



Case Study

## CONTEMPLATING THE ROLE OF PANCHAKARMA IN THE MANAGEMENT OF PSORIATIC ARTHRITIS AND ITS AYURVEDIC PERSPECTIVE

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### ABSTRACT

Psoriatic arthritis is an inflammatory disorder that is chronic and progressive, which affects both skin and joints. Approximately 10-15% of patients who have psoriasis also develop an associated inflammation of their joint. Genetics, dietary, lifestyle related, environmental and psychological factors play a major role in pathogenesis. It is characterized by scaly skin lesion, itching, discharge, joint pain, swelling and stiffness. By considering these signs and symptoms, nearly it can be correlate to *Dhatugata kusta*, is a condition where in *Vatapradhana tridosha* affects the *Gambhira dhatus* causing by deterioration of *Uttarottara dhatu*. Thus, it is necessary to plan a treatment considering all the factors like *Dosha*, *Dushya*, *Desha*, *Kala*, *Bala* and *Avastha* of disease. *Samshodhana* is renowned for its ability to eradicate diseases at their core by eliminating morbid *Doshas*. The *Doshas* that are pacified by *Shodhana* never recurs; hence repeated *Shodhana chikitsa* helps in *Bahudoshavastha*. A 42 year male patient presented with complaints of silvery blackish scaly skin lesion all over the body. Associated with itching, blood mixed serous discharge, foul smell, multiple joint pain and stiffness visited Panchakarma OPD, GAMC Bengaluru. Patient treated with *Pachana Deepana*, *Virechana*, *Takradhara* and *Kustaghna Basti*. The present case study is intended to understand the accuracy of multimodal *Panchakarma* approach, which gives promising results and balance the *Tridosha* by eliminating the root cause of the disease.

### INTRODUCTION

The skin is the largest organ of human body. It is one of the five *Gyaanendriyas*, which is responsible for *Sparsha gyan* or touch sensation. The word *Kusta* means a pathologic condition which despises the skin. Most of the skin disorders have been described under the umbrella of *Kusta*<sup>[1]</sup>.

Psoriatic arthritis is one of the most common complication of psoriasis which is dermatologic diseases affecting up to 2.5% of the world's population. It is an inflammatory disorder that is chronic and progressive, which affects both skin and joints.

Approximately 15-20% of patients who have psoriasis also develop an associated inflammation of their joint<sup>[2]</sup>. Usually it develops after 5-10 years of suffering from psoriasis. It occurs as a result of attack of the immune system on the body's own cells and due to involvement of some genetic, dietary and lifestyle factors. It is characterized by skin lesion, erythematous skin and plaques associated with stiffness, pain and swelling around the joints.

*Acharya Sushruta* explains the concept of *Dhatugata kusta*, which manifest and deep penetrating at the tissue level<sup>[3]</sup>. Though skin and blood are involved in the initial stage when condition not managed properly, the pathology would penetrate deep into the tissues in later stages. Then the other *Gambhira dhatu* such as *Mamsa*, *Meda*, *Asthi*, *Majja* and *Shukra* are also involved. When *Doshas* get lodged in deeper *Dhatu* like *Asthi* produce *Sandishula* and *Sandhi vikriti*. By considering these elements psoriatic arthritis can be taken as a disease of *Vatapradhana Tridosha* along with vitiation of *Raktha* and affects the

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*Gambhira dhatus* causing by deterioration of *Uttarottara Dhatu*.

*Panchakarma* is the key for most of the autoimmune conditions; *Samshodhana* is a purificatory therapeutic measure renowned for its ability to eradicate diseases at their core by eliminating the morbid *Doshas* by focuses on addressing the root cause of the disease to prevent its recurrence [4]. Just as a tree cannot re-grow if its roots are destroyed and not just by cutting its branches, similarly, a disease will not reoccur when treated at its root level. The *Dhatugata kusta* can also be related to *Gambhira vatarakta* where in vitiation of *Tridosha* and deeper tissues are involved. All these hint towards identical management of both conditions. Ayurvedic treatises give a clear idea that certain skin disorders are related to joint disorder and they can be dealt in identical ways by identical approaches in terms of treatment strategies. Thus, the *Chikitsa siddanta* of either *Kusta* or *Vatarakta* conforming in management Psoriatic arthritis

### Case Report

Chief complaint: C/o silvery blackish scaly skin lesion all over the body. Associated with itching, blood mixed serous discharge, foul smell, multiple joint pain and stiffness.

A 42 year old male patient, textile engineer by occupation visited outpatient department of Panchakarma, GAMC Bengaluru. Patient was apparently healthy before 15 years with no any comorbidity. First patient developed itching and scaly lesion in the scalp, later it started in extensor surfaces of upper limbs, gradually it spreads to all over body. Associated with itching and scaly lesions, blood mixed serous discharge, foul smell and all these symptoms were persisted for 10 years, but get subsided only on medication. All these symptoms get aggravated and also he started severe pain and stiffness in multiple joints since 5 years, additionally he also c/o reduced appetite and irregular bowel habit. Symptoms used to get aggravated in cold weather and by intake of *Apathya ahara*. Patient took allopathic medication for these complaints but could not get satisfactory result, so he gets admitted in our hospital for further management.

Past history revealed that is not a known case of DM & HTN. No members in family have similar complaints.

**Table 1: Showing Personal History**

Appetite	Reduced
Bowel	Irregular
Micturition	Regular
sleep	Disturbed

**Table 2: Showing General Physical Examination**

Appearance	Ill look, irritated
consciousness	Alert
Built	Hyposthenia
Gait	Normal
Pallor	Absent
Icterus	Absent
Clubbing	Absent
Cyanosis	Absent
Lymphadenopathy	No palpable lymph nodes
Edema	Absent

**Table 3: Showing Vital Signs**

Pulse rate	83 bpm
Respiratory rate	20/min
BP	110/80 mm Hg
Temp	98.4°F

**Table 4: Showing Ashtasthana Pareeksha**

<i>Nadi</i>	<i>Prakrita</i>
<i>Mala</i>	<i>Prakrita</i>
<i>Muthra</i>	<i>Prakrita</i>
<i>Jihwa</i>	<i>Lipta</i>
<i>Shabda</i>	<i>Prakrita</i>
<i>Sparsha</i>	<i>Asahishnuta</i>
<i>Drik</i>	<i>Prakrita</i>
<i>Akriti</i>	<i>Krusha</i>

**Table 5: Showing Dashavidha Pariksha**

<i>Prakriti</i>	<i>Vata - pittaja</i>
<i>Vikriti</i>	<i>Vata pradhana tridosha</i>
<i>Sara</i>	<i>Madhyama</i>
<i>Samhanana</i>	<i>Madhyama</i>
<i>Satmya</i>	<i>Madhyama</i>
<i>Aharashakti</i>	<i>Madhyama</i>
<i>Vyayamashakti</i>	<i>Avara</i>
<i>Pramana</i>	<i>Madhyama</i>
<i>Vaya</i>	<i>Madhyama</i>

**Table 6: Showing Samprapti Ghataka**

Dosha	Vata Pradhana Tridosha
Dushya	Rasa, Raktha, Lasiaka Mamsa, Asthi
Agni	Jatharagnimandya, Dhatvagnimandya
Strotas	Rasavaha, Raktavaha, Asthivaha Strotas
Strotodusti	Sanga
Rogamarga	Bhaya, Madhyama
Udbhavasthana	Amashaya
Vyakthasthana	Tvak, Sandhi
Rogaswabhava	Chirakari
Sadhyasadyata	Kichrasadyata

**Table 7: Showing Integumentary System Examination**

Inspection	Type of lesion	2° - scaling
	Distribution	symmetrical
	Shape of the lesion	Irregular
	Site of distribution	Full body
	Size of lesion	5-8cm
	Color of lesion	Silvery blackish
	Edge of lesion	Not raised
	Surface of lesion	Indurated
	Morphology	Monomorphic
Palpation	Temperature of lesion	Not raised
	Tenderness of lesion	Present
	Mobility of lesion	Not applicable
Clinical Sign	Candle grease test	Positive
	Auspitz sign	Positive
	Kobnears phenomena	Positive

**Table 8: Showing Treatment Plan**

S.no	Treatment	Medicine	Duration								
1	Pachana Deepana	Chitrakadi vati	1-1-1 for 5 days								
2	Snehapana	Panchatikta guggulu Gritha	D <sub>1</sub>	D <sub>2</sub>	D <sub>3</sub>	D <sub>4</sub>	D <sub>5</sub>				
			30ml	60ml	90ml	120ml	150ml				
3	Virechana	Manibhadra lehya	50 gm with warm milk at 9AM Total vega - 14 Samsarjana krama - 5 days								
4	Shirodhara	Takra, Musta and Amalaki	7 days								
5	Kustaghna basti (Pancha tikta pancha prasritika kashaya basti )	Makshika-50 ml Saindhava lavana-10gm Panchatiktha gritha-80 ml Sarshapa kalka-30gm Panchatikta kashaya- 320ml Total quantity - 480ml	Basti Schedule								
			1	2	3	4	5	6	7	8	9
			A	N	N	N	A	N	N	N	A

**Table 9: Showing Grading of Symptoms**

S.no	Parameter	Grade	Feature
1	<i>Kandu</i> (Itching)	0	No itching
		1	Itching present rarely
		2	Disturbing patients attention
		3	Severe itching disturbing patients sleep
2	<i>Srava</i> (Discharge )	0	No <i>Srava</i>
		1	Occasional <i>Srava</i> after itching
		2	Mild <i>Srava</i> after itching
		3	Profuse <i>Srava</i> making cloths wet
3	<i>Vaivarnyata</i> (Discoloration)	0	Normal skin color
		1	Brownish red
		2	Blackish red
		3	Silvery blackish
4	<i>Rukshata</i> (Dryness )	0	No dryness
		1	Dryness with rough skin
		2	Dryness with scaling
		3	Dryness with crackling
5	<i>Shula</i> (Pain)	0	No pain
		1	Pain at movement
		2	Persistent pain not affecting daily routine
		3	Persistent pain that affecting daily routine
6	<i>Stabdhata</i> (Stiffness)	0	No stiffness
		1	Painful movement
		2	Restricted movement
		3	Total loss of movement
7	<i>Sparshaasahatva</i> (Tenderness)	0	No tenderness
		1	Tenderness on pressure
		2	Tenderness on touch
		3	Patient will not allow to touch
8	<i>Dourgandhya</i> (Foul smell)	0	Nil
		1	Slightly unpleasant
		2	Moderately unpleasant
		3	Extremely unpleasant

**Table 10: Showing Assessment of Parameters Before, During and After Treatment**

S.no	Parameters	Before treatment	After <i>Virechana</i>	After <i>Takradhara</i>	After <i>Basti</i>
1	<i>Kandu</i>	3	2	1	1
2	<i>Srava</i>	2	1	0	0
3	<i>Vaivarnyata</i>	3	2	2	1
4	<i>Rukshata</i>	3	2	1	0
5	<i>Shula</i>	3	2	2	1
6	<i>Stabdhata</i>	2	1	1	1
7	<i>Sparshaasahatva</i>	1	0	0	0
8	<i>Dourgndhya</i>	2	0	0	0

**Table 11: Showing Assessment of PASI Score- Before, During and After Treatment**

Severity of psoriatic lesion (0 -none, 1-slight, 2-moderate, 3-severe, 4- very severe)																
	Head (H)				Trunk (T)				Upper limb (UL)				Lower limb (LL)			
Parameter	BT	AV	AT	AB	BT	AV	AT	AB	BT	AV	AT	AB	BT	AV	AT	AB
Erythema	3	2	0	0	4	2	1	0	4	2	1	1	4	2	1	1
Induration	2	1	0	0	3	2	1	1	4	2	0	0	4	2	1	0
Scaling	1	0	0	0	3	2	1	0	3	2	0	0	3	2	1	0
<b>Total score=1</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>11</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>11</b>	<b>6</b>	<b>3</b>	<b>1</b>
Area of psoriatic involvement (0-none, 1- <10%, 2-10 to 30%, 3- 30 to 50%, 4- 50 to 70%, 5-70 to 90%, 6- 90 to 100%)																
Degree of involvement =2	3				5				6				4			
Multiply 1x2	18	9	0	0	50	30	15	5	66	36	6	6	44	24	12	4
Correction factor for area of involvement =3	0.1				0.3				0.2				0.4			
1x2x3	1.8	0.9	0	0	15	9	4.5	1.5	12	7.2	1.2	1.2	17.6	9.6	4.8	1.6
<b>Total PASI score (H+T+U.L+L.)</b>	<b>BT: 46.4</b>				<b>AV: 26.7</b>				<b>AT: 10.5</b>				<b>AB: 4.3</b>			

Grading for PASI score : <8 mild, 8-12: moderate, >12: severe

Abbreviations: BT- Before Treatment, AV- After Virechana, AT- After Takradhara, AB-After Basti

**Fig.1 Before Treatment**



**Fig. 2 After Virechana**



**Fig. 3 After Basti**



## DISCUSSION

Psoriatic Arthritis is a complication of long standing psoriasis which is triggered by some local and systemic factors. There is evidence that both hormonal and immunological mechanisms are involved at a cellular level. The holistic approach of Ayurvedic system of medicine provided *Shodhana* therapy such as *Vamana*, *Virechana* and *Basti* removes the toxins from the body and also boost the immune system and also provides both subjective and objective relief to the patient.

### Discussion on Intervention

#### *Virechana Karma*

*Acharya Charaka* has highlighted the role of *Panchakarma* therapy by stating that the disease treated by *Shodhana* will never recur, whereas the treatment with *Shamana* may recur in due course of time. Hence *Virechana karma* is selected as *Shodhana* for initial line of treatment.

The first and foremost important part of *Shodhana Chikitsa* is to correct *Agni* and *Deepana Pachana* is to be done as *Purvakama* to *Snehapana*<sup>[5]</sup>. So, the patient was administered with *Chitrakadi vati* 1 TID for 5 days to enhance the *Agni* and to get *Nirama lakshana*, where *Chitraka* is the main ingredient which is said as best choice of drug for *Deepana Pachana*.

Later patient was administered for *Abhyantara snehapana* with *Panchatiktaka guggulu Gritha* for 5 days in *Arohana krama*, dose was decided based on the time taken for digestion of previous day dose of *Sneha*. *Panchatiktaka guggulu Gritha*<sup>[6]</sup> contains predominantly of *Tikta rasa*, *Ruksha* and *Laghu guna*. It mainly acts on *Kleda*, *Meda*, *Lasika* and also helps in balancing vitiated *Dosha* and *Dhatu*. It has the properties like *Deepana*, *Pachana*, *Strotoshodhaka*, *Raktashodhaka*, *Raktaprasadaka*, *Kustaghna*, *Kandughna* and *Varnya*. The *Gritha* has lipopolic action which helps to carry drugs to the target organ and enters to cellular level.

After attaining *Samyak Snigdha Lakshana* patient was advised for *Bhaya Snehana* with *Marichyadi Taila* followed by *Ushnajala Snana* in *Vishrama kala*. The most of *Drvyas* of *Marichyadi Taila* are having properties like *Katu*, *Tikta*, *Kashaya Rasa* and *Ushna Veerya* which does the *Shamana* of *Kapha* and *Vata Dosha*<sup>[7]</sup>. Its *Snigdha guna* reduces *Rukshatva*, *Kharatva* and *Parushata*. *Kashaya rasa* helps to reduce *Kleda*. It has properties like *Raktashodhaka*, *Kustaghna* and *Kandughna*. The *Sukshma guna taila* helps in the absorption in minute channels. *Marichyadi Taila* is having antiseptic, anti-inflammatory, anti-fungal and anti immuno modulatory property. Thus it helps in subsiding the symptoms of psoriatic arthritis.

After 3 days of *Vishraakala Virechana* was induced with *Manibhadra Guda*<sup>[8]</sup>. It is an excellent combination of herb for purgation in skin diseases having *Shodhana* and *Rasayana guna*.

#### *Shirodhara*

It is well known that physiological stress plays an important role in the pathophysiology of numerous skin disorders<sup>[9]</sup>. *Takradhara* in particular seems to be quite effective in balancing *Manasika doshas*. *Shirodhara* is a process of consecutively a fine stream of liquid medication poured on forehead and scalp for a stipulated period of time. When *Takra* is used for this process is known as *Takradhara*. *Takradhara* alleviates the derangement of *Tridosha* and improves the power of all sensory organs.

It has effect through normalizing the metabolism of neurotransmitters and increases the intensity of alpha brain waves. This goes a long way in controlling and promoting mental faculties and thus plays major role in disease of psychosomatic in which both mind and body are affected.

#### *Kustghna basti*

*Panchatikta Pancha Prasritika Basti* is also considered as *Kustghna basti* which is specially indicated for *Meha*, *Abhishyandha* and *Kusta chikitsa*<sup>[10]</sup>. *Dhatugata kusta* is the perfect indication for this type of *Kledahara* and *Shodhana basti*. It is also a disease with a large *Dushya sangraha* involved in its *Samprapti*. The contents of *Basti* are *Patola*, *Nimba*, *Bhunimba*, *Rasna Saptaparna* as *Quatha dravya* and *Sarshapa* as *Kalka dravya* which is *Vatakaphahara*. These drugs are *Tiktarasatmaka*, *Katu Vipaki*, *Ushnaveeryatmaka* and *Kaphapittaghna*. All the ingredients have *Kledahara* action which depletes *Abhishyanda* and helps in cleansing the channels.

In this study, total 9 *Basti* were administered in which 6 *Niruha basti* and 3 *Anuvasana basti* with *Pancha Tikta Gritha*. *Acharya Sushruta* states that *Niruha basti* or *Anuvasana basti* should not administer continuously as they cause *Vataprokopa* or *Agninasha* respectively<sup>[11]</sup>. Hence psoriatic arthritis is considered as *Kledapradhana vyadhi*, more number of *Niruha basti* was adopted and to avoid *Vataprakopa Anuvasana basti* was given in between *Niruha*.

#### Discussion Related to Observation

Patient got relief in overall symptoms; there was arrest in the progression of erythematous patches, scaling, itching and joint pain at the time of discharge. There was a marked improvement in PASI<sup>[12]</sup> score from 46.4 reduced to 26.7, 10.5 and 4.3 after *Virechana*, *Takradhara* and *Basti* respectively, detailed parameters mentioned in Table no 11.

Psoriatic arthritis is an inflammatory arthritis is a well-known complication of psoriasis. As there is no permanent cure for psoriasis and psoriatic arthritis, the symptoms are managed effectively by repeated *Shodhana* therapy.

By considering signs and symptoms, it is nearly corresponds with *Dhatugata kusta*, which is a disease of *Bahudosh*, *Bhuridosha* and *Saptakodravaya Sangraha* is to be treated by adopting repeated *Antah parimarjana* as well as *Bahir parimarjana chikitsa*<sup>[13]</sup>. Where it needs *Shodhana* for elimination of vitiated *Doshas* and *Rasayana* for retaining *Doshasamyata*.

## CONCLUSION

- Result of this present case study shows marked improvement in overall clinical picture not only at physical level but also at mental level and signifies the role of Ayurvedic multimodal treatment approach in successfully overcoming the condition without any side effects.
- Since this is a single case study, further study is needed to be observing the effect of above treatment modalities on more number of patients and for long duration to remark other benefits.

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