Research Article

Integrative Ayurvedic Management Of Kitibha Kushtha (Psoriasis): A Case Report Assessed Using PASI And Semi-Quantitative Skin Analysis

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Abstract

Background: Kitibha Kushta is described under Kshudra Kushta in Ayurveda and is characterized by features such as dryness, itching and roughness.[1,2] .These manifestations may clinically resemble psoriasis, a chronic immune-mediated inflammatory skin disorder.[3] The recurrent nature and chronicity of psoriasis make its management challenging.[4]
Objective: To document the clinical response to Ayurvedic management in a chronic case of Kitibha Kushta clinically correlated with psoriasis using serial Psoriasis Area and Severity Index (PASI) assessment and semi-quantitative skin analysis.
Case description: A 26-year-old female with a 6-year history of scaly lesions involving the back, legs, chest and hands presented with marked flaking, itching and burning after sun exposure. Ayurvedic assessment indicated Kitibha Kushta with Pitta-predominant Prakriti. Baseline PASI was 18.2. Baseline skin analysis showed Fitzpatrick type III skin, moderate free radical index, high grease and sensitivity indices, low immunity index, moderate erythema, moderate scaling with thick adherent scales[5], moderate dryness, and Prithvi-Aap predominance.
Intervention: The patient received internal Ayurvedic medicines, external therapies, dietary modification and Raktamokshana by venesection. Treatment was continued for 7 months with monthly follow-up. The same medication regimen was maintained throughout the treatment period. Treatment was planned according to principles of Dosha Shamana, Agni Deepana, Raktashodhana, and Srotoshodhana.[1,6]
Outcome: PASI decreased progressively from 18.2 at baseline to 10.5, 8.2, 7.5, 4.0, 3.0 and 0.9 at successive assessments, corresponding to a 95.1% reduction from baseline. Clinical photographs showed marked regression of active erythematous and scaly lesions. Post-treatment skin analysis demonstrated normal free radical index, balanced grease index, low sensitivity, normal-to-high immunity index, absent erythema, smooth skin texture, normal moisture and balanced Pancha Mahabhuta status.
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; PASI; Skin analysis; Raktamokshana; Case report.

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 over seven months.

CASE REPORT

Patient Information

A 26-year-old female presented with a 6-year history of recurrent scaly skin lesions associated with itching and burning, particularly following sun exposure. Lesions involved the back, legs, chest and hands. She also reported poor sleep quality. Clinical examination revealed multiple erythematous, well-defined scaly plaques with moderate plaque thickness, moderate erythema (++), prominent scaling (+++), itching (++), and burning (+++). There was no scalp or nail involvement and no reported signs or symptoms suggestive of psoriatic arthritis.

Medical and personal history

- Appetite: Irregular (Agnimandya)
- Bowel habits: Normal
- Sleep: Disturbed due to itching
- No history of diabetes mellitus or hypertension
- Past surgical history: No surgical history
- Previous allopathic treatment provided temporary relief
- No significant family history

Ashtavidha Pariksha

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

Skin Analysis (Before treatment)

Parameter	Before treatment
Fitzpatrick skin type	Type III
Free radical index	Moderate
Grease index	High
Sensitivity index	High
Immunity index	Low
Erythema index	Moderate erythema
Scaling/roughness	Moderate, with thick adherent scales
Hydration index	Moderate dryness
Pancha Mahabhuta dominance	Prithvi and Aap

Ayurvedic Assessment

The Ayurvedic assessment showed Pitta-predominant Prakriti. Jihva was Sama and Agni was Prakrita. Based on the clinical presentation and Ayurvedic assessment, the case was diagnosed as Kitibha Kushta, clinically correlated with psoriasis.

Diagnostic Assessment

Clinical parameter	Baseline finding
Kandu (itching)	++
Burning	+++
Scaling/flaking	+++
Erythema	++
Plaque thickness	Moderate

Scalp involvement	Absent
Nail involvement	Absent
Psoriatic arthritis features	Absent

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]

The diagnosis was established clinically using history, dermatological examination, Ayurvedic assessment, serial clinical evaluation and semi-quantitative skin analysis. Baseline PASI score was 18.2.

THERAPEUTIC INTERVENTION

Treatment was planned as a multimodal Ayurvedic approach consisting of internal medication, external therapy, dietary modification and Raktamokshana. The patient was followed at monthly intervals for seven months.

Modality	Intervention	Dose/application	Period	Purpose
Internal	Dashanga Agada + Vidanga + Shigru + Daruharidra + Nimba + Darvi + Rasamanikya Bhasma	2.5 g twice daily with warm water	7 months	Kushthaghna, Kandughna, Raktashodhaka Vishaghna
Internal	Guduchi+Sariva + Ushir +raktachandan+shatavari+ Trivanga	2.5 g twice daily with warm water	7 months	Kandughna, Raktashodhaka Kushthaghna,
Internal	Aarogyavardhini Vati	250 mg BD after meal	7 months	Kustaghna Raktaprasadan
Internal	Kamdudha Vati	250 mg BD after meal	7 months	Provides deep cooling couteractant to systemic inflammation
Internal	Jatamansi Ghana Vati	1 Tablet at bedtime	7 months	To address stress-related factors that may contribute to psoriasis exacerbation by supporting mental

				calmness and sleep quality.
External	777 Oil	Applied over whole body afternoon and night	7 months	Improve moisture retention, and support skin healing
External	Jivantyadi Yamaka	Applied on patches at morning	7 months	Improve moisture retention, and support skin healing
Shodhana	Raktamokshana by venesection	3rd and 4th monthly follow-ups	3rd and 4th months	Raktashodhan
Dietary	Avoid spicy, salty and sweet foods; bakery/fermented foods; milk, curd, buttermilk and paneer	Dietary advice	7 months	Dietary support

OUTCOME MEASURES AND RESULTS

PASI was assessed at baseline and at monthly follow-ups. The score decreased progressively from 18.2 at baseline to 0.9 at the final seven-month assessment, representing a 95.1% reduction in PASI score.

Skin Analysis (After Treatment)

Assessment	Time point	PASI	Reduction from baseline
Baseline	Before treatment	18.2	—
1st follow-up	1 month	10.5	42.3%
2nd follow-up	2 months	8.2	54.9%
3rd follow-up	3 months	7.5	58.8%
4th follow-up	4 months	4.0	78.0%
5th follow-up	5 months	3.0	83.5%
Final follow-up	7 months	0.9	95.1%

Parameter	After treatment
Fitzpatrick skin type	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

Clinical photographs demonstrated marked regression of active erythematous and scaly plaques, with substantial reduction in scaling and improvement in overall skin texture. Residual pigmentation/discoloration was visible in

FIGURES

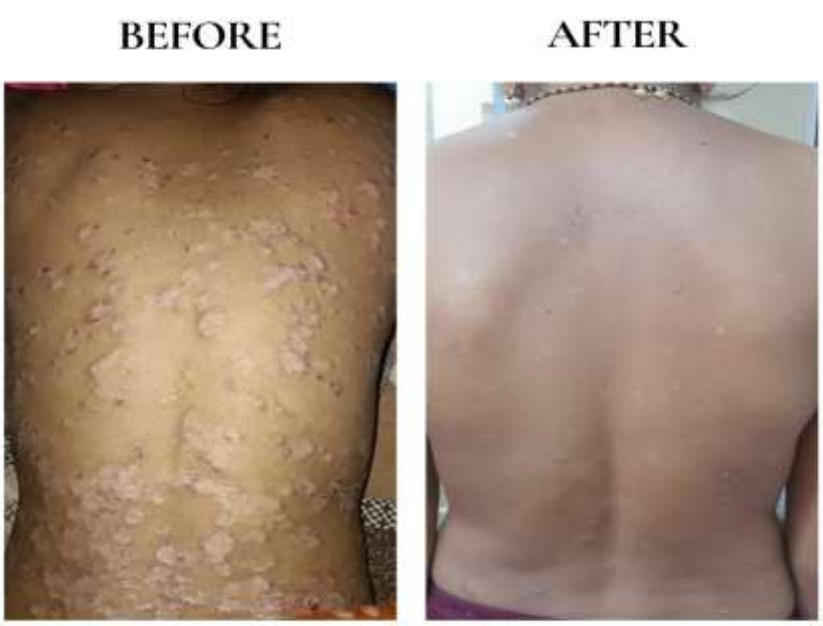

Figure 1 (A–B)

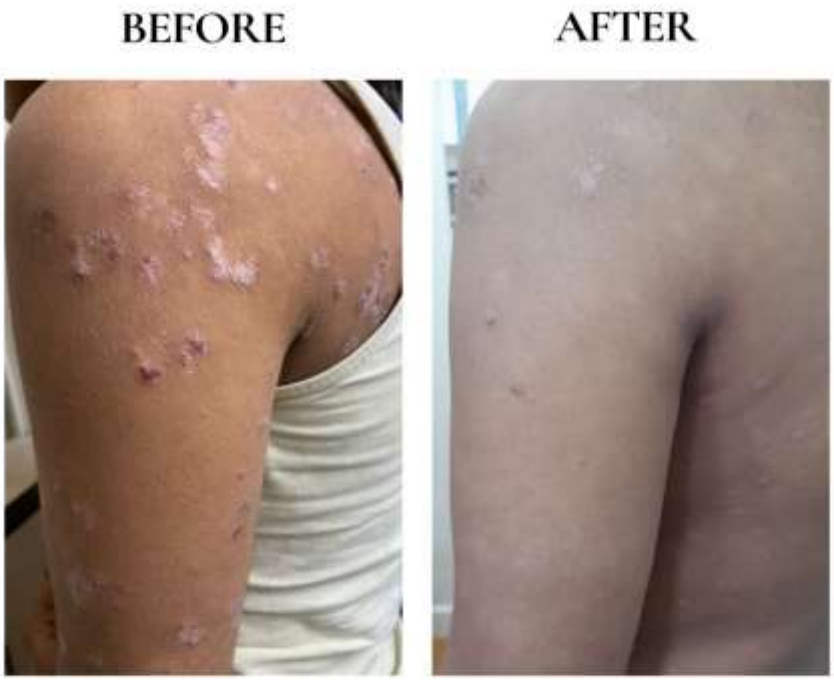

Figure 2 (A–B)

Figure 3 (A–B)

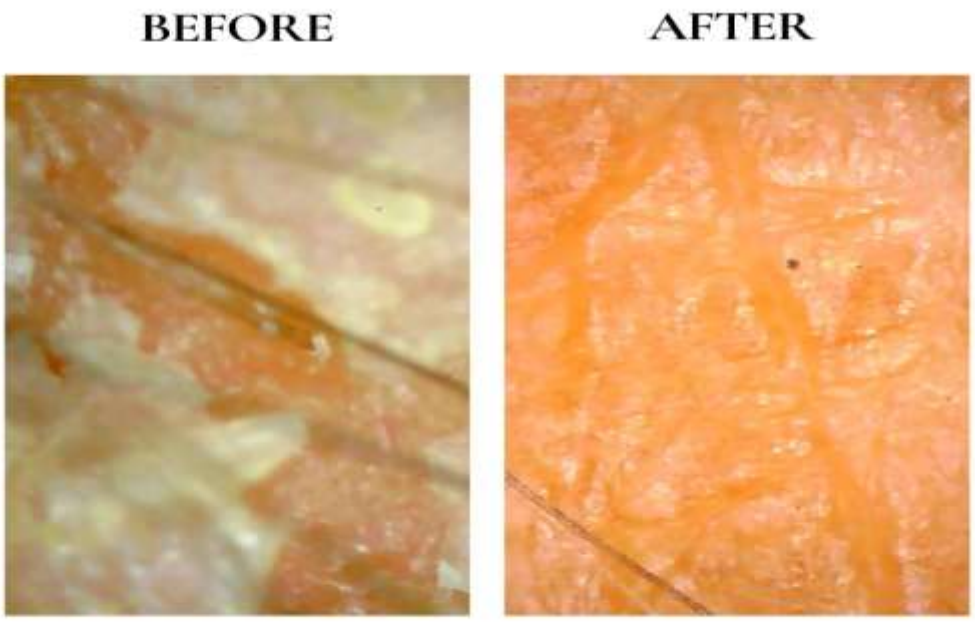

Figure 4 (A–B)

Photographic Evidence

Figure 1 (A–B): Back Region

A (Before): Extensive 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): Lower Limb 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

Comparative skin-analysis photographs before and after seven months of treatment. A, before treatment; B, after treatment. The post-treatment image demonstrates improvement in the recorded skin-analysis parameters, including reduced erythema and scaling and improved skin texture and moisture.

DISCUSSION

Kitibha Kushta is described among the Kshudra Kushta and is characterized by manifestations such as dryness, roughness, itching and discoloration. In the present case, the patient had a six-year history of chronic scaly lesions with prominent flaking, itching and burning involving the back, legs, chest and hands.

The internal medications in the present case were selected according to the Ayurvedic understanding of Kushtha, considering the involvement of Dosha, Rakta and Tvak. The treatment primarily aimed to address the clinical features through Kushthaghna, Kandughna, Raktaprasadana and Vishaghna actions. The first combination, consisting of Dashanga Agada, Vidanga, Shigru, Daruharidra, Nimba, Darvi and Rasamanikya, was chosen to manage the chronic skin manifestations, particularly itching and inflammatory changes. The predominantly Tikta, Kaṣhaya and Katu drugs were considered useful in addressing the associated Doṣha and Rakta involvement. Classical Ayurvedic texts describe several of these drugs, including Nimba, Vidanga and Daruharidra, in the management of Kushtha, while Rasamanikya has also been traditionally described for skin disorders.

The second combination, comprising Guduchi, Sariva, Ushir, Raktacandana, Shatavari and Trivanga, was added to complement the initial therapy, with emphasis on Raktaprasadana, Kaṇḍughna and Dahashamana effects. Together, the formulations were intended to address the major clinical manifestations of the condition, including itching, erythema, scaling and inflammatory changes, while supporting the Ayurvedic therapeutic approach to Kushtha.

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]

The most prominent objective finding was the progressive reduction in PASI from 18.2 at baseline to 0.9 at the final seven-month assessment, corresponding to a 95.1% reduction. The progressive monthly decline provides stronger documentation of response than a comparison of only baseline and final measurements.

Comparative semi-quantitative skin analysis showed changes in the recorded parameters, including normal free radical index, balanced grease index, low sensitivity, normal-to-high immunity index, absent erythema, smooth skin texture and

normal moisture after treatment. These findings should be interpreted as supportive observational changes rather than definitive measures of underlying biological mechanisms.

PATIENT PERSPECTIVE

The patient reported progressive reduction in itching, burning, scaling and visible skin lesions during the treatment period. She noted improvement in the overall appearance and texture of the affected skin and expressed satisfaction with the clinical improvement following seven months of treatment.

INFORMED CONSENT

Written informed consent was obtained from the patient for publication of the clinical details and photographs. The patient was informed regarding the purpose of publication and consented to the use of her clinical photographs for academic and scientific purposes.

CONCLUSION

This case describes the Ayurvedic management of Kitibha Kushta clinically correlated with psoriasis in a 26-year-old female with a six-year history of disease. A multimodal approach comprising internal Ayurvedic medication, external therapies, dietary modification and Raktamokshana was administered over seven months. Serial assessment demonstrated a progressive reduction in PASI from 18.2 to 0.9, corresponding to a 95.1% reduction. Comparative clinical photographs and semi-quantitative skin analysis also demonstrated marked improvement.

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