



REVIEW ARTICLE

AYURVEDIC MANAGEMENT OF PALMO-PLANTER PSORIASIS: A CASE STUDY

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ABSTRACT

Palmo-plantar psoriasis (PPP) is a type of Psoriasis limited to the area of the palms and soles. Though only small body surface area is affected, it is difficult to treat and seriously interferes with the patient's quality of life. It is found in 3 - 4% of all psoriasis cases. It is also found in isolation. There is no any direct correlation with any disease described in Ayurveda but somewhat it can be correlated with Vipadika which is one of the types of the Ksudrakushtha. This is a case of palmo-plantar psoriasis. He was taken treatment from different pathies. But due to frequent recurrence, he preferred Ayurvedic treatment. He was successfully managed with Ayurvedic treatment including internal medication & some external therapy for three months.

Keywords: - Palmo-plantar Psoriasis, *Ksudrakushtha* , *Vipadika* ,Internal medication, External therapy

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INTRODUCTION

Palmo-plantar psoriasis (PPP) is a type of Psoriasis limited to the area of the palms and soles. There are two common patterns: well-circumscribed, red, scaly, plaques similar to psoriasis elsewhere and Patchy or generalized thickening and scaling of the entire surface of palms and/or soles without redness (keratoderma)^[1]. In most of the conducted studies, it is found in 3 - 4% of all psoriasis cases. It is also found in isolation^[2]. Though only small body surface area is affected, it is difficult to treat and seriously interferes with the patient's quality of life^[3].

There is no any direct correlation with any disease described in *Ayurveda*, but somewhat it can be correlated with *Vipadika* which is one of the types of the *Ksudrakushtha*

(skin disorder). It involves predominantly *Vata-Kapha Dosha* and characterized by *Pani-Padasphutan* (fissure in palms and soles) and *Tivravedana* (with severe pain)^[4].

CASE REPORT

A 19 years old male, visited to Kayachikitsa OPD of Mahatma Gandhi Ayurveda Hospital salod (H), Wardha with complaints of scaling on bilateral palms and soles with severe itching since 2 years. He took treatment of various pathies but was getting temporary relief so he came here for further treatment. On examination, the skin of both the soles was extremely thick, dry and fissured. The palms had 2 to 3 thick patches. His CBC and blood sugar was within normal range. Following treatment was given for three months. He had irregular bowel habits. His weight was 95 Kg.

Table no 1: *Abhyantara chikitsa* first one month

Sr.no	Drug	Dose	Anupan
1.	<i>Arogyavardhini vati</i>	500mg twice a day after meal	Water
2.	<i>Gandhak rasayan</i>	500mg twice a day after meal	Water
3.	<i>Chopchini churna</i>	3gm twice a day at 8 a.m ----- 6 p.m.	Water
4.	<i>Haritaki churna</i>	5gm at bed time	Luke warm water
5.	<i>Panchatikta ghruta</i>	10ml twice a day at 8 a.m ----- 6 p.m.	Luke warm water

6.	<i>Mahamanjishthadi quath</i>	20ml twice a day After meal	Water

Table no 2: Abhyantara chikitsa second month

Sr.no	Drug	Dose	Anupan
1.	<i>Panchatikta ghruta</i>	10ml twice a day at 8 a.m ----- 6 p.m.	Luke warm water
2.	<i>Mahamanjishthadi quath</i>	20ml twice a day After meal	Water

Table no 3: Abhyantara chikitsa third month

Sr.no	Drug	Dose	Anupan
1.	<i>Yashad bhasma</i> <i>Rasamanikya</i> <i>Guduchi churna</i>	250mg } 50mg } twice a day 3gm	Water
2.	<i>Cap. Neem</i>	250mg twice a day	Water
3.	<i>Mahamanjishthadi quath</i>	20ml twice a day After meal	Water

Table no 4: Bahya Chikitsa

Sr no	Drug	Use	Duration
1	<i>Triphala quath</i>	<i>Dhavan</i> (local cleaning) Once a day	First 15 days
2	<i>Karanja taila</i>	Local application Twice a day	First 1 month
3	<i>Jatyadi ghruta</i>	Local application At night	Last 2 month

4	<i>Neem taila</i>	Local application In the morning	Last 2 month
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Figure 1 Before treatment



Figure 2 After treatment



Figure 3 Before treatment



Figure 4 After treatment

Table no 5: Observation

Sr. no	Clinical features	Before treatment	After Treatment
1	Scaling of skin	++	No scales
2	Fissure(Bilateral lower limbs)	+++	No fissure
3	Itching	+++	+

4	Pain at fissure	++	No pain
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DISCUSSION:

The treatment given in this patient was in accordance with the following properties of medicines. His clinical features indicated vitiation of *Vata* and *Kapha* (biological humors). In this patient *Arogyavardhini vati* and *Gandhak Rasayan* was given for 15 days as it is indicated in all types of *Kushta roga* (skin diseases)^{[5],[6]}. *Panchatikta ghruta* was given for long period because it is described as best for all types of *kushtha* and it also pacifies *vata* which is the root cause of fissures and pain^[7]. *Mahamanjishtha qutha* is given in *kustha chikitsa* in *vrindamadhav* as its is *raktashodhak*(blood purifier) ,*kaphaghna*(alleviates *kapha*) and *kushtha nashak* (alleviates skin ailments)^[8]. *Chopchini churna* was recommended for the reason that it is having blood purifying, immunomodulator and antimutagenic property^[9].

Haritaki churna was given for *koshtha shudhi* (mild purgative) as well as *strotoshuddhi* (cleaning of body channels) so that the medicines should be reached up to the targeted cells. *Yashad bhasma* contains zinc which is known to promote healing^[10]. *Rasamanikya* is a well-known drug, frequently used by Ayurvedic physicians for *Vata-Kaphaja* diseases like *Shwasa* (bronchial asthma),

Kasa(cough) and *Kushtha* ^[11]. *Triphala* was used to made decoction for the cleaning of lesions because *Triphalā* is anti-inflammatory and astringent which is helpful to shed the scales of palms and soles. The *Chikitsa Sthana* of the *Sushrut samhita* recommends *Triphala* among medicines that are good for purification^[12]. *Neem taila* , *karanja taila* and *jatyadi ghruta* were used for local application. *Neem* is *kandughna* (alleviate itching)^[13] ,*jati* has *kusthaghna*(alleviate skin diseases) , *vranashodhak*(wound cleaning property) ,*vranaropak*(wound healing property)^[14] and *karanj* has *jantughna*(antimicrobial) , *kandughna* , *vrnaropan* ,*vedanasthapan*(pain reliever)^[15]. *Guduchi* has been used in Ayurvedic preparations for the treatment of various ailments throughout the centuries. It is used as a *rasayana*(rejuvanator) to improve the immune system^[16].

CONCLUSION:

From the above case, it can be concluded that palmo-planter psoriasis can be successfully managed with Ayurvedic intervention. Further study can be conducted on large number of patients for verification of efficacy.

REFERENCES:

1. <http://www.medicalnewstoday.com/articles/314742.php>

2. Farber EM, Nall ML. Natural history of psoriasis in 5600 patients. *Dermatologica* 1974;148:1-18.

3. Pettey AA, Balkrishnan R, Rapp SR, Fleischer AB, Feldman SR. Patients with palmoplantar psoriasis have more physical disability and discomfort than patients with other forms of psoriasis: implications for clinical practice. *J Am Acad Dermatol.* 2003; 49:271---5.

4. Yadavji Trikamji(editor). *Ayurveda Dipika of chakrapani on Charak Samhita of charaka, Chikitsa sthan, chapter 7 ,verse no 22-29, Varanasi :Chaukhamba Surbharti Prakasan* ;2013;451

5. Mishra Siddhinandan, Vagbhat, Rasaratnasmuchaya, kushthachikitsa ,chapter20, verse no.108-114. 1st edition , Varanasi :Chaukhamba Orientalia;2011;466.

6. Laxmipathi Sashtri, *Yogaratnakara. Rasayanadhidhikara*, 3rd Edition,Varanasi: Chaukhamba Sanskrit Sanstha Publication; 1983; 501.

7. Tivari Premvati, *Vrndamadhav* , chapter 51, verse no. 113-116, 1st edition Varanasi:Chaukhamba Vishvabharati;2007;479.

8. Tivari Premvati, *Vrndamadhav* , chapter 51, verse no. 208-212, 1st edition, Varanasi: Chaukhamba Vishvabharati;2007;490.

9. Vijayalakshmi A, Ravichandiran V, Malarkodi Velraj, Nirmala S, Jayakumari S. Screening of flavonoid, quercetin,from the rhizome of Smilax china Linn. for anti-psoriatic activity. *Asian Pac J Trop Biomed* 2012; 2(4): 269-275.

10. Shastry Kashinath, Sri Sadanandsharama, Rasatarangini, 29 taranga, verse no. 120-123, 11th edition, Varanasi:Motilal Banarasidas; 1979;479.

11. Shastry Kashinath, Sri Sadanandsharama, Rasatarangini, 11 taranga, verse no. 83-88, 11th edition , Varanasi: Motilal Banarasidas; 1979;257.

12. Kunja Lal, *Susruta Samhita, An English translation of the Sushruta samhita, based on original Sanskrit text. Vol. 2*;1907;344.

13. Chunekar KC and Sahay Gangaprasad, Bhavprakash nighantu, Hindi commentary, varanasi ;chukhamba bharti academy , reprint ;2004;314.

14. Chunekar KC and Sahay Gangaprasad, Bhavprakash nighantu, Hindi commentary, varanasi :chukhamba bharti academy , reprint ;2004;478.

15. Chunekar KC and Sahay Gangaprasad, Bhavprakash nighantu, Hindi commentary, Varanasi:chukhamba bharti academy , reprint; 2004;336.

16. Ayurvedic Pharmacopoeia of India. Part I. 1st ed. Vol. 1. New Delhi: Department Of AYUSH, Ministry of Health and FW; 2001;53-5.

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