Upper Limb Region

A (Before): Dry, rough plaques with scaling

B (After): Marked reduction in lesions with minimal pigmentation

Figure 3 (A–B): Back Region

A (Before): Diffuse thickened psoriatic lesions

B (After): Near-normal skin with no active scaling

Figure 4 (A–B): SKIN ANYLYSIS

A (Before): Skin analysis before treatment

B (After): Skin analysis after treatment

Skin Analysis Findings (after treatment)

Parameter	Findings
Fitzpatrick scale	Type III
Free radical index	Normal
Grease index	Balanced
Sensitivity index	Low
Immunity index	Normal to high
Erythema index	Absent
Scaling/roughness	Smooth skin texture
Hydration index	Normal moisture
Pancha Mahabhuta dominance	Balanced state of mahabhutas

Ayurvedic symptom assessment

Symptom	Before treatment	After treatment
Kandu	+++	–
Rukshata	+++	+
Khara Sparsha	+++	+
Scaling	+++	–
Discoloration	++	+
Skin thickening	+++	+

Overall clinical improvement was approximately 99%.

PASI Score Assessment

Stage	PASI score	Interpretation
Before treatment	18.2	Moderate to severe psoriasis
First follow-up	10.9	~40% improvement
Second follow-up	7.2	~60% improvement
Third follow-up	1.8	PASI 90 achieved
Final follow-up	0.2	Near complete remission

PASI grading

- PASI < 5: Mild
- PASI 5–10: Moderate
- PASI > 10: Severe

The patient achieved near PASI 100 response at the end of treatment.[7]

DISCUSSION

Kitibha Kushta is predominantly a Vata-Kapha disorder characterized by dryness, roughness, itching, and discoloration.[2] In the present case, long-standing disease duration indicated chronic Dosha Dushti involving Rakta and Mamsa Dhatu.[1,6] Associated Agnimandya and Vibandha further contributed to disease persistence through Ama formation and impaired metabolism.[12]

The progressive reduction in PASI score from 18.2 to 0.2 demonstrates substantial therapeutic response.[7] Early reduction in symptoms may be attributed to Deepana-Pachana and Raktashodhana effects, which corrected Agni Dushti and reduced inflammatory manifestations such as Kandu and Rukshata.[6]

Rasamanikya acted through Lekhana and Kushthaghna properties, helping reduce chronic thickened plaques.[14] Guduchi contributed Rasayana and immunomodulatory effects, while Nimba, Khadir, and Darvi provided Raktashodhaka, Kandughna, and anti-inflammatory actions.[15,16]

Arogyavardhini Vati operates as an internal metabolic clearing agent; its potent herbo-mineral blend (including purified sulfur and neem) stimulates liver function, enhances bile secretion, and actively digests Ama (toxic metabolic bi-

products) to prevent the cellular triggers that drive rapid psoriatic plaque formation.[19, 20]

Kamdudha Vati provides a deep, cooling counteractant to systemic inflammation[21]. Rich in processed calcium compounds like Pravala Bhasma (coral) and immunomodulatory herbs like Guduchi, it calms the fiercely aggravated Pitta and Rakta (blood) components that are clinically responsible for the burning sensations, intense itching, and angry redness seen on psoriatic skin.[19,21]

Raktamokshana likely contributed significantly by eliminating vitiated Rakta and reducing inflammatory burden.[17] Improvement in erythema, scaling, and lesion thickness after repeated sessions supports the classical Ayurvedic indication of Raktamokshana in Kushtha.[2]

Skin analysis findings also showed improvement toward healthier skin parameters. Reduction in erythema index, sensitivity index, and free radical index indicated reduction in inflammatory activity and oxidative stress.[5] Improvement in hydration and scaling reflected restoration of skin barrier function and sebaceous balance.

External therapies such as Karanja Taila Abhyanga and Triphala cleansing helped alleviate local symptoms, improve moisture retention, and support skin healing.[18]

The major strength of this case lies in successful management of a chronic 20–30-year dermatological condition using a holistic Ayurvedic approach with objective assessment tools including PASI and skin analysis. Limitation includes single-case design and absence of histopathological evaluation.

Patient Perspective

The patient reported marked relief in itching, dryness, and scaling after treatment. Daily activities and sleep quality improved considerably. The patient expressed satisfaction with the outcome after years of recurrent symptoms.

Informed Consent

Written informed consent was obtained from the patient for publication of clinical details and photographs.

CONCLUSION

The present case demonstrates that Ayurvedic management can be effective in chronic Kitibha Kushta (psoriasis). A comprehensive approach involving Dosha Shamana, Agni Deepana, Raktashodhana, Raktamokshana, and external therapies resulted in marked symptomatic relief and near complete remission.[1, 6]

Integration of PASI scoring and skin analysis findings provided objective assessment of therapeutic response.[5, 7] This case suggests that Ayurveda may offer a promising holistic approach in long-standing dermatological disorders while improving quality of life without adverse effects.

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