

Ayurveda Management on Palmoplantar Psoriasis: A Case Study

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Abstract

Psoriasis is an immune-mediated disease and a chronic proliferative inflammatory skin ailment. Probably it is associated with a genetic predisposition that can be triggered by stress. It can have negative impact on the physical, emotional and psychological wellbeing. Around 5% of all the psoriasis sufferers have palmoplantar psoriasis. It has a strong genetic component but environmental factors such as infections can also play an important role in the presentation of the disease. Palmoplantar psoriasis typically affects the skin of the palms and soles. Its morphologies are hyperkeratotic, pustular, or mixed. This disorder result in a substantial functional impairment and are chronic in nature. As a result, they are linked to a significant decline in life quality. *Kushta roga* is *Vaivarnya* and *Dushti* of *twacha*. *Vipadika* is included under *Kshudra Kushta*, characterised by *Sputana* in soles and palms with *Vedana*. *Kushta* is a disease of *Bahudoshha*, *Bhurodosha*, the line of treatment to be adopted is *Antah Parimarjana* and *Bahir Parimarjana* chikitsa. This present study is on one such similar case of a male patient with thick skin lesion over both palms and soles with itching sensation, scaling of lesions & hyperpigmentation suffering over a period of 4 years. The treatment plan was based on the *Samprapti* of *Vipadika Kushta*. Assessment were done based on DLQI and PASI score. *Nitya Virechana* along with *Shamana Chikitsa* were selected as the line of treatment. Within few months of the treatment, the psoriatic lesions and associated signs and symptoms were healing effectively, subjective improvement in the quality of life. No adverse events were reported during the course of therapy and no recurrence was noticed as of reporting the present case report.

Keywords: *Vipadika Kushta*, Palmoplantar psoriasis, *Mridu Shodhana*, *Shamana Chikitsa*.

Introduction

Tvak vikara are broadly classified under the heading of *Kushta roga*. It can be understood that *Kushta* is not a single entity and refers to various types of skin disorders. *Kushta* is further classified into 7 *Mahakushta* and 11 *Ksudra Kushta*.

Ksudra Kushta involves *Alpa Dosha* in comparison to *Mahakushta* which has the ability to penetrate into deeper tissues.¹ In *Kushta* there is vitiation of *Saptoko Dravya Sangraha* as a result of *Mithya ahara* and *Vihara Kushta Kushta* mainly involves *Vata Kapha Dosha*.

A prevalent skin condition indicated under *Kshudraroga* is *Vipadika*. Along with *Kandu*, *Vedana*, and *Raga*, *Panipadasputana* constitutes three of the main signs of *Vipadika*. For *Vipadika*, a specific *Nidana* is not accessible. The current case study on *Kushta Samanya Nidana* reveals several issues such as overuse of *Dadhi*, *Mathsya*, *Amla*, and *Lavana Ahara*. Since a separate explanation is not evident, *Samanya Kushta Purvarupa* is regarded as *Purvarupa* of *Vipadika*. It is observed *Vata Kapha Pradhana*, and *Tridosha Prakopa Nidana*. Mainly *Pada* and *Hasta* are the *Vyaktha Sthana*.

Psoriasis is a condition marked by persistent inflammatory changes, wherein environmental and inherited factors are important contributors. Psoriasis is often diagnosed clinically based on the presence of scaly areas with silvery scales that become more noticeable when scratched. A kind of psoriasis that typically affects the skin of the palms and soles is called palmoplantar psoriasis. Its morphologies are hyperkeratotic, pustular, or mixed. Small, sterile pustules that may be a form of palmoplantar psoriasis or a separate condition characterise palmoplantar pustulosis, also known as pustular palmoplantar psoriasis, a potentially related dermatosis.² Whereas palmoplantar pustulosis often manifests in between the ages of 20 to 60 years, palmoplantar psoriasis affects people of all ages. With an 8:2 female-to-male ratio, palmoplantar pustulosis clearly favours females, although gender specificity in palmoplantar psoriasis is questionable.³ This type of psoriasis with an unclear epidemiology, palmoplantar psoriasis is difficult to treat. The recurrence pattern and pathogenesis of palmoplantar psoriasis constantly pose a challenge to treatment approaches. *Vipadika* and palmoplantar psoriasis look similar as both conditions have similar signs and symptoms and a same pathogen.

Shodhana is explained for *Kushta* management because *Kushta Rogi* is *Bahudoshha* because of *Dosha* vitiation to the greatest extent. In *Vata* predominance, the *Sarpi Pana*, in *Pitta* predominance *Virechana* and *Raktha Mokshana* and in *Kapha Vamana* is indicated.⁴ *Shodhana* followed by *Shamana*. *Shamana* measures are indicated to cure the residual vitiated *Dosha*. It is very useful in those patients who are unable to undergo or are contraindicated for *Shodhana* procedure.

Case report

A 65-year-old male patient arrived with the complaints of thick skin lesion over both palms and soles with itching sensation, scaling of lesions & hyperpigmentation since past 4 years. There was no prior history of diabetes, hypertension. Personal habits were Nil. It was clear that, patient was not using any particular drugs for any other ailments. With a subtle beginning, the lesions on both feet and palms were progressively getting worse. His social and professional lives began to suffer as his health grew worse over time. He became increasingly agitated and nervous because of his condition. Sleep was also disturbed Negative history - There were no reports of any topical irritating contact incidents. There was no prior history of a such disease in his family.

Personal History:

Diet – Both Vegetarian and Non-Vegetarian diet which included more of spicy and sour.

Sleep – Disturbed

Bowel – Clear

Appetite – Normal

Allergy- Nothing reported so far.

Examination:

General Examination

Built: Moderate
 Pallor: Absent
 Icterus: Absent
 Clubbing: Absent
 Cyanosis: Absent
 Lymphadenopathy: Absent
 Edema: Absent

Systemic Examination

Cardiovascular System: S1S2 Heard
 Respiratory System: Air Entry Bilaterally Equal, Normal vesicular breathing sounds heard.
 Gastro-Intestinal System: P/A Soft, Non-tenderness, No Organomegaly.
 Central Nervous System: Conscious and Oriented to time, place, person.
 Higher Mental Function - Intact
 Cranial Nerves: Within normal limits

Examination of skin

Inspection

Nature of skin- *Panipada sputana*/ Dry
 Color- Blackish
 Distribution- Bilateral palms and soles
 Bleed on scaling-Absent
 Edges- Irregular
 Configuration- Lesions over palms and soles of both the limbs

Palpation

Texture- Dry, rough, flaky
 Temperature- Not raised
 Mobility-Immobile
 Candle grease test-Negative
 Auspitz sign-Negative
 Koebner's phenomenon- Negative

Intervention

SYMPTOMS	TREATMENT	MEDICATION	ANUPANA	TIME	EXTERNAL PROCEDURE	DURATION
Scaly lesions over bilateral palms and soles, itching and	<i>Koshta shodhana</i>	<i>Trivrut leha</i>	<i>Ushna Jala</i>	E/M	<i>Siddhartaka churna snana.</i>	13-3-23 To 20-3-23

hyperpigmentation					<i>Marichyadi taila</i>	
Scaly lesions, Hypertension	<i>Rasayana</i>	<i>Gandhaka rasayana, Arogyavardhini vati, Patolakaturohini kashaya</i>	<i>Ushna Jala</i>	-	<i>Snana with Siddhartaka churna, Marichyadi taila</i>	20-3-23 TO 3-4-23 1 st Follow up
Pigmentation	<i>Rasayana</i>	<i>Gandhaka rasayana, Arogyavardhini vati, Patolakaturohini kashaya</i>	<i>Ushna Jala</i>	-	<i>Snana with Siddhartaka churna, Marichyadi taila</i>	4-4-23 To 4-5-23 2 nd follow up

DLQI(Dermatology Life Quality of Index)

BT	AT
10	5

PASI score (Psoriasis Area and Severity Index)

AREA	BT	AT
UPPER LIMB	2.4	0
LOWER LIMB	2.7	1.2

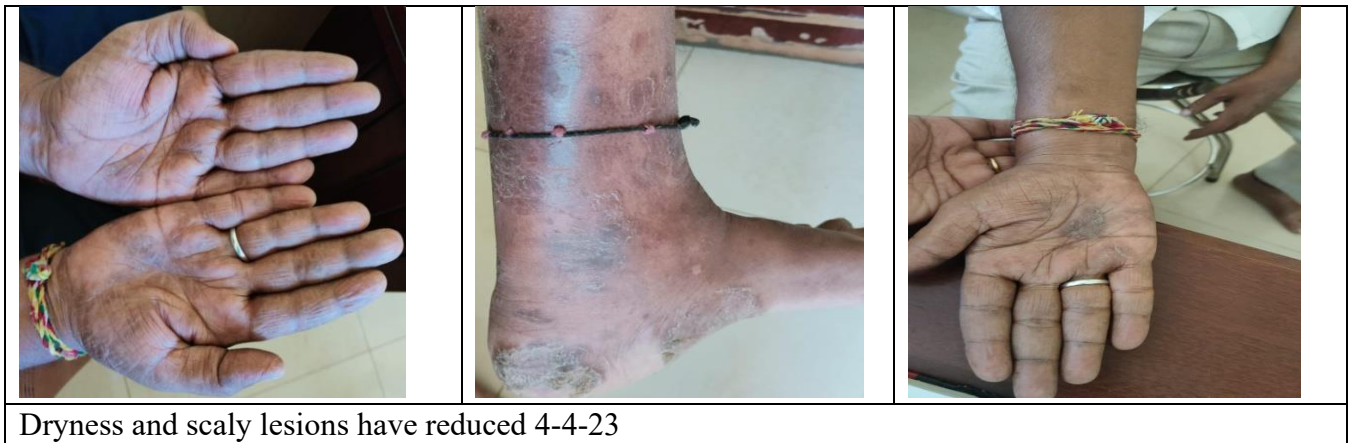
Figure 1 Before Treatment



Figure 2- After Treatment



Figure 3- Follow Up



Discussion

Many skin conditions are very important from a cosmetic standpoint, however in this instance, in addition to the patient's cosmetic involvement, routine activities became tough because of intense discomfort in each of the soles and palms. He had trouble walking correctly and suffered from sleeplessness because of discomfort and stress due to chronicity of the condition. In this particular study patient was treated with Nitya virechana by administering *Trivrut leha*. *Trivrut* is considered as the best drug for *Sukha Virechana*. *Aruna Trivrut* is having *Kashaya Madhura Rasa* whereas *Shyama Trivrut* possessed *Katu rasa*. Both varieties are having *Ushna virya*, *Katu vipaka*, *Ruksha Guna*. *Trivrut* is the best drug for laxative whereas *Shyama Trivrut* is a purgative.⁵

Siddharthaka choorna is indicated in psoriasis as is *Twak doshahara* in property. *Katu*, *Tikta* and *Kashaya rasa* are present in maximum drugs. The *Katu rasa* has *Kapha Shamaka*, *Sroto Shodaka* clears the obstruction in channels, and *Kandughna* and *Jantughna* properties. *Tikta rasa* *Keshya*, *Kleda Shoshaka* and *Chedana* properties. The *Kashaya rasa* has *Samsamana*, *Ropana* properties.⁶

Marichadi taila is a significant blend of herbs that includes several herbs including *Maricha*, *Trivruta*, *Raktachandana*, *Haridra*, *Mustaka*, and *Gomutra*. It has *Kapha-Kleda Nashaka* activity and *Pitta* pacifying properties. It is particularly noticeable in *Raga* and *Kandu*.⁷

Another widely used *Ayurveda* composition *Aarogyavardhini vati* is suggested for in *Kustha Roga*. *Trivrut* is the primary ingredient in this composition, together with additional Herbo-mineral compounds that function as *Vata Anulomana*, *Kapha Shamana*, *Pitta Virechana*. Other drugs like *Nimba*, *Triphala*, *Abhraka Bhasma* possess *Kushta hara* qualities. Additionally, it has activities, including *Tridosha Shamaka*, *Deepana*, *Pachana*, and *Medohara*.⁸

With its *Madhura* and *Katu rasa*, *Ushna virya*, *Ushna* and *Sara Guna*, and *Katu Vipaka*, *Gandhaka* is suggested in skin ailments such as *Kandu*, *Visarpa*, *Krimi*, and *Kushta*. It also possesses qualities of *Kaphavatahara*, *Deepana*, *Pachana*, *Vishahara*, and *Jantughna*.⁹ *Patolakaturohinyadi Kashya* is indicated evident in *Visha* and *Kushta* and demonstrates *Yakritgamitva*, or an ability for the *Moolasthana* of *Raktavaha Srotas*. *Tikta Rasa Pradhan* and mostly *Ushna Viryatmak* are their constituents, which make them beneficial for *Pitta* and *Kapha Dushti*, which in turn benefits *Twak Dushti*.¹⁰

Conclusion

A comprehensive treatment strategy is necessary for the effective management of psoriasis due to its autoimmune and chronic inflammatory characteristics. In this current study of palmoplantar psoriasis, treatment with *Ayurveda* has shown encouraging outcomes. There were no treatment-related adverse effects reported.

Patient Testimony- There has been a minor reduction in the symptoms of cracks and hyperpigmentation on the palms and soles, and there have been no new complaints during the routine follow-ups.

Conflict of Interest- None

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