

Case Study

Ayurvedic management of Palmo Plantar Psoriasis in Pediatric age: A case report

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ABSTRACT:

Palmo plantar psoriasis is a variant of psoriasis that characteristically affects the skin of the palms and soles. It accounts for 3-4% of all psoriasis cases producing a significant functional and social disability [1] and is the second most common type of psoriasis whose incidence is reported [2]. Palmo plantar psoriasis is a non-infectious chronic inflammatory disease of the skin characterized by well-defined erythematous plaques with silvery scales, which have a predilection for extensor surface, and by chronic fluctuating course. In Ayurveda, all skin diseases are discussed under the domain of Kushta. Palmo plantar psoriasis can be correlated to Vipadika, one among the kshudra kushtas mentioned in our classics. Main symptoms of Vipadika are cracks (sphutana) either in palms or soles or in both with severe pain that it severely afflicts the quality of life of the patient. A case of an 8 year old female patient who presented features of vipadika like scaling, erythematous lesion, itching etc was treated with a mridu shodana with trivrit lehya followed by an avagaha using Aragwadha, triphala and madhusnuhi, external application of Doorvadi ghrita and internal intake of mahamanjishtadi kwatha, dooshivishari agada, nimba churna and pancha tikthaka ghrita.

KEY WORDS: Vipadika, Palmo plantar psoriasis, Virechana, Dooshivishari agada, Madhusnuhi

INTRODUCTION:

The skin is the largest organ of the body which first exposed with the environment agents like physical, chemical and biological agents. A clear and healthy skin is an indicator for a healthy body. Palmer-planter psoriasis is a non-infectious chronic inflammatory disease of the skin which mainly affects palms and soles, characterized by well-defined erythematous plaques with silvery scales. Palmo plantar psoriasis can be correlated to Vipadika [3], one among the kshudra kushtas mentioned in our classics. Main symptoms of Vipadika are cracks (sphutana) either in palms or soles or in both with severe pain [4] that it severely afflicts the quality of life of the patient.

Case Presentation:

An 8 year old female patient, from Udupi, presented herself to the OPD of Shringara, SDM College of Ayurveda after having developed cracks on heels and feet since 2 years. There was severe itching and pain which was continuous throughout the day incapacitating her gait due to severe pain.

The lesions were bilaterally present over the soles, instep and sides of feet. Psoriasis was not present at other sites except soles. Distal sole and toes were involved. Web spaces were involved and sparing of skin over creases of palms is noted. No increased pigmentation found. The lesions of both soles were gradually progressive and the onset was insidious. Patient was diagnosed as having Palmo-plantar psoriasis and took allopathic treatment but didn't get sustained relief. The patient did not note any family history of DM, HTN. All are said to be healthy in the family.

Diagnosis, Assessment and Treatment:

Considering the presentation of symptoms, the patient was diagnosed as Palmo-plantar Psoriasis and a correlation was made with Vipadika [3] according to Ayurveda. The diagnosis was done clinically based on the history and findings through integumentary system examination.

To measure the efficacy of treatment, 'Psoriasis Area Severity and Index (PASI)' scale as used. Total three assessments were carried out before starting Ayurvedic treatment, one after the virechana and the third, after 6 weeks completion of Ayurvedic treatment based on the scoring of PASI. PASI is the most widely used tool for the measurement of severity of psoriasis. PASI combines the scores of the

severity of lesions and the area affected, and finally gives a single score in the range 0 (no disease) to 72 (maximal disease)^[5].

The main objectives of the treatment were, to provide relief in signs & symptoms of Palmo-plantar psoriasis. Dietary restrictions and life style changes were implemented during the course of treatment.

Treatment Protocol:

The course of treatment for mrudu virechana was planned in the following way:

Table No. 1: The course of treatment for mrudu virechana

NO.	PROCEDURE	MEDICINE	DOSE	DAYS
01	Deepana and pachana	Chitrakadi vati	2-0-2	1 st -3 rd day
02	Snehapana [Samana]	Normal ghrita	15g TID	4 th -7 th day
03	Abhyanga	Nalpalmaradi kerataila	QS	8 th day
04	Svedana	Ushna jala Snana	-	8 th day
05	Virechana	Trivrit lehya	40gms	8 th day

Shamana Chikitsa:

Table No. 2: Shamana Chikitsa given during treatment

NO.	PROCEDURE	MEDICINE	DOSE
01	-	Mahamanjishtadi kwatha	15 ml BD, BF
02	-	Dooshivishari tab	2-0-2,BF
03	-	Pancha nimbi choorna	1tsp BD with kwatha
04	-	Pancha tikthaka ghrita	1 tsp morning BF
05	Abhyanga	Nalpalmaradi Kera Tailam	QS
06	Avagaaha	Aragwadha, triphala and madhusnuhi	QS
07	Lepa	Doorvadi ghrita	QS

OBSERVATIONS:

Table No. 3: Observations before and after treatment

No.	Symptom	Before treatment	After Virechana	After 6 weeks
01	Scaling of skin	++	+	-
02	Fissure(Bilateral lower limbs)	++	+	-
03	Itching	+++	++	-
04	Pain at fissure	+++	++	+

Figure No. 1 and 2: Before Treatment



Figure No. 3 and 4: After Shodhana



Figure No. 5 and 6: After 6 weeks of Treatment

**DISCUSSION:**

According to Ayurveda *Vipadika* is the *Vatakaphaja Dosha* predominant disease, *Sodhana chikitsa* by *Virechana karma* followed by *Snehan karma* by which work as *Vataghna*, *Kushtaghna* also and followed also *Abhyanga* and *Swedana Karma* which work on both *Vata* and *Kapha Dosha*.

Chitrakadi vati used for *Deepana* and *pachana*, increases the digestive capacity and metabolic activity of cells thus facilitating the easy digestion of *Sneha*.

Considering the age of the patient, normal *ghrita* was given as the *Sneha* in quantity of 30ml per day. This was sufficient for attaining the *samyak snigdha lakshanas* in 4 days as the patient consumes *sneha* daily with her food. *Sneha* by its *Suksham guna* reach at the cellular level. After obtaining *Samyak snigdha lakshanas* patient was subjected to *Abhyanga* and *Swedana*. *Abhyang* softens vitiated *Dosha* and localize them and *Swedana* liquefy the vitiated *Doshas* which are being situated in micro channel so they can easily reach from *Shakha* to *Koshtha* from where they can be easily removed from body.

Since the vitiated *Pitta* and *Kapha* dosha are in *Drava* form due to the *Snehapana*, *abhyanga* and *virechana* and are brought to nearest route, *koshta*, wherein administration of purgative drug eliminate easily. As the route selected for the elimination is anal route which is the main site of *Vata* i.e. *Pakwashaya*, which is also cleansed, thereby eliminating and normalising of *Vata* which proves that *Virechana* is beneficial for *Tridosha shamana*. There was good improvement noticed immediately after *virechana* in signs & symptoms. Itching, scaling, thickness, fissuring and pain during walking got reduced after *virechana*. There was also considerable reduction in the size of the scaling and fissures in both the soles.

Panchatikta ghrita 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. *Mahamanjishtha Kwatha* is given in *kushtha chikitsa* acts as a *raktashodhaka* (blood purifier), *kaphaghna* (alleviates *kapha*) and *kushtha nashaka* (alleviates skin ailments). *Panchanimba choorna* is also very beneficial in this condition, considering the effect of *nimba* on skin. *Madhusnuhi churna*, *Tripahala* and *Aragwadha* was recommended for the reason

that it is having blood purifying, immune modulator and wound healing property. *Dooshivishari Agada* was given considering the continuous exposure to the toxins in one's daily life due to the change in the life style in the present era. *Doorvadi ghrita* due to its healing nature was advised as a *alepa* twice daily

Before starting treatment, total score on PASI was 3.6. It was reduced to 1.6 after the *virechana* and subsequently to 0.4 in the follow up assessment after 6 weeks. For patients with severe psoriasis, clinicians typically consider at least 75% improvement in disease to be a clinically meaningful improvement indicative of success. This has been translated in to 75% improvement in the PASI score. However, it is now well established that 75% improvement in PASI (PASI 75) is a clinically meaningful endpoint for clinical trials and there is strong evidence demonstrating that 50% improvement in PASI (PASI 50) is also a clinically meaningful endpoint. In present case, the patient got clinically meaningful improvement by *virechana karma*, followed by internal medicines along with dietary restrictions and life style changes. There was 90% improvement found in present case on PASI (PASI 90) with Ayurvedic treatment, which shows that Ayurvedic management is beneficial in the management of Palmo-plantar psoriasis.

CONCLUSION:

From the above case, we can draw a conclusion that Palmo-plantar psoriasis can be successfully managed through Ayurvedic line of treatment. As Ayurvedic treatment helps to relieve symptoms of disease and also an attempt to provide safe and effective treatment to the patient. No adverse reactions were seen during the course of treatment. Further study must be conducted on large number of patients.

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