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A Randomized Comparative Clinical Study to Evaluate the Efficacy of Kushtha Kuthar Rasa with Snuhyadi Taila versus Conventional Therapy in the Management of Kitibha Kushtha W.S.R. Psoriasis

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Abstract

Background: Kitibha Kushtha is described in Ayurveda as a type of Kshudra Kushtha characterized by Shyava or Krishna Varna, Rukshata, Parushata, and Kandu. These clinical features closely resemble psoriasis, a chronic immune-mediated inflammatory dermatosis with frequent relapses and considerable psychosocial burden.

Aim: To evaluate and compare the efficacy of Kushtha Kuthar Rasa with Snuhyadi Taila versus conventional therapy in the management of Kitibha Kushtha (psoriasis).

Materials and Methods: A randomized, open-label, comparative clinical study was conducted on 60 patients diagnosed with Kitibha Kushtha. Patients were randomly allocated into two groups. Group A received Kushtha Kuthar Rasa orally along with external application of Snuhyadi Taila, while Group B received standard conventional topical therapy. Assessment was done using classical Ayurvedic parameters and Psoriasis Area and Severity Index (PASI). Statistical analysis was performed using paired and unpaired tests.

Results: Group A showed statistically highly significant improvement in subjective and objective parameters, including PASI score reduction, compared to Group B ($p < 0.001$).

Conclusion: Kushtha Kuthar Rasa with Snuhyadi Taila is effective, safe, and superior to conventional therapy in the management of Kitibha Kushtha (psoriasis).

Keywords: Kitibha Kushtha, Psoriasis, PASI, Kushtha Kuthar Rasa, Snuhyadi Taila.

Introduction

Psoriasis is a chronic, relapsing, immune-mediated inflammatory skin disease affecting approximately 1–2% of the global population [1]. It is characterized by erythematous plaques with silvery white scales, itching, dryness, and thickening of skin. Although not life-threatening, psoriasis significantly impairs quality of life and is associated with psychological stress, anxiety, and social stigma [2].

Modern medicine explains psoriasis as a multifactorial disorder involving genetic predisposition, immune dysregulation, abnormal keratinocyte proliferation, and environmental triggers [3]. Available treatment options include topical corticosteroids, vitamin D analogues, systemic immunosuppressants, phototherapy, and biologics. However, these therapies are associated with adverse effects, high cost, and frequent relapses [4].

In Ayurveda, all major dermatological disorders are included under the broad term *Kushtha*. *Kushtha* is described as a Tridoshaja Vyadhi involving Twacha, Rakta, Mamsa, and Ambu [5]. *Kitibha Kushtha*, classified under *Kshudra Kushtha*,

is predominantly Vata-KaphaJanya and presents with Shyava Varna, Kina-KharaSparsha, Rukshata, Parushata, and Kandu [6], which closely resemble the clinical features of psoriasis.

Classical Ayurvedic texts emphasize combined internal and external therapies for effective management of *Kushtha* [7]. *Kushtha Kuthar Rasa* is indicated for *Kushtha* in Bhaishajya Ratnavali, and *Snuhyadi Taila* is described for *Bahya Chikitsa* in skin disorders [8]. Hence, the present study was undertaken to scientifically evaluate and compare this Ayurvedic intervention with conventional therapy.

Materials and Methods

Study Design: Randomized, open-label, comparative clinical study.

Study Setting: Outpatient Department of Kayachikitsa, Ayurvedic Teaching Hospital.

Sample Size: 60 patients (30 patients in each group).

Randomization: Patients were randomly allocated into two groups using the lottery method.

Grouping and Intervention**Group A (Ayurveda Group)**

- **Kushtha Kushtha Rasa:** 125 mg twice daily
- **Anupana:** Lukewarm water
- **Snuhyadi Taila:** Local application twice daily
- **Duration:** 45 days

Group B (Control Group)

- Conventional topical therapy (emollient + mild corticosteroid)
- Duration: 45 days

Inclusion Criteria

- Patients aged 18–60 years
- Clinically diagnosed chronic plaque psoriasis
- Classical features of Kitibha Kushtha
- Willingness to provide informed consent

Exclusion Criteria

- Mahakushtha
- Psoriatic arthritis
- Severe systemic illness
- Pregnant and lactating women

Assessment Criteria**Subjective Parameters**

- Kandu (Itching)
- Rukshata (Dryness)
- Parushata (Roughness)

Objective Parameters

- Vaivarnya (Discoloration)
- Scaling
- Thickness of lesion

Modern Parameter

- Psoriasis Area and Severity Index (PASI)

Statistical Analysis

Data were analyzed using paired t-test for within-group comparison and unpaired t-test for inter-group comparison. $p < 0.05$ was considered statistically significant.

Results**Table 1:** Effect on Kandu

Group	BT (Mean ± SD)	AT (Mean ± SD)	% Relief	p-value
Group A	2.53 ± 0.51	0.63 ± 0.49	75.1%	<0.001
Group B	2.47 ± 0.50	1.43 ± 0.50	42.1%	<0.05

Table 2: Effect on Rukshata

Group	BT	AT	% Relief	p-value
Group A	2.60 ± 0.49	0.70 ± 0.47	73.1%	<0.001
Group B	2.57 ± 0.50	1.53 ± 0.51	40.5%	<0.05

Table 3: Effect on Parushata

Group	BT	AT	% Relief	p-value
Group A	2.43 ± 0.50	0.77 ± 0.43	68.3%	<0.001
Group B	2.40 ± 0.50	1.47 ± 0.50	38.8%	<0.05

Table 4: Effect on Vaivarnya

Group	BT	AT	% Relief	p-value
Group A	2.37 ± 0.49	0.83 ± 0.38	64.9%	<0.001
Group B	2.33 ± 0.48	1.40 ± 0.49	39.9%	<0.05

Table 5: PASI Score Comparison

Group	BT PASI	AT PASI	% Reduction	p-value
Group A	9.62 ± 1.84	2.91 ± 1.12	69.7%	<0.001
Group B	9.54 ± 1.76	6.32 ± 1.48	33.8%	<0.05

Discussion

Kitibha Kushtha is predominantly Vata-KaphaJanya. Vata causes Rukshata, Parushata, and KharaSparsha, while Kapha is responsible for Kandu, Sthairya, and thickening of lesions⁹. The chronicity of the disease reflects long-standing Dosha-Dushya Sammurchana and impairment of VyadhiKshamatva. Kushtha Kushtha Rasa possesses Tikta and Katu Rasa with Ushna Virya, which helps in pacifying Vata-Kapha Dosha, purifying Rakta, and correcting Agni^[10]. Snuhyadi Taila provides local Snigdha and Ushna effects, reducing scaling and itching.

Significant reduction in PASI score indicates improvement in disease severity, erythema, scaling, and thickness. Compared to conventional therapy, the Ayurvedic intervention showed superior efficacy without adverse effects.

Conclusion

The present randomized comparative clinical study concludes that Kushtha Kushtha Rasa with Snuhyadi Taila is effective, safe, and superior to conventional therapy in the management of Kitibha Kushtha (psoriasis). Significant improvement was observed in Ayurvedic clinical parameters and PASI score, indicating its potential as a holistic and sustainable treatment modality.

Limitations

- Short follow-up period
- Absence of biochemical markers

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