



Case Study

PALMOPLANTAR PSORIASIS AND PANCHAKARMA: A COMPREHENSIVE TREATMENT APPROACH

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ABSTRACT

Palmoplantar psoriasis is a chronic type of psoriasis presenting with hyperkeratotic, pustular or mixed forms. This condition can develop in any age, without distinct gender preference. Research indicates that psoriasis affects 2-5% of the population, with 3-4% of those affected having palmoplantar psoriasis. Material and methods: we are presenting a case of 73 years old male presenting with blackish discoloration in bilateral palm and sole associated with itching, burning sensation and cracks since 15 years, treated with *Virechana* and *Basti karma*. Results: There was noteworthy improvement in the clinical presentation. Conclusion: Understanding the involvement of *Dosha*, *Dhatu* and *Samprapti* prior to the treatment plan, plays a major role in the *Chikitsa*. *Kushta* being a *Dhatugata vyadhi*, which requires repeated *Shodhana* and also further *Rasayana* should be adopted to avoid its recurrence.

INTRODUCTION

Palmoplantar psoriasis is a persistent type of psoriasis that commonly affects the skin on the palms and soles, leading to notable functional limitations. It presents with hyperkeratotic, pustular, or mixed forms. This condition can develop in individuals of all ages, without a distinct gender preference. Although the precise cause is not fully understood, it is thought to involve genetic factors such as human leukocyte antigen (HLA)-CW6 and variations in the CARD14 gene, as well as genes in the IL-9 subfamily. Environmental triggers like smoking, irritants, friction, and repetitive trauma are also believed to play a role in its development^[1].

Research indicates that psoriasis affects 2-5% of the population, with 3-4% of those affected having palmoplantar psoriasis. Various antigenic factors can trigger this disease in genetically susceptible individuals. Exposure to environmental triggers activates dendritic cells and T cells, leading to local production of IL-20 and accelerated keratinocyte proliferation. Simultaneously, IL-23 is released from

lymph nodes, recruiting Th1 and Th17 cells to the lesions. These T cells produce cytokines such as TNF-alpha, IL-17, and IL-22, which stimulate keratinocytes to proliferate and produce proinflammatory antimicrobial peptides and cytokines. Neutrophils are subsequently recruited to the epidermis, activating dermal fibroblasts^[2].

Signs and symptoms of palmoplantar psoriasis include^[3]:

- Well-defined areas of raised and thickened skin
- Scaling
- Itching and burning sensations
- Pain
- Cracking and bleeding

Management typically begins with topical corticosteroids as first-line treatment. However, their efficacy may be limited by the thick stratum corneum on the palms and soles, which acts as a barrier to drug penetration.

In Ayurveda, palmoplantar psoriasis aligns with the category of *Kushta*. Although there is no direct correlation, its signs and symptoms resemble *Vipadika*, a type of *Kshudra kushta* characterized by dominance of *Vata* and *Kapha*^[4]. *Vipadika* presents with *Panipada sphutana* (blistering of palms and soles) and *Teevra vedana* (intense pain)^[5].

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Here, we present a case of *Vipadika* treated with *Virechana* (therapeutic purgation) and *Panchatikta panchaprasrutika Basti* (a specific herbal enema), which yielded promising results.

MATERIAL AND METHODS

CASE REPORT

Chief complaints

Blackish discoloration in bilateral palm and sole associated with itching, burning sensation and cracks since 15 years.

Associated Complaints

Nothing significant

History of present illness

A 73-year-old male patient presented to the Outpatient Department (OPD) of Panchakarma, SJGAUM Hospital, Bengaluru, Karnataka, India, complaining of blackish discoloration on both palms and soles, accompanied by itching, burning sensation, and cracks persisting for the past 15 years. He had previously taken various allopathic medications, which provided partial relief. However, his symptoms worsened again after recent field work, prompting him to seek admission to SJGAUM Hospital in Bengaluru for further management.

Family History: Nothing significant

Table 1: Showing Subject's Personal History

Name: xyz	Bowel: Constipated
Age: 73 years	Appetite: Reduced
Marital status: Married	<i>Bala: Madhyama</i>
Occupation: Farmer	Height: 144cm
Diet: Mixed	Weight: 67kg

Table 2: Showing Asta Sthana Pareeksha

<i>Nadi</i>	<i>Vata kaphaja</i>
<i>Mala</i>	<i>Baddha</i>
<i>Mutra</i>	<i>Prakruta</i>
<i>Jihwa</i>	<i>Lipta</i>
<i>Shabda</i>	<i>Prakruta</i>
<i>Sparsha</i>	<i>Prakruta</i>
<i>Drik</i>	<i>Prakruta</i>
<i>Akriti</i>	<i>Madhyama</i>

Table 3: Showing Dashavidha Pareeksha

<i>Prakriti</i>	<i>Vata kapha</i>
<i>Vikriti</i>	<i>Pittapradhana tridosha</i>
<i>Sara</i>	<i>Madhyama</i>
<i>Samhanana</i>	<i>Susamhata</i>
<i>Satmya</i>	<i>Madhura pradhana sarvarasa</i>
<i>Satva</i>	<i>Madhyama</i>
<i>Vyayama shakti</i>	<i>Madhyama</i>
<i>Ahara Shakti</i>	<i>Abhyavaharana shakthi – Madhyama</i> <i>Jarana shakthi – Avara</i>
<i>Pramana</i>	Height – 144cm Weight – 67kg
<i>Vaya</i>	<i>Vruddha</i>

Table 4: Showing Nidana Panchaka

<i>Nidana</i>	<i>Katu, Amla pradhana ahara sevana</i> frequently, <i>Adhyashana</i>
<i>Poorva Rupa</i>	Itching in bilateral palm and sole
<i>Rupa</i>	Blackish discolouration in bilateral palm and sole associated with itching, burning sensation and cracks
<i>Upashya & Anupashya</i>	Nothing specific

Table 5: Showing General Examination

Pallor - Absent	Blood pressure - 130/80 mm of Hg
Icterus - Absent	Temperature - 37°Celsius
Oedema - Absent	Pulse rate - 76/min
Clubbing - Absent	Respiratory rate: 20/min
Lymphadenopathy - Absent	

Systemic Examination

- **Cardio Vascular System-** S1 S2 heard, no abnormality detected
- **Respiratory System:** NVBS heard, no abnormality detected
- **Gastro Intestinal Tract:** Tenderness - soft, non-tender
Rigidity/guarding: Absent
- **Integumentary System:** Shown in table no. 06

Table 06: Showing Integumentary System Examination

1. Size of the lesion	5-7 cm
2. Shape of the lesion	Irregular
3. Color of the lesion	Blackish red
4. Edges of the lesion	Not raised
5. Surface of the lesion	Indurated

Table no 6: Showing Treatment Protocol Adopted

1 st Phase	2 nd Phase
<i>Snehapan</i> with <i>Mahatikthaka grita</i> for 4 days <i>Sarvanga abhyanga</i> with <i>Nalapamaradi taila</i> for 3 days <i>Virechana</i> with <i>Manibadra guda</i> 60gms	<i>Panchatikta Panchaprasrutika Basti</i> in <i>kala basti</i> pattern

MATERIALS AND METHODS**Table 7: Showing the Contents of Panchatikta Panchaprasrutika Basti**

Panchatikta panchaprasrutika basti	
Contents	Dose
<i>Makshika</i>	60ml
<i>Saindhava</i>	10grams
<i>Panchatikta ghita</i>	80ml
<i>Shatapushpa kalka</i>	30gs
<i>Pancha tiktaka Kashaya (Patola, Nimba, Bhunimba, Rasna Saptacchada)</i>	320ml
Total	500ml

Table 8: Showing Assessment Criteria for Clinical Features

S no	Clinical features	Score
1	<i>Sphutana</i> (Scaling of skin)	
	Insignificant dryness at the foot/palms	0
	Roughness is present when touching	1
	Excessive roughness presents and leads to itching	2
	Excessive roughness presents and leads to slight cracks	3
	Roughness leads to cracks and fissures	4
2	<i>Kandu</i> (itching)	
	No itching	0
	1-2 times a day	1
	Frequent itching	2
	Itching disturbs the sleep	3
3	<i>Pani-padasphutana</i> (Fissures/cracks)	
	No cracks	0
	Cracks on the palm or sole only	1
	Cracks on the palm or sole	2
	Cracks on complete palm and complete sole	3
4	<i>Vedana</i> (Pain)	
	No pain	0
	Mild pain of easily bearable nature; comes occasionally	1
	Moderate pain, but no difficulty	2
	Appears frequently and requires some measures for relief	3
	Pain requires medication and may remain throughout the day	4



Before treatment



During treatment



After treatment

OBSERVATIONS AND RESULTS

Table 9: Showing Observation and Results

S.no	Clinical features	Before treatment	After Virechana	After Basti
1	Scaling of skin	04	02	01
2	Itching	03	01	0
3	Cracks/fissures	03	02	02
4	Pain	03	02	01

DISCUSSION

Palmoplantar psoriasis is a systemic autoimmune disease that affects the palms and soles, characterized by excessive proliferation of skin cells and inflammation. The rising prevalence of autoimmune diseases has led to the emergence of the environment, particularly the gut microbiota, as a significant area of study in disease development. Recent advances indicate a link and potential cause-effect relationship between the gut microbiota and the onset or worsening of autoimmune diseases. Moreover, both human autoimmune diseases and murine autoimmunity models frequently exhibit microbial dysbiosis and leaky gut, further emphasizing their relevance.

According to Ayurveda, this disease is studied under *Vipadika* as there is close resemblance in the symptoms. It comes under the spectrum of *Kushta*, where there will be vitiation of *Twak*, *Rakta*, *Mamsa*, *Lasika* along with the vitiation of *Tridosha*. Here in this case, the patient presented with *Pitta pradhana vata lakshana*, thus *Virechana* followed by *Basti* was planned.

Virechana

Virechana is specifically indicated in *Pitta*, *Rakta* and *Kleda pradhana vyadhi* and is highly effective in various *Twak vikara*. *Virechana*, a type of *Panchakarma* therapy, induces purgation using various medicinal drugs aimed at eliminating the excess *Pitta dosha* from the body, aiding in *Rakta prasadana*, and thus effectively cures the disease^[6]. Given that *Pitta*

resides in the *Lasika*, *Twak* and *Rakta*^[7], which are considered as *Dushya* in the *Kushta*, and *Adhoamashaya* being the main seat of *Pitta*, expelling it through the anal route is convenient, making *Virechana* treatment most appropriate.

Deepana Pachana: Administered with *Chitrakadi vati* enhances the *Jataragni*, facilitating the digestion during *Shodhananga snehapana* due to its *Katu tikta rasa*, *Katu vipaka* and *Ushna veerya*.

Shodhananga snehapana: *Panchatikta Ghrita* is used for *Snehapana* in this case. It is suggested that drugs present in the *Ghrita* have some affinity towards the skin. *Snehapana* due to its ability to aggravate *Doshas*, expels toxins and balances *Dosha* at cellular level, bringing them from *Shakha* to *Koshta*, which are eliminated through *Virechana*.

Manibhadra guda: Its ingredients include *Vidanga*, *Amla*, *Haritaki*, *Trivrut* and *Guda*, among which *Trivrut* being the main ingredient^[8]. The alcoholic extract of *Opurculina turpethum* demonstrated the presence of glycosides, saponins, flavinoids and carbohydrates. Turpethin, a key chemical constituent in *O. turpethum*, primarily facilitates its purgative action by expelling toxic substances from the body. Additionally, it exhibits anti-inflammatory properties.

Panchatikta panchaprasrutika Basti

Kushta, especially psoriasis is a chronic disease, which requires repeated *Shodhana* and various treatments which are *Kushtahara*, *Twachya* in nature. Patient exhibited dryness and cracks over bilateral

palms and soles, which goes in the favour of *Vata prakopa*, hence *Basti* is chosen. *Acharya Charaka* mentions *Panchatikta panchaprasrutika Basti*, which is a *Shodhana Basti* acting as *Kushtahara* and *Abhishyandahara*^[9]. As *Tikta rasa* is *Kushtahara* and also acts on *Kleda* and *Lasika*^[10], this *Basti* is selected.

Patient showed significant improvement after a course of *Virechana* and *Basti*, as mentioned above.

CONCLUSION

Understanding the involvement of *Dosha*, *Dhatu* and *Samprapti* prior to the treatment plan, plays a major role in the *Chikitsa*. *Kushta* being a *Dhatugata vyadhi*, which requires repeated *Shodhana* and also further *Rasayana* should be adopted to avoid its recurrence.

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