Ayurveda Management on Palmoplantar Psoriasis: A Case Study

Dr. Punith. P¹, Dr. Tejashwini², Dr. Prasad Bhramanaikar³

¹Assistant Professor, Department of PG Studies in Manasaroga, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Kuthpady, Udupi- 574118, Karnataka, India.
²P G Scholar, Department of PG Studies in Manasaroga, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Kuthpady, Udupi- 574118, Karnataka, India.
³Ayurveda Consultant, Department of PG Studies in Manasaroga, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Kuthpady, Udupi- 574118, Karnataka, India.

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 *Bahudosha*, *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 Kusdra Kushta* mainly involves *Vata Kapha Dosha*.

1. In the context of *Kushta*, *Vipadika Kushta* is considered to be specifically involved in cases with significant skin lesions affecting the palms and soles.
A prevalent skin condition indicated under Kshudraroga is Vipadika. Along with Kandu, Vedana, and Raga, Panipadsputana 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, Mathsyaa, 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. 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. 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 Bahudosha 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. 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.
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**

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>TREATMENT</th>
<th>MEDICATION</th>
<th>ANUPANA</th>
<th>TIME</th>
<th>EXTERNAL PROCEDURE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scaly lesions over bilateral palms and soles, itching and</td>
<td>Koshta shodhana</td>
<td>Trivrut leha</td>
<td>Ushna Jala</td>
<td>E/M</td>
<td>Siddhartaka churna snana.</td>
<td>13-3-23 To 20-3-23</td>
</tr>
<tr>
<td>Condition</td>
<td>Treatment 1</td>
<td>Treatment 2</td>
<td>Follow up 1</td>
<td>Follow up 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>------------------------------</td>
<td>-------------</td>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scaly lesions, Hypertension</td>
<td>Rasayana</td>
<td>Gandhaka rasayana, Arogyavardhini vati, Patolakaturohi ni kashaya</td>
<td>Ushna Jala</td>
<td>Snana with Siddhartaka churna, Marichyadi taila</td>
<td>20-3-23 To 3-4-23 1st Follow up</td>
<td></td>
</tr>
<tr>
<td>Pigmentation</td>
<td>Rasayana</td>
<td>Gandhaka rasayana, Arogyavardhini vati, Patolakaturohi ni kashaya</td>
<td>Ushna Jala</td>
<td>Snana with Siddhartaka churna, Marichyadi taila</td>
<td>4-4-23 To 4-5-23 2nd Follow up</td>
<td></td>
</tr>
</tbody>
</table>

DLQI(Dermatology Life Quality of Index)

<table>
<thead>
<tr>
<th></th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>

PASI score (Psoriasis Area and Severity Index)

<table>
<thead>
<tr>
<th>AREA</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPPER LIMB</td>
<td>2.4</td>
<td>0</td>
</tr>
<tr>
<td>LOWER LIMB</td>
<td>2.7</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Figure 1 Before Treatment

Scaly lesions, Pigmentation 13-3-23
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.

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.

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.
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 Yakritgamita, 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

**References**


