

Therapeutic Role of Repeated *Shodhana* (*Virechana*) in Management of Plaque Psoriasis (*Kitibha Kushta*): A Case Report

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ABSTRACT

Psoriasis is a chronic inflammatory skin disorder characterised by well-defined erythematous plaques with silvery scales, pruritus, and pain. Hereby, the authors present a case of 49-year-old male presented with indurated plaques affecting the limbs and back for four years, diagnosed as plaque psoriasis (*Kitibha Kushta* in Ayurveda). Management involved repeated *Virechana* procedures over 31 months. Each cycle began with *Deepana-Pachana* (*Chitrakadi Vati*, *Hingwashtaka Choorna*), followed by *Snehapana* (*Tiktaka Ghrta*) and *Virechana* (*Trivrita Lehya*), along with *Samsarjana Krama* for post-purification recovery. Internal medications included *Aarogyavardhini Vati* and other supportive formulations, while external care comprised Cutisora ointment and medicated oils (*tailas*). Clinical outcomes demonstrated sustained improvement: the Psoriasis Area and Severity Index (PASI) decreased from 12.9 to 6, and the Dermatology Life Quality Index (DLQI) improved from 19 to 5. No adverse effects were reported. The decision to employ repeated *Virechana* was based on the chronicity of disease, *bahudosha avastha* (multi-dosha involvement), and initial non responsiveness to therapy. This approach resulted in progressive and sustained clinical benefit.

Keywords: Life quality index, *Panchakarma*, Psoriasis area and severity index

CASE REPORT

A 49-year-old male office worker presented to the *Kayachikitsa* Outpatient Department (OPD), KLE Ayurveda Hospital, with indurated skin lesions associated with erythema, scaling, and burning sensation over the upper and lower limbs and dorsum of the trunk. On rubbing the lesions, pinpoint bleeding was observed, consistent with the Auspitz sign [Table/Fig-1].

The patient reported no family history of similar conditions and no drug allergies. He had a known history of hypertension for six months, managed with bisoprolol fumarate (5 mg) and atorvastatin (10 mg) once daily. Four years earlier, he noticed a small reddish lesion on the right cheek that resolved spontaneously. Subsequently, similar lesions appeared on the scalp and gradually progressed to involve bilateral limbs and the dorsum of the trunk. The lesions were reddish-black, associated with dryness, itching, fine powdery scaling, and burning sensation. Severity worsened in the month before presentation, leading to psychological stress and impaired quality of life.

Before seeking Ayurvedic care, the patient had received allopathic therapy (topical and oral medications) for approximately two months, though exact prescriptions were unavailable. He also underwent homeopathic treatment without improvement. Personal history revealed weekly alcohol consumption and chronic tobacco chewing (three packets/day for 10 years). Dietary history included frequent

intake of spicy, sour, and salty foods, along with daily consumption of cold water. Occupational factors included prolonged exposure to air conditioning and sunlight during field visits. These lifestyle habits were considered contributory to disease progression. Other systemic examinations {Cardiovascular System (CVS), Respiratory System (RS), Per Abdomen (PS), Central Nervous System (CNS)} were normal.

Ashtavidha Pariksha (Eightfold Ayurvedic Examination)

- **Nadi (Pulse):** *Vata-Pittaj* type
- **Mala (Stool):** *Samyaka* (regular)
- **Mutra (Urine):** *Samyak* (normal)
- **Jivha (Tongue):** *Lipta* (coated)
- **Shabda (Voice):** *Spashta* (clear)
- **Drik (Vision):** *Prakruta* (clear)
- **Akrti (Appearance):** *Madhyam* (medium)

On examination, the patient showed irregular reddish-black plaques with a rough scaly surface, powdery discharge, positive candle-grease and Auspitz signs, and negative Koebner phenomenon [Table/Fig-2].

Based on clinical features, the condition was diagnosed as Plaque Psoriasis in modern dermatology and *Kitibha Kushta* in Ayurveda. Among Ayurvedic differentials, *Ekakushta* and *Sidhma Kushta* were



[Table/Fig-1]: Skin lesions at baseline: (a) Left lower limb; (b) Right lower limb; (c) Back region; (d) Right upper limb; (e) Left upper limb; (f) Left lower limb.

Location	Upper limb, Lower limb, Scalp, Dorsal trunk
Shape	Irregular
Size	Width- 0.5 cm-6 cm Length- 1 cm- 8 cm
Colour	Reddish Black
Border	Ill-defined
Surface	Rough, dry, scaly, powdery
Discharge	Powdery
Candle grease sign	Positive
Auspitz sign	Positive
Koebner phenomenon	Negative

[Table/Fig-2]: Examination of skin lesions.

considered but excluded due to the absence of hallmark signs such as fish-like scaling (*Matsyashakalopamam*), *Aswedana* (lack of sweating), upper trunk predominance, and coppery/white lesions. *Kitibha Kushta* was deemed most appropriate given the rough, thickened, scaly plaques with discolouration.

From the modern perspective, guttate, pustular, and erythrodermic psoriasis were excluded due to the absence of raindrop-shaped lesions, pustules, and generalised exfoliative involvement, respectively.

At initial OPD presentation, *Shamana Aushadhi* was prescribed; however, no clinical improvement was observed. Consequently,

Shodhana therapy (*Virechana*) was planned. The patient underwent five inpatient admissions for five *Virechana* procedures over the course of treatment [Table/Fig-3]. Following *Virechana*, the patient was advised a graded dietary regimen (*Samsarjana-krama*) to gradually restore digestive capacity (*Agni*) [Table/Fig-4].

The diagnosis of plaque psoriasis was supported by the presence of well-defined erythematous plaques with silvery scales and a positive Auspitz sign. Severity was objectively assessed using Psoriasis Area Severity Index (PASI) and Dermatology Life Quality Index (DLQI) scores. The patient was followed up regularly for 31 months, with monthly visits to monitor adherence, tolerance, clinical progress, and adverse events. Significant improvement was documented in both subjective and objective parameters, corroborated by photographic evidence. The long-term structured approach, combining repeated *Virechana* with OPD-based *Shamana* therapy, demonstrated sustained clinical benefit and improved quality of life [Table/Fig-5-7].

DISCUSSION

Kushta is classified in Ayurveda as a *Santarpanajanya Vyadhi* (disease due to over-nourishment) and included among the *Ashtamahagada* (eight major diseases), characterised by vitiation of *Tridoshas* and *Sapta-dhatus* [1]. Psoriasis affects 0.44-2.8% of adults in India, with a higher prevalence in males [2].

Period	Intervention	Virechana vegas	Treatment details
Baseline (0-2 months)	OPD Oral Medications	–	<i>Aarogyavardhini Vati</i> 1 TID A/F; <i>Laghusootashekhara Rasa</i> 1 TID A/F; <i>Mahamanjishtadi Kashaya</i> 10 mL TID A/F; <i>Manjishtadi Taila</i> for L/A
	<i>Virechana-I</i> (2–3 months)	13	<i>Shodhana</i> : <i>Deepana-Pachana</i> (<i>Chitrakadi Vati</i> 1 TID A/F; <i>Hingwashtaka Churna</i> 1 tsp TID B/F with lukewarm water); <i>Snehapana</i> 4 days with <i>Tiktaka Ghrita</i> (30, 70, 100, 150 mL); <i>Sarvanga Abhyanga</i> with <i>Manjishtadi Taila</i> f/b <i>Bashpa Sweda</i> (3 days); <i>Virechana</i> (<i>Trivrita Leha</i> 40 gm + <i>Mridwikadi Kashaya</i> 100 mL); <i>Samsarjana-Krama</i> 5 days. <i>Shamana</i> (post <i>sneha-jeerna kala</i>): <i>Hingwashtaka Churna</i> 1 tsp B/F (evening); <i>Chitrakadi Vati</i> 1 A/F (evening); <i>Aarogyavardhini Vati</i> 1 A/F (evening); <i>Dooshivishari Agada</i> 2 A/F (evening); <i>Mahamanjishtadi Kashaya</i> 10 mL A/F (evening). <i>Discharge Medications</i> : <i>Aarogyavardhini Vati</i> 1 TID A/F; <i>Dooshivishari Agada</i> 2 TID A/F; <i>Mahamanjishtadi Kashaya</i> 10 mL TID A/F; <i>Manjishtadi Taila</i> for L/A
3-7 months	OPD oral medications	–	Same as <i>Virechana-1</i> discharge
<i>Virechana-II</i> (7 th month)	<i>Shodhana</i>	14	<i>Deepana-Pachana</i> (<i>Chitrakadi Vati</i> 1 TID A/F; <i>Hingwashtaka Churna</i> 1 tsp TID B/F); <i>Snehapana</i> 6 days with <i>Tiktaka Ghrita</i> (30, 70, 100, 130, 150, 150 mL); SA with <i>Manjishtadi Taila</i> f/b B/S (4 days); <i>Virechana</i> (<i>Trivrita Leha</i> 40 gm + <i>Mridwikadi Kashaya</i> 100 mL); <i>Samsarjana-Krama</i> 5 days. <i>Shamana</i> : <i>Hingwashtaka Churna</i> 1 tsp B/F (evening); <i>Chitrakadi Vati</i> 1 A/F (evening); <i>Aarogyavardhini Vati</i> 1 A/F (evening); <i>Mahamanjishtadi Kashaya</i> 10 mL A/F (evening); <i>Laghusootashekhara Vati</i> 1 A/F (evening). <i>Discharge Medications</i> : <i>Aarogyavardhini Vati</i> 1 TID A/F; <i>Laghusootashekhara Rasa</i> 1 TID A/F; <i>Khadirarishta</i> + <i>Mahamanjishtadi Kashaya</i> 10 mL TID A/F; <i>Manjishtadi Taila</i> for L/A
7-12 months	OPD Oral Medications	–	Same as V-II discharge
<i>Virechana-III</i> (12 th month)	<i>Shodhana</i>	15	<i>Deepana-Pachana</i> (<i>Chitrakadi Vati</i> 1 TID A/F; <i>Hingwashtaka Churna</i> 1 tsp TID B/F); <i>Snehapana</i> 6 days with <i>Tiktaka Ghrita</i> (30, 60, 90, 130, 150, 170 mL); SA with <i>Manjishtadi Taila</i> f/b B/S (4 days); <i>Virechana</i> (<i>Trivrita Leha</i> 40+10 gm + <i>Triphala Kashaya</i> 100+50 mL); <i>Samsarjana-Krama</i> 5 days. <i>Shamana</i> : <i>Hingwashtaka Churna</i> 1 tsp B/F (evening); <i>Chitrakadi Vati</i> 1 A/F (evening); <i>Eladi Vati</i> 1 A/F (evening); <i>Dooshivishari Agada</i> 2 A/F (evening); <i>Mahamanjishtadi Kashaya</i> 10 mL A/F (evening). <i>Discharge Medications</i> : <i>Eladi Vati</i> 1 TID A/F; <i>Dooshivishari Agada</i> 1 TID A/F; <i>Mahamanjishtadi Kashaya</i> 10 mL TID A/F; <i>Cutisora Ointment</i> for L/A
12-23 months	OPD Oral Medications	–	Same as <i>Virechana 3</i> discharge.
<i>Virechana-IV</i> (23–24 months)	<i>Shodhana</i>	15	<i>Deepana-Pachana</i> (<i>Chitrakadi Vati</i> 1 TID A/F; <i>Hingwashtaka Churna</i> 1 tsp TID B/F); <i>Snehapana</i> 5 days with <i>Tiktaka Ghrita</i> (30, 60, 100, 120, 150 mL); SA with <i>Manjishtadi Taila</i> f/b B/S (4 days); <i>Virechana</i> (<i>Trivrita Leha</i> 50 gm + <i>Triphala Kashaya</i> 100+50 mL); <i>Samsarjana-Krama</i> 5 days. <i>Shamana</i> : <i>Hingwashtaka Churna</i> 1 tsp B/F (evening); <i>Chitrakadi Vati</i> 1 A/F (evening); <i>Eladi Vati</i> 1 A/F (evening); <i>Dooshivishari Agada</i> 2 A/F (evening); <i>Mahamanjishtadi Kashaya</i> 10 mL A/F (evening). <i>Discharge Medications</i> : <i>Eladi Vati</i> 1 TID A/F; <i>Dooshivishari Agada</i> 2 BID A/F; <i>Mahamanjishtadi Kashaya</i> 10 mL TID A/F; <i>Cutisora Ointment</i> for L/A
24-30 months	OPD Oral Medications	–	<i>Laghusootashekhara Rasa</i> 1 TID A/F; <i>Dooshivishari Agada</i> 1 TID A/F; <i>Mahamanjishtadi Kashaya</i> 10 mL TID A/F; <i>Cutisora Ointment</i> for L/A
<i>Virechana-V</i> (30 th month)	<i>Shodhana</i>	17	<i>Deepana-Pachana</i> (<i>Chitrakadi Vati</i> 1 TID A/F; <i>Hingwashtaka Churna</i> 1 tsp TID B/F); <i>Snehapana</i> 7 days with <i>Tiktaka Ghrita</i> (30, 60, 100, 120, 150, 170, 200 mL); SA with <i>Manjishtadi Taila</i> f/b B/S (3 days); <i>Virechana</i> (<i>Trivrita Leha</i> 40+10 gm + <i>Mridwikadi Kashaya</i> 100 mL); <i>Samsarjana-Krama</i> 5 days. <i>Shamana</i> : <i>Hingwashtaka Churna</i> 1 tsp B/F (evening); <i>Chitrakadi Vati</i> 1 A/F (evening); <i>Dooshivishari Agada</i> 1 A/F (evening); <i>Mahamanjishtadi Kashaya</i> 10 mL A/F (evening). <i>Discharge Medications</i> : <i>Eladi Vati</i> 1 TID A/F; <i>Dooshivishari Agada</i> 2 BID A/F; <i>Mahamanjishtadi Kashaya</i> 10 mL TID A/F; <i>Cutisora Ointment</i> for L/A; <i>Nalapamaradi Taila</i> for L/A

[Table/Fig-3]: Therapeutic intervention during each visit.

SA- Sarvanga abhyanga; B/S- Bashpa sweda; TID - Three times a day; B/F- Before food; A/F- After food; LA- Local application

Days	Samsarjana-krama		
	Breakfast	Lunch	Dinner
1 st day	-	-	Rice Ganji
2 nd day	Rice Ganji	Vilepi (semisolid rice)	Vilepi (semisolid rice)
3 rd day	Soft rice + Dal without spice	Soft rice + Dal without spice	Soft rice + Dal with mild spices + ghrita
4 th day	Soft rice + Dal with mild spices + ghrita	Soft rice + Dal with mild spices + ghrita	Soft rice + Dal with mild spices + ghrita
5 th day	Soft rice + Dal with mild spices + ghrita+ Roti	Soft rice + Dal with mild spices + ghrita+ Roti	Normal Diet

[Table/Fig-4]: Post-virechana dietary regimen (Samsarjana-krama).

Follow-up date	Assessment		Clinician-based assessment	Patient-based assessment
	PASI	DLQI		
Baseline (0 th month)	12.9	19	Extensive erythematous plaques with marked induration, profuse scaling and burning, over bilateral upper and lower limbs, back and mild over scalp.	Severe itching and burning, progressing rapidly and affecting daily activities; stress and social embracement.
2 nd -3 rd month	Pre-Virechana			
	12.9	19	Burning sensation mildly reduced.	Mild reduction in burning; disturbed QOL.
	Post-Virechana			
	12.6	18	No clinical changes observed.	No noticeable changes.
7 th month	Pre-Virechana			
	12.8	18	Persistent symptoms. Disease activity similar to previous visit.	Symptoms persists; severe impact on daily routine.
	Post-Virechana			
	12.5	18	Lesions persists; Mild erythema reduction over scalp.	Symptoms unchanged; Mild scalp lesions improvement.
12 th month	Pre-Virechana			
	12.6	10	Scalp lesion improvement.	Symptoms persists.
	Post-Virechana			
	12.4	10	Persistent induration; reduced scaling and erythema on scalp and upper limbs.	Improvement over scalp and arm lesions.
23 rd -24 th month	Pre-Virechana			
	10.6	7	Reduced erythema and scaling.	Reduction in burning, itching and scaling.
	Post-Virechana			
	10	7	Reduction in scaling and erythema.	Relief in burning and itching.
30 th month	Pre-Virechana			
	7.6	5	Size and induration reduced with overall improvement.	Occasional itching and burning episodes.
	Post-Virechana			
	6	5	Marked clinical improvement with minimal residual lesions, induration, erythema and scaling.	Minimal impact on QOL and improved mental-well-being. High satisfaction with long-term control.

[Table/Fig-5]: Follow-up assessment and outcome of patient.
QOL: Quality of life



[Table/Fig-6]: Skin lesions after 3rd virechana (12th month): (a) Right lower limb; (b) Left lower limb; (c) Left lower limb; (d) back region; Erythema, scaling and lesion size reduced.

Aarohana-krama until *Samyak Snigdha Lakshanas* were achieved, followed by *Sarvanga Abhyanga* with *Manjishtadi Taila* and *Bashpa Sweda* during *Vishrama Kala*. *Virechana* was then performed with *Trivrit Lehya*, supported by *Mridwikadi* and *Triphaladi Kashaya* [4]. Post-procedure, *Samsarjana-Krama* was tailored according to the degree of *Shuddhi* to restore *Agni* and *Bala*.

Clinical improvement was not evident until the third *Virechana*, reflecting the chronicity and *bahudosh*a state. Gradual improvement thereafter highlighted the therapeutic efficacy of repeated *Shodhana*, with intervals and dosage individualised according to *doshic* status, *Koshta*, and patient readiness.

Aarogyavardhini Vati (*Katuki*, containing picoside-I and kutkoside) inhibits NF- κ B signaling, reducing TNF- α and IL-6, and modulates keratinocyte hyperproliferation. *Mahamanjishtadi Kashaya*, *Dushivishari Agada*, *Eladi Vati*, and *Nalpamaradi Taila* possess anti-inflammatory, immunomodulatory, and anti-psoriatic properties. *Cutisora* ointment (*Shweta Kutaja*, *Haridra*) demonstrated inhibition of IL-17A/IL-17F cytokines and abnormal keratinocyte proliferation [4-8]. Despite risk factors such as alcohol use, tobacco chewing, and bisoprolol therapy (a known psoriasis-exacerbating agent), no hepatic dysfunction or aggravation was observed [9]. Comparison with prior reports shows variability in response timelines. Deshmukh S et al., reported more than 50% reduction in erythema, induration, and desquamation within one month of Ayurvedic therapy [10]. Nille GC et al., described erythrodermic psoriasis managed with *Shamana* therapy, achieving resolution of cutaneous and arthritic symptoms over three years [11]. Mohan V and Deva S documented improvement in symptom scores within one month following *Virechana* and *Shamana* medications [12]. In contrast, the present case demonstrated delayed but sustained improvement, highlighting the therapeutic relevance of repeated *Shodhana* in chronic, refractory psoriasis.

The major strength of this case lies in its long-term follow-up of 31 months, demonstrating sustained efficacy, adherence, and tolerability. Both subjective and objective outcomes (PASI, DLQI) improved, supporting the clinical utility of repeated *Virechana*. Photographic documentation further corroborated outcomes.

In the present case, initial *Shamana Aushadhi* did not yield improvement, leading to the adoption of *Virechana* (therapeutic purgation). Preparatory *Deepana-Pachana* with *Chitrakadi Vati* and *Hingwashtaka Churna* was given to correct *Agni* and facilitate *Ama* digestion [3]. *Snehapana* with *Tiktaka Ghrita* was administered in



[Table/Fig-7]: Skin lesions after 5th Virechana (30th Month): (a) Back region; (b) Right lower limb; (c) Left lower limb; (d) Right upper limb; (e) Left lower limb.

The limitations include the single-case design without comparator, absence of biomarker assessment, and variability in Virechana intervals. Psychological impact was indirectly assessed via DLQI, but no dedicated psychometric tools were applied. Additionally, one intermediate follow-up lacked complete photographic documentation, limiting serial visual analysis. Overall, the present case underscores the therapeutic significance of repeated *Shodhana* (Virechana) in chronic, non responding psoriasis, aligning classical Ayurvedic principles with modern clinical outcomes. It highlights the potential of integrative approaches in conditions where conventional therapies show limited efficacy.

CONCLUSION(S)

The therapeutic potential of Virechana was demonstrated in this chronic, non responding, *bahudoshic* state of *Kitibha Kushta* (plaque psoriasis). By addressing severe *dosha* and *dhatu dushti*, repeated *Shodhana* procedures achieved sustained improvement over a 31-month period, with good tolerance and no adverse events. The present case highlights that even in long-standing, refractory presentations of *Kushta*, the classical principle of repeated *Shodhana* can provide favourable outcomes. However, validation through larger, controlled clinical studies is essential to establish its broader applicability.

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