

A Case Report on the effect of Dr. JRK's 777 Oil and Panchtikt Ghrít in the management of Psoriasis


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This case report presents the management of psoriasis in a 64-year-old female patient using Ayurvedic principles. The patient presented with multiple well-defined erythematous, mild violaceous plaques with scaling over her fingers, elbow, back, abdomen, buttock, and lower limbs. She had previously tried various conventional treatments without satisfactory results. After a thorough Ayurvedic assessment, a customized treatment plan was formulated based on the patient's Prakriti and Vikriti. The treatment regimen included a combination of Ayurvedic formulations, dietary modifications, and lifestyle interventions. Notable improvements were observed in the patient's signs and symptoms, including a reduction in plaque severity, scaling, and itching, along with an improvement in overall quality of life. The severity of psoriasis was thoroughly evaluated through photographic documentation, providing a comprehensive assessment of the efficacy of Ayurvedic intervention. This case highlights the potential of Ayurveda as an effective and safe therapeutic choice for the management of psoriasis, offering holistic healing while addressing the underlying imbalances.

Keywords: Ayurveda, Psoriasis, Dr. JRK's 777 Oil, Panchtikt Ghrít

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Introduction

Our relationship with our skin is deeply interconnected with our sense of self-confidence, and personal narrative, shaping how we present ourselves to the world. While the skin indeed plays a vital role in aesthetics and social perception, its significance extends far beyond cosmetic appearance. As the largest organ of the human body, the skin is a dynamic and multifunctional system that performs essential physiological tasks - acting as a barrier against pathogens, regulating body temperature, facilitating sensory perception, synthesizing vitamin D and participating in immune surveillance. It serves as a barrier, shielding us from harmful external factors. However, amidst the complexities of modern living, we are witnessing a concerning rise in skin diseases that pose significant challenges to individuals and healthcare systems worldwide. Factors such as environmental factors, urbanization, pollution, sedentary lifestyle, dietary changes, and stress contribute to the increasing prevalence of dermatological conditions.

One such skin condition is Psoriasis. It is a chronic dermatosis characterized by an unpredictable course of remissions and relapses as well as a presence at typical sites with well-defined erythematous papules and plaques, which are surmounted with large, loose, silvery scales. In *Ayurvedic* classics, it is correlated with *Ek-Kushtha*. *Ek-Kushtha* is *Vata-Kaphaja* predominant *Tridoshaj Vyadhi*. It particularly has an excessive accumulation of *Doshas* and is *Chirakari* (Chronic) in nature. The clinical observation of *Ek-Kushtha* shows that it is a disease with frequent relapses. *Ek-Kushtha* is classified under *Kshudra Kushtha*. It is described by *Acharya Charaka* as *Aswedanam* (non-perspiration), *Mahavastu* (extensive), *Yana-Masyoshakalalopamam* (looks like fish scale), and *Aruna Varna* (discoloration).[1]

Dr. JRK's 777 Oil and *Panchtikt Ghrit* have been selected for the management of Psoriasis in the present study.

Case Report

A 64-year-old female patient from Jogindernagar, Himachal Pradesh; with no history of any underlying illness, addiction, or allergy visited O.P.D. No. 715 of Rajiv Gandhi Government Post Graduate Ayurvedic College & Hospital, Paprola, H.P. on 15/12/2023.

She presented with the chief complaint of rashes with itching over the whole body in the last 1.5 years. No health record of family history was available.

Clinical Findings

Multiple well-defined erythematous, mild violaceous plaques with scaling were found over bilateral buttocks, inframammary region, fingers, left elbow, lower limbs, and around the umbilicus.

Body temperature and sensation of the affected areas were normal. Mild yellowish discoloration with pitting present over nails bilateral hands.

On physical examination:

- Bilateral buttocks (approx. 12 cm × 10 cm each)
- Inframammary region (approx. 6 cm × 5 cm)
- Fingers (multiple plaques, approx. 2-3 cm in diameter each)
- Left elbow (approx. 8 cm × 6 cm)
- Lower limbs (diffuse involvement, approx. 10% of limb surface)
- Around the umbilicus (approx. 5 cm × 4 cm)

PASI Score[2,3,4]

The PASI score is a standard tool used to measure the severity and extent of psoriasis. It assesses erythema, scaling, thickness, and area involved across four body regions. Based on descriptions in the report and assuming a moderate extent and severity:

Body Region	Area Involved (%)	Area Score (0-6)	Erythema (0-4)	Induration (0-4)	Scaling (0-4)	Regional Weight	Subscore
Head	0%	0%	0%	0%	0%	0%	0%
Upper Limbs	<10% (fingers, elbow)	1	2	2	2	0.2	1.2
Trunk	10-15% (buttocks, inframammary, umbilicus)	2	2	2	2	0.3	3.6
Lower Limbs	~10% (diffuse plaques)	2	2	2	2	0.4	4.8
Total PASI Score							9.6

PASI Score Range	PASI Score Range Severity
0	No disease
<7	Mild
7-12	Moderate
>12	Severe

Timeline



1st visit



2nd visit



3rd visit: Disappearance of yellowish discoloration of nails



Before Treatment



Before Treatment



After Treatment



After Treatment

Two formulations were prescribed for local application and oral administration viz. Dr. JRK's 777 Oil and *Panchtikt Ghrit*. The treatment was continued for 3 months.

Drug	Dose	Route	Frequency	Anupana	Duration
Dr. JRK's 777 Oil	As per the lesion size	Local application	Twice a day	—	3 months
Panchtikt Ghrit	1TSF	Oral	Early morning on Empty Stomach	Lukewarm water	3 months

Aanupa Mansa (Non-Veg) is contraindicated.

Diagnostic Assessment[5,6]

The total PASI score is 9.6, which falls within the mild to moderate range of psoriasis severity.

Routine investigations - CBC, LFT, RFT, TFT- WNL

Discussion

Psoriasis, an autoimmune condition, genetic predisposition and environmental triggers into its complex pathogenesis. Cytokines, inflammatory cascades, and hyperactive keratinocytes play a key role in causing its symptoms, with plaque psoriasis being the hallmark presentation. In the present case, patient is resident of Jogindernagar which is a hill station. In her case psoriasis aggravates in winters, showing the significance of climatic conditions in the disease.

Treatment regimen follows principle of *Vikarvighat Bhava-Abhava* where *Samprapti* (pathogenesis) chain is broken. The consumption of incompatible foods, known as *Viruddha Ahara*, stands as a significant contributor to onset and progression of this disorder. Avoidance of such dietary practices is paramount for achieving optimal treatment outcomes, expediting recovery, and preventing recurring episodes in chronic skin ailments. In case at hand, patient's inclination for consumption of non-veg, spicy food, and simultaneous indulgence exacerbated the condition. *Aanupa Mansa* (Non-Veg) is contraindicated as it is heavy to digest, disturbs *Agni* (digestion), and produces *Ama*. A non-Veg diet contains "Arachidonic acid" a natural inflammatory substance that worsens condition of Psoriasis. Despite prior treatment, the patient continued to overlook these causative factors as per Ayurvedic principles, leading to only temporary relief and recurrent flare-ups. Consequently, in the current scenario, adherence to *Pathya Ahara* (strict dietary regimen) has been prescribed as a pivotal intervention alongside *Ayurvedic* medicines. This holistic approach aims not only to alleviate symptoms but also to address the root cause of the ailment, promoting sustained healing and well-being. The ongoing psoriatic condition was managed using Dr. JRK's 777 Oil and *Panchtikt Ghrit*. Dr. JRK's 777 Oil has been prescribed for external application. Dr. JRK's 777 Oil, is formulated from *Wrightia tinctoria* and *Oleum cocos nucifera* via a proprietary process. This oil demonstrates efficacy by inhibiting the proliferation of keratinocytes, pivotal in the pathogenesis of psoriasis. Moreover, its unique composition enhances the bioavailability and bio-burden of active constituents, ensuring optimal therapeutic efficacy. It combats skin dryness and associated pruritus while prolonging skin turnover time and delaying apoptosis.

Coconut oil[7] has moisturizing, soothing, and emollient properties. Its anti-inflammatory property works wonders by restraining cytokines, prostaglandins, and leukotrienes while enhancing skin's protective barrier function. In conditions like psoriasis, where inflammatory markers like TNF- α and IFN- γ wreak havoc, coconut oil steps in as a formidable ally. By curbing secretion of IL-6, it rains in hyperactivity of epidermal keratinocytes, reducing epidermal thickening characteristic of psoriasis. Furthermore, coconut oil doesn't stop there. Its topical application exerts a multifaceted effect by dampening levels of various cytokines, including TNF- α , IFN γ , IL-6, IL-5, and IL-8. This comprehensive approach underscores coconut oil's efficacy in alleviating symptoms and restoring skin health in psoriasis and other skin disorders. *Panchatikta Ghrita* is composed of ingredients with a variety of properties, including *Katu*(pungent), *Tikta* (bitter), *Kshaya*(astringent), *Madhur*(sweet), *Laghu*(light), *Ruksh*(rough), *Sheeta* (cold). These components work together to balance *Vata*, *Pitta*, and *Kapha Doshas*. [8] By pacifying *Vata Dosha*, *Panchatikta Ghrita* alleviates roughness, dry scaling, coarseness, and blackish-brown or pinkish-red discoloration in psoriasis. It also helps reduce itching, round elevated demarcated plaques, plaque thickness, and localized and adherent plaque clusters. Additionally, pacification of *Pitta Dosha* helps diminish burning sensations and pinpoint bleeding associated with the disease. Furthermore, the sweet taste, hot potency, and oily properties of *Panchatikta Ghrita* soothe *Vata dosha* and effectively treat symptoms like roughness, coarseness, and discoloration in psoriatic plaques. Moreover, *Panchatikta Ghrita* exhibits properties such as anti-itch, anti-inflammatory, wound-healing, soothing, anti-microbial, and antioxidant effects, as supported by biochemical analysis. These properties contribute to its effectiveness in managing Psoriasis and related skin disorders. This treatment regimen worked well in mild to moderate Psoriatic plaques over hands, above heel, and elbow but it was not that effective in severe and bigger plaques present over buttock region however, there was a reduction in scaling, erythema, and itching at these sites.

Conclusion

In present case study, we followed *Ayurvedic* approach to treatment, which targets root cause of condition according to *Ayurvedic* principles.

The patient responded positively to this treatment much sooner than with previous remedies. This reinforces the importance of a balanced diet in promoting overall health.

The combination of external and internal *Ayurvedic* medications played a crucial role in addressing the intricate underlying mechanisms of Psoriasis, similar to how they treat other chronic diseases.

This holistic approach focuses on restoring balance to the body's systems, resulting in effective and sustainable relief from psoriasis symptoms.

Patient Perspective

The patient expressed contentment with the treatment protocol, having grown weary of frequent hospital visits. Finding relief in her symptoms proved instrumental in achieving the initial goal that led her to seek medical attention.

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