



HEALING HANDS OF AYURVEDA: A SUCCESSFUL CASE STUDY ON PALMOPLANTAR PUSTULAR PSORIASIS MANAGEMENT

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ABSTRACT

Introduction: Psoriasis is a noninfectious chronic inflammatory hyperproliferative skin disorder, characterized by well-defined erythematous plaques with silvery scales. Psoriasis has several different presentations. It's one of the presentations is Palmoplantar pustular psoriasis. Localised pustular psoriasis of the palms and soles is characterised by a small, sterile pustules and erythema which develops and resolves with pigmentation and scaling. In an Ayurvedic perspective, we can correlate this disease with a type of Kustha called Vipadika because most of signs and symptoms mimic that of Palmoplantar pustular psoriasis. Kustha roga has involvement of Tridosha with the vitiation of Tvaka, Rakta, Mamsa and Lasika. Main clinical findings: 26-year-old female patient presented with pustules and erythema accompanied by itching, burning, and scaling over both palms and soles since last 2 years. Diagnosis: She visited dermatologist and diagnosed with Palmoplantar Pustular Psoriasis in 2021. Intervention: Ayurvedic treatment commenced Virechana Karma, followed by Niruha Basti (Pathyadi Kvatha Basti) and Raktamokshana with Jalauka and oral ayurvedic medication viz. Manjisthadi Kvatha, Kaishora Guggulu, Lelitaka Makshik and Triphala Guggulu and Nimbapatrakalka Lepa. Outcome: After 4 weeks, improvement was seen into the patient including pustules and erythema was reduced along with scaling, itching and burning was also reduced. Conclusion: The treatment aimed to balance vitiated Doshas and Dhatu while alleviating symptoms, and enhancing overall well-being. The present study concludes that Ayurvedic management is effective in the patient of Palmoplantar Pustular Psoriasis and it will improve the patient's quality of life.

KEYWORDS : Palmoplantar pustular psoriasis, Inflammatory skin disorder, Pustules, Kustha, Vipadika.

INTRODUCTION:

Psoriasis is chronic inflammatory, hyperproliferative skin disease. It is characterised by well defined, erythematous scaly plaques, particularly affecting extensor surfaces, scalp and nails, and usually follows relapsing and remitting course. The exact etiology of psoriasis is unknown, but it is considered to be an autoimmune disease mediated by T lymphocytes. It occurs equally in both the genders and at any age. Psoriasis is occurring worldwide and prevalence varies. Psoriasis has a prevalence ranging from 0.2% to 4.8 %.

Psoriasis has several different presentations. It's one of the presentations is pustular psoriasis. Pustular psoriasis may be generalised or localised. Localised pustular psoriasis of the palms and soles (palmoplantar pustulosis) is more common and chronic; a small, sterile pustules and erythema develop and resolve with pigmentation and scaling. Localised pustular psoriasis can be precipitated by Local irritants, pregnancy, medication, infection and withdrawal of systemic glucocorticoid.

In ayurveda, all the skin diseases have been discussed under the broad heading of *Kustha*. Acharya Charaka has mentioned the term '*Saptako Dravyasangraha*' for the manifestation of *Kustha* disease which involves the *Tridosha* and *Tvak*, *Rakta*, *Mamsa*, *Lasika*. There are 18 types of *Kushtha* described in Ayurveda Samhitas. Among them 7 are *Maha Kushtha* and 11 are *Kshudra Kushtha*. Palmoplantar pustular psoriasis can be correlated with the type of *Kshudra Kushtha* called *Vipadika*. *Charaka Samhita* has given mainly two types of treatment in *Kustha Chikitsa* which are *Samshodhana* and *Samshamana*.

PATIENT INFORMATION:

On October 2023, a 26-year-old female came to our hospital. Patient was comparatively healthy before 2 years. Patient started having pustules and erythema over bilateral palm and sole along with itching, burning and scaling over bilateral palm and sole in 2021. She consulted with dermatologist and diagnosed with Palmoplantar pustular psoriasis. She received oral and topical allopathic medication (topical

corticosteroid and immunosuppressant) for Palmoplantar pustular psoriasis.

she visited many hospitals one after another and took medications but did not get significant relief in disease condition. That's why she came to our hospital for ayurvedic management.

She had been admitted and treated with *Virechana karma* and followed by *Niruha Basti karma* (*Pathyadi Kvatha Basti*) and *Raktamokshana* with *Jalauka*, oral medication viz, *Manjisthadi Kvatha*, *Kaishora Guggulu*, *Lelitaka Makshika*, *Triphala Guggulu* and for local application *Nimbapatrakalka Lepa*.

Clinical findings:

- General examination: Pulse -74/min
- SpO₂ -98 %
- Bp- 124/86 mm/hg
- Temperature-98.6 °F
- CVS, Respiratory and P/A examinations: no any abnormality found.

Integumentary system examination:

- Pustules and erythema along with itching, burning and scaling over bilateral palms and soles were present.
- Auspitz sign – Present
- Candle grease sign – Present
- Koebner's phenomenon – Absent

Ashtavidha Pariksha:

- *Nadi*: 74/min, *Kapha*- Pitta
- *Mutra*: Normal out-put, no burning in urine, no foul smell
- *Mala*: One time per day (unsatisfactory)
- *Jihva*: *Sama*, normal in size, shape, and colour, with a white coating on the surface of the tongue
- *Shabda*: No abnormal sound present
- *Sparsha*: In the affected part of the body skin was thickened, scaly and pustules were present
- *Drik*: Normal
- *Akriti*: *Sthula*

Diagnostic assessment:

- Psoriasis area and severity index (PASI) score
- Dermatology life quality index (DLQI) score

Therapeutic intervention:**Table no. 1:** showing the treatment taken by patient.

Date	Drug name / Procedure name	Dose	Anupana
Phase-1			
3/10/2023 to 7/10/2023	Abhyantara Snehapana with Panchtikta Ghrita	Started from 40 ml twice up to 100 ml (Increase dose until Samyaka Snehana Lakshana seen)	Ushnodaka
8/10/2023 to 10/10/2023	Sarvang Abhyanga with Jatyadi Taila Sarvang Bashpa Svedana with Nimba Patra		
10-10-2023	Virechana Karma	Eranda Sneha 50 ml Dindayala Churna 6 gm	Draksha Kvatha
Vega during Virechana Karma: 22 After Virechana Karma Samsarjan Krama followed for 2 days			
Phase-2			
13/10/2023 to 2/11/2023	Sarvang Abhyanga with Jatyadi Taila Sarvang Bashpa Svedana with Nimba Patra		
	Basti Chikitsa (Pachtikta Kvatha Basti)	320 ml (before meal on empty stomach)	
	Kaishor Guggulu [500mg]	2 tablets thrice a day	Lukewarm water
	Manjisthadi Kvatha	40 ml twice	
	Triphala Guggulu [500mg]	2 tablets trice a day	Lukewarm water
19/10/2023 to 2/11/2023	Lelitak Makshika [500mg]	2 tablets twice a day	Lukewarm water
	Nimbapatrakal ka Lepa	For local application	
	Shamanarth Snehapana with Panchtikta Ghrita	20 ml twice	Kvathsah
18/10/2023 and 25/10/2023	Raktamokshan with Jalauka		
Phase-3			
Patient is advised to continue Kaishor Guggulu, Manjisthadi Kvatha, Lelitak Makshik, Triphala Guggulu, Samanarth Snehapana with Panchtikta Ghrita and come for regular follow up.			

Outcome:

Treatment was given for the duration of 28 days in IPD. The changes in signs were as follows: as per Table no. 2 and 3. Photographs of affected skin lesions were taken during initiation and after treatment: as per figure no. 1 and 2.

Table no. 2

	BILATERAL PALM		BILATERAL SOLE	
	Before treatment	After treatment	Before treatment	After treatment
Erythema	1	0	2	0
Induration	2	1	3	1
Desquamation	2	1	3	1
Body area	20%	5%	20%	5%

Table no. 3

Sr. no.	Sign and Score	Before treatment	After treatment
1	Auspitz sign	Present	Absent
2	Candle grease sign	Present	Absent
3	PASI score	8.4	1.2
4	DLQI score	20	4

DISCUSSION:

According to Ayurveda, all the skin diseases have been discussed under the broad heading of Kustha. Acharya Charaka has mentioned the term 'Saptako Dravyasangraha' for the manifestation of Kushta disease which involves the Tridosha and Tvak, Rakta, Mamsa and Lasika. In Charak Samhita Kushta Chikitsa Adhyay mainly two types of treatment are given Samshodhana and Samshaman.

In Samshodhan Chikitsa for Snehapana, Charaka described Ghrita as having the best Vata Pitta Shamaka properties and it is Soumya and Sheeta. It is having Madhura Rasa and it is Avidahi. Panchatikta Ghrita is indicated in all types of Kushtha Roga, as well as in conditions like Pitta-Vikara, Dushta-Vrana etc. It is especially effective in managing Rakta and Pitta Dosha.

According to Charak Samhita all type of Kushtha is caused by Tridosha, hence the treatment is given according to predominance of Dosha. The Dosha characteristics symptoms of which is present excessively should be pacified first. In present case study predominance of Pitta Dosha was more and showing its characteristics like pustules, suppuration, erythema and burning. Hence in Samshodhan Chikitsa Virechana Karma helps to subside aggravated Pitta and along with vitiated Kapha Dosha and causes Vatanulomana.

Niruha Basti Chikitsa (Pathyadi Kvatha Basti) works on Vata Dosha and Pathyadi Kvatha Dravyas contains Nimba, Patola, Guduchi, Kantakari and Vasa which possesses Pittashamana and Raktashodhak properties.

Acharya Sushruta considered Rakta as the fourth Dosha. Raktamokshana is a mean to let out the vitiated Rakta along with vitiated Doshas. Since Pitta is dependent on Rakta, therefore Raktamokshana decreases the quantum of enhanced Pitta. Jalauka possesses Sheeta and Madhura Guna. Jalauka mentioned specifically in Pitta Doshaj Vyadhi. Jathragnimadhya and Dhatvagnimadhya produce Ama it causes the vitiation of blood. Manjisthadi kvatha is having the ingredients which are having the properties like Deepana and Pachana which improves the Agni and digest the Ama. This kvatha is Raktashodhaka, Pitta-Kaphahara and Kushthaghna.

Kaisor Guggulu contains the drugs like Triphala, Trikatu and Guduchi. It possesses Tikta-Kashaya Rasa, Laghu-Ruksha Guna, Madhura Vipaka and exhibits properties like

Srotosodhaka, Tridosha-Samaka, Raktasodhaka and Rasayana.

Lelitaka Makshik having ingredients like Gandhak, Svarnamakshika, Amalaki Svarasa and Gomutra. It has Kandughna, Kushthaghna, Rasayan property. Svarnamakshik having Yogavahi property which increase the efficacy of drug. Amalaki Svarasa and Gomutra have immunomodulatory property which is effective for autoimmune causes. Hence, it is effective in dermatological disorders.

Triphala Guggulu has ingredients like Amalaki, Haritaki, Bibhitaki, Pippali and Guggulu. it can work as anti-inflammatory, antibacterial and has immunomodulatory action.

According to Charaka Samhita Lepa Chikitsa is very beneficial after Samsodhan Chikitsa. Nimbapatrakalka Lepa having Gunas of Ropana, Daha shamak, Krimighna and Vrana Shodhaka.

CONCLUSION

The present study concludes that Ayurvedic management is effective in the patient of Pustular Psoriasis and it will improve the patient's quality of life. Depending on the Dosha and Dushya involvement Ayurvedic treatment should be selected but in this type of disease condition long-term follow-up are required for sustained results. Patient may be advised to follow the lifestyle changes, diet, and regimens strictly.

Figure no. 1



BEFORE TREATMENT

AFTER TREATMENT

Figure no. 2



BEFORE TREATMENT

AFTER TREATMENT

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