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## Clinical Management of *Kitibha Kushta* (Palmo-Plantar Psoriasis) - A Case Study

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### ABSTRACT

*Kitibha Kushta* is one among *Kshudra Kushta* that manifests due to *Vata Kapha Pradhana Tridosha Dushti* and considered analogs with psoriasis. Psoriasis is a common, chronic, non-communicable, disfiguring skin disease. Palmo-plantar psoriasis is a variant in psoriasis that typically affects the skin of palms and soles. This is a case report of a male patient aged 37 years presenting with *Lakshanas Shyava, Parusha, Kinakhara-Sparasha, Ugra Kandū, Rukshata, Asita, Krishna Varna, Ghana* diagnosed as *Kitibha Kushta* w.s.r to Palmo-plantar psoriasis. Case was managed with *Deepana Pachana, Arohana Krama Snehapana, Abhyanga* and *Svedana* during *Vishrama Kala, Virechana, Samsarjana Krama*, followed by *Shamana Aushadi* such as immersion of hand and foot in *Dashamoola Qwatha*, external application of *Suryapakithaila*, internal administration of *Mahamanjishtadi Qwatha, Panchatikthaka Kashaya, Gandhaka Rasayana, Arogyavardhini Rasa, Kaishora guggulu, Kumarabharana Rasa, Pancha Tiktha Guggulu Gritha, Eranda Taila Brustha Haritaki Churna* for 48 days. With the above ayurveda management on 66<sup>th</sup> day, all above manifested *Lakshanas* completely disappeared. Thereby *Kitibha Kushta* w.s.r Palmo-Plantar Psoriasis was successfully managed by *Ayurveda* line of management.

### KEYWORDS

*Kitibha Kushta, Management, Palmo-plantar psoriasis*



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## INTRODUCTION

*Kitibha Kushta* is one among *Kshudra Kushta* mentioned by *Charaka Acharya*, manifests due to *Vata Kapha Pradhana Tridosha Dushti*<sup>1</sup>. Pathogenesis gets initiated by repeated indulgence in *Mithya/Virudha Ahara* and *Vihara* that afflicts *Tridosha* further resulting in *Shaithilyata* of *Twak, Rakta, Mamsa, Ambu, Lasika* considered as *Sapta Dravya Samgraha*<sup>2</sup>. *Prakupita Vata* along with *Kapha* and *Pitta* take *Sthanasamshraya* in *Twak* leading to manifestation of *Lakshanas* like *Shyava Varna, Parusha, Kina-Khara Sparsha* mentioned by *Charaka*<sup>3</sup>. *Acharya Bhela* mentions *Lakshanas* alike *Charaka* except *Shayava Varna*. Further *Acharya Bhela* mentions few more *Lakshanas* like *Ruksha, Asita, Drudha, Kandu and Srava*<sup>4</sup>.

Psoriasis is a common, disfiguring and disabling chronic inflammatory skin disorder with clearly unknown etiology, but clinically characterized by well circumscribed erythematous dry plaques of various sizes covered with micaceous scales<sup>5</sup>. Moreover, psoriasis affects mental health in people suffering from this disease due to social stigma.

Palmo-plantar psoriasis is a variant in psoriasis that typically affects the skin of palms and soles. A chronic condition that presents with hyperkeratosis, pustular or

mixed morphologies and produce major functional disability with extensive deterioration in quality of life. Clinicians assess the severity of the disease, taking into account the degree of scaling, redness, thickness of skin lesions.

Accurate cause is unknown and it is assumed that combination of genetic and environmental factors could act as a prime reason. Genetic factor includes HLA Cw6 and Environmental triggering factors includes smoking, exposure to irritants and repeated trauma<sup>6</sup>. Sporadically, anti-tumor necrosis factor-alpha agents have been shown to induce palmo-plantar lesions. It affects individual of all ages with an average age of onset being 20years to 60years. Gender specificity is indistinct in palmo-plantar psoriasis.

Though mechanism of development of pathology involves abnormal and excessive growth of epidermal layer of skin and abnormal production of skin cells results from sequence of pathological events. Skin cells are replaced within 3 to 5 days rather than usual 28 to 30 days<sup>7</sup>. Psoriasis is diagnosed based on clinical examination specifically candle grease sign, koebner's phenomenon, auspitz sign.

Hence it can be stated that signs and symptoms of palmo-plantar psoriasis has similarity with *Lakshana* of *Kitibha Kushta* mentioned by *Acharya Charaka* and *Bhela*.

### Patient information- Presenting History

An unmarried adult male aged 37 years was apparently healthy 6 months back, gradually developed itching sensation and redness on both palm. Later developed dry, blackish lesion on both palms. History reveals, he had hyperhydrosis since childhood but noticed reduction in the symptom once the lesion appeared. He was non-hypertensive and non-diabetic. His profession involved sitting in air conditioned office and use of computer and belong to upper middle class socio-economic status. Patient indulged in irregular food intake and had habit of consuming junk food, soft drinks, more non vegetarian food, frequent tea, irregular

sleep, continuous stressful work stretching to late night. He consulted and found no relief from other system of medicine. Further noticed increase in severity of symptoms with itching sensation aggravating at the end of the day. Patient observed skin on the palm getting roughened and dry grayish-black lesions began to spread to all digits with increase in severity of itching in a period of 2 weeks with a progressive course. Thereafter, symptoms aggravated severely and found to interfere with social and personal life. *Lakshana of Kitibha Kushta* mentioned by various *Acharyas* and those manifested in patients are enlisted in Table 1.

**Table 1** *Lakshana of Kitibha Kushta* mentioned by various *Acharyas* and observation in patient (marked as: (+) mentioned, (-) not mentioned)

<i>Lakshana</i> (Signs and symptoms)	English Translation	Mentioned by			Observed in patient
		<i>Acharya Charaka</i>	<i>Acharaya Bhela</i>	<i>Acharya Susruta</i> <sup>8</sup>	
<i>Shyavam</i>	Blackish brown	+	+	-	Present
<i>Parusha</i>	Rough	+	+	-	Present
<i>Kinaghara sparsha</i>	Corn like rough or scar like	+	+	-	Present
<i>Ugrakandu</i>	Severe itching	-	+	+	Present
<i>Ruksha</i>	Dry	-	+	-	Present
<i>Asita</i>	Black	-	+	-	Present
<i>Drudha</i>	Hard and fixed	-	+	-	Present
<i>Sravayukta</i>	Discharge	-	+	+	Absent
<i>Krishna varna</i>	Blackish discoloration	-	-	+	Present
<i>Snigdha</i>	Unctuous	-	-	+	Absent
<i>Ghana</i>	Dense	-	-	+	Present

### Clinical findings -

No relevant contributory family history was found. On examination patient presented

with lesion being localized to palm, multiple in number with a symmetrical and bilateral distribution along with coalescing

arrangement. Lesions were rough on superficial palpation and firm on deep palpation. Type of lesion was raised solid lesion with plaque formation and fissure under broken surface. Surface was

hyperkeratotic and scaly. Grayish-black lesion exhibited poorly defined border with an irregular shape and a positive candle grease test. Assessment was done based on criteria mentioned in Table 2.

**Table 2** Assessment criteria

S. No	Sypmtoms	Presentation / Manifestation	Grading
1	<i>Shyava / Asita / Krishna Varna</i>	Normal skin colour	0
		Light black	1
		Brownish black	2
		Black	3
2	<i>Parusha</i>	Normal skin texture	0
		Mild roughness	1
		Moderate roughness	2
		Severe roughness leading to itching	3
3	<i>Kinakhara Sparsha</i>	No scaling and normal skin	0
		Occasional scaling over few lesion	1
		Moderate scaling- thick and non tenacious scale	2
		Severe scaling and tenacious scale	3
4	<i>Ugra kandu</i>	No itching	0
		Mild itching – itching at the time of rest	1
		Moderate itching – occasional itching but not disturbing daily activities	2
		Severe itching disturbing daily activities without disturbing sleep	3
		Severe itching disturbing daily activities and disturbing sleep	4
5	<i>Ruksha</i>	Normal skin texture	0
		Mild <i>Rukshata</i> – lines appear on stroking over skin by nail or blunt objects	1
		Moderate <i>Rukshata</i> – Dry skin leading to <i>Kandu</i>	2
		Severe <i>Rukshata</i> – Dry skin leading to crack formation	3
6	<i>Drudha</i>	Hard fixed lesion – Absent	0
		Hard fixed lesion – Present	1
7	<i>Sravayukta</i>	No <i>Sraava</i>	0
		Mild <i>Sraava</i>	1
		Moderate <i>Sraava</i>	2
		Excessive <i>Sraava</i>	3
8	<i>Snigdha</i>	No <i>Snigdhata</i> - Skin is dry and on stroking over skin with nails or blunt objects white line appear.	0
		Unctous skin and lines donot sustain after stroking the skin with blunt objects or nails.	1
9	<i>Ghana</i>	Epidermal thickening absent- normal skin	0
		Mild thickening	1
		Moderate thickening	2
		Severe thickening	3
10	Candle grease test	Absent	0
		Present	1
11	Auspitz sign	Absent	0
		Present	1
12	Koebner's phenomena	Absent	0
		Present	1

**Management principle:** *Deepana pachana Chikitsa, Shodhana chikitsa, samsarjana krama* as shown in Table 3

followed by *Shamana chikitsa* with shamana oushadhi and its compositions enlisted in Table 4.

**Table 3** Management schedule and medicines

DATE	MEDICINE
21-02-19 to 25-02-19	<b>Deepana-Pachana</b> <i>Panchakola Choorna</i> 4gm tds and <i>Chitrakadi Vati</i> <sup>9</sup> one tablet tds with warm water after food.
26-02-19 to 02-03-19	<b>Shodhana Purvakarma</b> : <i>Arohana krama snehapana</i> with <i>Pancha Tikta Guggulu Ghrita</i> <sup>10</sup>
	26-02-19 30ml
	27-02-19 60ml
	28-02-19 90ml
	01-03-19 120ml
	02-03-19 150ml
03-03-19 to 05-03-19	<b>Vishrama Kala</b> <i>Sarvanga Abhyanga</i> with <i>Pinda Thaila</i> <sup>11</sup> followed by <i>Dashamoola Qwatha Bashpasweda</i>
05-03-19	<b>Shodhana -Virechana</b> <i>Trivruth Leha</i> 100gm with <i>Draksha Kashaya</i> 150ml ( <i>Vaigiki</i> -20 vegas passed )
05-03-19 night onwards till 10-03-19	<b>Samsarjana Krama (Annakala was morning, noon and night)</b>
	<b>Manda</b> 3 <i>Annakala</i>
	<b>Peya</b> 3 <i>Annakala</i>
	<b>Vilepi</b> 3 <i>Annakala</i>
	<b>Akrutha Yusha</b> 2 <i>Annakala</i>
	<b>Krutha Yusha</b> 1 <i>Annakala</i>
	<b>Akrutha Masa Rasa</b> 2 <i>Annakala</i>
	<b>Krutha Mamsa Rasa</b> 1 <i>Annakala</i>
10-03-19	<b>Prakrutha bhojana</b> Night onwards
11-3-19	<b>Shamana Oushadhi for 48 days</b> External medication: 1. <i>Dashamoola Qwatha Choorna</i> to prepare <i>Kwatha</i> and <i>Avagaha</i> of palm and sole . 2. <i>Suryapakithaila</i> <sup>12</sup> for External application Internal medication: 3. <i>Mahamanjishtadi Qwatha</i> <sup>13</sup> 3tsp tds diluted with water 4. <i>Panchatikthaka Kashaya</i> <sup>14</sup> 3tsp tds diluted with water 5. <i>Gandhaka Rasayana</i> <sup>15</sup> 1tablet tds 6. <i>Arogyavardhini Rasa</i> <sup>16</sup> 1 tablet tds 7. <i>Kaishora-guggulu</i> <sup>17</sup> 1tablet tds 8. <i>Kumarabharana Rasa</i> before food with <i>Pancha Tiktha Guggulu Gritha</i> in morning 9. <i>Eranda taila brustha Haritaki churna</i> <sup>18</sup> 4grams at night before sleep with water.
28-4-19	<b>Assessment was done. (Presented in result section)</b>

**Table 4** *Shamana Oushadhi*, its compositions and *Phalashruthi*

Sl. no	Preparation	Ingredients	Applicable <i>Phalashruthi</i>
1	<i>Mahamanjishtadi Qwatha</i>	<i>Manjishta, Mushta, Kutaja, Guduchi, Kushta, Nagara, Bharangi, Kshudra Vacha, Haridra, Daruharidra, Triphala, Patola, Katuki, Vidanga, Asana, Chitraka, Murva, Shatavari, Trayamana, Krushna, Indrayava, Vasa, Brigaraja, Patha,</i>	<i>Ashtadasha Kushta.</i>



		<i>Khadira, Trivruth, Varuna, Kirataticktha, Karanja, Ativisha, Mahanimba, Indravaruni, Sariva, Parpata.</i>	
2	<i>Panchatikta Kashaya</i>	<i>Nimba, Amrutha, Vatsaka, Patola, Nidigdhika, Shuddha Guggulu, Ghrittha, Patha, Vidanga, Suradaru, Gajapippali, Yavakshara, Sarjakshara, Shunthi, Haridra, Chavya, Kushta, Tejohva, Maricha, Vasaka, Deepyaka, Chitraka, Rohini, Arushkara, Vacha, Pippalimula, Manjishta, Haritaki, Amlaki, Yavani.</i>	<i>Kushta, Kandu.</i>
3	<i>Gandhaka Rasayana</i>	<i>Gandaka, Chaturjata Kashaya, Guduchi, Triphala, Shunti, Bhringaraja Kashaya.</i>	<i>Dridha Vahni, Kandu, Kushta.</i>
4	<i>Arogyavardhini</i>	<i>Kajjali, Loha-bhasma, Abhraka-bhasma, Tamra-bhasma, Haritaki, Vibhitaki, Amlaki, Shilajitu, Shodita Guggulu, Chitraka, Katuki, Nimbi Patra.</i>	<i>Kushta.</i>
5	<i>Kaishora Guggulu</i>	<i>Triphala, Guduchi, Trayushana, Vidanga, Danti, Trivruth, Ghrutha.</i>	<i>Kushta, Mandagni Rasayana.</i>
6	<i>Kumarabharana Rasa</i>	<i>Vacha, Pippali, Shunthi, Ashwagandha, Amalaki, Haritaki, Yashtimadhu, Svarna-bhasma, Rajatha-bhasma, Pravala-bhasma, Guduchi svarasa, Brahmi svarasa, Tulasi svarasa.</i>	<i>Kushta.</i>
7	<i>Dashamoola qwatha Choorna</i>	<i>Dashahamoola.</i>	<i>Vatahara.</i>
9	<i>Eranda-bhrishta Haritaki</i>	<i>Hartaki and eranda Thaila.</i>	<i>Vatanulomana.</i>
10	<i>Suryapaki Thaila</i>	<i>Stree kutaja.</i>	<i>Twak Vikara.</i>

## RESULTS

On evaluating and assessing the *Lakshana* of *Kitibha Kushta* manifested in patient before treatment, it was noticed that *Lakshana* such as *Ugra Kandu* shows grade 4, *Parusha*, *Kina Khara Sparsha* and *Ruksha* with grade 3, *Shyava* and *Ghana* with grade 2, *Drudha*, candle-grease test and Auspitz sign with grade 1 and *Srava*, *Snigdha*, Koebner's phenomenon with grade 0. After treatment, on 66<sup>th</sup> day on assessment it was noticed that all the above

mentioned *Lakshanas* showed grade 0 manifestation, evident from table 5 and image 1 (before treatment) and image 2 (After treatment).



Image 1 Before treatment



**Image 1** Before treatment

## DISCUSSION

*Kushta* manifests due to involvement of *Tridosha* and *Kitibha Kushta* manifest due to dominance of *Vata* and *Kapha Dosha*. In the present case, patient indulged in *Nidana* like *Virudha Ahara*, *Abhishyandi Ahara*,

**Table 5** Result with assessment of signs and symptoms before treatment (BT), during treatment (DT), and after treatment (AT)

<i>Lakshana</i>	BT Before Deepana & Pachana Day (1)	DT After <i>Shodhana (Virechana)</i> (Day 14)	AT Completion of <i>Shamana</i> (Day 66)
<i>Shyava</i>	Grade 2	Grade 1	Grade 0
<i>Parusha</i>	Grade 3	Grade 2	Grade 0
<i>Kinakhara Sparsha</i>	Grade 3	Grade 1	Grade 0
<i>Ugra Kandu</i>	Grade 4	Grade 2	Grade 0
<i>Ruksha</i>	Grade 3	Grade 1	Grade 0
<i>Drudha</i>	Grade 1	Grade 1	Grade 0
<i>Sravayukta</i>	Grade 0	Grade 0	Grade 0
<i>Snigdha</i>	Grade 0	Grade 0	Grade 0
<i>Ghana</i>	Grade 2	Grade 1	Grade 0
Candle grease test	Grade 1	Grade 1	Grade 0
Auspitz sign	Grade 1	Grade 0	Grade 0
Koebner's phenomena	Grade 0	Grade 0	Grade 0



**Image 2** After treatment

*Virudha Vihara*, *Sheetoshnaakrama Sevana*, *Ratri-Jagarana* due to work stress, *Kshut Vega Dharana* and *Chinta*. *Nidana* primarily has effect on *Agni* causing *Dushti*



**Image 2** After treatment

and further in turn influence *Vata Kapha Pradhana Tridosha Dushti* and causes *Shaithilyatha* of *Dhatu (Twak, Rakta, Mamsa, Ambu)* thus resulting in *Sthana-*



*Samshraya* of *Dushita Dosh* in *Twak* leading to manifestation of *Lakshanas* like *Shyava Varna*, *Parusha Twak*, *Kina Khara Sparsha* and *Ugra Kand*.

Usually management of *Agni Dushti* should be considered first in pathogenesis and initial line of management should aim at *Agni Deepana* and *Ama Pachana*. Hence *Chitrakadi Vati* along with *Panchakola Choorna* was administered. It possesses properties such as *Vata Kaphahara*, *Katu*, *Lavana*, *Amla Rasa*, *Laghu*, *Teekshna*, *Ruksha Guna* and *Ushna Virya* along with *Deepana* and *Pachana Karma* that helps to normalize *Jatharagni*.

On attaining *Agni Sandeepana*, *Arohana Krama Snehapana* followed by *Bahya Abyanga* and *Swedana* was performed. This helps to mobilize *Doshas* from *Shakha* to *Koshta* through mechanism of *Vridhi*, *Vishyandana*, *Paka*, *Srotomukha Vishodhana* and *Vayuscha Nigrahat* respectively. *Sneha Pana* with *Pancha Tikta Guggulu Ghrita* was advised till attainment of *Samyak Snigdha Lakshana*. *Snehapana Matra* and status of *Agni* was closely observed.

*Arohana Krama Snehapana* followed by *Vishrama Kala* with *Sarvanga Abhyanga* by *Pinda Thaila* and *Swedana* with *Dashamoola Qwatha*. Constituents of *Pinda Thaila* such as *Manjishta*, *Sariva* are excellent *Dravya* acting on *Twak Vikara*.

*Doshas* mobilized from *Shakha* to *Koshta* by *Purva-Karma* is eliminated by *Virechana* with *Trivrut Leha* and *Draksha Kashaya*. This was followed by *Samsarjana Krama* based on the type of *Shuddhi*. *Shodhana* was followed with *Shamana* management. It included *Kaishora Guggulu* along with *Mahamanjishtadi Qwatha* that is indicated as combination precisely for *Kusta* in *Sharangadhara Samhitha*<sup>19</sup>. Addition of *Arogya Vardhini Rasa* with *Mahamanjishtadi Qwatha* is specifically indicated in *Vata Kaphaja Twak Vikara*.

*Lelithaka Prayoga* is indicated for *Kushta* in *Charaka Samhita*<sup>20</sup>. *Gandaka Rasayana* is indicated in *Kushta* presenting with *Kandu*. *Surya Paki Taila* prepared from *Stree Kutaja* was used for external application and observed to reduce *Parushata* in afflicted *Twak*. Patient was assessed after 48 days (one mandala) of shaman management and result was analyzed based on assessment criteria. Complete remission of all the signs and symptoms was observed. Hence *Shodhana* along with *Shamana Oushadhi* showed promising result in management of *Kitibha Kushta* (Palmo-plantar psoriasis).

## CONCLUSION

This is a case report presenting successful management of *Kitibha Kushta* with special

reference to palmo-plantar psoriasis through *Shodhana* and *Shamana Chikitsa*. With the above model of management, skin lesion completely disappeared and the patient was free from all presenting signs and symptom. In *Ayurveda* classics, *Vagbhatta* has pointed to the relapsing character of *Kushta* and its management by repeated *Shodhana*<sup>21</sup>. Hence patient is advised to follow *Pathya* that included *Ahara*, *Vihara*, and *Achara*. Further periodic *Shodhana* is recommended to be administered to prevent further relapse.

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