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Ayurvedic Management of Kitibh Kushta (Guttate Psoriasis) with Special Reference to Dushi Visha: A Case Report

Chavhan K.¹, Dhepe A.², Gaur M.³

1. Associate Professor, Department of Agadtantra, Govt Ayurved College, Nagpur, Maharashtra, India
2. Post Graduate Scholar Department of Agadtantra, Govt Ayurved College, Nagpur, Maharashtra, India.
3. Assistant Professor, Department of Agadtantra, Govt Ayurved College, Nagpur, Maharashtra, India.

ABSTRACT:

Guttate psoriasis is an immune-mediated dermatological disorder that can be correlated with Kitibh Kushta in Ayurveda, which arises due to vitiation of Vata and Kapha Doshas and the influence of Dushi Visha a latent toxin formed by chronic exposure to incompatible food or incomplete metabolism. A 28-year-old male patient presenting with multiple erythematous, scaly papules over both shins and forearms was treated through a comprehensive Ayurvedic approach emphasizing Dushi Visha detoxification and Rasayana therapy. The treatment included Dushivishari Agada, Patolakaturhinyadi Kashaya, Guduchyadi Kashaya, Aragwadhadi Malahatikta Ghrita, and Eladi Taila for 60 days, with regular PASI (Psoriasis Area and Severity Index) assessment. Marked clinical improvement was noted, with a reduction in erythema, scaling, and lesion thickness, and the PASI score decreased from 3.2 to 0.8 within 30 days. This case demonstrates that Ayurvedic management focusing on Dushi Visha elimination and Rasayana therapy can effectively improve clinical outcomes and reduce disease severity in Kitibh Kushta (Guttate Psoriasis).

KEYWORDS: Kitibh Kushta, Guttate Psoriasis, Dushi Visha, Dushivishari Agada, Ayurveda, PASI.

CORRESPONDING AUTHOR:

Dr. Kalpana R. Chavhan

Associate Professor, Department of Agadtantra,
Govt Ayurved College, Nagpur, Maharashtra, India

Email - drkalpanachavhan@gmail.com Mobile no: 9422167952

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INTRODUCTION:

global population ^[1]. Guttate psoriasis is a distinct form characterized by small, erythematous, scaly papules often triggered by infections or stress ^[2]. In *Ayurveda*, it closely correlates with *Kitibh Kushta*, one of the *Kshudra Kushta*, presenting with *Kandu* (itching), *Rukshata* (dryness), and *Kharatva* (roughness) ^[3]. *Dushi Visha*, a latent toxin from incomplete metabolism or chronic exposure to incompatible food, aggravates *Doshas* and causes chronicity ^[4].

This case report highlights the Ayurvedic management of *Kitibh Kushta* focusing on *Dushi Visha* elimination, objectively evaluated using PASI ^[5].

Aim and Objectives

1. To assess clinical improvement using PASI scoring.
2. To evaluate the role of *Dushivishari Agada* and related formulations in the management of *Kitibh Kushta* (Guttate Psoriasis).

Patient Information

A 28-year-old male presented with multiple small, red, scaly lesions on both shins and forearms for nine months, associated with itching and dryness.

Personal history:

Koshta: Mridhu

Agni: Sama

Sleep: disturbed due to irritation

Physical examination:

Pulse: 70/min

Bp: 120/80mmhg

Weight: 65kg

Temperature: 98.7°F

Therapeutic Focus and Assessment

The treatment aimed to eliminate *Dushi Visha*, balance *Doshas*, and promote *Agni* (digestive fire) through *Agad Karma* (antitoxic therapy) and *Rasayana* (rejuvenation) ^[4].

Resp rate: 22/min

Ashthavidha Parikshan (eight-fold examination)

- 1) Nadi (pulse) - *Sarpagati* (~indicating predominance of *Vata*),
- 2) *Jihwa* (tongue) - *Aruna* (pinkish)
- 3) *Mala* (excreta) - *Samyak* (Normal)
- 4) *Mootra* (urine) - *Peeta* (yellow)
- 5) *Drik* (eye) - *Snigdha* (unctuousness)
- 6) *Shabda* (voice) - *Spashta* (clear)
- 7) *Sparsham* (touch) - *Ushna* (warm)
- 8) *Akruti* (body stature) - *Krusha* (slim)

Other History:

1. Previous similar episode 10 months ago.
2. Habitual intake of junk and incompatible foods (*Viruddha Ahara*).
3. Occupational stress.
4. Temporary relief with allopathic medication followed by recurrence.

Diagnosis:

Ayurvedic: *Kitibh Kushta* (*Vata-Kapha* predominant).

Modern: Guttate Psoriasis.

Clinical Findings

Multiple erythematous, scaly papules and plaques on both legs and forearms.

Moderate itching and dryness.

Routine blood and urine investigations were normal.

Baseline PASI: 3.2.

Diagnostic Assessment

Diagnosis was made clinically as Guttate Psoriasis and correlated with *Kitibh Kushta* ^[3]. The PASI score was used for objective evaluation of disease severity ^[6].

Therapeutic Step	Formulation	Dose & Duration	Purpose
Nidan Parivarjan	—	—	Avoid causative factors
Deepana-Pachana	—	—	Enhance metabolism
Agad Karma	Dushivishari Agada – 2 tabs twice daily with honey	60 days	Neutralize <i>Dushi Visha</i> [4]
Shamana Chikitsa	Patolakaturohinyadi Kashaya – 15 ml twice daily	60 days	Rakta Shodhaka, Pitta Shamaka [3]
	Guduchyadi Kashaya – 15 ml twice daily	60 days	Immunomodulatory [7]
	Aragwadhadi Malahatikta Ghrita – 10 ml daily	60 days	Internal oleation [8]
	Eladi Taila – external application	60 days	Relieves dryness and scaling [9]

Follow up and outcome:

Before Treatment	After Treatment
Day 0	Day 30
Figure 1 	Figure 2 

Observation

At baseline, the patient had multiple erythematous, scaly papules and plaques on both shins and forearms, associated with itching, dryness, and roughness. By the 15th day, erythema and itching had reduced, and scaling became minimal. By the 30th day, lesions had flattened with near-normal skin texture and color, and no new eruptions appeared. The PASI score reduced progressively from 3.2 at baseline to 2.0 on day 15 and 0.8 on day 30. At the end of 60

days, complete remission was observed without recurrence or adverse effects.

Timeline of Management

Day	Clinical Observation	PASI Score
0	Erythematous, scaly lesions with itching	3.2
15	Reduced erythema and itching	2.0
30	Minimal scaling, normal skin	0.8

PASI Score Assessment

The Psoriasis Area and Severity Index (PASI) evaluates erythema, induration, and scaling

(each scored 0–4) across four body regions, weighted by area (0–6).

The total PASI ranges from 0 (no disease) to 72 (maximum severity) [6].

Case Data:

Baseline (Day 0): PASI = 3.2

Day 15: PASI = 2.0

Day 30: PASI = 0.8

Interpretation:

The progressive reduction in PASI demonstrates objective improvement and effective management through Ayurvedic detoxification and rejuvenation [5].

DISCUSSION:

The Ayurvedic management of *Kitibh Kushta* (Guttate Psoriasis) in this case emphasized detoxification of *Dushi Visha* and restoration of the internal balance of *Doshas* through *Agad* and *Rasayana Chikitsa*. *Dushivishari Agada* served as the principal formulation, acting as an antitoxic and immunomodulatory agent, neutralizing accumulated toxins and stabilizing *Agni* (digestive and metabolic function) [4]. The choice of *Patolakaturohinyadi Kashaya* and *Guduchyadi Kashaya* targeted *Pitta* and *Kapha* vitiation while simultaneously purifying the *Rakta Dhatu* (blood tissue), which is essential in managing chronic skin disorders [3,7]. These decoctions also possess proven anti-inflammatory, hepatoprotective, and antioxidant properties, supporting systemic detoxification and improving skin health. The external application of *Eladi Taila* provided significant relief in symptoms like *Rukshata* (dryness) and *Kharatva* (roughness) by promoting local hydration and barrier repair [9]. The internal administration of *Aragwadhadi Malahatikta Ghrita* further supported *Snehana* (internal oleation) and tissue nourishment, contributing to the reduction of scaling and erythema. This combination of therapies worked synergistically to remove *Ama* (metabolic toxins), restore immune balance, and

enhance tissue regeneration. The significant reduction in PASI score from 3.2 at baseline to 0.8 within 30 days demonstrates objective clinical improvement, aligning with earlier Ayurvedic case studies on psoriasis management using similar detoxification and rejuvenation strategies [10,11]. Moreover, the absence of recurrence during follow-up suggests the sustainable effect of *Rasayana* therapy in preventing disease relapse, a key challenge in psoriasis management. The case thus supports the hypothesis that *Dushi Visha* plays a vital pathogenic role in chronic dermatoses and that its targeted management can yield effective, holistic, and sustainable results. From a contemporary perspective, the detoxification approach in Ayurveda parallels modern immunomodulatory strategies aimed at reducing oxidative stress and inflammatory cytokine activity. Herbs like *Guduchi* (*Tinospora cordifolia*) and *Patola* (*Trichosanthes dioica*) have been reported to possess cytokine-modulating and antioxidant effects, which could explain the observed improvement in skin integrity and inflammation control. Hence, Ayurvedic treatment not only addresses the external manifestations but also the internal immune dysregulation underlying psoriasis.

CONCLUSION:

The present case highlights the potential of Ayurveda in effectively managing *Kitibh Kushta* (Guttate Psoriasis) through principles of *Vishaghna* and *Rasayana Chikitsa*. The integrative approach using *Dushivishari Agada*, *Kashaya* formulations, *Ghrita*, and *Taila* demonstrated marked improvement in erythema, scaling, and lesion thickness, as objectively evidenced by a significant reduction in PASI score. This case underscores the importance of addressing the root cause of chronic skin diseases—namely, the accumulation of latent toxins and impaired metabolic function—rather

than merely suppressing symptoms. Furthermore, the sustained remission and absence of adverse effects point toward Ayurveda's capacity for safe, long-term disease control and immune modulation. Future clinical trials and biochemical studies are warranted to further validate the detoxification and *Rasayana* based approach, potentially integrating it with modern therapeutic frameworks for psoriasis management.

Consent:

Authors certify that they have obtained patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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