



AYURVEDIC MANAGEMENT OF PALMO-PLANTAR PSORIASIS (~EK KUSHTA): A CASE REPORT

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ABSTRACT:

Psoriasis is a chronic variant of Psoriasis that characteristically affects the skin of the palms and soles and produces significant functional disability. It features hyperkeratotic, pustular skin lesions. Palmoplantar Pustulosis is a possibly related to dermatosis characterized by small sterile pustules that may be a type of Palmoplantar Psoriasis. As such they are associated with substantial impairment in quality of life. The exact cause of Palmoplantar Psoriasis is unknown. However, it is caused by a combination of genetic and environmental factors. In the present case study, female of age 40yrs visit in Ayurveda OPD had complaint of severe itching, redness and pain in skin lesions, transient white, brown, or red macule, localized at bilateral sole region and palm region since 2yrs. She had associated complaint of loss of appetite, headache, dizziness, disturbed sleep and irregular bowel evacuation since 2yrs. She took allopathic treatment but does'nt get any improvement so she decided to switch on Ayurveda management for better cure and preventive care. On the basis of clinical presentation patient was diagnosed with *Vicharchika*, type of *Kushtha Roga* so the line of management is based on *Kushtha Chikitsa*. After 2months of drug intervention Panchtikta Ghrita 10ml, OD in morning, in combination with Mahakalyanak Ghrita in dose of 5ml HS(at bed time) and Cap. Stresscom 2tab at night, patient get significant relief in symptoms ie. dryness and peeling of skin, pain and bleeding with severe itching. Size of lesions is reduced. This is effective in reducing the progression of disease and improve quality of life of patient.

Keywords: Plaque Psoriasis, Ek Kushta, Panchtikta Ghrita , Mahakalyanak Ghrita

INTRODUCTION

A papulosquamous skin condition called Psoriasis is characterized by erythematous squamous lesions that are clearly defined. They range in size from little plaques to gigantic ones. It can occasionally appear as a localized or widespread pustular eruption.[1] In Western populations, psoriasis is thought to affect two to three percent of the population. According to a National Psoriasis Foundation survey, 2.1% of adult Americans have the condition. Additionally, the study discovered that 35 percent of those who have psoriasis can be categorised as having moderate to severe psoriasis.[2] Although psoriasis can afflict people of any race. There are two peak ages at which plaque psoriasis first manifests. People between the ages of sixteen and twenty-two experience the first peak, and people between the ages of fifty-seven and sixty experience the second. Both adult males and females can develop psoriasis. Plaque psoriasis has been observed to impact females more than boys in children and adolescents, however this finding may be related to the younger age of beginning of psoriasis in females. The severity of psoriasis can be assessed using a variety of measures. The proportion of body surface area affected, disease activity (amount of plaque redness, thickness, and scaling), responsiveness to prior therapy, and the effect of the disease on the patient are the main determinants of severity. According to the Psoriasis Association of Australia (1999), psoriasis is exclusively a

genetic tendency that manifests in response to stress and become severe in presence of trigger factors like stress.[3] In the present case study, female of age 40yrs visit in Ayurveda OPD had complaint of severe itching, redness and pain in skin lesions, transient white, brown, or red macule, localized at bilateral sole region and palm region since 2yrs. She had associated complaint of loss of appetite, headache, dizziness, disturbed sleep and irregular bowel evacuation since 2yrs. She took allopathic treatment but does't get any improvement so she decided to switch on Ayurveda management for better cure and preventive care. On the basis of clinical presentation patient was diagnosed with *Vicharchika*, type of *Kushtha Roga* so the line of management is based on *Kushtha Chikitsa*. [4]

Case Report

A female of age 40yrs, housewife, who has no history of comorbidities came to out patient department of Rachana Sharir on 12-5-2023.

severe itching, redness and pain in skin lesions, localized at bilateral sole region and palm region since 2yrs. Transient white, brown, or red macular lesions of size >5cm. Bleeding occurs after scratching lesion. She had associated complaint of loss of appetite, headache, dizziness, disturbed sleep and irregular bowel evacuation since 2yrs.

Patient was asymptomatic 3years ago, then suddenly she had intense itching and reaction. She had disturbed lifestyle which aggravates the skin problem. Gradually skin lesions spread in

peripheral region(palms and soles) and bleeding, pain, cracking of skin occurs.

Patient had no history of hypertension, diabetes mellitus, thyroid disorders.

Clinical Findings:

Local Examination:

Location: Hands, Sole region

Size: >5cm

Discharge: serous discharge

Floor: patch covered with whitish layer of dead tissues

Margins: ill-defined not demarcated

Edges: irregular

Diagnostic Assessment:

Patient was average built but with weight 65kg, height 5'4" and BMI 23.0kg/m². Blood pressure(B.P.) 120/70mmHg, Pulse Rate 78/min, transient type of macular skin patches, present on both palm and sole region of size >5cm. On general examination, no clubbing, cyanosis, icterus, pallor, pigmentation seen.

On the basis of symptoms like *Shyavata*, *Kandu*, *Matasyashakalopmam* associated with *Aruchi*, *Mukhvairasya*, *Gauravta*, *Vibandha*, *Rukshamlana sphutitha twak* indicates *Rasa*, *Rakt*, *Mamsa Dhatu Dusti* reflects through

Twaka dusti which is clinically assessed by *Ashtavidha Pariksha*(Eight Fold Examination). [5]

Table no.1 Asthasthana Pareeksha

Nadi Pariksha	Vataj-Kaphaj
<i>Mala</i>	<i>Vikrit</i> (hard, non sticky, yellowish in color).
<i>Mutra</i>	<i>Prakrit</i>
<i>Jivha</i>	<i>Malavrit</i> (white coated)
<i>Shabda</i>	<i>prakrit</i>
<i>Sparsha</i>	<i>Ruksha</i>
<i>Drishti</i>	<i>prakrit</i>
<i>Akriti</i>	<i>Sama</i>

INTERVENTION:

After complete screening of patient and consent taken, on the basis of above findings patient was provisionally diagnose with *Ek Kusht*. The patient was treated on the line of management of *Kushtha Chikitsa*. The drugs selected for treatment was *Panchtik Ghrita* with *MahaKalyanak Ghrita* indicated as drug of choice in *Kushtha Chikitsa*. In next visit(after 15 days from drug intervention, diet and life style advised to patient to improve quality of life.

Table no.2 Treatment timeline (3 months)

Time Frame	Drug Intervention	Dose	Frequency	Anupana
17,4,2023	<i>Panchtik Ghrita</i> [6]	10ml, OD	Before meal	Leukwarm water
12,5,2023	<i>Panchtik Ghrita</i> + <i>Mahakalyanak Ghrita</i> [7]	10ml, OD 5ml, OD	Before meal, in morning At bed time	Leukwarm water Leukwarm water

24,5,2023	<i>Panchtik Ghrita</i> + <i>Mahakalyanak Ghrita</i> + <i>Cap.Stresscom</i>	10ml, OD 5ml, OD 2 tab OD	Before meal, in morning At bed time After meal	Leukwarm water
5,6,2023	<i>1st follow up</i>	No intervention given	-	-

Pathya Apathya

Table no.3 Dietary management

Pathya	Apathya
• <i>Sadrutta palana</i>	• Junk food
• <i>Vyayama, Yoga</i>	• Consuming sour, salty, meat & alcohol
• <i>Satvika ahara</i>	• <i>Ati maituna</i>
• Meditation	• Excessive sleep
• Healthy food habits	• Avoid stress

Follow-up

Table.no.4 Assessment of Symptoms

S. No	Symptoms	Before treatment	After treatment	1st follow up	2nd follow up
1.	Dryness, Peeling	Present	Mildly reduced	Moderately reduce	Improvement (+)
2.	Itching (<i>Kandu</i>)	Present	Mildly reduced	Reduced	Improvement (+)
3.	Rashes and Redness (<i>Raga</i>),	Present	Mildly reduced	Reduced	Improvement (+)

RESULTS:



Fig. 1. a) BT



Fig.2 a)AT



Fig. 1. b) BT



Fig2. b) AT

DISCUSSION

The *Eka Kushta* can be associated with psoriasis, and according to *Samhitas*, no specific therapy is recommended; instead, we should employ *Yukti* and treat according to *Dosha*. According to *Charaka Samhita*, a particular identification is indicated, which is *Matsyashakalopama*, and *Kinakara Sparsha*, which may be seen and connected.[8]

If the ailment has a long history, with *Shamanousadhi* is recommended based on the *Dosha*. Pathy is the most crucial aspect of therapy, and *Nidana Parivarjana* is the first line of defence. The following categories apply to the etiological elements that explain all forms of *Kushta*: *Dosha Hetu* **Aharaja Nidana**: excessive

consumption of *amla* (sour), *Lavana* (salt), *Kashaya* (astringent) *Rasa*, *Guru* (heavy to digest), *Snigdha* (food made of ghee & fried substances), and *Drava Ahara* (food articles containing excess of oil and liquid contents); *Adhyashana* (eating food before the previous meal has finished digesting); *Vishmasana* (eating food irregularly and at the wrong time); *Atyashana* (eating excessive food); *Asatmya Ahara* (eating food which is not suitable for an individual).[9]

Viharaja Nidana- *Atishrama*, which is excessive physical Labor; *Atapasevan*, which is excessive exposure to the sun's rays; *Anila Sevana*, which is excessive exposure to the chilly wind; and *Divaswapna*, which is excessive daytime

slumber. Hetu *Vyadhita* Incompatible food, fake poisoning (*Dushi Visha*), contaminated water, and abrupt immersion in cold water (*Shitoshna Vyatyasa Sevana*) are examples of *Mithya Ahara* or *Viruddha Ahara*. Exercise and sunbathing after consuming large meals.

Mitya Vihara- Chardi suppression, mutra Vegas (repression of desires to vomit and urinate), and sexual indulgence subsequent to *Snehana* karma (oleation treatment).[10]

Ubhaya Hetu

Aharaja Nidana- Overindulgence in various foods such as *Kulatha* (horse gram), *Matsya* (fish), *Varaha* (excess meat), *Mulaka* (raddish), *Guda* (jaggery), *Madhu* (honey), *Navanna* (meal cooked with fresh grains), and *Pishtanna* (food with excess of oil).

Mitya Ahara- meal consumed during the *Ajirna Avastha* (indigestion phase) is known as *Vidahi Vidagdha Ahara* (meal which promotes *pitta* / burning feeling).

Incompatible food (*Viruddha*); Ahara-Gunataha *Viruddha*. For instance, eating *Lashuna* (garlic) and *Mulaka* (radish) with milk; *Gramya Anupa Audaka mamsa* (eating the meat of marshy animals with milk); and eating fish with milk.[11]

In this case study patient come with complaint of itching, redness, patches all over the body. The line of treatment of *Ek Kushtha* applied on it. For this, we use *Panchatikta Ghrita* and *Mahakalyanka Ghrita* indicated in *Kushta Chikitsa*. After treatment patient get significant relief in symptoms of itching, redness and scaly patches all over the body.

Panchtikta Ghrita is indicated for *Kushtha*, *Varnya*, *Deepan*, *Pachana*, *Rechana*, *Amahara*, *Pramehahara* etc. *Panchtikta Ghrita* contain group of *Panchtikta Rasa Pradhan Aushdha*, well known go to cure for various skin ailments. Owing to its blood purifying qualities and *kapha-pitta* characteristics which help in removing toxins from the blood, it control sebum production and assists in treating a host of skin infections as well. That's why it is advantageous for treating allergic conditions (like psoriasis). Along with that to reduce the stress factor supplemental herbal formulations is used. [12]

CONCLUSION

Eka kushta is hard to treat, it can significantly improve with the right diagnosis made at the right time. Additionally, the combination *Ayurvedic* medicines yields quite outcomes in *Ek-Kushta*. We can treat ailments without using *Shaman Aushadhi*, but if the condition has been present for more than a year, *Sadvritta Palan* is required. The major cause of the sickness is knowingly making errors. Diseases are also caused by unhealthy eating. The *Mula* for the *Roga* is *Satata Nidana Sevan*; if not treated, it becomes *Asadhya Vyadhi*. But this study reveals the efficacy of *Ayurvedic* formulation in *Ek Kushtha* without developing any complication and prevent further progression of disease.

Patient Perspective: She got significant relief in symptoms i.e. dryness and peeling of skin, pain and bleeding with severe itching. Size of lesions is reduced.

Declaration of patient consent

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Conflict of Interest -Nil

REFERENCES:

1)Raharja A, Mahil SK, Barker JN. Psoriasis: a brief overview. Clin Med(Lond).2021 May;21(3):170-173. doi:10.7861/clinmed.2021-0257.PMID:34001566.

2) Afifi L, Shankle L, Armstrong AW, Boas M, Bridges A, Chiguil V, Doris F, Callis Duffin K, Fielding E, Flesichmann R, Gelfand JM, Kiselica M, Kiselica C, LaFoy B, Latella JJ, Takeshita J, Truman S, Wang MT, Wikerson V, Wu JJ, Siegel MP, Liao W. National Foundation Priorities for patients-centered Research: Proceedings from the conference. J Psoriasis Arthritis.2017 Summer;2(3).73-80.doi:10.1177/247553031700200307.

3) Heller MM, Lee ES, Koo JY. Stress as an influencing factor in psoriasis. Skin Therapy Lett.2011; May;16(5):1-4.

4) Sastri K, Chaturvedi G(editor).Caraka Samhita of Agnivesa, Chikitsa Sthan,chapter 7,verse no.26,2018 edition, New Delhi, Chaukhamba Bharati Academy,2018;252.

5) Sastri K, Chaturvedi G(editor).Caraka Samhita of Agnivesa, Chikitsa Sthan,chapter 7,verse no.26,2018 edition, New Delhi, Chaukhamba Bharati Academy,2018;252.

6) Mishra SN(editor).Bhaishajya Ratanavali of Kaviraj Govind Das Sen edited with ‘ Siddhiprada’ Hindi commentary,Vishphota Chikitsa, chapter.....,verse no.19,2022 edition,Varanasi, Chaukhamba Bharati Sanskrit Sansthan,2022;923.

7) Mishra SN(editor).Bhaishajya Ratanavali of Kaviraj Govind Das Sen edited with ‘ Siddhiprada’ Hindi commentary,Vishphota Chikitsa, chapter.....,verse no.72-73,2022 edition,Varanasi, Chaukhamba Bharati Sanskrit Sansthan,2022;507.

8) Sastri K, Chaturvedi G(editor).Caraka Samhita of Agnivesa, Chikitsa Sthan,chapter 7,verse no.26,2018 edition, New Delhi, Chaukhamba Bharati Academy,2018;252.

9) Sastri K, Chaturvedi G(editor).Caraka Samhita of Agnivesa, Chikitsa Sthan,chapter 7,verse no.4-8,2018 edition, New Delhi, Chaukhamba Bharati Academy,2018;248.

10) Sastri K, Chaturvedi G(editor).Caraka Samhita of Agnivesa, Chikitsa Sthan,chapter 7,verse no.6,2018 edition, New Delhi, Chaukhamba Bharati Academy,2018;643.

11) Sastri K, Chaturvedi G(editor).Caraka Samhita of Agnivesa, Chikitsa Sthan,chapter 7,verse no.6,2018 edition, New Delhi, Chaukhamba Bharati Academy,2018;643.

12) Mishra SN(editor).Bhaishajya Ratanavali of Kaviraj Govind Das Sen edited with ‘

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Siddhiprada' Hindi commentary, Vishphota edition, Varanasi, Chaukhamba Bharati Sanskrit Chikitsa, chapter....., verse no.19, 2022 Sansthan, 2022; 923.
13)

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