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A case study of Plantar Psoriasis

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ABSTRACT

Psoriasis is a long standing autoimmune disease characterized by patches of abnormal skin. It is non infectious chronic inflammatory disease of skin characterized by well defined erythematous plaques with silvery scale. Psoriasis varies in severity from small localized patches to complete body coverage. It is a common skin disease affecting about 1-2 percent of the general population. The disease not only affects the patient physically but also disturbs the mental and social health of the patient. There is no satisfactory treatment available for Psoriasis. Ayurvedic treatment can give promising results in such patients. Repeated *Shodhan Chikitsa* followed by various *Shaman Yogas* and *Rasayan Chikitsa* for continued remission are emphasized in treatment of *Kushtha* in all ancient Ayurvedic texts. In this article a case of plantar psoriasis is being presented which was treated successfully with Ayurvedic management.

Key words: Psoriasis, Ekakushtha, Virechana, Shodhan Chikitsa, Shamana Chikitsa, Tiktaka Ghrita, Rasayana.

INTRODUCTION

Psoriasis is papulosquamous disease i.e. papules or plaques are covered with scales. Psoriasis is non infectious chronic inflammatory disease of skin characterized by well defined erythematous plaques with silvery scale. Exact etiology is unknown, though the current thinking is that psoriasis is one of the commonest autoimmune diseases occurring in human. Familial occurrence suggests genetic predisposition. Mechanical, chemical or radiation trauma can initiate or worsen psoriasis. Drugs like chloroquine, beta blockers & NSAIDs can worsen or

induce psoriasis. Withdrawal of systemic corticosteroids in a patient with of psoriasis can precipitate an attack of erythrodermic or generalized pustular psoriasis. Summer improves psoriasis and winter worsens it. According to W.H.O. the world wide prevalence of Psoriasis is 1-2%. It is spreading fast because of unsuitable life-style changes such as dietary pattern, busy schedule and stress. There is no satisfactory treatment available for Psoriasis. Pathology seen in psoriasis is that there is accelerated epidermal turnover and deficient keratinocyte maturation results in visible exfoliation of skin. Vascular changes lead to erythema whereas dense neutrophilic infiltrate may lead to formation of pustules. Initial lesion of psoriasis is a barely elevated erythematous papule topped by a whitish scale. Sometimes scales may not be evident unless the surface is stroked or scratched. Papules may enlarge or coalesce to form plaques covered with thick silvery scales. When the scales are removed, pinpoint bleeding is visible on the involved skin (Auspitz sign). Thus fully established psoriasis consists of well defined rounded erythematous plaques covered with thick silvery scales. There may be variation in

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distribution such as scalp psoriasis, palmoplantar psoriasis, nail psoriasis.^[1]

In Ayurveda majority of all skin diseases are described under the chapter of *Kushtha* in *Charak Samhita* chikitsa sthaan .Vitiated doshas destroys the skin structure creating discolouration of skin. Kustha are divided into 2 types, (a) Mahakustha, (b) Kshudra Kustha. Mahakustha is again divided into 7 types and Kshudra Kustha is divided into 11 types.^[2] Commonly described etiological factors for development of *Kustha* are *Virodhi Annapana*, *Drava Snigdha Guru Bhojan*, *Vegvidharana*, eating during *Ajeerna Avastha*, *Mitthyopachar* in *Panchakarma* procedures etc. because of all these etiological factors all three doshas get vitiated and cause vitiation of twak (skin), Rakta (blood), mamsa dhatu (Muscular tissue) & Lasika (serum/lymph).^[3] Symptoms of psoriasis can be correlated well with the symptoms of ekakustha and kitibh.^[4] Ekakustha is described as Vata-Kapha predominant disease having signs and symptoms as - Aswedanam (absence of sweating), Mahavastu (big size lesions) and Matsyashakalopamam (scaling). Symptoms of Kitibha are skin discolouration (Shyava Varna - blackish discolouration), *Khara Sparsha* (keratinized skin).^[5]

CASE REPORT

A 50 years male patient presented in Dr. DY Patil Ayurvedic Hospital, Kayachikitsa OPD with complaints of erythematous plaques over both plantar region. It was associated with scaling. Auspitz sign was positive. He was not having any history of major medical and surgical illness. Patient was taking allopathic treatment for the psoriasis but did not get much relief. So patient approached for Ayurved treatment.

MATERIALS AND METHODS

Assessment Criteria

Subjective Criteria

Aswedanam (Absence of Sweating)

Normal Sweating	0
Mild Sweating	1

Mild Sweating on exercise	2
No Sweating after exercise	3

Mahavastu (Big size lesion)

No lesion	0
Lesion on partial part of plantar region.	1
Lesion on most part of plantar region	2
Lesion on whole part of plantar region.	3

Matsyashakalopamam (Scaling)

No scaling	0
Mild scaling from all lesions	1
Moderate scaling from all lesions	2
Severe scaling from all lesions	3

Skin Discouration (*Shyav Varnata*)

No discoloration	0
Discolouration on partial part of plantar part.	1
Discolouration on most part of plantar region.	2
Discouration on whole part of plantar region.	3

Treatment given

Dipana Pachana Chikitsa followed by *Shodhana Chikitsa* (*Virechan*) and then *Shamana Chikitsa*.

1. *Deepana Chikitsa* - *Hingwasthak Churna* 5gms 2 times a day before meal with ghrith anupan for 3 days.

2. *Pachana Chikitsa* - *Musta (Cyperus rotundus)* and *Shunthi (Zingiber officinale)* Kwatha (Decoction) given 20ml BID after meal for 3days. Kwatha was prepared as per procedure mentioned in *Sharangdhar Samhita*. *Chitrakadi Vati* 250mg 2 tabs 3 times a day with lukewarm water was given during *Deepana Pachana Chikitsa*.
3. *Snehapan* with *Tiktaka Ghrita* given in morning at 7:00am for 7days with increasing quantity of Ghrita every day, *Anupana - Koshna Jala* (Luke warm water).
 - a. Day first - 30ml Ghrita.
 - b. Day second - 60ml Ghrita.
 - c. Day third - 90ml Ghrita.
 - d. Day four - 120ml Ghrita.
 - e. Day Five - 150ml Ghrita.
 - f. Day Six - 180ml Ghrita.
 - g. Day Seven - 210ml Ghrita.

Sneha Siddhi Lakshan were continuously monitored. Patient was asked to stop *snehapana* after 7 days as *Sneha Sansiddhi Lakshan* were observed.

1. Then for 2 days *Sarvang Snehan, Sarvang Swedana* was given - *Snehana* with til oil, *Swedana* with *Dashmool Bharad Quath*.
2. On Third day after *Snehapana - Virechana* was given: *Kalpa* prepared for *Virechan* – *Gandharvahastyadi Taila* 60ml plus *Abhayadi Modak* 4 tablets were given. This preparation was given orally to patient at 9:30am in the morning after *Snehana* and *Swedana*. After one and half hour *Virechana Vega* (Loose Motion) was started. Ten *Virechana Vega* (Loose Motion passed) in 12 hours. Pulse Rate and Blood Pressure after *Virechana* were within normal limit. *Sansarjana Krama* (rules about diet after *Shodhana Chikitsa*) advised for 5 days.
3. *Shamana Yoga* was started 5 days after *Virechana*. Treatment given *Kaishora Guggulu, Gandhaka Rasayana, Laghumanjishthadi Quatha*^[6] 30ml 2 times a day.

4. Local Application of *Mahatiktaka Ghrita* ointment was advised.
5. *Tiktaka Ghrita* 10ml daily on empty stomach with lukewarm water was prescribed as *Rasayana Chikitsa* after completion of *Sansarjan Krama*.
6. With above mentioned line of treatment patient got satisfactory relief from the symptoms of psoriasis. It can be well appreciated on the photographs documented before and after treatment.

Aswedanam		Mahavastu		Matsya Shakalopamam		Shyava Varnata	
BT	AT	BT	AT	BT	AT	BT	AT
3	0	2	0	2	0	3	1



Fig. 1: Before treatment



Fig. 2: During treatment



Fig. 3: After treatment

DISCUSSION

In above case study patient got satisfactory relief from symptoms of plantar psoriasis. Ayurveda has *Panchakarma Chikitsa* as its unique specialty. In this case study *Virechana Chikitsa* showed good results along with *Shamana Yoga*. In *Kustha Chikitsa* according to *Acharya* repeated *Shodhan Chikitsa* should be given to *Kustha* patient. According to text *Virechan* should be given every month. *Virechana Chikitsa* is indicated for vitiated *pitta* and *Kapha Dosha*. In this case patient was having symptoms of *Tridosha* vitiation with predominance of *Vata* and *Kapha Dosha*. *Virechan Chikitsa* helps to remove vitiated *Dosha* from body. *Shaman Yoga* was given as a combination of *Kaishor Guggul* 500 mg bid, *Gandhak Rasayan* 250 mg bid and *Laghumanjishthadi Kwatha* 20 ml along with local application of *Mahatiktaka Ghrita*. *Rasayana Chikitsa* was also given with *Tiktaka Ghrita* 10ml orally on empty stomach.

Main content of *Kaishora Guggulu* is *Guduchi*, *Triphala*, *Trikatu*, *Vidanga*, *Pippali*, *Chitraka*, *Dantimool* and *Nishotha* along with *Guggulu*. This *Kalpa* is useful for vitiated *Kapha Dosha* & *Rakta Dushti*. *Guduchi* is *Agrya* medicine for vitiated *Vata Kapha Rakta*. And other content like *Vidang*, *Trikatu*, *Danti Pippali*, *Chitraka* are very good medicine for *Vata Kapha*. They reduce excessively accumulated *Kleda* at the affected region. *Gandhak Rasayana* is drug of choice for the vitiated for *Pitta Dosha*, this combination of *Kaishor Guggulu* and *Gandhak*

Rasayana found to very much useful in this case of plantar psoriasis. These 2 medicines were given with *Anupana* as *Laghumanjishthadi Quatha*. Contents of *Laghumanjishthadi Quatha*^[6] are *Manjishtha*, *Triphala*, *Kutaki*, *Vacha*, *Daruharidra*, *Haridra*, *Guduchi*, and *Nimba*. This *Kwatha* has *Kledaghna*, *Kaphaghna* and *Rakta Shodhan* property. Patient was advised for local application of *Mahatiktaka Ghrita* twice a day at affected part. This *Ghrita* application act by *Shodhana* and *Ropan Chikitsa*.

Rasayana Chikitsa was given with *Tiktak Ghrita* orally. It acts to pacify *Vata* and *Kapha Dosha*. It also provides internal oleation which is important part of the psoriasis treatment.

CONCLUSION

In this case study marked improvement was seen in patient of plantar psoriasis. The treatment so planned was helpful in *Aampachan*, removal of vitiated *Dosha* from body and bringing *Samyavastha* (balanced condition) of *Doshas*. Also it improved *Vyadhikshamatwa* of patient and hence the treatment was effective to relieve the symptoms and induce remission.

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