

Ayurvedic Management of Kitibha Kustha (Plaque Psoriasis) with Ojo-Vyapat Chikitsa: A Case Report

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Abstract

This clinical case study highlights the successful Ayurvedic management of chronic plaque psoriasis, identified as *Kitibha Kushta* in classical texts. A 48-year-old obese female presented with erythematous, scaly plaques over the trunk and upper limbs, persisting for six years with inadequate response to conventional treatments, including corticosteroids and methotrexate. She sought Ayurvedic intervention after facing recurrence and diminished relief from allopathic therapies. Based on Ayurvedic assessment, the patient was diagnosed with *Kitibha Kushta* involving Vata-Kapha Dushti, with systemic involvement of *Twak*, *Rakta*, *Mamsa*, and *Lasika Dhatus*. The treatment protocol involved “*Ojovypat Chikitsa*” followed by “*Shamana Snehapana* using *Mahatiktaka Ghrita*”, and internal medications such as *Punarnavadi Kashayam*, *Shaddharana DS*, *Amrutashadanga Kashaya*, and *Guduchi Paneeya*. Dietary and lifestyle modifications were strictly advised. Remarkable clinical improvement was seen with an 81.4% reduction in PASI (from 10.5 to 1.95) and a 76.2% improvement in DLQI (from 21 to 5). ANA, CRP, ESR, and IgE levels normalized. No relapse or adverse effects occurred over four months. Ayurvedic management in chronic autoimmune skin disorders, even without *Panchakarma*, offered a non-invasive, immune-corrective approach resulting in sustained remission and high patient satisfaction. It offers a promising alternative in managing psoriasis where conventional treatments fail or are contraindicated.

Introduction:

Skin diseases significantly affect appearance and quality of life, often

causing psychological distress, and are among the most common clinical

conditions.⁵ In Ayurveda, *Kushta* encompasses a broad spectrum of skin disorders. Psoriasis, a chronic autoimmune² inflammatory disease, is characterized by accelerated epidermal turnover and affects about 2% globally, with an Indian prevalence of 0.44 to 2.8%. Plaque psoriasis typically presents as erythematous patches with silvery-white scales, ranging from a few millimetres to several centimetres. Despite advances in therapy, no permanent cure exists, and the disease is linked with metabolic disturbances and comorbidities, contributing to significant physical and psychological burden.⁹

Globally, prevalence ranges from 2-3%, while in Asian adults it is ~0.4% 20. Plaque psoriasis is the most common type, with ~20% requiring systemic or specialized treatment.⁵ Risk factors include prolonged use of beta-blockers, antimalarials, and corticosteroids.¹⁰ Pathogenesis involves dendritic cell activation, cytokine release (IL-12, IL-23, TNF- α), and keratinocyte proliferation.¹ Management starts with topical agents and may progress to systemic drugs like methotrexate, acitretin, or cyclosporine, though adverse effects are common.^{7,12}

Psoriasis parallels *Kitibha Kushta*, a *Kshudra Kushta* subtype in Ayurveda, caused by vitiated *Doshas* affecting *Sapta Dhatus* and *Upadhatus*.^{9,17}

The Ayurvedic diagnosis for this case was *Sidhma Kushta*, correlating with plaque psoriasis. This case reports the therapeutic effect of *Ojovyapat Chikitsa* followed by *Shamana Snehapana* in managing *Kitibha Kushta*.⁴

Patient Information:

A 48-year-old obese female from a rural area presented with itchy, reddish-brown, scaly plaques over the trunk and upper limbs, persisting for six years, with aggravation in the last two months. She also had skin dryness and heel fissures causing discomfort while walking. Diagnosed as plaque psoriasis by a dermatologist, she had received corticosteroids and methotrexate with only temporary relief. No family history of skin disorders was reported. She denied alcohol or tobacco use.³ Appetite and thirst were normal, but itching disturbed sleep. Bowel movements were occasionally constipated, urinary function was normal. Dissatisfied with conventional care, she sought Ayurvedic treatment for holistic management.

Clinical Findings:

Atura Bala Pramana (assessment of strength) was evaluated through *Dashavidha Atura Pariksha*. The patient's *Prakriti* (constitution) was *Kaphavataja*, consistent with dry, scaly skin and obesity. *Vikriti* (dosha imbalance) showed *Vata-Kaphaja dushti* involving *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle), and *Lasika*

(lymph). *Twakmamsa sara* (tissue quality), *Samhanana* (compactness), and *Ahara Shakti* (digestive power) were *Madhyama*; *Pramana* (body build) was *Ati-pramana*. A *Kapha*-aggravating diet indicated *Madhyama satmya* (adaptability). *Satva* (mental strength) and *Vyayama Shakti* (exercise capacity) were *Avara*. Age was *Madhyama* (48 years), relevant to chronic disease progression.

Samprapti Ghataka (Ayurvedic Pathogenesis):

In this case of *Kitibha Kushta*, the vitiated *Doshas* are *Vata* and *Kapha*, affecting *Twak*, *Rakta*, *Mamsa*, and *Lasika* as *Dushyas*. The involved *Srotas* are *Raktavaha* and *Mamsavaha*, with *Srotorodha* due to *Kapha* and *Rukshata* from *Vata*. The *Adhisthana* is *Twak*, indicating a *Bahya rogamarga* involvement. The disease originated from *Amashaya* due to *Mandagni*, leading to *Ama* formation. The *Vyadhi* is *Bahudosh*, *Chirakari*, and *Kruchhrasadhya* in nature.^{16,17}

General History:

No family history of dermatological disease was noted. Previous medication records were unremarkable. *Dashavidha Atura Pariksha* revealed marked emotional distress, mentally affected by the chronic, unresolved condition. The patient's psychological state indicated depression and frustration, contributing significantly to

her overall disease burden and reduced quality of life.

Dermatological Examination:

On physical examination, multiple 3-6 cm erythematous to hyperpigmented plaques were observed over the upper limbs, abdomen, flanks, and back. Pattern: Plaques ranging 3-6 cm in diameter with scaling, induration, sharp borders, and lichenification. *Auspitz* and candle-grease signs were positive. No mucosal or nail changes. Vitals were stable. Labs showed ANA positivity, elevated ESR, CRP, and IgE; the patient had untreated hypothyroidism [Table 1].¹¹

Timeline:

Based on the involvement of specific *Doshas* and *Dushyas*, the treatment approach included *Ojo-Vyapat Chikitsa* along with *Shamana Chikitsa* (~palliative therapy). The patient was advised strict dietary modifications, avoiding excessively sour, salty, spicy, processed and junk foods, as well as curd, jaggery, meat, fish, and sesame seeds. Lifestyle guidance included avoiding daytime sleep and ensuring proper personal hygiene. A regimen of internal and external Ayurvedic medications was prescribed [Table No. 3]. The treatment's effectiveness was evaluated through assessments conducted prior to treatment, post-treatment, and after **follow-up** [Tables No. 3].⁵

Investigation	Before Therapy	Following Therapy
Antinuclear Antibody (ANA)	Positive	Negative
Immunoglobulin E (IgE)	Raised	Around normal ranges
C-Reactive Protein (CRP)	Raised	Around normal ranges
Erythrocyte Sedimentation Rate (ESR)	Raised	Around normal ranges
Thyroid Profile	Around normal ranges	Around normal ranges
Known Case of Hypothyroidism	Since 2 years (no medication)	No change

Investigations:

Table No. 1: Laboratory Investigations Before and Following Therapy

Diagnosis :

Based on the presenting symptoms, the case was diagnosed as *Sidhma Kushta*, a type of *Kshudra Kushta*, correlating with plaque psoriasis in modern terms.¹⁸

Assessment Scales:

The PASI evaluates psoriasis severity by scoring erythema, induration, scaling, and

lesion area across four body regions⁸. Based on Figure 1:

- Clinical Presentation of *Kitibhacushta* Plaque Psoriasis Before Ayurvedic Treatment.
- Clinical Improvement After Ayurvedic Treatment.

Table No. 2: PASI Score of the Patient Before Treatment

Body Region	Area Involved	Area Score	Erythema	Induration	Scaling	Regional Score
Head & Neck (10%)	-	-	-	-	-	-
Upper Limbs (20%)	20-30%	2	2	2	2	2.4
Trunk (30%)	30-40%	3	3	3	2	8.1
Lower Limbs (40%)	-	-	-	-	-	-
Total PASI Score						10.5

PASI improved from 10.5 to 1.95 (~81.4% improvement), and DLQI from 21 to 5 (~76.2% improvement), demonstrating remarkable symptom resolution and functional recovery. This highlights the effectiveness of Ayurvedic management in reducing disease severity and enhancing well-being.

Therapeutic Intervention & Follow-Up As Well As Outcomes:

Unsuitable for *Panchakarma*, the patient received *Ojo Vyapat* with *Shamana Chikitsa*, aiming for internal purification and symptom relief via oral and topical Ayurvedic medicines. Post-*Shamana Snehapana*, appetite improved, lesions resolved completely, and the patient

expressed high satisfaction, affirming the treatment's effectiveness.

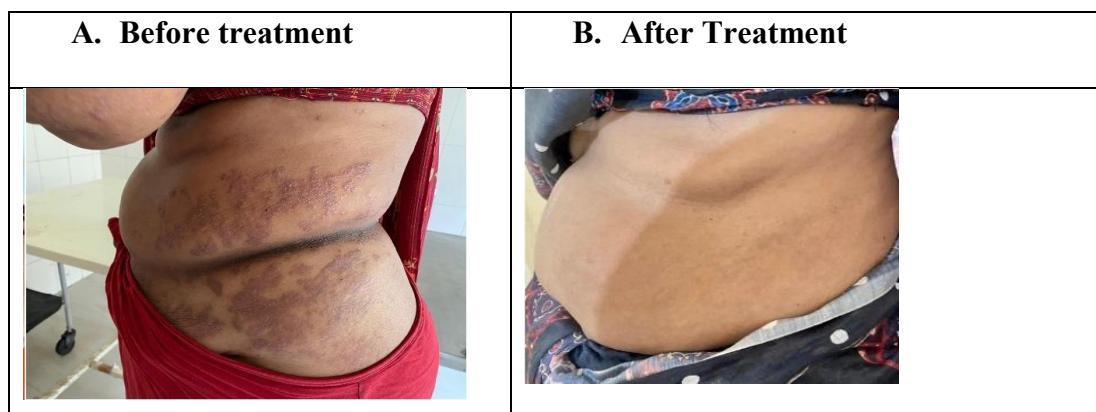
Table No. 3. Therapeutic interventions used in the treatment

Phase	Medications & Instructions	Observations / Clinical Response
Shamana Snehapana (Day 1 to Day 7)	<i>Mahatiktaka Ghrita</i> in increasing doses: 5 ml, 10ml, 15ml, 20ml, 25ml, 30ml and 35 ml over 7 days. Pathya diet strictly followed.	Appetite improved; itching, scaling, redness reduced.
Initial Treatment (Day 1 to Day 15)	1. Shaddharana DS ½ tablet daily, 2. Amruttashadanga Kashaya 5 ml every 2 hours, 3. Guduchi Paneeya as water. 4. plus strict diet avoiding prohibited foods.	Mild reduction in symptoms- Itching and burning sensation reduced by ~60%- New lesion appeared on neck
First Follow-up (After 15 days)	1. Tablet Punarnavadi Kashayam - ½ tab four times a day (after food) 2. Amruttashadanga Kashaya - continued 3. Guduchi Paneeya - continued 4. Strict diet - continued	No new lesions after 15 days- Itching and burning reduced significantly- Scaling reduced gradually
Continuation Phase (15 days to 2.5 months)	Above medicines and dietary regimen continued with fortnightly follow-up	Complete resolution of itching and burning Scaling absent- No discoloration- Weight reduced from 77 kg to 70 kg

FIGURE 1:

A. Clinical Presentation of *Kitibha kushta* Plaque Psoriasis Before Ayurvedic Treatment.

B. Clinical Improvement After Ayurvedic Treatment.





Discussion

Kitibha Kushta is classified under *Kshudra Kushta* in Ayurvedic literature, with hallmark symptoms such as *Shyava Varna*, *Kina Khara Sparsha*, *Ruksha Pidaka*, and *Kandu*, closely resembling clinical features of chronic plaque psoriasis. According to Ayurveda, its pathogenesis involves the vitiation of *Vata* and *Kapha* doshas affecting *Twak*, *Rakta*, *Mamsa*, and *Lasika dhatus*.¹⁴ In this case, despite prior systemic treatment including corticosteroids and methotrexate, the patient showed persistent symptoms and immunological markers like ANA positivity and elevated inflammatory indices.¹⁶

The Ayurvedic approach emphasised immune correction via *Ojo Vyapat Chikitsa*. This concept links the pathogenesis of autoimmune skin conditions with impaired *Ojas* due to

Aamavisha, affecting the *Rakta* and *Rasa dhatus*.⁶ Internal medications like *Shaddharana Yoga*, *Amruttashadanga Kashaya*, and *Guduchi Paneeya* targeted *Aamavisha* and systemic inflammation. *Punarnavadi Kashayam* further supports detoxification and *Tridosha* pacification.¹⁸

Shamana Snehapana using *Mahatiktaka Ghrita* was administered to strengthen *dhatus* and restore immune balance. The results showed complete remission within 2.5 months with significant improvements in PASI and DLQI scores. The treatment was well tolerated and relapse-free after 4 months. Thus, in ANA-positive, Vata-Kaphaja cases unfit for Panchakarma, this tailored approach offers a clinically safe, effective, and non-invasive management strategy.¹⁷

Intervention Probably Method Of Action:

Management of *Kitibha Kushta* (clinically correlated with plaque psoriasis), Ayurvedic interventions based on *Dosha-Dhatu* involvement and systemic immune modulation. *Shaddharana DS*, containing *Chitraka*, *Indrayava*, *Patha*, *Katuka*, *Ativisha*, and *Darvi*, aligns with *Kushta Chikitsa* in *Ashtanga Hridaya*. Predominantly *Tikta Rasa*, these herbs exert *Kledahara* (moisture removal), *Vishahara* (detoxifying), and *Kaphapittashamana* actions, vital in chronic inflammatory skin conditions.¹⁶

Punarnavadi Kashayam
(*Punarnava*, *Nimba*, *Patola*, *Shunthi*, *Bharangi*, *Amruta*, *Darvi*, *Abhaya*) offers anti-inflammatory, immunomodulatory, and antioxidant effects. *Punarnava* and *Bharangi* act as *Lekhana*, *Shunthi* supports *Agni* through *Deepana* and *Pachana*, while *Guduchi* and *Haritaki* provide antioxidant and *Rasayana* benefits for immune correction.¹⁹

Amruttashadanga Kashayam
(*Musta*, *Chandana*, *Guduchi*, *Parpata*, *Ushira*, *Hrivera*) aids *Deepana-Pachana*, *Kapha-Pittashamana*, and *Amavisha-hara*, resolving *Daha* and promoting detoxification.¹⁹

Guduchi Paneeya (*Tinospora cordifolia*) was prescribed as drinking water for its *Rasayana* and immunomodulatory potential, detoxifying, anti-inflammatory,

and *Ama*-reducing actions, enhancing *Agni*, liver function, and immunity.²⁰

To maintain immune balance and achieve *Dhatu Shuddhi*, ***Shamana Snehapana*** with ***Mahatiktaka Ghrita***, rich in *Tikta Rasa*, was used. According to Acharya Sharangadhara, *Kushta* arises from *Dosha Bahulyata* and *Srotorodha* by *Kleda*, leading to *Parushata* and *Kharasparsha*. *Mahatiktaka Ghrita* is *Vata*-pacifying and acts as a nourishing *Rasayana*, crucial for reversing *Ojo-vyapat* (immune dysfunction) and restoring tissue homeostasis.²⁰

Conclusion:

Conventional Ayurvedic management of *Kushta* often emphasises rapid symptomatic relief through *Deepana*, *Pachana*, *Vamana* and *Virechana*. However, in chronic conditions like *Kitibha Kushta* (plaque psoriasis), such approaches may trigger relapse due to underlying *Ojovyapat*. In this case, a tailored protocol based on *Ojovyapat Chikitsa* was adopted, focusing on immune modulation (*Aamavisha-Vishahara* and *Rasa-Rakta Dhatu Shuddhi*) through internal medication and *Shamana Snehapana* without *Panchakarma*. The patient achieved complete clinical remission within 2.5 months, with no recurrence during 4 months of follow-up. This case highlights that a *Shamana* - based, non-invasive, and immune-corrective

Ayurvedic regimen can offer safe, sustainable, and managing chronic psoriasis, especially where Panchakarma is contraindicated.

Consent Declaration From The Patient:

The authors affirm that informed consent was duly obtained from the patient for the publication of this case report, which includes relevant clinical information and images. The patient was made aware that their name and initials would not be revealed, and although every possible measure will be taken to maintain confidentiality, absolute anonymity cannot be assured.

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