

CASE STUDY

Ayurvedic Management of Kitibha Kushtha (Scalp Psoriasis): A Case Report on the Efficacy of Internal Formulations, Local Applications, and Panchakarma Therapy

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ABSTRACT

Psoriasis is a chronic inflammatory skin disorder with a genetic and autoimmune basis, characterized by excessive skin cell proliferation. Scalp psoriasis, a common variant, causes significant emotional distress due to its visibility and discomfort. Despite treatment advances, both modern medicine and Ayurveda offer complementary approaches, with the latter providing promising alternatives without the side effects of allopathic treatments. This study explores the Ayurvedic treatment of scalp psoriasis, with a focus on balancing Doshas and addressing underlying pathophysiology. To evaluate the effectiveness of a comprehensive Ayurvedic treatment plan for a 23-year-old female patient with scalp psoriasis, including internal formulations, local applications, and Panchakarma therapy. The patient, presenting with scalp psoriasis symptoms such as redness, scaling, itching and dandruff was treated with an Ayurvedic regimen comprising Khadiraristha, Kaishor Guggulu, Panchtikta Ghrita, Gandhak Rasayan, Triphala Guggulu, Erandbhrusta Haritki and Nimba Taila for 15 days. A subsequent Panchakarma procedure, Takra Dhara was performed for further detoxification and symptoms management. After 15 days of treatment, significant improvement was observed in scaling, dryness, itching and redness. The patient showed complete resolution of symptoms after one month of the modified treatment plan, with no further medication required. This case demonstrates the potential of Ayurvedic therapies in managing chronic condition like scalp psoriasis, offering a holistic, symptom focused approach that targets both the root cause and the alleviation of symptoms. The combination of internal treatment and external application, supported by Panchakarma, resulted in a successful outcome, suggesting the effectiveness of integrated Ayurvedic treatment for psoriasis. Further research is recommended to explore the longterm benefits and comparative efficacy of such treatment.

Keywords: Psoriasis, Scalp psoriasis, Khadiraristha, Panchakarma, Takra Dhara.

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INTRODUCTION

Psoriasis is a chronic inflammatory skin disorder with a strong genetic predisposition and autoimmune characteristics. It occurs due to the rapid multiplication of skin cells, approximately ten times faster than normal. The prevalence of autoimmune diseases, including psoriasis, has been increasing globally. Psoriasis manifests in varying degrees, from mild to severe, and is typically characterized by asymmetrical, well-defined, silvery-white erythematous scaly plaques. While its exact cause remains unknown, factors such as bacterial or fungal infections, immune system alterations, genetic predisposition, stress, and common colds are considered potential triggers. Scalp psoriasis, a common variant, can have a significant emotional impact on patients due to its visibility and associated discomfort. The worldwide prevalence of psoriasis is approximately 2%, though this varies by region [1]. Between 45-56% of psoriasis patients also experience scalp psoriasis, and up to 90% may encounter it at some point in their lifetime [1]. The reported prevalence of psoriasis across different countries ranges from 0.09% to 11.43%. The scalp, comprising the forehead and hair-bearing regions, extends from the

supraorbital ridge in the front to the highest nuchal line at the back. It is composed of five layers: skin, subcutaneous connective tissue, galea, subaponeurotic loose areolar tissue, and pericranium. Psoriasis often affects the scalp, but due to the complexities in administering treatments to this area, managing scalp psoriasis effectively can be challenging. Therefore, improving the quality of life for patients with this condition necessitates well-structured treatment plans. Extensive research has been conducted in both modern medicine and Ayurveda regarding the etiology, pathophysiology, and treatment of psoriasis [3-5]. However, neither system has yet provided a definitive cure. While modern allopathic treatments are effective, they often come with significant side effects. Ayurveda, rooted in its unique principles of managing skin diseases under the umbrella term "*Kushtha*," offers a promising complementary approach. Skin disorders in Ayurveda are further classified based on the imbalance of *Doshas*, which guide the treatment strategies [6]. This study emphasizes the need for developing effective Ayurvedic treatment modalities for psoriasis while considering both traditional and contemporary insights.

Table 1: Dosha Involvement in the Symptoms of *Kitibha Kushtha*

S. No.	Lakshana (Clinical Feature)	Associated Dosha
1	Shyavavarna (Dark/blackish discoloration)	Vata-Kapha
2	Kina (Scaly lesions)	Kapha
3	Kharasparsha (Rough texture)	Vata
4	Kathina / Parusha (Hardness)	Vata
5	Srava (Discharge/oozing)	Kapha-Pitta
6	Ugra Kandū (Severe itching)	Kapha
7	Vritta (Circular shape)	Vata
8	Ghana (Thick/dense lesion)	Vata-Kapha
9	Snigdha Sparsha (Unctuous/oily touch)	Kapha
10	Krishnavarna (Black discoloration)	Vata

Table 2: Analysis of Dhatu *Dushti*, Srotasa *Dushti*, and Srotodushti Types in *Kitibha Kushtha*

S. No.	Lakshana	Dhatu Dushti	Srotas Involved	Type of Srotodushti
1	Shyava Varna (Dark discoloration)	Rasa, Rakta	Rasavaha, Raktavaha	Sanga
2	Kina (Scaling)	Rasa	Rasavaha	Sanga
3	Kharasparsha (Roughness)	Rasa	Rasavaha	Sanga
4	Kathina / Parusha (Hardness)	Rasa, Mamsa	Rasavaha, Mamsavaha	Vimargagamana
5	Srava (Discharge)	Rasa, Rakta	Rasavaha, Raktavaha	Sanga
6	Ugra Kandū (Severe itching)	Rasa, Mamsa	Rasavaha, Mamsavaha	Sanga
7	Vritta (Circular lesion)	Mamsa	Mamsavaha	Sanga
8	Ghana (Thick/Dense lesion)	Mamsa	Mamsavaha	Vimargagamana
9	Snigdha Sparsha (Unctuous touch)	Rasa, Mamsa	Rasavaha, Mamsavaha	Sanga
10	Krishna Varna (Black discoloration)	Rasa, Rakta	Rasavaha, Raktavaha	Sanga

Pathogenesis (*Samprapti*):

The pathogenesis (*Samprapti*) of *Kitibha Kushtha* begins with causative factors (*Nidana*) that include dietary (*Ahara*), lifestyle (*Vihara*), behavioral (*Achara*), and psychological (*Manasika*) aspects, along with a genetic predisposition (*Bijadoshaja*). These factors lead to impaired digestion (*Agnimandya*) and the aggravation of all three *Doshas* (*Tridosha Prakopa*). This sets off a chain of events marked by tissue weakening (*Dushya Shaithilya*), susceptibility in bodily channels (*Khavaigunya*), and the formation of toxins (*Ama*). The *Ama* mixes with the plasma (*Rasa Dhatu*) and spreads throughout the body (*Rasensaha Mishribhuya*), causing the vitiated *Doshas* to circulate through the body's tri-dimensional pathways (*Triyaga Sira Gamanam*) [3]. As a result, there is vitiation of tissues (*Dushya Dushti*), particularly the skin, blood, and muscle (*Twak, Rakta, and Mamsa Dhatus*), along with impairment of the channels associated with plasma, blood, muscle, and sweat (*Rasa, Rakta, Mamsa, and Sweda Vaha Srotas*). As the disease progresses, deeper tissues become involved (*Uttarotar Dhatupravesha*), leading to the manifestation of symptoms characteristic of *Kitibha Kushtha*. According to modern medical science; The pathophysiology of psoriasis starts with a trigger, such as bacterial proteins or antigens, which are processed by antigen-presenting cells (APCs) like Langerhans cells and dendritic cells. These cells travel to lymph nodes, activating T-cells, which then multiply and form memory T-cells. These memory T-cells re-enter circulation and are guided by adhesion molecules like ICAM and LAF-1 back to the site of injury or

inflammation. Here, they encounter the original antigen and release inflammatory cytokines, including TNF- α , interferon-gamma, IL-2, IL-6, and IL-8. TNF- α amplifies the cycle by promoting further T-cell proliferation and cytokine production, leading to persistent inflammation [1, 2]. This process underpins the skin changes in psoriasis, such as excessive keratinocyte growth, skin thickening, scaling, and redness. The condition is characterized by the vitiation of all three *Doshas* (*Tridoshaja*), affecting tissues like the skin (*Twak*), blood (*Rakta*), and digestive components (*Matvagnimandhyamsa*, *Lasika*). Both the digestive fire (*Jatharagni*) and tissue metabolism (*Dhatvagnimandya*) are impaired, causing blockages and irregular flow in the bodily channels (*Sroto Dushti lakshana: Sanga and Vimargagamana*). The disease follows a dangerous pathway (*Bhaya Rogamarg*), originating in the stomach (*Amashaya*) and intestines (*Pakvashaya*), and spreads through the body's three-dimensional circulatory routes (*Triyaka gami Sira*), impacting deeper tissues like the skin and blood (*Twak and Uttrottat Raktadi Dhatu*). The disease is chronic in nature (*Chirkari*), persisting and affecting various body systems.

Case Report:

A 23-year-old female student presented to the OPD with complaints of reddish-white patches on her scalp, accompanied by dandruff, scaling of the scalp skin, and itching, which have persisted for the past year. Despite seeking treatment from various allopathic doctors, she has not experienced any relief. Additionally, she reported a history of productive morning cough but has no history of diabetes, hypertension, or asthma.

1st Treatment Plan for 15 Days:

Before Food:

Khadiraristha – 2 tsp syrup + 2 tsp water thrice daily.

After Food:

1-Kaishor Guggulu – 2 tablets, thrice daily.

2-Panchtikta Ghrita – 10 ml, twice daily.

3-Gandhaka Rasayan – 2 tablets, twice daily.

4-Triphala Guggulu – 2 tablets, twice daily.

At Night:

Erandbhrusta Haritaki – 3 tablets at bedtime with lukewarm water.

Local Application:

Nimba Taila – Apply locally to affected areas of the scalp.

After 15 days of treatment, the patient experienced significant improvement in all symptoms.

2nd Treatment plan (after 15 days of medication)

Panchakarma Procedure:- *Takra Dhara* with *Takra* and *Triphala* 3gm + *Khadir* 2.5 gm + *Haridra* 3 gm + *Nimba* 3 gm mixed *churna*

After Food:

1-Kaishor Guggulu – 2 tablets, thrice daily.

2-Panchtikta Ghrita – 10 ml, twice daily.

3-Gandhaka Rasayan – 2 tablets, twice daily.

4-Triphala Guggulu – 2 tablets, twice daily.

At Night:

Erandbhrusta Haritaki – 3 tablets at bedtime with lukewarm water.

Local Application:

Nimba Taila – Apply locally to affected areas of the scalp.

After one month of treatment, the patient is completely cured and is no longer taking any medication for scalp psoriasis. She is very happy and enjoying a healthy life.

Subjective Parameters:

Shyavavarna (Blackish Discolouration)

Table 3: Shyavavarna characteristics feature and grading

Characteristics features	Grading
Nearly normal skin colour	0
Brownish red colour	1
Blackish red discolouration	2
Blackish discolouration	3

Kina (Scaling)

Table 4: Kina characteristics feature and grading

Characteristics features	Grading
No scaling	0
Mild scaling by rubbing/by itching (scaling from some lesions)	1
Moderate scaling by rubbing/by itching (from all lesions)	2
Severe scaling by rubbing/by itching (from all lesions)	3

Kharasparsha (Dryness)

Table 5: Kharasparsha characteristics feature and grading

Characteristics features	Grading
No dryness	0
Dryness with rough skin (<i>Ruksha</i>)	1
Dryness with scaling (<i>Khara</i>)	2
Dryness with cracking (<i>Parusha</i>)	3

Kathina (Hardness)

Table 6: Kathina characteristics feature and grading

Characteristics features	Grading
No hardening of skin	0
Hardness of skin but no criss-cross marking	1
Blackish red discolouration	2
Severe lichenification	3

Srava (Oozing)

Table 7: Sarva characteristics feature and grading

Characteristics features	Grading
No discharge	0
Occasional discharge after itching	1
Occasional oozing after itching	2
Excessive oozing making clothes wet	3

Kandu (Itching)

Table 8: Kandu characteristics feature and grading

Characteristics features	Grading
No itching	0
Mild itching not disturbing normal activity	1
Occasional itching disturbs normal activity	2
Itching present continuously and even disturbing sleep	3

RESULT

After 15 days of Ayurvedic treatment, including internal formulations and local applications, significant improvement was observed in the patient's symptoms of scalp psoriasis, such as scaling, dryness, itching, and redness. The subsequent *Panchakarma* procedure, *Takra Dhara*, further enhanced detoxification and symptom relief. By the end of one month, the patient achieved complete resolution of symptoms and no longer required medication.



Figure 1: patient scalp before and after treatment

DISCUSSION

The treatment plan for this patient with scalp psoriasis was designed using a combination of internal Ayurvedic formulations and local applications to address the root cause of the disease and manage the symptoms effectively [6]. The initial phase of treatment focused on balancing the aggravated *Doshas*, particularly *Vata* and *Pitta*, and purifying the blood, which is crucial in conditions like psoriasis that are marked by chronic inflammation and skin changes. *Khadiraristha* was chosen as the primary herbal formulation before food due to its well-documented efficacy in treating skin disorders like *Kushtha* (psoriasis), owing to its *Kusthaghna* (anti-psoriatic) properties. This formulation works by purifying the blood and reducing inflammation. The inclusion of *Kaishor Guggulu* after food, as recommended in the *Bhaisajya Ratnavali*, provided additional support, acting as a potent remedy for a wide range of skin diseases, promoting detoxification, and reducing the formation of toxins. Similarly, *Panchtikta Ghrita* was prescribed to balance *Vata* and *Pitta doshas*, which are often aggravated in psoriasis, while *Gandhaka Rasayan*, with its blood-purifying properties, helped further cleanse the body of toxins and reduce inflammatory markers. *Triphala Guggulu*, known for its antimicrobial properties, helped prevent infections and further facilitated the detox process [7-10]. At night, *Erandbhrusta Haritaki* was introduced to relieve constipation and regulate the digestive system, which plays a critical role in overall detoxification and the prevention of toxin buildup (*Ama*). Local application of *Nimba Taila*, with its anti-inflammatory and antimicrobial properties, targeted the scalp directly, alleviating itching and scaling while nourishing the skin and promoting healing. The oil's ability to address *Vata Rukshata* (dryness) was particularly beneficial in treating the dryness and scaling associated with psoriasis. After 15 days of treatment, significant improvement was observed in the patient's symptoms, showing the effectiveness of this integrated approach in managing chronic conditions like psoriasis. Following this, the treatment plan was modified to include *Takra Dhara*, a Panchakarma procedure, which is particularly useful in enhancing detoxification and calming the mind-body system [11-14]. The blend of *Takra*, *Triphala*, *Khadir*, *Haridra*, and *Nimba* further supported the purification process and addressed the deeper underlying imbalances. The patient experienced complete resolution of symptoms after one month of this intensified treatment. With no further need for medication, the patient was completely cured and was able to resume a healthy, active life. This case underscores the importance of Ayurvedic principles in treating chronic conditions such as psoriasis, focusing on both symptom relief and root cause correction through holistic therapies. It also highlights the potential of combining internal formulations with external treatments to provide comprehensive care and achieve lasting results.

CONCLUSION

This case demonstrates the effectiveness of an integrated Ayurvedic approach for managing chronic scalp psoriasis. The combination of internal Ayurvedic formulations, local treatments, and *Panchakarma* therapy resulted in complete symptom resolution, offering a holistic alternative to conventional treatments. Further research is recommended to explore the long-term benefits and comparative efficacy of such treatments.

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