

Research Article

Ayurvedic Management of *Kitiba Kushta* - A Case Study

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A B S T R A C T

The skin acts as a barrier, protecting underlying tissue from physical, chemical, and biological toxins. Skin diseases primarily affect a person's external appearance, often disrupting daily life. The immune system's response to certain triggers can lead to accelerated inflammatory proliferation of damaged skin cells, known as psoriasis. We report a case of a 49-year-old male patient with psoriasis covering the entire body (except the face and neck), including both upper and lower limbs, chest, and back. The *Auspitz sign* and *candle grease sign* were positive. In Ayurveda, *kushta* is a broad term encompassing nearly all skin diseases. *Twak vikaras* (skin disorders) are classified into *maha kushta* and *kshudra kushta*. *Kitibha kushta* is a type that falls under *kshudra kushta*. The patient's symptoms correspond closely to *kitibha kushta* under *kushta roga*. The management of *kushta roga* involves repeated *shodhana* therapy, as recommended in the *samhitas*. The patient was admitted to the inpatient ward and underwent *shodhana* therapy followed by *shamana karma*, after which he showed significant improvement.

Keywords: *Kitibha Kushta*, *Shamana*, *Shodhana* Cikitsa, Psoriasis

Introduction

Ayurveda, the eternal science rooted in the *Vedas*, is the oldest medical system that defines health as the harmonious balance of physical, mental, social, and spiritual well-being. Ayurveda states: "*Dosha Dhatu Mala Mulam hi Shareeram*", implying that the human body is sustained by the equilibrium of *Doshas*, *Dhatu*s, and *Malas*. Any disturbance (*Dusti*) in these leads to disorders (*Vikaras*).

The term "*Kushnati tasmath thath Kushtam iti uchyate*" explains that conditions causing discolouration of the skin are termed *Kushta*. The *Nidanas* (causative factors) of *Twak Vikaras* often arise due to improper diet (*Mithya Ahara*), irregular lifestyle (*Mithya Vihara*), and psychological disturbances (*Manasika Vikaras*), which collectively vitiate the *Tridosha*. This *doshic* imbalance subsequently affects and aggravates the *Rasa*, *Rakta*, *Mamsa*, and *Lasika Dhatu*s.¹

Each vitiated *Dosha* manifests with specific characteristics on the skin. According to *Acharya Charaka*, *Kitibha Kushta* is one of the *Rakta Pradoshaja Vikaras*, predominantly caused by the vitiation of *Vata* and *Kapha Doshas*. Its hallmark symptoms include:

- **Shyava Varna:** Blackish-brown discolouration
- **Kina Khara Sparsham:** Rough texture upon touch
- **Parusham:** Dryness
- **Ruksha Pidika:** Dry, eruptive skin lesions
- **Kandu:** Intense itching

Acharya Charaka emphasises the importance of closely observing the *Vridhhi* (aggravation), *Sthana* (location), *Shaya* (subsidence), and *Avastha* (stage) of the disease. The physician must also evaluate the patient's *Deha* (body constitution), *Agni* (digestive capacity), and *Chetas* (mental state) to formulate an effective treatment plan. Importantly,

the medication should not alleviate one disease while triggering another.

The primary line of treatment for *Kushta* includes repeated administration of *Shodhana* (detoxification therapies). *Acharya Charaka* states that *Doshas* pacified by *Shodhana* are unlikely to recur. The treatment protocol begins with *Vamana* therapy to pacify *Kapha Dosha*, followed by *Virechana* to address *Raktaja Vikara* by eliminating the vitiated *Doshas* from their root. Subsequently, *Shamana Oushadhi* is administered to remove residual imbalances (*Alpadosha Nirharana*).

In modern medicine, psoriasis is recognised as a genetic, immunological, and systemic disorder. It is classified into five types:

1. Psoriasis vulgaris
2. Inverse psoriasis
3. Guttate psoriasis
4. Pustular psoriasis
5. Erythrodermic psoriasis

Despite advancements in modern medicine with various steroids, topical creams, and ointments, psoriasis often recurs. Moreover, long-term use of these treatments is associated with significant side effects.

This highlights the need for effective, adequate, and safe remedies from Ayurveda to address the root causes of the disease and provide long-lasting relief.

Case Presentation

Presenting Complaints

A 49-year-old male presented to the outpatient department of the Government Ayurveda Medical College and Hospital, Kottar. He had been apparently healthy until eight years ago, when he developed white, scaly lesions with itching on both upper and lower limbs, accompanied by thickening of the skin and blackish discolouration.

He had been working in the UAE as a fisherman for the past eight years. He consulted an allopathic physician and was advised to take antibiotics, antihistamines, and topical steroids, which provided temporary relief.²

Three months ago, he was affected by dengue fever and underwent blood transfusion treatment. Following this, he experienced severe itching and the appearance of white, scaly lesions all over his body, except in the neck and head regions.

For the aforementioned complaints, he was admitted to our hospital's inpatient department for further treatment.

Personal History

- **Diet:** The patient has been habituated to consuming *Dadhi* (curd), *Matsya* (fish), *Ruksha Ahara* (dry food),

and *Viruddha Anna Pana* (incompatible food) since childhood.

- **Appetite:** Normal
- **Bowel:** *Abaddha Mala*, *Nirama Purisha* (once daily)
- **Micturition:** Normal, with a frequency of 5 times/day and 2 times/night
- **Sleep:** Regular

Clinical Findings

General Examination

The skin lesions are irregular in shape, with whitish scaly patches and blackish discolouration spreading across the body, involving both upper limbs, both lower limbs, chest, abdomen, and back, sparing the neck and head region.^{3,4}
Table 1 Showing *Vyadhi Vyavachedaka Nidana*

Skin Examination

- **Auspitz sign:** Positive
- **Candle Grease sign:** Positive

The assessment criteria were:

- *Varnam*
- *Sravam*
- *Kandu*
- Lesion size
- Lesion area
- Lesion thickness
- Scaling

Laboratory Investigations

- **Haemoglobin (Hb):** 12.3 gms%
- **Total Count (TC):** 6,810 cells/cubic mm
- **Erythrocyte Sedimentation Rate (ESR):**
- **1/2 hour:** 20 mm
- **1 hour:** 40 mm
- **Red Blood Cell (RBC) Count:** 4.83 million/cubic cm
- **Platelet Count:** 2.37 lakhs/cubic mm
- **Fasting Blood Sugar (FBS):** 74 mg/dL
- **Postprandial Blood Sugar (PPBS):** 114 mg/dL
- **Creatinine:** 0.9 mg/dL

Samprapti Ghataka

- **Dosha:** *Tridosha*
- **Dushya:** *Rasa, Rakta, Mamsa, Lasika*
- **Agni:** *Jatharagni, Dhathwagni*
- **Ama:** *Jatharagni and Dhathwagni Janya Ama*
- **Srotas:** *Rasa Vaha, Rakta Vaha, Mamsa Vaha, Sveda Vaha Srotas*
- **Sroto Dushti:** *Sangam* (obstruction) and *Vimarga Gamana* (abnormal movement)
- **Udbhava Sthana:** *Amashaya*
- **Vyakta Sthana:** *Twak*
- **Roga Marga:** *Bahya* (external pathway)
- **Sadhya-Asadhyata:** *Krichra Sadhya* (difficult to cure)

Samprapti (Pathogenesis)

Nidana Sevana (indulgence in causative factors)



Agni Dusti (disturbance in *Agni*)



Ama Utpatti (formation of *Ama*)



Anna Rasa Dusti (vitiation of *Anna Rasa*)



Vitiation of *Rasa*, *Rakta*, *Mamsa*, and *Ambu*, along with aggravation of *Tridosha*



Manifestation of symptoms such as *Shyava Varna* (blackish discolouration), *Khara Sparsha* (roughness on touch), and *Kandu* (itching)



Progression to *Kitibha Kushta*

Samshodhana Chikitsa

Panchakarma procedures are employed for *Samshodhana Karma*, following the systematic order as indicated in *Ayurveda*:

Vamana Karma (Therapeutic emesis):

To pacify the aggravated *Kapha Dosha*

Virechana Karma (Therapeutic purgation):

Specifically indicated for *Raktaja Vikara* to eliminate *Pitta Dosha*

Vasti Karma (Therapeutic enema):

Administered as *Anuvasana Vasti* (oil-based enema) and *Niruha Vasti* (decoction-based enema) to balance *Vata Dosha* and ensure comprehensive *Dosha* elimination

After completing the *Samshodhana* procedures, *Shamana Oushadhis* (palliative medicines) were prescribed to address residual *Dosha* imbalances and prevent the recurrence of the disease.⁵

This integrative approach ensures complete detoxification, symptom alleviation, and long-term management of *Kitibha Kushta*.

Provided Treatment

- **Ama Pachana:** Administered with *Citrakadi Vati* at a dosage of 1 tablet twice daily (BID)
- **Snehapana:** Performed using *Maha Tiktaka Ghrita* following the *Arohana Snehapana protocol* (incremental dosage)
- **Vamana:** Conducted with *Madhana Pippali* in *Lehya* form

- **Virechana:** Administered using *Nimbamrutha Eranda Tailam* (30 mL) mixed with warm milk
- **Anuvasana Vasti:** Performed with *Nimbadi Tailam*
- **Asthapana Vasti:** Administered using a combination of *Nimbadi Kwatha*, *Nimbadi Taila*, and *Maha Tiktaka Ghrita*
- **Pathya Ahara Sevana:** Prescribed dietary regimen adhering to *pathya* (wholesome diet) guidelines

Treatment Schedule

The patient was administered both *Shodana* (purificatory) and *Shamana* (pacifying) medicines as a part of the therapeutic protocol.⁶

A: *Anuvasana Vasti*

K: *Kashaya Vasti*

Anuvasana Vasti

Ingredients

Nimbadi Tailam: 100 mL

Saindhavam (Rock salt): 2 g

Kashaya Vasti

Ingredients

Honey: 100 mL

Saindhavam: 10 g

Sneha: Mahatiktaka Ghrita: 100 mL

Kalka (Paste): Nimbadi Churna: 30 g

Kwatha (Decoction): Nimbadi Kashaya: 300 mL

Shamana Oushadhi

- **Mahatikthaka ghritam:** 1 tsp, twice daily (BID) before food with hot water
- **Khadira arishtam:** 10 mL with water, twice daily after food
- **Kaishora guggulu:** 1 tablet, three times daily (TID) after food with hot water
- **Triphala guggulu:** 1 tablet, three times daily after food with hot water
- **Triphala choornam:** 5 g with hot water, twice daily after food

Pathya (Dietary Recommendations)

Pathya (recommended foods): *laghu anna* (light diet), food prepared with *ghrita* (ghee), *puraana dhanya* (aged grains), *mudga* (green gram), and *jangala mamsa* (meat from animals of arid regions)

Apathya (to avoid): *atiguru anna* (very heavy foods), *amla rasa* (sour-tasting foods), *dugdha* (milk), *dadhni* (curd), *aanupa mamsa* (meat from aquatic or marshy animals), *matsya* (fish), *tila* (sesame), and *guda* (jaggery)

Table I. Vyadhi Vyavachedaka Nidana

Characteristics	<i>Sidhma</i>	<i>Kitibha</i>	<i>Ekakushta</i>	<i>Carmakhya</i>
<i>Dosha</i>	<i>Vata kapha</i>	<i>Vata kapha</i>	<i>Vata kapha</i>	<i>Pitta kapha</i>
<i>Lakshana</i>	<i>Kandu, sweta tamra varna or alabu pushpa varna</i>	<i>Kandu, syava varna, parusham, kinakhara sparsham</i>	<i>Asvedanam, maha vastu, matsyasakalopamam (fish scales)</i>	<i>Bahala, Hasticarmavat, Khara sparsham</i>
<i>Sadhyasadyata</i>	<i>Krcchra saadya</i>	<i>Saadya</i>	<i>Krcchra saadya</i>	<i>Krcchra saadya</i>

Table 2. Treatment of Shodana (purificatory) and Shamana (pacifying) medicines

Days	Procedure	Medicines
1st and 2nd day	<i>Amapachana and agni deepana</i>	<i>Citrakadi vati TID with hot water</i>
3rd day to 8th day	<i>Snehapana</i> 1st day - 30 mL 2nd day - 70 mL 3rd day - 100 mL 4th day - 130 mL 5th day - 150 mL 6th day - 180 mL	<i>Maha tiktaka ghrita</i>
9th day	<i>Kapha utklesha ahara kheera, dadhi, vada, milk products, sweets, idly</i>	<i>Abyanga with Asanavilwadi tailam and nadi swedana</i>
10th day	<i>Vamana karma with one musti (of the patient's) madhana pippali given</i>	<i>Abyanga with Asana vilwadi tailam and nadi swedhana given</i>
11th to 14th days	<i>Snehapana for virechana karma</i> 1st day - 30 mL 2nd day - 70 mL 3rd day - 100 mL	<i>Maha tiktaka ghritam</i> <i>Abyanga with asana vilwadi taila and nadi swedana for 2 days</i>
15th day	<i>Virechana dravya given at 8.15 am - 30 mL tailam mixed with milk</i>	<i>Nimbamrutha eranda tailam</i>

Table 3. Planned Yoga Vasti Regimen for the Next 8 Days

Days	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day	8th Day
<i>Vasti</i>	A	A	K	A	K	A	K	A

Table 4. Drugs Name and their Indications

Drug Name	Indication
<i>Citrakadi vati</i>	<i>Dipana, pachana, grahani dosha</i>
<i>Maha tiktaka ghritam</i>	<i>Pandu, Kamala, pittaja kusta, pittahara, parisarpa, gala ganda, raktapitta</i>
<i>Nimbadi tailam</i>	<i>Sandyasthimajja gata vata, kushta, nadi vrana, hrdroga, pandu roga, vata rakta</i>
<i>Nimbaamrta eranda tailam</i>	<i>For virechana yoga</i>

Table 5. Assessment of Clinical Features Based on Gradation System

Grading	<i>Varna</i>	<i>Sraava</i>	<i>Kandu</i>	Lesion Size	Lesion Area	Lesion Thickness
00	<i>Prakruta twak varna</i>	<i>Nisrava</i>	<i>Aakandu</i>	Lesion scar	Normal	Normal
01	<i>Shyaava varna</i>	<i>Jala sannibha</i>	<i>Madyama kandu</i>	Lesion less than 1 cm	Lesion in UL and LL	Less than 5 mm

02	<i>Krishna varna</i>	<i>Puya/ rakta srava</i>	Occasional <i>kandu</i> disturbing activity	Lesion less between 1 and 3 cm	Lesions in UL, LL, abdomen, and chest	Less than 8 mm
03	<i>Krishna raktaba</i>	<i>Sarakta puya srava</i>	<i>Satata kandu</i> with <i>nidra naasha</i>	Lesion more than 3 cm	Lesions in all regions except <i>urdwa jatra marga</i>	Less than 10 mm

Table 6.Symptoms before treatment and after treatment

Lakshanas	Before Treatment	After Treatment
<i>Varnam</i>	2	1
<i>Sravam</i>	1	0
<i>Kandu</i>	2	0
Lesion size	2	1
Lesion area	3	1
Lesion thickness	1	0
Scaling	Present	Absent



Figure I. Before Treatment



Figure 2.After Treatment

Discussion

According to Ayurveda, *kitibha kushta* is a *vata-kapha pradhana kushta*. A 49-year-old male patient presented with complaints of white skin lesions covering the body, except for the face and neck, along with severe itching and skin thickening. The patient's history revealed an irregular diet, with excessive consumption of *dadhni* (curd), *matsya* (fish), *guru* (heavy foods), and *viruddha aahara* (incompatible foods). Lifestyle factors (*viharas*) like prolonged exposure to *sheetha marutha* (cold wind) and *atichinta* (excessive stress) acted as *nidanans* (causative factors), leading to *agni vikurthi* (digestive fire imbalance) and resulting in *tridosha vikurthi* (imbalance of all three doshas). This, combined with disturbances in *rasa*, *rakta*, *mamsa*, and *lasika*, caused *ahara rasa vikrutha*, ultimately leading to *vikruta rasa*, which manifests as itching (*kandu*) and burning sensation (*daaha*) all over the body, resulting in *kitibha kushta*.

The patient exhibited increased *rooksha* (dry), *khara* (rough), and *sheetha* (cold) qualities. Consequently, *vamana*, *virechana*, and *basti* were planned for *shodhana karma*.⁷ Treatment began with *ama pachana* using *chitrakadi vati* for two days to enhance *agni sandeepana karma* and loosen the doshas (*dosha shithilikaranam*). This was followed by

sneha paana with *mahatiktaka ghrita* for six days in *arohana krama* to mobilise the doshas from *shakha* (tissues) to *koshta* (digestive tract), followed by *abhyanga* (oil massage) and *swedana* (sudation therapy) for two days.

Then, *vamana* was administered using *madhanapippali*, achieving complete purification (*pravra shuddhi*) with 12 bouts. *Sneha paana* with *mahatiktaka ghrita* was given again for three days, followed by *virechana* with *nimba amruta eranda tailam*, which resulted in four bouts (*vegas*). A course of *yoga basti* was planned for eight days, consisting of five *anuvasana vasti* and three *kashaya vasti*. This led to the elimination of *vata* and *kapha doshas*. Medications with *tikta* (bitter), *snigdha* (unctuous) properties, and those with *kushtagna* (anti-skin disease) and *kandugna* (anti-itching) actions were advised for continued use. The patient was instructed to attend follow-ups every 15 days and was provided with dietary recommendations (*pathya*) and dietary restrictions (*apathya*).

Conclusion

This case study provides documented evidence of the successful treatment of *kitibha kushta* through *shodhana* and *shamana chikitsa*. *Shodhana* is highly significant in cases of *bahu dosha avastha*. Acharya Sushruta asserts

that repeated *shodhana* is particularly effective in pacifying *kushta* when accompanied by *bahu dosha avastha*. *Kushta vyadhi* generally has a tendency to recur, making it essential to practise *nidana parivarjana* alongside *chikitsa*.

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