



Case Study

AYURVEDIC TREATMENT OF PALMO-PLANTAR PSORIASIS - A CASE STUDY

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ABSTRACT

Palmo-plantar Psoriasis is a non-infectious chronic inflammatory disease of skin characterized by well defined erythematous plaques with silvery scales which have a predilection for extensor surface and by chronic fluctuating course. Palmo-plantar Psoriasis is limited to the area of palm and soles. In Ayurveda all skin diseases are described under single heading i.e. *Kushtha*. Although there seems no direct correlation between disease described in *Ayurveda* but it can be correlated with *Vipadika* which is one type of *Kshudrakushtha*. The disease not only affects the patient physically but also disturbs mental and social health of the patient, as the appearance of patient may be embarrassing. Exact cause for this disease is unknown but there is an inherited predisposition. But According to Ayurved, it's spreading because of unstable lifestyle changes such as dietary pattern, busy schedule and stressful lifestyle. As per Ayurvedic view point *Vata*, *Kapha* and *Pitta/Rakta* vitiation are the major contributing pathological factors in its manifestation. *Virechan karma* (purgation therapy) and internal medication is considered as the best line of management for skin disorders. The treatment options available in modern medicine are not satisfactory. A case report of 23 year old male presented with C/O well demarcated raised scaling of bilateral palms and soles with severe itching since 3 years is presented in this article which got significantly relief by adopting systematic Ayurvedic approach of *Kushtha* line of treatment by doing *Shodhana* and *Shamana chikitsa*. *Shodhan chikitsa* helps in expelling the *Doshas* and *Shaman chikitsa* balances the remaining *Doshas*.

KEYWORDS: Palmo-plantar psoriasis, *Vipadika*, *Kshudrakushtha*.

INTRODUCTION

Healthy skin is a reflection of overall wellness. Skin, the largest organ of body is also considered as beauty symbol in society. Any disease related to skin disturbs the physical and mental health status of an individual. Palmo-plantar psoriasis is a common chronic immune mediated, inflammatory, proliferative non-contagious disease of skin affecting people who are genetically predisposed with environment playing critical role in pathogenesis^[1]. It is found in 3-4% of all psoriasis cases^[2]. According to WHO the worldwide prevalence of psoriasis is 2-3% (April 2013). In India prevalence of psoriasis varies from 0.44-2.88%. There are many treatment modalities available but because of its chronic recurrent nature Palmo-plantar psoriasis is a challenge to treat. Modern medical science treats psoriasis with PUVA and corticosteroids and immunomodulators. But the therapy gives serious side-effects like obesity, bone marrow depletion, kidney failure, liver failure etc. Hence it is need of time to search out safe and effective medicine for the complete cure of psoriasis and here comes the role of Ayurved. *Acharya Charaka* had mentioned that all *Kushthas* are *Tridoshaj* in nature.^[3] Palmo-plantar psoriasis is such a disease which can't be correlated exactly with any disease mentioned in *Ayurved* but to a certain extent based on

its symptoms it can be correlated with *Vipadika*, which is one of the type of *Kshudrakushtha*. It involves predominantly *Vata* and *Kapha dosha* and characterized by *Pani-pada Sphutan* (Fissure in palm and soles) and *Teevra vedana* (with severe pain)^[4]. *Acharya Vagbhat* also opines the same as stated by *Acharya Charaka* and added occurrence of red patches over palm and sole^[5]. *Acharya Charaka* had mentioned that external application of *Lepa* is very necessary after *Shodhana chikitsa*^[6]. *Acharya Charaka* had *Vipadikahar* specifically for the treatment of *Vipadika*^[7]. *Acharya Charaka* also specifies the necessity to use *Trivrut lehyam* for *Virechan karma*^[8].

Case Study

A 23 year old male patient, Muslim by religion, Auto-driver by occupation, visited to the *Swasthivritta* OPD of Prabuddha Ayurvedic Medical College, Lucknow on 12-01-2017, presented with C/O well demarcated raised scaling of bilateral palms and soles with severe itching since 3 years. He took treatment of various pathies but was getting temporary relief so he decided to switch over to Ayurvedic treatment. H/o *Amlapitta* (acidity) since 5-6 years. No H/o DM, HTN, Asthma. *Vysana*: Smoking, Tobacco chewing.

On Examination, the skin of both the soles was extremely thick, dry and fissured.

Ashtavidha Pareeksha

Sr. No.	Sthan	Lakshan
1	Nadi	78/min.
2	Mutra	Samyak
3	Mala	Vibandh
4	Jihwa	Saam
5	Shabda	Prakrut
6	Sparsha	Ruksha, khara
7	Druk	Prakrut
8	Akruti	Madhyam

Past history: H/o dry itchy scaling over palms and soles treated with steroids and antifungal medicines in June 2014 for one month. Relapse of dry itchy scaling with severe pain started in December 2014 and took Homeopathic treatment for the same for 6 months with negligible improvement.

Since then he was on Levocetizine 5 mg. once daily with temporary relief. His haematological and biological laboratory findings (on 12-01-2017 at Prabuddha Ayurvedic P.G medical College & Hospital) showed.

TLC : 12000/Cumm

DLC : N₄₀ L₃₉ E₁₈ M₃

AEC : 750/cumm

FBS : 86 mg/dl

ESR : 55/hr

Treatment

The patient was administered classical *Virechan* (purgation therapy) and *Shamana Chikitsa*. All oral and local modern medicines were stopped. The details of the procedure are described below:

Method of Virechan procedure

The *Virechan* process comprises of three stages, which are as follows :

- *Purva karma*
- *Pradhan karma*

Shamana Chikitsa

- *Paschat karma*

1) Purva karma

Purva karma of *Virechan* is *Deepan-Pachan*, *Snehana* and *Abhyanga Swedana*. *Deepana* and *Pachana* was done by administration of *Panchakola* powder 2gm. t.d.s. for 3 days with warm water after food. *Abhyantara Snehana* (oleation) before *Virechana* procedure is performed by *Snehapana* with *Mahathiktaka Ghrita* of Kerala Ayurveda Pharmacy. After obtaining *Samyak Snigdha lakshanas* (symptoms of proper oleation like oiliness of skin, passing stool containing fat, feeling of aversion of Ghee), after 6th day of *Snehapana*, patient was subjected to perform *Abhyanga* with *Nimba* oil and *Swedana* by *Sarvanga Bashpa Sweda* by using *Dashmoola* decoction for 3 days. During all these days, light and liquid warm diet was given.

2) Pradhan Karma

Before administration of *Virechana* drug, *Abhyanga* and *Swedana* was performed on the *Virechana* day morning. Pulse, blood pressure, respiratory rate and temperature were recorded. It was recorded at regular interval during the *Pradhan karma*. Patient was asked to be empty stomach. *Virechana* was performed with *Trivrut lehyam* 30 gm. and *Avipattikar choornam* 10 gm. After *Kapha kala* i.e. 9:45 a.m. on empty stomach as mentioned in classics. After that patient was observed carefully to avoid complications. Number of motions after administration of *Virechana* drug were counted till the symptoms of proper purgation like stopping of purgation on its own, passing of stool with mucus in the last one or two motions, feeling of lightness of body.

3) Pashchat karma

After completion of *Virechana*, normal diet should not be given immediately as the *Agni* (digestive power) is hampered due to *Shodhana*. Thus to bring back *Agni* to the normal state patient was subjected to *Samsarjana karma* (post procedure of dietetic indication) of considering the *Shuddhi* as *Madhyam* type of *Shuddhi*. Patient was advised to take rest and eat thin rice gruel was given as a food and special diet was advised for 3 days.

Table 1: *Abhyantara chikitsa* for first month

Sr. No.	Drug	Dose	Anupan
1	<i>Arogyavardhini vati</i>	500mg. Twice daily after food	Water
2	<i>Gandhak rasayan</i>	500mg. Twice daily after food	Water
3	<i>Panchathikta Ghrita Guggulu</i>	500mg. Twice daily after food	Water
4	<i>Chopchini choorna</i>	2.5 gm. Twice daily after food	water

Table 2: *Abhyantara chikitsa* for second month

Sr. No.	Drug	Dose	Anupan
1	<i>Arogyavardhini vati</i>	500mg. Twice daily after food	Water
2	<i>Sarivadi vati</i>	500mg. Twice daily after food	Water
4	<i>Khadirarishtam</i>	30ml. Twice daily after food	With equal water

Table 3: *Abhyantara chikitsa* for third month

Sr. No.	Drug	Dose	Anupan
1	<i>Guduchi Satva</i> <i>Ras Manikya</i> <i>Amlaki Choorna</i> <i>Yashada Bhasma</i> <i>Chopchini Choorna</i>	3 gm. 50mg. 3 gm. 250mg. 2 gm.	Water
2	Tab. <i>Neem</i>	500mg. Twice daily after food	Water
3	<i>Panchathikta Ghrita Guggulu</i>	500mg. Twice daily after food	Water

Table 4: *Bahya Chikitsa*

Sr. No.	Drug	Use	Duration
1	<i>Panchavalkal Kwath</i>	<i>Prakshalana</i> (local cleaning) once a day	First 15 days
3	<i>Vipadikahar lepam</i>	Local application Twice a day	3 Months

Table 5: Observation

Sr. No.	Clinical features	Before Treatment	After 45 Days	After Complete Treatment
1	Scaling of Skin	+++	++	No Scaling
3	Fissure (Bilateral lower limbs)	+++	+++	No fissure
4	Itching	+++	+++	+
5	Pain	+++	++	No Pain

**Before Treatment****After Treatment****DISCUSSION**

The treatment given to this patient was in accordance to the treatment principles given in the classics. *Shodhana* and *Shamana* both were given for better results. The holistic approach of *Ayurveda* has *Panchakarma chikitsa* as its unique and best treatment modality. In this case study, *Virechan chikitsa* showed good results along with *Shaman aushadhi*. *Virechan chikitsa* helped to remove vitiated *Doshas* from body. *Panchakola choorna* used for *Deepan pachan* increases

the digestive capacity and metabolic activity of cells and provides help for easy digestion of *Sneha*.

Mahathiktak ghris used for *Snehapana* acts as a *raktashodhak* and helps to expel vitiated *Dosha* from *Shakha* to *Koshtha*. *Sneha* by its *Sukshma guna* reach at the cellular level. Lipid consuming is helpful in excretion of lipid soluble substance.

After obtaining *Samyak snigdha lakshanas* patient was subjected to *Abhyang* and *Swedana*. *Abhyang* softens vitiated *Dosha* and localize them and

Swedana liquefy the vitiated *Doshas* which are being situated in micro channel so they can easily reach from *Shakha* to *Koshtha* from where they can be easily removed from body.

Since the vitiated *Pitta* and *Kapha dosha* which are in *Drava* form are brought to nearest route wherein administration of purgative drug eliminate easily. As the route selected for the elimination is anal route. The main site of *Vata* i.e. *Pakwashaya* is also cleansed thereby eliminating and normalising of *Vata* which proves that *Virechan* is beneficial for *Tridosha*.

After completion of *Virechan*, normal diet should not be given immediately as the *Agni* is hampered due to *Shodhana* procedure. Patient was advised to take rest and eat thin rice gruel was given as a food and special diet is advised for 3 days to bring back *Agni* to the normal state.

Shaman aushadhi i.e. combination of *Arogyavardhini vati*, *Gandhak rasayan*, *Panchathikta Ghrita Guggulu*, *Chopchini choorna*,

Sarivadi vati, *Khadirarishtha*, *Guduchi satva*, *Ras Manikya*, *Amlaki choorna*, *Yashada bhasma*, *Tab. Neem*, *Panchavalkal kwath* and *Vipadika har lepa* are acting as *Kushtha har*, *Raktashodhak* and *Rasayan*.

CONCLUSION

From the above case, we can draw a conclusion that Palmo-plantar psoriasis can be successfully managed through Ayurvedic line of treatment. As *Ayurvedic* treatment helps to relieve symptoms of disease and also an attempt to provide safe and effective treatment to the patient. Further study must be conducted on large number of patients.

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