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Case Study

AYURVEDIC MANAGEMENT OF PALMOPLANTAR PSORIASIS:AN EVIDENCE BASED CASE REPORT

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ABSTRACT

Palmoplantar psoriasis is a chronic dermatological condition that primarily affects the palms of the hands and soles of the feet, leading to significant functional disability. It is characterised by hyperkeratosis, scaling, and thickening of the skin. The condition may also involve painful fissures and bleeding. In this case study, an 83-year-old male patient presented to the Inpatient department (IPD) with complaints of blackened, thickened skin lesions, along with cracks, itching, scaling, and pain on both his feet and hands, lasting for the past three months. From the clinical presentation, the condition can be correlated with *"Vipadika Kushta"* in Ayurveda. The negative impact of palmoplantar psoriasis on the patient's personal and social life is profound, as it severely hampers daily activities and mobility. While modern medicine mainly focuses on topical treatments, complete recovery is often not achievable. However, with the help of Ayurvedic treatment modalities, the patient experienced significant relief from pain and itching. Additionally, the cracks and discolouration of the skin improved considerably, showcasing the potential benefits of Ayurveda in managing such chronic conditions.

INTRODUCTION

Palmoplantar psoriasis is a specific type of psoriasis that primarily affects the skin on the palms of the hands and the soles of the feet [1]. It accounts for 3-4% of all psoriasis cases and can affect individuals of all ages [2]. This condition arises due to a combination of genetic and environmental factors[3]. One of the most commonly associated genetic factors is the presence of the human leukocyte antigen (HLA)-Cw6[4]. Environmental triggers, such as smoking, irritants, friction, and manual or repetitive trauma, are known to exacerbate or induce palmoplantar psoriasis [5]. The pathogenesis of palmoplantar psoriasis follows a similar mechanism to other forms of psoriasis, involving the interaction between genetic predisposition and antigenic trigger[6]. Various environmental triggers can activate palmoplantar psoriasis in individuals who are genetically susceptible [7].

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Symptoms of palmoplantar psoriasis include itching, burning sensations, pain, redness, thickened skin, scaling, and discoloration [8].

Patients may also experience difficulty in walking or performing daily tasks with their hands and feet [9]. Cracking and bleeding of the skin are common when the affected area is scratched or rubbed[10]. Exacerbations are often triggered by seasonal changes, household chores, or exposure to detergents [11]. This condition is more prevalent among individuals who work in manual labours, such as farmers, construction workers, and housewives [12].

In Ayurveda, the disease can be categorised under *Kushta*, and *Vipadika* is one such condition included under *Kshudra Kushta.* The classical symptoms of *Vipadika* include *Pani Pada sphutana* (fissures in the palms and soles) and *Theevra Vedana* (severe pain)[13]. These symptoms align with conditions like cracks, scaling, itching, and pain in the palms and soles. According to Ayurveda, *Vata, Pitta*, and *Kapha* are responsible for both health and disease, depending on their equilibrium and imbalance. Acharya Charaka classifies all *Kushtas* as *Thridoshaja* (involving all three *Doshas*). In *Vipadika Kushta*, the involvement of *Vata* and *Kapha doshas* is predominantly seen.

In the present case, an 83-year-old male patient presented to the OPD with chief complaints of blackish, thickened skin lesions associated with cracks, scaling, itching, and pain over the bilateral hands and feet for the past 3 months. After a detailed physical and clinical examination, the patient was diagnosed with palmoplantar psoriasis. The features of the condition were compared with *Vipadika kushta,* and treatment was planned accordingly. After one month of Ayurvedic treatment, the patient reported considerable relief from the cracks, scaling, itching, and pain in the bilateral hands and feet.

METERIALS AND METHODS

Case report

The 83-year-old male patient presented with hyperpigmented skin lesions, associated with cracks, scaling, itching, and pain on both hands and feet for the past 3 months. Three months ago, he noticed mild itching and yellowish discoloration on his bilateral palms, which gradually worsened. This was followed by the development of white flakes and skin thickening on the palms. After a month, the cracks evolved into fissures. Simultaneously, similar symptoms appeared on the bilateral feet, starting at the toes and spreading gradually. Despite taking allopathic medications, the patient experienced only temporary relief. Over time, the fissuring on the feet worsened, deepened, and became painful, leading to difficulty in walking. Given the progression of symptoms, the patient sought further evaluation in our outpatient department (OPD). Based on the clinical presentation, a management plan was formulated.

Personal history

Bowel- Hard stool
Appetite- Reduced
Bladder- 4-5 times/day
Sleep- Sound
Diet- Mixed
Exercise- Moderate
Allergy- Nil

General examination

Appearance- Normal
Built- Lean
Pallor- Absent
Icterus- Absent
Cyanosis- Absent
Oedema- Absent

Vitals

Pulse- 75/min
BP- 130/90mmHg
Respiratory rate- 16/min
Weight- 56kg

Integumentary system examination

Primary lesion-hyperpigmented thickened patch and plaques over middle of the sole and over middle thenar aspect of bilateral palm, palmar aspect of fingers.

Secondary lesions-hyper pigmented hyper keratinised lesion over palm, sole silvery white scaling over fingers especially over the knuckles linear fissure measuring about 3cm length approximately, 0.3cm depth over lateral aspect of right sole below 3rd and 4th toe, similar fissure about 4cm length just below that arcuate shaped fissure below that measuring 6cm in length.

Left sole-multiple fissures measuring 3cm in length in the lateral aspect.

Multiple small fissures nearly 4mm seen over palm.

Configuration**-** Linear

Distribution- Bilateral and symmetrical

Special test**-** Auspitz sign-positive

Nail**-**yellowish discolouration with hyperkeratosis, onycholysis noted over nail especially over thumb and big toe.

Hair **-** Intact

Oral mucosa**-** No lesions noted

Palpation- Rough on touch, Grade 3- tenderness over fissures of soles, Grade 2- tenderness over fissures of palm.

Other system examination

No abnormalities noted

Diagnosis

Based on the clinical history and physical examination, the condition was diagnosed as palmo plantar psoriasis.

Samprapthi ghataka

Dosha- Thridosha -VK pradhana
Dushya- Rasa, Raktha, Mamsa
Srotas- Rasa, Raktha, Mamsa
Agni- Mandha
Adhishtana- Twak
Rogamarga- Bahya
Vyadhi Avastha- Nava
Sadhyasadhyatha- Krichra

The patient had indulged in the consumption of *Snigdha, Abhishyanthi*, and *Guru ahara*, which may have led to *Agnimandhya*. Additionally, the sedentary nature of his lifestyle could have contributed to this condition. The presence of *Agnimandhya* may have resulted in the formation of ama, which could have transformed into *Amavisha* and localised in the *Amasaya*. Due to its *Mandha veerya*, the *Ama* did not produce any noticeable effects initially, rendering the patient asymptomatic. Later, favourable factors such as the consumption of *Kleda-vardhakara ahara*, *Diva Swapna*, stress, and the patient's advancing age, during

which the body's *Vyadhikshamatwa* tends to decline. May have led to the potentiation of *Aamavisha*. This, in turn, could have caused the *Dosha* to affect the *Rasadi dhatus* like *Rasa, Rakta*, and *Mamsa*. The *Rasa dhatu dushti* may manifest as *Agnimandhya* and *Aruchi*, while *Rakta dushti* can present as hyperpigmented skin, itching, and burning sensations. *Mamsa dushti* may be evident through symptoms such as *Panipada spota* and skin thickening. In addition to these, the patient also exhibits signs of *Prathiloma vata,* that may be localised over the *Twak*, showing the symptoms of *Twak gatha vata*. The *Vata Kopa* may be triggered by the *Vardhakyavastha* of the patient. This condition may lead to multiple cracks and fissures of skin.

Treatment given

Treatment is the scientific process aimed at reversing the underlying pathology *(Samprapthi vighatana).* To alleviate the symptoms and prevent recurrence of the disease, the patient requires interventions such as *Pachana, Deepana, Sodhana, Kleda soshana, Anulomana, Dhatuposhana.*

Table 1: Course of the treatment given

Anulomana, Pachana, Deepana

S. No	Medicine	Dosage and time of administration	Duration
1	*Amrithotharam kashayam*	90ml, 6am, 6pm before food	Initial 14 days
2	*Rajanyadi choornam*	5 gm, morning and evening after food	Initial 14 days
3	*Nimbamrutheranda thailam*	10ml with morning *Kashayam*	Initial 14 days

Kleda soshana, especially to reduce the *Kleda* of *Twak* and *Mamsadhathu*

4	*Punarnavadi kashayam*	90ml, 9am, 9pm after food	Next 14 days
5	*Panchathiktham kashayam*	90 ml,9am,9pm after food	Next 14 days
6	*Thriphaladi choornam*	10 gm morning and evening after food	Next 14days

Snehana, Swedana-as a *Poorvakarma* of *Sodhana*

7	*Guggulu thikthakam gritham*	50ml-4 days 100ml, 150ml morning 6 am
8	*Avipathi choornam*	20gm, 6am before food

Bahya chikitsa

9	*Sathadoutha gritham + Thikthaka gritham*	External application	14 days after *Sodhana*

RESULTS

Table 2: Assessment criteria for *Sphutana* [14]

S.no	Clinical features	
1	Insignificant dryness at foot/palms	0
2	Roughness is present when touching	1
3	Excessive roughness presents and leading to itching	2
4	Excessive roughness presents and leading to slight cracks	3
5	Roughness leading to cracks and fissures	4

Table 3:

	Hand (bilateral)	Foot (bilateral)
Before treatment	3	4
After treatment	2	3

Table 4: Measurement of cracks-length

Site	Before	After
Palm (bilateral)	4mm	3mm
Right sole	3cm	2cm
Right sole	6cm	4cm
Left sole	3cm	1.5cm

Table 5: Observation table

Clinical features	Before (bilateral palm)	After	Before (bilateral foot)	After
Scaling	++++	++	++++	+++
Fissuring	++++	+	+++	++
Itching	+++	+	+++	++
Pain	+++	+	+++	++

1ST OP Visit

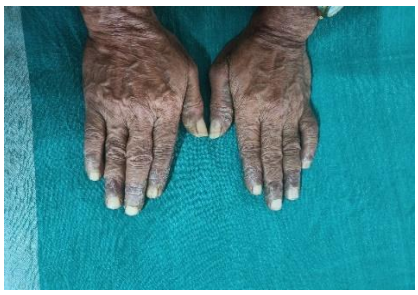

Fig 1

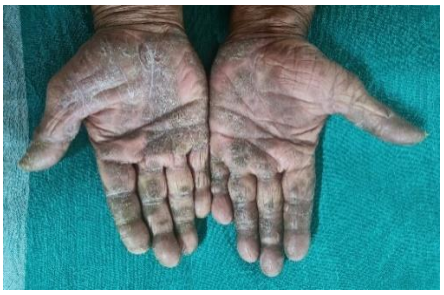

Fig 2

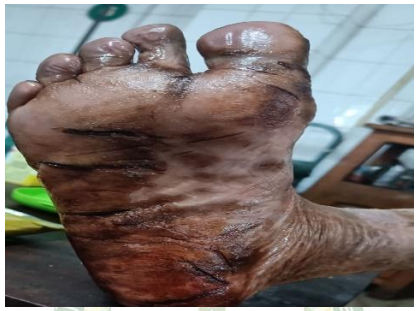

Fig 3

During IP treatment

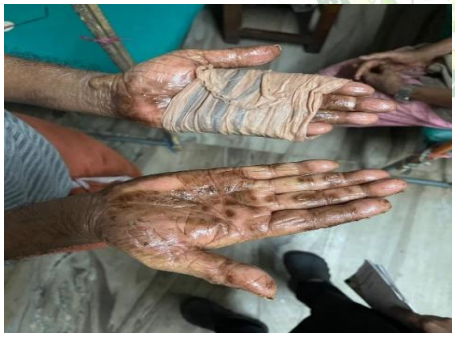

Fig 4

Fig 5

Fig 6

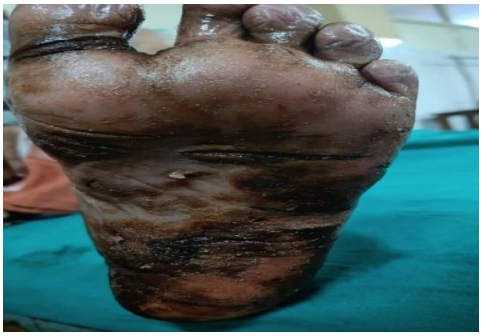

Fig 7

After treatment

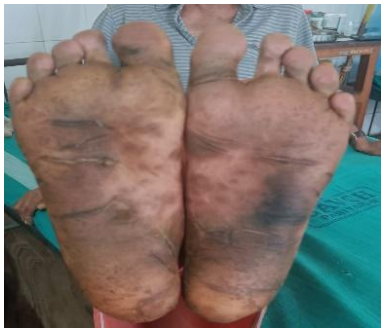

Fig 8

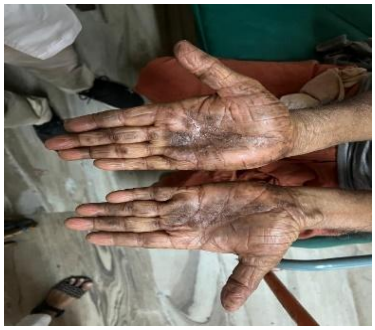

Fig 9

DISCUSSION

Palmoplantar psoriasis is a chronic variant of psoriasis that primarily affects the skin of the palms and soles, often leading to significant functional disabilities. Based on the clinical features of palmoplantar psoriasis, it can be correlated with *Vipadika Kushta*. The *Samprapthi*, begins with *Agni mandhya*, which leads to the formation of *Ama* and *Kleda*. In the initial stage of treatment, we focus on *Pachana* and *Deepana* to correct the root cause of the disease. To achieve this, *Amrithotharam Kashaya* has been selected, this formulation is traditionally used in the management of *Jwara*. The formulation includes herbs like *Nagara, Amrita*, and *Hareethaki*, each contributing uniquely to the treatment. *Nagara* is known for its *Ama-pachana* and *Vatanulomana* properties [15]. *Rajanyadi Choorna*, mentioned under *Balaroga*, has also been selected. It possesses *Deepana* and *Vatanulomana* properties and helps to enhance Bala and Varna, which help in the formation of healthy tissues [16]. These medicines were given for 14 days. In the next 14 days, *Kledahara* medicines were selected. *Punarnavadi Kashaya* has also been advised as a part of the *Samprapthi. Pani-Pada Spota* is the initial presentation of *Vipadika Kushta,* which occurs due to the localisation of *Dosha* and *Kleda* in the *Mamsadhathu*. *Punarnavadi Kashaya* possesses *Pachana* properties and helps in reducing the *Dosha dushti* occurring in the *Mamsadhathu*[17]. *Panchathikthaka kashaya* has a significant action on the *Mamsa dhatu* and help in reducing *Kleda* in the body. The predominance of *Tikta Rasa* in this formulation contributes to its *Kleda Shoshana* and *Rakta shodhana* properties [18]. These make it useful in conditions involving vitiated blood and inflammatory disorders. Key ingredients like *Nimba* and *Amritha* are well-documented in classical texts for their efficacy in conditions like *Vishama Jwara* mainly when the doshas localised in *Mamsa dhatu*. Their action helps to normalise the affected tissues by eliminating the morbid Doshas and restoring dhatu balance. The patient was also advised to take *Triphaladi choorna* due to its *Vatanulomana* properties, which help to relieve the *Baddha Pureesha. Twak gatha kelda nasana* property of *Thriphala* is also used here[19]. *Nimbamrutheranda taila* was selected as *Snigda anulomana*. For *Sodhananga Snehapana* as a *Purva Karma, Panchatikta ghrita* has been selected. *Purva Karma* is crucial as it facilitates the proper mobilization of *Doshas* from the *Shakha* to the *Koshta*. This is achieved through *Snehana* and *Swedana*. *Snehapana* induces *Dosha utklesha*, which is essential before administering *Shodhana*. As the patient is having *Prabhootha dosha, Shodhana* therapy is indicated. Diseases eliminated through *Shodhana* do not recur. Among *Shodhana* methods, *Virechana* has been selected for this patient. Considering the patient's *Kledavastha, Choorna Virechana* is appropriate. *Avipathi Choorna* was chosen as the drug of choice for this purpose [20]. it's good for *Pitha samana*, *Vathanulomana agni vardhana* and *Kleda nasana*. After *Shodhana* therapy, once the internal *Dushta doshas* have been eliminated, external therapies should be initiated. For this purpose, *Shatadhauta ghrita* and *Panchatikta ghrita* have been advised for topical application. These formulations help to reduce skin cracking and fissuring caused by *Pratiloma vata.* They possess nourishing properties that help to moisturize the skin, alleviate dryness, and reduce the burning sensation. Along with these medications, strict guidelines regarding diet and lifestyle have been provided. *Pathyas* like *Ushnodaka* processed with ginger, *Dadima, Mudga* etc was advised to the patient. As a result, significant improvement was observed in the patient.

CONCLUSION

Current modern treatment for palmoplantar psoriasis offers only limited benefits. Conventional treatment aims to suppress the immune and inflammatory responses by using drugs like corticosteroids. This case study shows the effectiveness of Ayurvedic management in treating palmo plantar psoriasis. In Ayurveda *Samprapthi vighatana* is *Chikitsa*. Initially the *Doshas* and *Dushyas* involved in the *Samprapthi* should be corrected. The patient's treatment plan includes *Pachana deepana vatanulomana sodhana chikitsa* to alleviate the symptoms and prevent the disease recurrence.

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