



## Impact of Sadyovamana and Virechana in the management of Kitibha Kushtha in co-relation to Psoriasis - A Case Report

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**Introduction:** The skin, which forms the outermost layer of the body, is its largest organ. It acts as an anatomical barrier against biological, chemical, and physical external agents. Due to environmental and lifestyle changes - such as altered work schedules that elevate stress levels and directly affect health - numerous interconnected factors contributing to skin diseases are often categorized under the term 'Kushta'. Kushta is a Kleda Pradhana Vyadhi involving all Sapta Dravyas and is considered one of the Ashta Mahagadas. If left untreated, it leads to Kutsita - characterized by vitiation and discoloration of the skin. Kitibha Kushta is classified under Kshudra Kushta and closely resembles the signs and symptoms of psoriasis.

**Aim of study:** To evaluate the effectiveness of Sadhyo vamana and Virechana karma in Kitibha Kushta (psoriasis), along with Shamana Aushadhi in terms of alleviating the symptoms and improving the quality of life of patient.

**Methodology:** A detailed study of Kitibha Kushta was conducted through a comprehensive review of Ayurvedic treatises, research journals, and electronic databases. A patient diagnosed with Kitibha Kushta was selected for the study and administered both internal and external Ayurvedic medications. The patient's response to the treatment was closely observed and documented.

**Result:** The integrated Panchakarma approach resulted in significant clinical improvement. The patient reported substantial relief in itching, scaling, and discoloration. Post-treatment signs showed restored skin texture, improved sleep, appetite, and bowel regularity.

**Discussion:** The combined use of Sadyovamana and Virechana offers an effective alternative in managing chronic skin diseases like psoriasis. The therapies helped regulate the aggravated Doshas and enhanced Agni, facilitating better absorption and metabolism.

**Keywords:** Kitibha Kushta, Ayurveda, Shodhananga Snehana, Virechana

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## Introduction

In Ayurveda, all skin conditions are broadly classified under the term *Kushta*, which is further divided into *Mahakushta* (major skin diseases) and *Kshudra Kushta* (minor skin diseases). Among the *Kshudra Kushta*, *Kitibha Kushta* presents symptoms that closely resemble those of plaque psoriasis. These symptoms include *Ruksha* (dryness), *Parushatva* (hardness), *Kinakara Sparsha* (scaly or rough texture), and *Shyava Varna* (discoloration). [1] Psoriasis is a chronic inflammatory and proliferative skin disorder with a global prevalence ranging from 0.2% to 4.8%. [2] It is characterized by erythematous plaques covered with silvery scales, commonly found on the scalp, lumbosacral region, and extensor surfaces. [3] Psoriasis is primarily driven by a T-cell-mediated immune response. Environmental, genetic, and immunological factors interact in its pathogenesis. Antigens—whether environmental, superantigens, or autoantigens—are captured by antigen-presenting cells (APCs) in the skin. These APCs migrate to lymph nodes, where they activate native T cells. The activated T cells then return to the skin and release pro-inflammatory cytokines such as interleukin-2 (IL-2) and interferon-gamma (IFN-γ), which further stimulate cytokine production, including tumour necrosis factor-alpha (TNF-α). [4] TNF-α plays a central role in promoting inflammation and driving the epidermal and vascular changes seen in psoriatic plaques. [5] According to *Acharya Charaka*, the manifestation of *Kushta* (skin diseases) involves seven key factors: *Vata*, *Pitta*, *Kapha*, *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle), and *Lasika* (lymphatic system). [6] As part of the general line of treatment (*Samanya Chikitsa*), *Charaka* emphasizes that in conditions involving *Bahudoshavastha* (excessive vitiation of doshas), *Shodhana* (purificatory therapy) should be administered to eliminate the aggravated *Doshas*. [7] In this case, since multiple skin lesions were present, *Shodhana* was chosen as the primary treatment approach.

In this case, *Sadyovamana* was performed prior to *Virechana Karma* to expel the *Ulbitakapha* (accumulated) *Kapha* and *Ama*. This helps improve absorption of *Snehana* (oleation therapy) and enhances effectiveness of *Virechana* in eliminating vitiated *Pitta*. This paper presents a case study of *Kitibha Kushta* (Plaque Psoriasis) successfully treated using *Sadyovamana* followed by *Virechana*.

## Case Report

**Patient Profile:** 24-year-old male patient presented with complaints of severe itching, dryness, of the skin on the Scalp, Abdomen, Back and both Upper and Lower limbs. The patient had been experiencing symptoms for over eight years, with periodic flare-ups following the consumption of non-vegetarian food and exposure to chemicals in agricultural work sweating.

**Symptoms:** Severe itching, dryness white powdery discharge upon scratching. The symptoms were aggravated in the morning and after chemical exposure.

**Previous Treatments:** The patient had sought allopathic treatment, which provided only temporary relief. Symptoms would subside briefly but return, with increased severity over time.

### History of present illness

A Male patient aged 24 years Professionally student presented with complaints of severe itching dryness, skin over scalp, abdomen, and both upper and lower limbs, He is suffering from these symptoms for 8 years and white powdery discharge from lesions while scratching. Itching aggravated early in the morning and, after having non veg food (chicken, Fish, Mutton Egg,). Itching and dryness during Agricultural work will increase following chemical exposure. He Then consulted doctor in local area and took treatment. For few days the lesions subsided but later it aggravated

**Past history:** No history of systemic disorders like Thyroid disorder/DM/HT

### Personal history

- Appetite - Decreased
- Bowel - Constipated
- Micturition - Regular (5times /day)
- Sleep - Disturbed due to itching
- Addiction - No
- Diet - Mixed (takes non veg food twice a week)

### General Examination

- Pallor: Absent
- Icterus: Absent
- Cyanosis: Absent

- Clubbing: Absent
- Lymph node: Not palpable
- Oedema: Absent
- BP: 110/70 mmhg
- Pulse: 78bpm
- Respiratory rate: 14/min
- Temperature: 98°F

### Ashtasthana Pariksh

1. Nadi - Kapha, Pitta
2. Mala - Vibhanda
3. Mutra - Prakruta
4. Jihva - Lipta
5. Drik - Prakruta
6. Shabdha - Prakruta
7. Sparsha - Khara Sparsha
8. Aakriti - Madhyama

### Abdomen Examination

1. Inspection
  - Hyperpigmentation scars over abdomen
  - Umbilicus is inverted.
  - Abdomen is Flat and symmetrical.
  - No visible pulsation
2. Palpation
  - No tenderness, No organomegaly.
3. Percussion
  - No abnormality detected
4. Auscultation
  - 2 – 3 bowel sounds per min

**Central Nervous System:** Patient is conscious, well oriented to time, place and person.

### Respiratory System

1. Inspection - Shape of chest bilaterally symmetrical
2. Palpation
  - Trachea central
  - Local Tenderness: Absent
  - Symmetrical chest expansion
3. Percussion - Resonant all over the lung area
4. Auscultation - Normal bronchial and vesicular sounds heard

### Cardiovascular System

1. Inspection: No scars or bruising, no visible pulsation
  2. Palpation: No abnormality detected
  3. Percussion: no abnormality detected
  4. Auscultation: - S1 S2 heard
- No added sounds/ murmurs  
Heart Rate: 78 bpm

### Integumentary System Examination

- Inspection - Bilateral Lower Limb, Upper Limb, Back, Abdomen, Lesions
- Lesions - Plaques
- Shape - Circular lesion
- Colour - Reddish, white
- Discharge - Whitish powdery discharge
- Temperature - Warm
- Texture of lesion - Rough and scaly

### Tests

- Candle grease - Positive
- Auspitz sign - Positive
- Koebner phenomenon - Positive
- Distribution of lesion - Symmetrical

### Treatment

**Table 1: First line of treatment: Deepana Pachana** (For first 3 days)

SN	Drug	Dose	Anupana
1.	Amritoatham Kashayam	3TSP -O -3TSP B/F	Ushana jala
2.	Chitrakadi Vati	1 – 0 – 1 B/F	Ushana jala

### Sadhyo Vamana

**Table 2: On the day of Sadhyo Vamana**

Procedure	Drug	Matra
Sarvanga Abhyanga	Vetpalai Taila	QS
Sarvanga Nadi Sweda		
Vamana	Madanphalyoga (Madanphal, Vacha, Yasthimadhu, Saindhav, Madhu (Yashti Madhu Kashaya, Ksheera)	Antarnakha Mushti, Matra Madanphal 5gm Vacha 3gm Yasthimadhu, 8gm Madhu 5 ml Saindhava Lavana 10gm Yashti Madhu Kashaya 3 litres Ksheera 2 litres Saindhav Jala 1liters

**Table 3: Sadhyo Vamana**

Vamana Karma		Evaluation at the end of process			
Time	Blood pressure				
6.45 A.M	110/70mmHg	Maniki Shuddhi (Measure ment)	Antiki Shuddhi (Interpret ation)	Vaigiki Shuddhi (No. of Vega)	Laingiki Shuddhi (symptoms)
7.10 A.M	120/76mmHg	Input - 4000ml Output -		Vega 5 Upa-vega 2	Lightness of the body, clear voice, proper response to external
7.40 A.M	140/70mmHg	Input - 1000ml Total Output - 5200ml	Pittantaka vamana	Vega 3 Total Vega 8 Upa vega 2	stimuli, no flatulence, no bleeding

**Paschyat Karma:**After Samyaka Vamana Lakshana, Virechanik Dhoompan was given for 5 minutes in each nostril with Vachadi Dhoom Varti. Patient had 8 Vegas and 2 Upavegas during Vaman Karma. It was Pravar Sudhhi and Pravar Bala of the patient. Liquid diet is advised to patient

**Table 4: Snehapana with Mahatiktaka Ghrita for Virechana**

SN	Day	Dose	Anupana
1.	Day 1	30 ml	Ushana Jala
2.	Day 2	60 ml	Ushana Jala
3.	Day 3	90 ml	Ushana Jala
4.	Day 4	120 ml	Ushana Jala
5.	Day 5	150 ml	Ushana Jala
6.	Day 6	180 ml	Ushana Jala
7.	Day 7	210 ml	Ushana Jala

**Table 5: External therapy during Snehapana**

Procedure	Drug
Sarvanga Dhara (Evening After the occurrence of Sneha Jeerna Lakshana)	Pancha Valakala Quath Choorana Yashti Quath Choorana Triphala Quath Choorana

During all these days, patient was advised to take hot water for drinking till Kshudha Pravritti (attainment of hunger). Only light and liquid diet was advised at that time. The symptoms of Samyak Snighdh (proper internal oleation) were observed on 6th and 7th Day.

**3 days Vishrama Kala is given:**During Vishrama Kala Sarvanga Abhyanga with Vetpalai Taila and Nadi Sweda is given.

**Virechana:** On the day of Virechana Sarvanga Abhyanga with Vetpalai Taila and Nadi Sweda was given Before administration of Virechana drug, pulse, blood pressure, temperature was recorded and at regular interval during the Pradhana Karma.

**Table 6: Virechana Aushadhi**

SN	Drug	Dose	Anupana
1.	Hirdya Virechana Leha	60gm	Ushana Jala

Following the administration of the Virechana medicine, the number of Vegas counted until the symptoms of correct purgation showed up, such as the purgation ceasing on its own, the passage of stool containing mucus in the final one or two motions, and a sensation of lightness in the body. A total of 17 Vegas were noted.

**Pashchat Karma (post procedure of dietetic indication)**

After the completion of Virechana (purgation), patient was kept on Samsarjana Krama (post procedure of dietetic indication) of considering the 'Shuddhi' as 'Madhya' type of 'Shuddhi' (moderate purification). Patient was advised to take rest and diet is advised for 5 days.

**Table 7: Shamana Aushadhi (1 Month)**

Drug	Dose	Anupana
Patola Katurihini Kashayam	3tsp - 0 - 3tsp B/F	Ushna Jala
Tab Gandhaka Rasayana	1 - 0 - 1 A/F	Ushna Jala
Mahatiktaka Ghrita	1tsp - 0 - 1tsp B/F	Ushna Jala
Cap. Puritin	1 - 0 - 1 A/F	Ushna Jala
Arogyavardhini Vati	1 - 0 - 1 A/F	Ushna Jala
Vetpalai Taila	External application	

**Table 8: Follow-up medication for 1 month**

Drug	Dose	Anupana
Pitta Rechaka Kwath	3tsp - 0 - 3tsp B/F	Ushna Jala
Tab. Arogyavardhini Vatti	1 - 0 - 1 A/F	Ushna Jala
Madhusnuhi Rasayana	1tsp - 0 - 1tsp B/F	Ushna Jala
Sarivadi Asava	3tsp - 0 - 3tsp A/F	Ushna Jala
Cap. Puritin	1 - 0 - 1 A/F	Ushna Jala
Vetpalai Taila	External application	-

**Table 9: Showing Grading - PASI Before Treatment**

Nature of	Lesion score	Bilateral Upper limb	Bilateral Lower limb	Abdomen	Back
Erythema	0 - None	3	3	3	4
Itching	1 - Slight	4	4	3	4
Scale	2 - Moderate	4	4	4	4
Dryness	3 - Severe	3	3	3	3
Total score	4 - Very severe	14	14	13	15

**Table 10: Showing Grading - PASI After Treatment**

Nature of	Lesion score	Bilateral Upper limb	Bilateral Lower limb	Abdomen	Back
Erythema	0 – None	2	2	1	3
Itching	1 – Slight	1	2	0	0
Scale	2 – Moderate	2	2	2	2
Dryness	3 – Severe	0	0	0	0
Total score	4 – Very severe	5	6	3	5

## Discussion

### Deepana and Pachana

Prior to initiating *Snehapana* (therapeutic oleation), the patient must be in a *Nirama* state. This necessitates the stimulation of *Agni* (digestive fire) and the digestion of *Ama* (toxins). Therefore, *Amapachana* was first achieved using *Deepana-Pachana* formulations such as *Amrutotharam Kashayam* and *Arogyavardhini Vati*.<sup>[8]</sup>

### Probable mode of action of Sadhyo Vamana

*Sadyovamana* is indicated only in the *Utklishta Doshavastha* and serves as an effective emergency intervention in the management of *Kaphaja Vikaras*. In such conditions, the aggravated *Kapha*-dominant *Doshas* require immediate elimination from the body. *Sadyovamana* facilitates the prompt expulsion of these vitiated *Doshas*, thereby providing rapid symptomatic relief and aiding in the resolution of the condition.<sup>[9]</sup>

### Probable mode of action of Mahatiktaka Ghrita

*Mahatiktaka Ghrita*, as described in *Ashtanga Hridaya* under *Kushta Chikitsa*, primarily consists of ghee and *Tikta Gana Dravyas*. Owing to its *Laghu* and *Ruksha* properties, it exhibits *Kandughna* (anti-pruritic), *Kleda* and *Vikrita Meda Upashoshana* (absorption of pathological exudates and fat), and *Vranashodhaka* (wound-cleansing) actions. It targets imbalanced *Pitta*, *Sweda*, *Lasika*, *Rakta*, *Meda*, *Kleda*, and *Shleshma* at both systemic and cellular levels. Its *Rasa* (*Katu*, *Tikta*, *Kashaya*, *Madhura*), *Ushna* *Veerya*, and *Katu Vipaka* enable action on *Vikrita Kleda*, *Meda*, and *Mamsa Dhatu*, aiding in detoxification and tissue repair. The lipophilic nature of ghee facilitates deeper cellular penetration, modulating keratinocyte turnover and restoring the skin's normal texture by reducing symptoms like itching, discoloration, oiliness, and abnormal sweating.<sup>[11]</sup>

### Probable mode of action of Panchavalka Kwatha Dhara

*Panchavalka Kwatha*, rich in tannins and flavonoids, exhibits antibacterial, astringent, antioxidant, anti-inflammatory, antimicrobial, and restorative properties.<sup>[12]</sup> It helps reduce oedema by liquefying accumulated toxins and exerts *Shopha* (inflammation) control through its *Kashaya Rasa*, *Ruksha*, and *Kaphahara* effects. Its *Lekhana*, *Kledahara*, *Chedana*, and *Raktashodhaka* actions further contribute to its anti-inflammatory and desensitizing effects, supporting tissue healing and detoxification.<sup>[13]</sup>

### Probable action of Bahya Snehan and Swedan

*Vetpalai Taila* is used for *Abhyanga* due to its *Tikta* and *Kashaya Rasa*, *Katu Vipaka*, and *Snigdha Guna*, which help pacify *Kapha Dosh* and alleviate dryness, roughness, and coarseness of the skin. It possesses *Kusthaghna* and *Kandughna* properties, making it beneficial in skin disorders.<sup>[14]</sup> Its *Sukshmagamitva* nature allows deeper penetration and effective absorption through minute bodily channels.<sup>[15]</sup> Additionally, it exhibits antiseptic, antifungal, anti-inflammatory, and antimicrobial activities. Thus, it proves effective in managing the present condition, especially when combined with *Sarvanga Swedana*.

### Probable action of Virechana

*Virechana* is recognized as an effective therapy for both the prevention and management of skin disorders. The drugs used possess *Vikasi*, *Vyavayi*, *Sukshma*, *Tikshna*, and *Ushna* properties, promoting deep systemic detoxification. It is especially useful in conditions like psoriasis by correcting imbalances in *Pitta*, *Rakta*, *Agni*, and *Twak*. When combined with internal medications, *Virechana Karma* serves as a potent treatment strategy for various dermatological conditions.<sup>[17]</sup>

## Conclusion

The Management of *Kitibha Kushta* (plaque psoriasis) through classical Ayurvedic *Panchakarma* therapies—*Sadyovamana* followed by *Virechana* demonstrated significant clinical efficacy in this case study. The patient, suffering from chronic symptoms for over eight years with limited relief from conventional treatments, experienced considerable improvement in itching, dryness, scaling,



And discoloration of skin following prescribed Ayurvedic regimen. The initial *Deepana-Pachana* phase ensured proper digestive function and *Ama* elimination, creating a suitable foundation for detoxification. *Sadyovamana* effectively expelled vitiated Kapha and *Ama*, reducing disease burden and enhancing body's receptiveness to *Snehapana* and *Virechana*, which subsequently cleared Pitta-related toxins. The holistic integration of internal oleation (*Mahatiktaka Ghrita*), external therapies (*Abhyanga*, *Swedana*, *Dhara*), and targeted *Virechana* therapy addressed multi-doshic involvement and deep-rooted pathology of *Kitibha Kushta*. The positive clinical outcomes - Including reduced lesion size, improved skin texture, and better systemic health - underscore relevance of individualized Ayurvedic interventions, especially in chronic dermatological conditions. This case also emphasizes importance of following classical guidelines of *Shodhana* therapy for effective disease management and long-term relief. Thus, Ayurvedic detoxification therapies offer a promising complementary approach in holistic management of psoriasis, enhancing both symptomatic relief and patient quality of life.

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**Before Treatment**





**After Treatment**

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