Psoriasis, which manifests most often as Plaque Psoriasis, is a chronic, relapsing, inflammatory skin disorder with a strong genetic basis. Plaque Psoriasis is rarely life threatening, but it often is intractable to treatment. Psoriatic plaques are characterized as follows:

- Raised and easily palpable - Owing to the thickened epidermis, expanded dermal vascular compartment, as well as infiltration of neutrophils and lymphocytes, irregular to oval in shape, one to several centimeters in size, well defined, with sharply demarcated boundaries, very distinctive rich, full color; lesions on the legs often carry a blue or violaceous tint, typically a dry, thin, silvery-white or micaceous scale, typically having a high degree of uniformity, with few morphologic differences between the 2 sides, range in number from 2 to many at any given time, mostly often located on the scalp, trunk, and limbs, with a predilection for extensor surfaces, such as the elbows and knees, symmetrically distributed over the body, in the case of smaller plaques, coalesce into larger lesions, especially on the legs and sacral regions.

The diagnosis of Psoriasis is almost always made on the basis of clinical findings. Laboratory investigations are rarely indicated. Reactivation of T cells in the dermis and epidermis and the local effects of cytokines such as tumor necrosis factor lead to the inflammation, cell-mediated immune responses, and epidermal hyperproliferation observed in persons with psoriasis. Females develop plaque psoriasis earlier than males, and patients with a positive family history for Psoriasis also tend to have an earlier age of onset.

CASE REPORT
A 30-year-old, unmarried, female patient came to the OPD of SJIIM with chief complaints of raised dry thickened skin lesions over the extremities, trunk since 10 yrs.

Associated Complaints: Burning sensation, itching over the lesions, disturbed sleep

History of present illness:
Patient complaints of dry skin with exfoliation over the extremities with less severity initially 10 years back. Gradually she noticed increased thickness of skin with well defined borders more or less oval in shape scattered over bilateral upper and lower limbs and also on trunk associated with mild burning sensation and itching. Also she noticed hyperpigmented spots over the face, during which she consulted allopathic physician and was treated for the same with an ointment for topical application and a few oral medicines. These medicines would subside the lesions within few days, but when the medication was stopped the lesions would flare up, hence patient approached our hospital for evaluation and treatment.

Past History: Nothing significant
Drug History: Patient was on keratolytic drugs for several years.

Diagnosis: By relevant history and clinical examination the case was diagnosed as Chronic Plaque Psoriasis which simulates with the lakshanas of Kitibhaksha.

Histological examination:
Reactive atrophy of the epidermis, intercellular edema, and dilatation of blood vessels in the papillary dermis were observed.

Therapeutic interventions:

<table>
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<tr>
<th>Intervention</th>
<th>Medicines</th>
<th>Observations</th>
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<tr>
<td>Deepana</td>
<td>Sudarthanyakavanati 1 tab TID for 30 days</td>
<td>Itching and burning sensation got subsided by 50%</td>
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<tr>
<td>Pachana</td>
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<tr>
<td>Snehapana</td>
<td>Tiktaka Gritiha in Arohanamatra</td>
<td>Dryness of skin subsided by 30% Itching slightly aggravated</td>
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Therapeutic approach:
BY therapy the lesions subsided by 30% Itching slightly aggravated.

The patient is followed up regularly for further improvement in the condition.
### Observations:

1. Skin manifestations had completely subsided.
2. The frequency and intensity of the relapse of symptoms had reduced to a great extent.
3. All the symptoms had got pacified over 80%.
4. General physical and mental well-being had improved.

### Discussion

Predicting duration of active chronic Plaque Psoriasis, the time or the frequency of relapses or the duration of a remission is impossible. So by considering this circumstance, a periodical cleansing of the body is necessary in order to maintain Dhatusamyata. Disease condition simulates with Kitibha Kushta. Though there is Vata Kapha pradhanata, involvement of Tridosha and Rasadi dhatu in Kushta will be there invariably. Chikitsa is aimed at reducing the frequency of relapse and checking the progress of the disease condition.

### Conclusion

Present case study is a documented evidence for the successful management of Kitibha Kushta vis-à-vis chronic Plaque Psoriasis. Being a relapsing condition periodical Shodhana with the intention of Stoka Dosha nirharana and Punah Shodhana reduces and prevents the frequency of recurrence, also subsides the severity of symptoms and further checking the progression of the disease.

### References


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**On Discharge**

Patient was advised with following medications,

1. **Vamana Karma**
   - Madhanaphala pimpali choorna 4gm
   - Yashtि choorna 8gm
   - Vacha choorna 0.5gm
   - Saindhava lavana 1gm
   - Nimba choorna 1gm
   - Madhu Q.S

   Advised SamsaranaKrama

   - Itching got subsided by 30%

2. **Shamana aushadhis were given after a course of Vamana till Sharath Rutu**
   - Medicines given are,
     - ArogyavardhiniVati 1 TID
     - Mahamanjishtadi kashaya 20ml BD

   Psoracare oil E/A

   - Itching and Burning Sensation got subsided by 40%
   - Dryness still persisted

3. **Virechana karma done in Sharath rutu**
   - Shehapani with TiktakaGritha 50gm
   - Manibadraguda 150ml

   Triphalakashaya
   - Advised Samsarjanakrama

   - No of Vegas 16

   - Burning sensation got subsided by 60%
   - Itching got subsided by 60%

4. **Kushtahara kashaya Basti**
   - Makshika : 80ml
   - SaindhavaLavana: 10gm
   - Guggulutiktaka Gritha : 120ml
   - Kalka of Shatapushpa : 10gm
   - Kashaya prepared out of Balamoolaa,Rasna,Usheera,Patoila,Nimba,Madahanaphala 350ml

   Anuvasana with Guggulutiktaka Gritha
   - Burning sensation got remarkably reduced which was observed during pariharakaala.
   - Itching reduced by 80%
   - Burning sensation completely subsided

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On Discharge patient was advised with following medications,

1. Arogyavardhini Vati 1-1-1 A/F
2. Mahamanjishtadi Kashaya 20ml BD B/F with warm water
3. Tiktaka Gritha 2sp B/F in the morning
4. 777 oil E/A

Follow up after 15days.

**Observations:**

1. Skin manifestations had completely subsided.
2. The frequency and intensity of the relapse of symptoms had reduced to a great extent.
3. All the symptoms had got pacified over 80%.
4. General physical and mental well-being had improved.