

Management of *Kitibha Kushta* with *Shodhana Kriya* of Ayurveda: A Case Report

Rakesh Mishra,^{1*} Shweta Parwe²

¹PhD Scholar, ² Professor and HOD, Department of Panchakarma, MGAMCRC, DMIMS, DMIHER, Wardha, Maharashtra, India

ABSTRACT:

The word "*Kushta*" in Ayurveda refers to a variety of skin ailments, including all major skin diseases like psoriasis and others. *Kitibha Kushta* is one of the *Kshudra Kushtas* with a preponderance of *Vata-Kapha* dosha. *Shyava*, *Kina-Kara Sparsha*, and *Parushata* are clinical traits that resemble psoriasis symptoms. The many treatment techniques that are currently accessible each have their own limitations. In this case report a 39 years male patient presented OPD with c/o scaly lesions over scalp region initially then all over the body which was associated with burning sensation and irritation. Patient did not have any comorbidity like DM, HTN CAD. Psoriasis is best treated with both *Shodhana* and *Shamana* Chikitsa, according to Ayurveda. A combination of *Shodhana* specially *virechana karma* and *Shamana* Chikitsa is planned since the current case, which is characterized by scaly skin lesions throughout the body coupled with itching, irritation, discoloration, and a burning feeling, is symptomatic of *Tridosha dusti* and involves *dhatu*. Oral medicines i.e Arogyavardhinivat (500 mg two times), Khadirarishta (20ml two times), Tab Nimbadi vati (250mg two times) Panchasakar Choorna (4gm at bed time) while local application of Mahamarichyadi Tail was done for 15 days. The lesions were disappeared and other symptoms were also relieved after treatment.

KEYWORDS: *Kitiba Kushta*, *Psoriasis*, *Shamana*, *Shodhana*.

Received: 12.05.2025 Revised: 10.06.2025 Accepted: 15.06.2025 Published: 21.06.2025



[Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/)

© 2025 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

QR Code



DOI: 10.70805/ija-care.v9i2.733

***Corresponding Author:**

Dr. Rakesh Mishra

PhD Scholar,

Department of Panchakarma MGAMCRC, DMIMS,

DMIHER, Wardha, Maharashtra, India

Email: dr.rakeshmishra02@gmail.com

INTRODUCTION:

The word "Kushta" in *Ayurveda* refers to a variety of skin ailments, including all major skin diseases like psoriasis and others. *Kitibha Kushta* is one of the *Kushta* with a preponderance of *Vata-Kapha dosha*. Clinical characteristics include *Shyava, Kina-Kara Sparsha* (Blackish brown colour, rough on touch), and skin, which is a mirror reflecting the balance of the body's internal processes. The patient is both physically and emotionally disturbed by any change in skin tone. This illness can have a profoundly detrimental effect on people's life. According to *Ayurveda*, all skin conditions fall under the general category of *Kushta*, which is further divided into *Mahakushta* and *Kshudrakushta*. Knowing the *doshaavastha* and the clinical diagnosis of *Kushtaitis*, which is primarily based on morphology and etiology, is crucial when planning the *chikitsa*. Of the *Kshudrakushtas*, *Kitibhakushta* is one that is described by all Acharyas; it arises from the vitiation of *SaptakoDravyaSangraha*; in this case, *Tridosha, Twak*, and *Rakta* were the primary involved. Clinical observations are made of *Laxanas* such as *Shyava, Kinakara Sparsha, Parusha, Rukshapidaka*, and *Kandu*. In *Kitibhakushta*, *Vata* and *Kapha* are the primary *Doshas* engaged. This may be related to psoriasis because of the similarities in how the two conditions appear. A chronic inflammatory, hyperproliferative skin condition, psoriasis is typified by distinct, erythematous, scaly plaques that mostly affect the scalp, nails, and extensor surfaces. It typically has a recurrent and intermittent course. With a prevalence rate of 2% globally and in India, it is an immune-mediated illness that is frequently seen in routine clinical practice.

CASE STUDY:

A 39 years male patient with not a known case of DM and HTN was apparently normal 5 months back, when he came to Panchakarma OPD (OPD no: 147) on 08/01/2025., presented with c/o scaly lesions over scalp region initially then all over the body which was associated with burning sensation and irritation (Figure-1). These symptom was gradually ignored by the patient in the initial 2 to 3 months and topical antifungal and other medicaments which was suggested by the medical store man since then symptoms is been increasing day by day, so for further management he consulted to Panchakarma OPD of Hospital of KPREC, DSVC Kamdhenu University, Durg. As per patient convenience and consent she was given consent for the proper Panchakarma treatment.

Present Complain: Scaly skin lesion all over the body, itching, irritation and burning sensation all over the skin since last 7-8 months.

Past History: Nothing significant but peak level of stress due to his daily to daily personal and professional life. He has been taken the allopathy treatment with the course of steroid.

Personal History :

Bowel: once/day.

Micturition: 3-4 times/day.

Appetite: Excess Good.

Sleep: Disturb

Pallor : Absent

Icterus: Absent

Cyanosis: Absent

Clubbing: Absent

Lymphedema: Absent

Oedema : Absent

Weight: 83 Kg

Height : 169 cm

VITALS

BP: 130/78mm of Hg
 PR: 88bpm/min
 RR: 21/min
 Temp: 98.5 F

Shape- irregular

Size-8 to10mm

Color- Blackish brown

Palpation: Temperature-Normal Temp.

Skin turgor - rough and scaly.

Itching-++

Discharge-Absent

Candle grease test: Positive.

Auspitz sign: Positive.

Hair and Nail Changes- Absent

LOCAL EXAMINATION (SKIN EXAMINATION):

Inspection:

Location/Site- lesions over scalp, both upper and lower extremities and anterior & posterior abdomen.

Table-1: Psoriasis Area and Severity Index (PASI) before Treatment:

PASI body region score	Score calculation	Score (B)
Head	$(E_H + I_H + D_H) \times A_H = (3.2+3.5+4) \times 5$	52.5
Upper extremity	$(E_U + I_U + D_U) \times A_U = (2+1+2) \times 3$	15
Trunk	$(E_T + I_T + D_T) \times A_T = (3.2+3+2.5) \times 4$	34.8
Lower extremity	$(E_L + I_L + D_L) \times A_L = (2.8+3.1+3) \times 4$	35.6
Weighted average body surface area (C)	(C)×(B)	Component Score (D)
Head (0.1)	0.1×52.5	5.25 (D ₁)
Upper extremity (0.2)	0.2×15	3.0 (D ₂)
Trunk (0.3)	0.3×34.8	10.44 (D ₃)
Lower extremity (0.4)	0.4×35.6	14.26 (D ₄)
Over all PASI score	$D_1 + D_2 + D_3 + D_4$	32.95

(E- Erythema, I- Induration, D-Desquamation, A-Area. Score 0-absent, 1-mild, 2-moderate, 3-severe, 4-very severe.)

Table-2: Psoriasis Area and Severity Index (PASI) before Treatment:

PASI body region score	Score calculation	Score (B)
Head	$(E_H + I_H + D_H) \times A_H = (0+1+1) \times 3$	6
Upper extremity	$(E_U + I_U + D_U) \times A_U = (0+1+0) \times 3$	3
Trunk	$(E_T + I_T + D_T) \times A_T = (1+2+1) \times 4$	16
Lower extremity	$(E_L + I_L + D_L) \times A_L = (0+1+0) \times 4$	4
Weighted average body Surface area (C)	(C)×(B)	Component Score (D)
Head (0.1)	0.1×6	0.6 (D ₁)
Upper extremity (0.2)	0.2×3	0.6 (D ₂)
Trunk (0.3)	0.3×16	4.8 (D ₃)
Lower extremity (0.4)	0.4×4	1.6 (D ₄)
Over all PASI score	$D_1 + D_2 + D_3 + D_4$	7.6

Treatment Protocol :

Table-3: Oral or conservative - Firstly 15 days (8/1/2025 to 22/1/2025)

Medications	Dose	Duration
Tab Arogyavardhinivati	2-2 B/M (250mg Each)	15 days
Khadirarishta	20ml-20ml A/M with equal water	15 days
Tab Nimbadi vati	2-2 A/M (250mg Each)	15 days
Mahamarichyadi Tail	3 times Local application	15 days
Panchasakar Choorna	4gm with luke warm water at bed time	15 days

Table-4: Shodhana Karma (Virechana Karma)- 23/1/2025 to 8/2/2025

Date	Procedure	Medication	Dose
23/01/25	Deepana and pachana	Tab.Chitrakativati	2-2-2-2 B/F
24/01/25	Deepana and pachana	Tab.Chitrakativati	2-2-2-2 B/F
25/01/25	Snehapana	Panchagavya Ghrita	30ml
26/01/25	Snehapana	Panchagavya Ghrita	90ml
27/01/25	Snehapana	Panchagavya Ghrita	130ml
28/01/25	Snehapana	Panchagavya Ghrita	200ml
29/01/25	Abhayanga and Swedan	Moorchit Til taila with Nimadi Tail	
30/01/25	Abhayanga and Swedan	Moorchit Til taila with Nimadi Tail	
31/01/25	Abhayanga and Swedan	Moorchit Til taila with Nimadi Tail	
01/02/25	Virechana	With Abhayamodaka	

Table-5: Medication after Sansarjana karma for next 10 days

Medications	Dose
Tab Gandhakarasyana DS	1-1 A/M
Cap Amlycure DS	1-1 B/M
Tab Arogyavardhini vati	2-2 A/M
Tab Nimbadi vati	2-2 A/M
Khadirarishta	20ml- 20ml A/M
Panchasakar Choorna with lukewarm water	1tsf A/M during bedtime
Tab Manasmitravati	2 (at 8pm Night)
Siddharthaka soap	Bathing

Table-6: First follow-up on 16/2/25 and medication for next 15 days

Medications	Dose
Tab Gandhakarasyana DS	1-1 A/M
Cap Amlycure DS	1-1 B/M
Tab Arogyavardhini vati	2-2 A/M
Tab Nimbadi vati	2-2 A/M
Khadirarishta	20ml- 20ml A/M
Panchasakar Choorna with lukewarm water	1tsf A/M during bedtime
Tab Manasmitravati	2 (at 8pm Night)
Siddharthaka soap	Bathing
Mahamrichayadi Tail	Local Application

Table-7: Second follow-up on 02/03/25 and medication for next 15 days

Medication	Dose
Cap Amlycure DS	1-1 B/M
Tab Arogyavardhini vati	2-2 A/M
Tab Nimbadi vati	2-2 A/M
Panchasakar Choorna with lukewarm water	1tsf A/M during bedtime
Tab Manasmitra vati	2 (at 8pm Night)
Siddharthaka soap	Bathing
Mahamrichayadi Tail	Local Application



Figure- 1: Psoriasis lesions on hand BT and AT



Figure- 2: Psoriasis lesions on leg BT and AT



Figure- 3: Psoriasis lesions on legs Back abdomen and Scalp

DISCUSSION:

The consumption of *Madhya Sevana* as *nidana* and *Katu rasa draya* was a history in this patient. In addition to *Raktadusti*, this specific *nidana* is causing *Tridoshadusti*. Classics say that *Kushta* is a sickness that requires frequent *Shodhana*. *Virechana* is now proposed primarily due to its *Pittabara*, *Raktashodhana*, and *Varnaprasadbana* properties. Later, *Shamana* medicine was planned as *Amlycure DS* is potent liver protective, *Arogyavardhini vati* because of its *Kustaghna*, *Kandughna*, *deepana*, *pachana*, and *shodhana* properties, *Nambadi vati* is also properties of *shodhana* as well as *varnaprasadana* and *jeevanu nashak*. *Khadirarishta* is the best drug of choice in all *Kusta* varieties because of its properties of *Raktashodhana*, *Krimihara*, and *Kandughna*, *rakatsbodaka*, and *Kandughna* and *Krimihara*, *Manasmitra vatās* the properties of *medhya* hence it is use as *manas chikitsa*, and *Mahamarichayadi* oil is applied externally and has better added benefits as *sthanikachikitsa*. For *dustiharan* and *nitya virechana* *Panchasakar choorna* used in this case.

Action of panchakarma: *Chitrakadivati* was given for *deepana* and *pachana* over 2 days for *amapachana* and to balance *pitta dosha* (*ashraya-ashrayee bhava*). Till *Samyak Signdha lakshana* of *Snehapana* carried for 4 days using *Panchagavya Gbri* which is having *doshaghna*, *tridoshaghna*, followed by 3 days of *Sarvanga abhyanga* carried by *Morchita Til taila* and *Nimbadi tail* which is mainly having *Twak prasadana* and *Varnya* property and is helpful for *Dosha vilayana* and easy expulsion of *dosha from shaka to koshta*.

On the day of *Virechana*, *Abhayamodaka* 32 gm (20gm-morning after 2 hrs 12gm) and *triphala kwatha* was administered, as *Abhayamodak* is well known for *Virechana* and helps for *Doshanirhara* from *koshta*

Patient had 14 *Virechana vegas* considered as *madhyama shuddhi* and advised for 5days of *Samsarjanakarma*, Later planned with following *Shamana* medicines. *Gandhkarasayana DS* acts mainly on *twak and raktaDustiharana*, *Panchasakar Choorna* as *Pitta rechaka* and *Khadirarishta* acting as antioxidant thus detoxifying entire body.

PASI score was reduced from score of 32.95 (on 08/01/2025) to 7.6 (on 17/02/2025) with concerned to area, erythema, induration and desquamation. With these scores we can say that severity of the disease is reduced from very severe to moderate condition.

CONCLUSION:

A better outcome for the patient was obtained by combining *Antah parimarjana* as *virechana* with appropriate *Poorva*, *Pradhan*, and *Paschat karma*, followed by *Bahir parimarjana* (External application) and *Virechana* (Therapeutic Purgation). *Samsarjana karma* followed *Virechana*, and appropriate *pathya-apathya* indifference produced amazing results without any negative effects. Therefore, it is determined that the best results are obtained in cases of *Kitibha* and other varieties of *Kushta* when *Shodhana* is followed by *Shamana* treatment and appropriate adherence to *dos* and *don'ts*. Additionally, more studies with larger sample sizes are required.

Limitation of study:

As this single case study, the same protocol may be tried in more number of cases for its scientific validity.

Consent of patient:

The written consent of the patient has been taken for publication and procedure without disclosing the identity of the patient.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Rakesh Mishra, Shweta Parwe. Management of *Kitibha Kushta* with *Shodhana Kriya* of Ayurveda: A Case Report. Int. J. AYUSH CaRe. 2025;9(2):337-343.

DOI: <https://doi.org/10.70805/ija-care.v9i2.733>

REFERENCES:

1. Acharya YT. Charaka Samhita, Nidanasthana, chapter 5th, Kushta nidana adhyaya ayurvedaaedition -2009, Chaukhambha Prakashan, Varanasi.p-213
2. Agnivesha Charaka samhita, chikitsa sthana, chapter 7th Kushta chikitsa adhyaya ayurveda deepika by cakrapanidatta edited by vaidya jadavaji trikamji acharya chaukhambha prakashan edition -2009.45.
3. Agnivesha Charaka samhita, siddhisthana, chapter 1st, Kalpana siddhi adhyaya, chapter 2nd Panchakarmeya sidhhi adhyaya, chapter 4th Sneha vyapad siddhi adhtaya and chapter 6th Vamana virechana vyapad siddhi adhyaya ayurveda deepika by cakrapanidatta edited by vaidya jadavaji trikamji acharya chaukhambha prakashan edition -2009.
4. Sushruta samhita, nidana sthana, chapter 5th, Kushta nidana adhyaya nibandha sangraha by dhalhana edited by Vaidya jadavaji trikamji acharya chaukhambha Sanskrit sansthan edition -2012.
5. Sushruta samhita, chikitsa sthana chapter 9th Kushta chikitsa adhyaya nibandha sangraha by dhalhana edited by Vaidya jadavaji trikamji acharya chaukhambha Sanskrit sansthan edition -2012.
6. Acharya Vagbhata Ashtanga Hridaya with Sarvanga sundara commentary, Ed. Vaidyanath. Chaukamba surabharati prakasana .Varanasi, chikitsa sthana chapter 19th, Kushta chikitsa adhyaya.
7. Acharya Vagbhata Ashtanga Hridaya with Sarvanga sundara commentary, Ed. Vaidyanath. Chaukamba surabharati prakasana. Varanasi, Ashtanga hridaya, nidanasthana, chapter 14th, Kushtashwitrakriminidana adhyaya.
8. Y.T Acharya editor Madhava nidana Madhavakara, Chaukambha Orientalia; Varanasi chapter 49th, Kushta nidanaadhyaya.
9. Susan Burge and Dinny Wallis, Oxford handbook of medical dermatology, chapter 9th.
10. Fitzpatrick's dermatology 9th edition part 4, Psoriasisform disorders