



Case Study

A CASE REPORT ON AN AYURVEDIC APPROACH IN THE MANAGEMENT OF *KITIBHA KUSHTHA* (PSORIASIS)

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Article info

Article History:

Received: 20-08-2026

Accepted: 22-09-2026

Published: 04-10-2026

KEYWORDS:

Psoriasis, *Kitibha Kushtha*,  
*Snehapana*,  
*Virechana*,  
*Shodhana*.

ABSTRACT

Psoriasis is a chronic, immune-mediated inflammatory skin disorder characterized by well-defined erythematous plaques with silvery-white scaling and a relapsing course. Its chronicity and visible skin manifestations can significantly affect the patient's quality of life. Based on its clinical features, psoriasis can be correlated with *Kitibha Kushtha*, a *Vata-Kapha* predominant condition described in Ayurveda. *Kushtha* develops due to prolonged exposure to *Mithya ahara*, *vihara* and *viruddhahara*, along with improper alternation of hot and cold regimens and excessive intake of certain foods. As described by Acharya Vagbhata, *Kushtha* with *Bahu Dosh* should undergo repeated *Shodhana* to eliminate the morbid *Doshas*. A 50-year-old male patient presented with a 6-year history of generalized itching, dryness and scaling involving the scalp, postauricular region, neck, trunk and bilateral limbs. Examination revealed erythematous plaques with thick, dry, silvery-white scales, nail changes, and positive Auspitz and candle-grease signs. Considering the chronicity and *Bahu Dosh* involvement, treatment was planned according to Ayurvedic principles of *Shodhana* and *Shamana Chikitsa*. The patient showed considerable improvement in itching, scaling, skin lesions and also quality of life. This case suggests that an individualized Ayurvedic approach incorporating *Shodhana*, *Shamana* and supportive therapies may be beneficial in chronic psoriasis.

INTRODUCTION

Psoriasis is a chronic, immune-mediated, polygenic inflammatory disorder that primarily affects the skin and is now recognized as a systemic disease. It is characterized by well-defined erythematous plaques covered with silvery-white scales, commonly involving the extensor surfaces, scalp, and nails, and follows a chronic relapsing and remitting course.<sup>[1]</sup> The disease develops in genetically predisposed individuals, with environmental factors such as infections, trauma, psychological stress, smoking, alcohol consumption, obesity, certain medications, and hormonal or metabolic disturbances acting as important triggers.<sup>[2]</sup>

Psoriasis affects approximately 2–3% of the global population<sup>[3]</sup>, while its prevalence in India is estimated to range from 0.44% to 2.8%.<sup>[4]</sup>

It can occur at any age but most commonly presents before the age of 40 years, exhibiting a bimodal age of onset with peaks between 20–30 years and 50–60 years.<sup>[1]</sup> Beyond cutaneous manifestations, psoriasis is associated with several systemic comorbidities. Approximately 8–30% of patients develop psoriatic arthritis, and moderate-to-severe disease is associated with an increased risk of metabolic syndrome and cardiovascular disease.<sup>[5]</sup> The chronic, recurrent nature of psoriasis and its visible skin lesions significantly impair patients' quality of life<sup>[6]</sup>, highlighting the need for safe and effective long-term management.

In Ayurveda, most skin diseases are described under the broad category of *Kushtha*. Acharya Charaka describes *Kushtha* as a *Santarpanjanya Vyadhi* and a *Rakta Doshaja Vyadhi*, emphasizing the role of metabolic derangement and vitiated blood in its pathogenesis. The classical statement "*Kushtha Dirgharoganam*" signifies its chronic, recurrent, and difficult-to-treat nature.<sup>[7]</sup> The pathogenesis of *Kushtha* involves the vitiation of all three *Doshas* (*Vata*, *Pitta*, and *Kapha*) along with the involvement of *Tvak*, *Rakta*,

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<https://doi.org/10.47070/ijapr.v14i9.4376>

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*Mamsa*, and *Lasika*.<sup>[8]</sup> Depending on the predominance of the vitiated *Doshas* and the severity of tissue involvement, *Kushtha* is classified into seven *Mahakushtha* and eleven *Kshudra Kushtha*.<sup>[9]</sup> Among the *Kshudra Kushtha*, *Kitibha Kushtha* is predominantly a *Vata-Kapha* disorder<sup>[10]</sup> and exhibits clinical features closely resembling psoriasis. According to Acharya Charaka, its characteristic features include *Syava* (blackish-brown discoloration), *Kina Khara Sparsha* (rough and hard-to-touch lesions), and *Parushata* (dryness and roughness).<sup>[11]</sup> Owing to the close similarity in clinical manifestations, psoriasis has been correlated with *Kitibha Kushtha* in the present study.

According to Ayurveda, *Kushtha* develops due to the continuous indulgence in *Mithya Ahara* (improper dietary habits), *Mithya Vihara* (improper lifestyle), and *Viruddhahara* (incompatible food combinations). Classical texts also describe causative factors such as *Shitoshna Vyatyasa Mananupurvyopasevana* (improper alternation between hot and cold regimens) and excessive intake of *Kshira*, *Dadhi*, *Takra*, *Kola*, *Kulattha*, *Masha*, *Atasi*, *Kusumbha*, and other *Snigdha ahara*.<sup>[12]</sup> As mention by Acharya Vagbhata in *Kushtha*, who with *Bahu Dosha* should do repeated *Shodhana* to eliminate morbid *Doshas*.<sup>[13]</sup>

#### Patient Information

A 50-year-old male with no known comorbidities presented to our outpatient department with complaints of dry, scaly skin associated with severe itching all over the body. According to the patient, the condition began six years ago with itching and scaling over the scalp. Over the following months, the lesions gradually spread to the back of the ears, neck, trunk, and eventually involved both the upper and lower limbs.

Since the onset of the illness, he had consulted several healthcare facilities, including both allopathic and Ayurvedic practitioners. Although he experienced temporary relief with the medications, the symptoms recurred after treatment. During one course of allopathic treatment at a clinic in Alappuzha, his condition improved considerably. However, he was unable to continue the treatment due to the COVID-19 lockdown, following which the disease gradually worsened.

As the disease progressed, the skin became extremely dry, leading to painful cracks and occasional bleeding. He later underwent Ayurvedic treatment at a private hospital on an outpatient basis for about seven months but did not experience significant improvement. Owing to the persistent symptoms and their impact on his daily life, he presented to our institution for further evaluation and management.

#### Clinical Findings

##### Past history

No comorbidities

##### Drug history

Not under any medication

##### Family history

No relevant family history

##### Personal history

Bowel – Regular, once/day

Appetite – Good

Micturation – Normal

Sleep – Disturbed

Allergy – Nil

Habit – Alcohol once/month, stop since 6 years

Addiction – Smoking 7 cigarette/ day from age 22, stop since 6 years.

Occupation - Cook

Diet – Mixed

Prefer more sour, spicy food, using curd almost regularly for 5 years.

Mixed diet for 5 years preferably vegetarian.

##### General Examination

On general examination, the patient was conscious, cooperative, well oriented, and moderately built and nourished. He was afebrile, with no evidence of pallor, icterus, cyanosis, clubbing, or lymphadenopathy.

##### Systemic examination: Integumentary system

Inspection: Multiple, well-defined erythematous plaques covered with thick, dry, silvery-white scales.

Distribution of lesion– Scalp, postauricular region, neck, trunk, and bilateral upper and lower limbs (generalised).

Symmetry – Symmetrical lesions

Palpation: The lesions were dry, rough and scaly, with raised.

Candle grease sign – Positive

Auspitz sign – Positive

##### Morphology

Primary lesion – Patch

Secondary lesion – Scale

Colour – Blackish brown

Consistency – Firm, dry and hyperkeratotic.

Configuration – Multiple irregular plaques, discrete at places and confluent over large areas forming generalized plaques.

Margination – Ill-defined margins

Surface - Dry, rough, hyperkeratotic surface covered with thick adherent silvery-white scales.

**Timeline**

| Duration                    | Clinical events                                                               |
|-----------------------------|-------------------------------------------------------------------------------|
| 6 years before presentation | Itching and scaling began over the scalp.                                     |
| Following months            | Lesions gradually spread to the postauricular region, neck, trunk, and limbs. |
| Subsequent years            | Multiple allopathic and Ayurvedic consultations with temporary relief.        |
| During COVID-19 lockdown    | Discontinuation of allopathic treatment; disease worsened.                    |
| Following months            | Development of severe dryness, fissuring, and occasional bleeding.            |
| 7 months before admission   | Outpatient Ayurvedic treatment without significant improvement.               |
| 20 February 2026            | Presented to our hospital.                                                    |

**Therapeutic Intervention****Internal medications**

| Date                    | Internal Medication                                                                                                                                                                       |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20/02/2026 – 24/02/2026 | <ul style="list-style-type: none"> <li>• <i>Patoladi kashayam</i> 90ml BD B/F</li> <li>• <i>Vilvadi Gulika</i> ½ each 6 tablets</li> <li>• <i>Dushivishari Gulika</i> 1 BD A/F</li> </ul> |
| 06/04/2026 – 08/04/2026 | <ul style="list-style-type: none"> <li>• <i>Manjisthadi Kashaya</i> 15ml + 60ml water BD b/f</li> <li>• <i>Kaishora guggulu</i> 1-0-1 with <i>Manjisthadi kashaya</i></li> </ul>          |

**External therapies**

|                        |                                                     |
|------------------------|-----------------------------------------------------|
| 20/04/2026 – 4/05/2026 | Bath in water boiled with neem leaves and turmeric. |
| 29/04/2026 – 5/05/2026 | <i>Takra dhara</i> for head                         |

**Panchakarma procedures**

| 1 <sup>st</sup>                                                                                                         | 2 <sup>nd</sup>                                                                                                | 3 <sup>rd</sup>                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ➤ From 25/2/26 <i>Snehapana</i> with <i>Mahatiktakam ghrtam</i> .<br>Dose: 25ml, 50ml, 75ml, 100ml, 125ml, 150ml, 175ml | ➤ From 9/3/26 <i>Snehapana</i> with <i>Mahatiktakam ghrtam</i> .<br>Dose: 15ml, 50ml, 100ml, 150ml             | ➤ From 11/4/26 <i>Snehapana</i> with <i>Mahatiktakam ghrtam</i><br>Dose: 10ml, 30ml, 50ml, 70ml, 100ml, 125ml, 150ml                                                                                                                          |
| ➤ Self- <i>Abhyanga</i> and <i>Usnajala snana</i> for 3 days with <i>Vitpala taila</i> + <i>Durvadi tailam</i>          | ➤ Self- <i>Abhyanga</i> and <i>Usnajala snana</i> for 3 days with <i>Vitpala taila</i> + <i>Durvadi tailam</i> | ➤ Self- <i>Abhyanga</i> and <i>Usnajala snana</i> for 3 days with <i>Vitpala taila</i> + <i>Shuddha durvadi tailam</i>                                                                                                                        |
| ➤ <i>Virechana</i> on 7/3/26 with <i>Patolamooladi kashayam churnam</i> 20g<br>7 times bowel passed                     | ➤ <i>Virechana</i> on 16/3/26 with <i>Patolamooladi kashayam churnam</i> 20g<br>4 times bowel passed           | ➤ <i>Sadhya snehapana</i> with <i>Mahatiktakam ghrtam</i> for 15 ml BD along with kanji on 24/4/26<br>➤ <i>Virechana</i> on 25/4/26 with <i>Patolamooladi kashayam churnam</i> 20g after giving <i>Sadhya Sneha</i> .<br>5 times bowel passed |

**Discharge Medicine**

|            |                                                                                                                                                   |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 07/05/2026 | 1. <i>Mahatiktakam ghrtam</i> 1tsp morning<br>2. <i>Manibhadra churnam</i> 5g HS<br>3. <i>Vitpala tailam</i> + <i>Shudhadurvadi taila</i> for E/A |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

**Follow Up**

|            |                                                                                                                                                                                                                 |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10/07/2026 | 1. <i>Mahatiktakam ghrtam</i> 1tsp morning<br>2. <i>Manibhadra churnam</i> 5g HS<br>3. <i>Vitpala tailam</i> + <i>Shudhadurvadi taila</i> for E/A<br>4. <i>Aragwadhadi gana Kashaya churnam</i> for <i>Seka</i> |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Before treatment**



**After treatment**



## Follow up on 10/07/2026



## Follow up and outcome measures

The patient was followed up after completion of the treatment to assess the clinical response, sustainability of improvement, and recurrence of lesions. Outcome assessment was performed using the Psoriasis Area and Severity Index (PASI) to evaluate the extent and severity of psoriasis and the Dermatology Life Quality Index (DLQI) to assess the impact of the disease on the patient's quality of life. The assessments were recorded at baseline, at the end of treatment, and follow-up visits.

At baseline, the patient's PASI score was 42, indicating extensive and severe disease, while the DLQI score was 24, reflecting a very large impact of the disease on quality of life. Following the Ayurvedic treatment, the PASI score decreased to 7.8 and the DLQI score to 7, demonstrating marked improvement in both disease severity and quality of life. At follow-up on 10 July 2026, further improvement was observed, with a PASI score of 1.4 and DLQI score of 3.

## Outcome measurements

|            | B/T | A/T | Follow up |
|------------|-----|-----|-----------|
| PASI score | 42  | 7.8 | 1.4       |
| DLQI       | 24  | 7   | 3         |

The treatment response was therefore characterized by a substantial reduction in disease

severity and improvement in quality of life immediately following treatment, with the greatest improvement documented at the follow-up.

## DISCUSSION

The present case was a 50-year-old male with a 6-year history of generalized scaling and itching, initially involving the scalp and later extending to the postauricular region, neck, trunk and bilateral upper and lower limbs. The presence of erythematous plaques with thick, dry, silvery-white scales, nail pitting, onycholysis, subungual hyperkeratosis, positive Auspitz sign and candle-grease sign supported the diagnosis of psoriasis. From the Ayurvedic perspective, the clinical features were considered too closely resemble *Kitibha Kushtha*, particularly the predominance of *Vata* and *Kapha*, with features such as *Syavata*, *Khara Sparsha* and *Parushya*. The chronicity and recurrence of the disease were also consistent with the classical description of *Kushtha* as a chronic disorder.

*Patoladi Kashaya* was administered as its *Pitta-Kapha Shamaka*, *Raktaprasadana*, *Raktadoshahara*, *Srotas Shodhana* and *Dipana* properties were considered relevant to the *Rakta* and *Srotas* involvement. Its *Tikta Rasa*, *Laghu-Ruksha Guna* and *Shita Virya* were also considered useful in reducing

excess *Kleda* and supporting correction of the *Dosha-Dushya* imbalance.

*Bilvadi Gulika* and *Dushivishari Gulika* were administered considering the possible role of improper diet and lifestyle factors in weakening *agni* and leading to the formation of *Ama*. When *Ama* persists for a long period, it may act as a toxic factor and contribute to the chronic and recurrent nature of the disease. Therefore, they were given as supportive *Shamana* therapies due to their *Vishahara* properties.

*Manjishthadi Kashaya* was used due to its *Tikta* and mildly *Katu Rasa* and *Pitta-Kapha Shamaka* action. Its *Rakta Prasadana* and *Kushthaghna* properties were considered useful in addressing the *Rakta* involvement and also skin manifestations of *Kitibha Kushtha*.

*Kaishora Guggulu* was used here, considering its indication in *Rakta Dushti* and *Kushtha*. Its predominant *Tikta Rasa*, along with *Laghu-Ruksha Guna* and *Ushna Virya*, may support *Agni Deepana*, *Ama Pachana*, reduction of *Kleda* and also clearance of *Srotas Avrodha*. Its *Rakta Shodhaka*, *Tridosha Shamaka* and *Rasayana* properties were considered useful in addressing the underlying *Dosha-Dushya* involvement.

*Snehapana* was initially administered to prepare the patient for *Shodhana*. As described in *Ashtanga Hridaya*, that a patient suffering from *Kushtha* should initially be managed with *Snehapana*.<sup>[13]</sup> Ayurvedic principles describe *Sneha* as helping to mobilize the vitiated *Doshas* from the peripheral tissues towards the *Kostha*, thereby facilitating their subsequent elimination. *Snehapana* is also described in *Kushtha* for *Sharira Apyayana*,<sup>[14]</sup> emphasizing the importance of maintaining nourishment and strength. In this case, *Snehapana* served both as a preparatory measure for purification and as supportive therapy for maintaining *Bala*. *Acharya Sushruta* also states the importance of *Shodhana* even from the stage of *Purvarupa*.<sup>[15]</sup> Since *Shodhana* requires proper preparation of the body, *Snehapana* becomes an important step before purification.

*Mahatiktaka Ghrita* was selected for *Snehapana* and *Apyayana Chikitsa*. Its *Tikta-Kashaya Rasa*, *Laghu-Ruksha Guna* and *Ushna Virya*, together with the nourishing properties of *Ghrita*, were considered relevant to the *Vata-Kapha* involvement and the skin dryness observed in the patient. The *Sneha*, *Brimhana* and *Yogavahi* properties of *Ghrita* may support tissue nourishment and help maintain *Bala*, while its *Sukshma Srotogamitva*, *Vishahara* and *Kushthaghna* properties provide additional therapeutic rationale. Thus, its use was not limited to *snehapana* before *Virechana*, but also supported nourishment during the course of *Shodhana*.

Following adequate *Snehapana*, *Virechana* was selected as the principal *Shodhana* procedure. This was considered appropriate in view of the *Pitta* and *Rakta* involvement described in *Kushtha*. Since *Kushtha* is included among *Raktapradoshaja Vyadhi* and *Pitta* is closely associated with *Rakta*, elimination of aggravated *Pitta* through *Virechana* was considered useful for addressing the underlying *Dosha-Dushya* involvement. In the present case, *Virechana* was therefore intended to eliminate aggravated *Doshas* and support improvement of the skin manifestations.

*Patolamuladi Kashaya* was used specifically as the *Virechana Dravya*. Its predominant *Tikta-Kashaya Rasa*, *Laghu* and *Ruksha Guna*, along with its traditional *Kapha-Pitta Shamaka*, *Rasa-Rakta Shuddhikara*, *Srotas Shodhana* and *Ruksha Virechana* actions, were considered suitable for the patient's *Kapha-Pitta* and *Kleda* components. Its *Kushthaghna*, *Tvak-prasadana*, *Varnya*, *Lekhana* and *Ati-Kleda-hara* properties were also considered relevant to the chronic scaling and skin manifestations. Thus, *Patolamuladi Kashaya* played a specific role in facilitating *Shodhana* rather than being used merely as a *Shamana* medicine.

The principle of repeated *Shodhana* was applied cautiously, with due consideration of the patient's strength. Classical texts emphasize that a *Kushtha* patient with *Bahudosh* may require repeated purification, but excessive elimination can aggravate *Vata* and result in depletion of *Bala*.<sup>16</sup> Therefore, the therapeutic approach in this case aimed to achieve adequate *Dosha Shodhana* while maintaining the patient's strength through appropriate *Snehapana*, supportive measures and intervals between purification procedures.

Local supportive therapies were also incorporated. Bathing with water boiled with *Nimba* leaves and *Haridra* was used to maintain skin hygiene and provide symptomatic relief in the generalized scaly lesions. The anti-inflammatory and antimicrobial properties attributed to these drugs may have helped reduce irritation, while the warm bath could assist in softening thick scales and improving comfort.

*Takra Dhara* was administered for seven days and possesses *Vata-Kapha Shamaka* properties, which were considered suitable for the *Vata-Kapha* predominance of *Kitibha Kushtha*. The therapy may also have helped soften the scalp scales and provide symptomatic relief. Since psychological stress may contribute to exacerbation of psoriasis, the calming effect of *Shirodhara* was considered beneficial in addressing the psychological component of a chronic skin disorder. Thus, *Takra Dhara* complemented the principal *Shodhana* and *Shamana* therapies by addressing both physical discomfort and mental well-being.

**CONCLUSION**

This case suggests that a carefully planned Ayurvedic treatment approach may be helpful in managing chronic psoriasis, particularly when the condition is clinically correlated with *Kitibha Kushtha*. The treatment combined *Snehapana*, *Virechana*, *Shamana* therapy and supportive procedures such as *Takra Dhara* and *Nimba-Haridra Snana*, to reduce the aggravated Doshas and support tissue health. A marked reduction in disease severity was observed, with the PASI score decreasing from 42 at baseline to 7.8 after treatment and further to 1.4 at the follow-up; the DLQI similarly improved from 24 to 7 and then to 3. Therefore, this case provides a useful clinical perspective on the possible role of an individualized Ayurvedic approach.

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**Cite this article as:**

Damanmi Tyngkan, Haripriya vijayan, Ancy Emmanuel, Pravith NK. A Case Report on an Ayurvedic Approach in the Management of Kitibha Kushtha (Psoriasis). International Journal of Ayurveda and Pharma Research. 2026;14(9):149-155.

<https://doi.org/10.47070/ijapr.v14i9.4376>

**Source of support: Nil, Conflict of interest: None Declared**

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