



Case Study

AYURVED MANAGEMENT OF PLANTAR PSORIASIS - A CASE REPORT

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ABSTRACT

Psoriasis is a common chronic, immune-mediated, inflammatory, proliferative, noncontagious disease of the skin affecting people who are genetically predisposed, with environment playing a critical role in the pathogenesis. There is no satisfactory treatment available in contemporary science as the recurrence rate is high, but Ayurved treatment can give promising result in such patients. Here in this case a 65 yrs old female came to OPD with complaints of cracks with intermittent bleeding in bilateral feet, thickened erythematous plaque, itching at the site of the lesion intense pain at the affected site, along with blackish discolouration of the bilateral feet. Looking into the Samprapti (pathogenesis) of the disease it Vata kapha pradhana tridosaja vikara, then the patient is administered with Kaishora gugulu and Maha manjisthadi Kashaya for internal medication along with *Jeevantyadi yamak* as external application. Within 1 month of treatment patient get satisfactory relieve in sign and symptoms.

INTRODUCTION

Psoriasis is a chronic inflammatory, hyperproliferative skin disease. It is characterized by well-defined, erythematous scaly plaques, particularly affecting extensor surface and scalp, and usually follows a relapsing and remitting course. Psoriasis affects approximately 1.5-3% of caucasians and is less common in Asian, South American and African populations. It occurs equally in both sexes and at any age; although it is uncommon under the age of 50yrs, more than 50% present before the age of 30 years. The age of onset follows a bimodal distribution, with an early onset type in the teenage or early adult years, often with a family history of psoriasis and more severe disease course. The later-onset type is typically seen between 50 and 60 years, usually without a family history and a less severe disease course.[1]

Many case reports have shown the use of traditional medicine such as Ayurveda as being beneficial and even curative to a number of chronic illnesses including but not limited to arthritis, low back pain, hypertension, sciatica, migraine, neuropathy,

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parkinsonism, thyroid imbalances, liver disease, dysmenorrhea, polycystic ovarian syndrome, irritable syndrome. asthma, bowel allergies. eczema. depression, anxiety, and many others.[2] The use of Ayurveda in plantar psoriasis, a chronic, yet treatable disease, has shown marked improvement on patient outcomes in numerous case reports.[3]

Patient Information

A 65 years old female came to OPD with complaints of difficulty on walking, cracks on bilateral feet with intermittent bleeding. thickened erythematous plaque, itching from the site of the lesion, blackish discolouration of bilateral feet. History of present illness revealed that patient was asymptomatic before 1 month then she developed cracks on bilateral feet with intermittent bleeding, thickened erythematous plaque, itching from the site of the lesion, blackish discolouration of bilateral feet and intense pain at the site of the lesion for which she consulted to a dermatologist based on clinical presentation patient was diagnosed as plantar psoriasis and prescribed topical and systemic allopathic treatment and get some shots of relief but not get satisfactory result. Then with the same complaints she came to All India Institute of Ayurved for further management.

Clinical Findings

On examination there was no pallor, icterus, clubbing, cyanosis, lymphadenopathy, or oedema, her weight was 48 kg, blood pressure was 110/75mmhg, and pulse rate was 80/min, Temperature- 99.5°F. Personal history revealed regular bowel and bladder movement along with good appetite and sleep.

Systemic examination revealed normal heart sound without any other significant findings. Chest examination revealed normal breathing sound. She was well conscious and oriented suggesting normal higher functions with intact sensory and motor systems.

Time line: In this case treatment was continued for 1 month. The timeline of the treatment has shown graphically in [figure-1].

TIMELINE



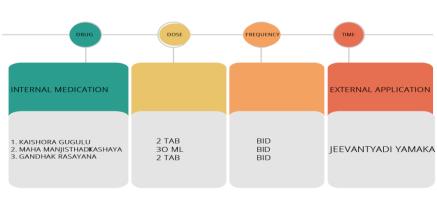
Table 1: Shows clinical symptomology of the patient on the timeline recorded from before treatment, during treatment and after treatment

Clinical outcome measures	1/2/21	8/2/21	15/2/21	30/2/21
Pain	Present	Reduced	Absent	Absent
Itching	Present	Reduced	Absent	Absent
Cracks	Present	Present	Absent	Absent
Discolouration	Present	Present	Reduced	Absent
Difficulty on walking	Present	Reduced	Absent	Absent

Table 1: Symptoms Assessment Chart

Therapeutic Intervention

After assessing the *Samprapti* of the disease medications were prescribed both internally as well as externally for a period of 30 days. Internal medications used in this case are *Kaishora gugulu*, *Mahamanjisthadi Kashaya*, *Gandhak rasayana* and for external use patient was advised to apply *Jeevantyadi yamaka* at the site of the lesion twice in a day. All the details of medicines, including their dosage form, therapeutic dose, frequency and time of drug administration, have depicted in graphical presentation. [Figure-2]



THERAPEUTIC INTERVENTION

Observations and Outcome

Subjective assessment was done after each 7 days of treatment. After 7 days of treatment there was reduction in pain, itching and difficulty on walking but cracks and discolouration was still present as before. After 15 days of treatment discolouration reduced and other symptoms like pain, itching, cracks, discolouration was completely absent and after 30 days of treatment patient gets complete symptomatic relief. No adverse effects were noted during the course of treatment period. Improvements has shown in the [figure 3, 4]





Figure 3: Before Treatment





Figure 4: After Treatment

DISCUSSION

In this case the main complaints of the patient was pain and cracks in bilateral feet along with itching and discolouration this condition typically found in Vipadika as described by Charaka in Kustha chikitsa adhyaya that is Pani pada sphutana teevra vedana.[4] in this case there is involvement of Vata and Kapha dosa was found from the clinical sign and symptoms. As the patient having Twak sphutana (cracks on feet), Ruja discolouration (Shyaba (pain), varna). (Parusya) it indicates involvement of Vata dosa. Kandu (itching) indicates involvement of Kapha dosa and as per Ayurved Twak vikara is developed due to Pitta and Rakta dusti so more over it is Vata kapha pradhana *tridosaja vikara*. So the treatment protocol has adopted as per the Ayurvedic Samprapti and to treat possible targets of the pathogenesis.

Main content of *Kaishora gugulu* is *Guduchi, Triphala, Vidanga, Pippali, Chitraka, Danti moola, Trivrit* along with *Gugulu*. This is useful in vitiated *Kapha dusti* and *Raktaja vikara*.

Manjisthadi Kashaya is a herbal decoction mentioned in Sahasra yogam. [5] It contains Manjistha, Triphla, Kirata tikta, Vacha, Nimba, Daru haridra, Amrita and it is indicated in Tridosaja vata rakata, which acts as Ama pachana, Agni deepana and Rakta prasadana

Gandhaka rasayana is the herbomineral formulation containing Gandhaka (sulfur) fortified with different liquid media. It has Kledaghna (removal of toxins), Amapachana, Kushtaghna, Jirna jwarahara (useful in chronic fever), Kandughna (anti-itching), and Rasayana (rejuvenation) properties. [6] Externally, the sulfur bath is useful in psoriasis. [7] The strong anti-

inflammatory and antioxidant potential of sulfur may play an important role in chronic inflammatory conditions like psoriasis and related arthritis.^[8]

Jeevantyadi yamaka^[9]is a classical preparation described by Astanaga hridaya, Kustha chikitsa prakarana in the context of Vipadika same formulation is described by Charak in Kustha chikitsa as Vipadika hara yoga.

CONCLUSION

Jeevantyadi yamak and other classical medicine such as Kaishora gugulu, Maha manjisthadi Kashaya, Gandhak rasayana is found to be significantly effective in the management of plantar psoriasis (Vipadika) without any side effect. So altogether, multimodal Ayurveda treatment is effective and safe solution for plantar psoriasis.

Patient Perspective

The patient was very much satisfied with the improvement in illness. She willingly adopted each and every recommendation and followed throughout her treatment.

Informed Consent

Informed consent was taken from the patient for this case report, this approach may be useful for clinical practices and further studies on treating plantar psoriasis.

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