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SAMPRAPTI BHANGA OF STHANIKA CHIKITSA IN AYURVEDA ON KANDU IN KITIBHA KUSHTA (PSORIASIS): A COMPREHENSIVE REVIEW

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ABSTRACT

Kandu in *Kitibha Kushta* are among the most clinically significant skin disorders described in Ayurveda, and their close correlation with pruritic psoriatic lesions makes them highly relevant in present-day dermatology. *Kitibha Kushta* is classically described by *Shyava varna*, *Kharatva*, *Parushata*, *Rukshata*, and *Kandu*, while psoriasis manifests with chronic scaly plaques, dryness, pruritus, and recurrent inflammation. The pathogenesis of *Kitibha Kushta* involves vitiation of *Tridosha* with specific predominance of Vata and Kapha, along with contamination of *Twak*, *Rakta*, *Mamsa*, and *Lasika*. *Kandu* is chiefly associated with *Kapha*, but in chronic lesions Vata and Pitta also contribute to dryness, burning, and persistence. *Sthanika Chikitsa*, especially *Bahya Parimarjana* procedures such as *Lepa*, *Pralepa*, *Avachurna*, *Abhyanga*, *Parisheka*, and local cleansing therapies, acts directly at the lesion site and can interrupt the disease process by reducing *Kleda*, pacifying Doshas, improving local tissue metabolism, and restoring *Twak Dhatu* function. This review explores the classical basis of *Kitibha* and *Kandu*, the concept of *samprapti*, and the role of *sthanika chikitsa* in *samprapti* bhanga. The available classical and contemporary literature suggests that external therapies are not merely symptomatic measures but can be understood as disease-interrupting interventions acting at the stage of *Sthanasamshraya* and *Vyakti.*

KEYWORDS- *Kandu, Kitibha Kushta, Psoriasis, Sthanika Chikitsa, Samprapti Bhanga, Bahya Parimarjana.*

INTRODUCTION

Skin disorders under *Kushta* are chronic, recurrent, and difficult to manage, both physically and psychologically. *Kitibha Kushta* is a classical *Kshudra Kushta* that resembles psoriasis in many clinical features, particularly roughness, dryness, scaling, discoloration, hardness, and itching. *Kandu* is not only a distressing symptom but also a perpetuating factor because scratching worsens the lesion and sustains inflammation. In this setting, local treatment becomes especially important because the disease is visible and accessible on the *Twak.* Therefore, *Sthanika Chikitsa* is a rational approach for interrupting the local disease process in *Kitibha Kushta*.

MATERIAL AND METHODS

This review is based on classical Ayurvedic texts, selected commentaries, and recent publications related to *Kushta, Kandu, Kitibha, Bahya Parimarjana Chikitsa*, and psoriasis. The concepts were interpreted in relation to *samprapti* and *samprapti bhanga*, with special emphasis on localized external therapies. Literature describing topical Ayurvedic management of *Kitibha Kushta* and psoriasis was also reviewed to support the discussion. The findings were organized thematically under disease process, local treatment, and probable mechanisms of action.

Review of Literature

Charaka describes *Kushta* as a *Tridoshaja* disorder involving seven morbid factors, namely *Tridosha* and the four *dushyas Twak, Rakta, Mamsa*, and *Lasika*. *Sushruta* also emphasizes the role of *doshic* vitiation and tissue contamination in the genesis of skin disease. *Kitibha Kushta* is classically characterized by *Shyava* or *Snigdha Krishna color, Kharatva, Parushata, Rukshata,* and severe Kandu. Contemporary reports of *Kitibha Kushta* and psoriasis similarly describe rough, dry, itchy, scaly lesions with chronic relapsing behaviour.

Kandu is described in Ayurveda as a symptom mainly due to Kapha vitiation, but in chronic skin disease it is usually associated with combined *Kapha-Vata* or *Kapha-Pitta* involvement. Vata causes dryness, roughness, and persistence, while Pitta may contribute to inflammation or burning. This makes *Kandu* in *Kitibha Kushta* a symptom of deeper local derangement rather than a simple itch phenomenon. Hence, therapies that reduce moisture, inflammation, and local obstruction are clinically useful.

Samprapti

The *samprapti* of *Kitibha Kushta* usually begins with *Nidana* such as *Mithya Ahara*, inappropriate Vihara, stress, irregular habits, and intake of foods that aggravate *Kapha* and *Vata*. These factors disturb *Dosha* balance and contaminate *Rasa, Rakta, Mamsa*, and *Lasika*, eventually lodging in Twak and producing visible lesions. The classical signs of *Kharatva, Rukshata, Shyavata*, and *Kandu* indicate that the pathology has progressed from *dosha prakopa* to *Sthanasamshraya* and then to *Vyakti*. In chronic disease, repeated scratching further damages the skin barrier and perpetuates the cycle.

From the psoriatic correlation, this can be related to altered skin turnover, inflammation, hyperkeratosis, dryness, and pruritus. In Ayurvedic terms, the local pathology reflects disturbed *Twak, Rakta*, and *Srotas* function with persistent *Kleda* and poor tissue nourishment. Once this local vicious cycle becomes established, only internal measures may be insufficient unless local treatment is added. This is where *Sthanika Chikitsa* gains special importance.

Samprapti Bhanga

Samprapti bhanga means interruption of the disease chain at one or more stages so that progression stops and tissue balance begins to return. In *Kitibha Kushta* with *Kandu, Sthanika Chikitsa* works mainly at the stage of *Sthanasamshraya* and *Vyakti* by reducing itching, drying excess moisture, removing scales, and calming inflammation. It can also improve local absorption of medicinal substances through the *Twak* and appendages. Thus, external treatment functions as a genuine *samprapti-bhanga* measure rather than only a cosmetic or supportive intervention.

The practical effect of *samprapti bhanga* through *Sthanika Chikitsa* can be understood through *Kleda Shoshana, Kandughna* action, *Vata-Kapha shamana, Rakta Prasadana*, and *Twak Prasadana*. By reducing *Kandu*, these therapies also break the itch-scratch cycle, which is a major factor in aggravating chronic lesions. The reduction of surface irritation and scaling allows healing of the lesion and prevents further trauma. Therefore, local treatment interrupts both the symptom and the sustaining mechanism of disease.

Sthanika Chikitsa

The main forms of *Sthanika Chikitsa* used in skin disorders include *Lepa, Pralepa, Avachurna, Udvartana, Abhyanga, Parisheka*, and local washing with herbal decoctions. *Lepa* is especially significant because it allows direct application of drugs to the diseased site. Depending on the *dosha* predominance, the physician may select cooling, drying, penetrating, or soothing formulations. This flexibility makes external therapy highly individualized in *Kitibha Kushta.*

Classical and later formulations often contain *Tikta, Kashaya*, and *Katu dravyas* such as *Haridra, Daruharidra, Nimba, Manjistha, Gandhaka*, and *Karanja.* These substances are used for their *Kushtaghna, Kandughna, Rakta-prasadana*, and *Twachya* properties. In psoriasis-like disease, they are especially useful where scaling, itching, and discoloration are prominent. Properly prepared with suitable *Anupana*, these drugs may act more effectively on superficial pathology.

Abhyanga is useful where dryness and roughness dominate, while *Parisheka* or washing may be useful when there is irritation or local heat. *Pralepa* and *Avachurna* are suited for lesions with scaling and *Kleda*. Thus, *Sthanika Chikitsa* is not a single procedure but a set of local interventions selected according to the clinical state of the lesion. This approach reflects classical Ayurvedic precision in treatment planning.

Probable Mechanisms

From a modern perspective, external Ayurvedic therapies may work through local anti-inflammatory, antipruritic, keratolytic, antimicrobial, and barrier-restoring effects. Semisolid or oil-based preparations may improve drug penetration through the skin and enhance local action. By reducing inflammation and scale formation, these therapies can improve comfort and lesion appearance. These effects align closely with the Ayurvedic concepts of *Twak Prasadana* and *Kleda Shoshana*.

The itch-scratch cycle is a major perpetuating factor in chronic skin disease. When local therapy reduces itching, it indirectly prevents further trauma and inflammation. This is especially important in psoriasis, where repeated mechanical irritation can worsen plaques and prolong disease activity. Therefore, the local strategy serves both symptomatic relief and disease stabilization.

DISCUSSION

Kandu in *Kitibha Kushta* should be viewed as a manifestation of deeper local disturbance rather than a standalone symptom. If only symptomatic relief is attempted without addressing *Kleda, Dosha*, and local tissue imbalance, recurrence is common. Classical Ayurveda therefore supports the combination of *Nidana Parivarjana*, internal *Shamana, Shodhana* when indicated, and *Sthanika Chikitsa.* This integrative

strategy is more faithful to classical logic than isolated topical use.

This *review suggests that samprapti bhanga through Sthanika Chikitsa* occurs at multiple levels. At one level it cleanses the lesion and reduces local irritation; at another, it pacifies Doshas and improves tissue status; and at a deeper level it reduces recurrence by interrupting the local pathological cycle. That is why external therapies occupy a central place in *Kushta* management. The approach is particularly relevant for visible, chronic, and psychologically burdensome lesions.

From a practical academic standpoint, it is useful to present *Sthanika Chikitsa* as a disease-modifying intervention in *Kitibha Kushta* rather than as a mere adjunct. This framing helps connect Ayurvedic concepts with the realities of chronic dermatology. It also strengthens the clinical relevance of external therapies in exam writing, article preparation, and patient-oriented discussion. The concept of *samprapti bhanga* provides a strong theoretical base for such a presentation.

CONCLUSION

Kandu and Kitibha Kushta are chronic skin disorders in which local symptoms reflect systemic and tissue-level imbalance. *Sthanika Chikitsa*, especially *Lepa* and related *Bahya Parimarjana* measures, can interrupt the *samprapti* at the stage of *Sthanasamshraya* and *Vyakti* by reducing *Kleda*, pacifying Doshas, relieving *Kandu*, and improving *Twak* health. Therefore, it should be recognized as a classical *samprapti-bhanga* strategy in Ayurvedic management of psoriasis-like disease. A combined approach of *Nidana Parivarjana*, internal therapy, *Shodhana* when indicated, and judicious *Sthanika Chikitsa* offers the most comprehensive care.

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