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Case Report

AYURVEDIC MANAGEMENT OF PALMO-PLANTAR PSORIASIS: A CASE REPORT

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ABSTRACT

Palmo-plantar psoriasis (PPP) accounts for 3-4% of all psoriasis cases, produces significant functional and social disability. It is the second most common type of psoriasis followed by chronic plaque type psoriasis. PPP is a variant of psoriasis which is resistant to many forms of treatment. The present report deals with a case of PPP with diabetes mellitus diagnosed as 'Vipadika' according to Ayurveda. Efficacy of treatment was assessed on the scoring of 'Psoriasis area and severity index (PASI)' and. Total two assessments were done, before treatment and after 6 weeks completion of treatment. Virechana karma is done followed by internal Ayurvedic medicines with dietary restrictions and life style changes. In present case, the patient got clinically meaningful improvement. Itching, scaling, thickness, fissuring and pain during walking / working got reduced after virechana. Sleeplessness and constipation were completely relieved. There was 72% improvement found on PASI (PASI 72), which shows that Ayurvedic management is beneficial in the management of PPP.

Key Words: Palmo-plantar psoriasis, Ayurveda, PASI, Psoriasis area and severity index, Diabetes, PPP

INTRODUCTION

Palmo-plantar psoriasis (PPP) accounts for 3-4% of all psoriasis cases, produces significant functional and social disability.[1] It is the second most common type of psoriasis followed by chronic plaque type psoriasis.[2] Psoriasis is a common, chronic, inflammatory, disfiguring and proliferative condition of skin characterized by red, scaly, well demarcated plaques mainly over extensors and scalp. Diagnosis of psoriasis is usually clinical as characterized by scaly patches with silvery scales which are accentuated on scratching. Involvement of instep region over the soles is characteristic of psoriasis.[3]

PPP is a variant of psoriasis resistant to many forms of treatment.[4] There is paucity of literature related to Ayurvedic management of PPP. For sustained relief patients seek the help of Ayurvedic physician for various skin problems. PPP can be correlated with Vipadika.[5] The present report deals with a case of PPP came for Ayurvedic treatment. Written informed consent was obtained from the patient for the publication of present case report.

CASE DESCRIPTION

A 41 year old male patient came to our care (14.05.2016) with the complaints of, itching, fissuring and scaling on both palms and soles since two years (2014). Patient also has been suffering with sleeplessness, constipation, physical and psychological stress and pain during walking due to fissures on both soles. Patient was known diabetic since 2007 and he has been taking allopathic medicines for skin lesions and also for diabetes. The lesions were scaly, itchy, and slightly reddish with fissuring. The lesions of both palms and 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. Patient was heavy smoker and also alcoholic.

At the time of examination, patient had severe itching and scaling on both palms and soles. The lesions were bilaterally symmetrical and over the palms plaques mainly present over pressure points like thenar & hypothenar eminences with relative sparing of central palm. Over the soles, instep and sides of feet were involved (Figure 1). The disease was symptomatic causing sever irritation, itching, pain, difficulty in walking or doing work. There were no psoriatic nail changes and no associated psoriatic arthritis. Psoriasis was not present at other sites except palms and soles. Distal sole and toes were not involved. Web spaces were involved and sparing of skin over creases of palms is noted. No increased pigmentation found. The condition was progressive and creating anxiety to the patient.

Fasting blood sugar (FBS) and post prandial blood sugar (PPBS) levels were elevated i.e. 201 mg/dl and 447 mg/dl respectively. Renal function tests, routine hematological investigations like hemoglobin, total leukocyte count, differential leukocyte count, platelet count, erythrocyte sedimentation rate and liver function tests were found within normal limits. Serum cholesterol, serum triglycerides and serum very low density lipoproteins (S. VLDL) levels were elevated i.e. 208 mg/dl, 180 mg/dl and 36 mg/dl respectively (14.05.2016).

Diagnosis, Assessment & Treatment

Patient was diagnosed as having 'Palmo-plantar psoriasis' and according to Ayurveda, diagnosis of 'Vipadika' is made [5]. Diagnosis of Palmo-plantar psoriasis is made clinically based on history and findings of thorough dermatological examination.

To measure the efficacy of treatment, 'Psoriasis Area Severity and Index (PASI)' scale was used; Total two assessments were carried out before starting Ayurvedic treatment and 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).[6]

The main objectives of the treatment were, to provide relief in signs & symptoms of Palmo-plantar psoriasis and to control diabetes. Strict diet plan along with life style changes were implemented during hospital stay and after discharge also. Virechana karma (therapeutic purgation) is done followed by Ayurvedic internal medicines (Table 1).

Table 1: Intervention

Duration	Medicine	Dose	Frequency	Anupaana
27.05.2016 to 26.06.2016	1. Nisha katakadi kashayam	15 ml	twice a day, before food	with 45 ml of water
	2. Mehanil Tablets	1 gm	twice a day, after food	with water
	3. Guggulu tiktaka ghritam	10 gm	twice a day, before food	with lukewarm water
	4. Jeevantyadi yamakam for local application	Quantity sufficient	twice a day	
Panchakarma intervention				
14.05.2016 to 26.05.2016	Virechana karma			

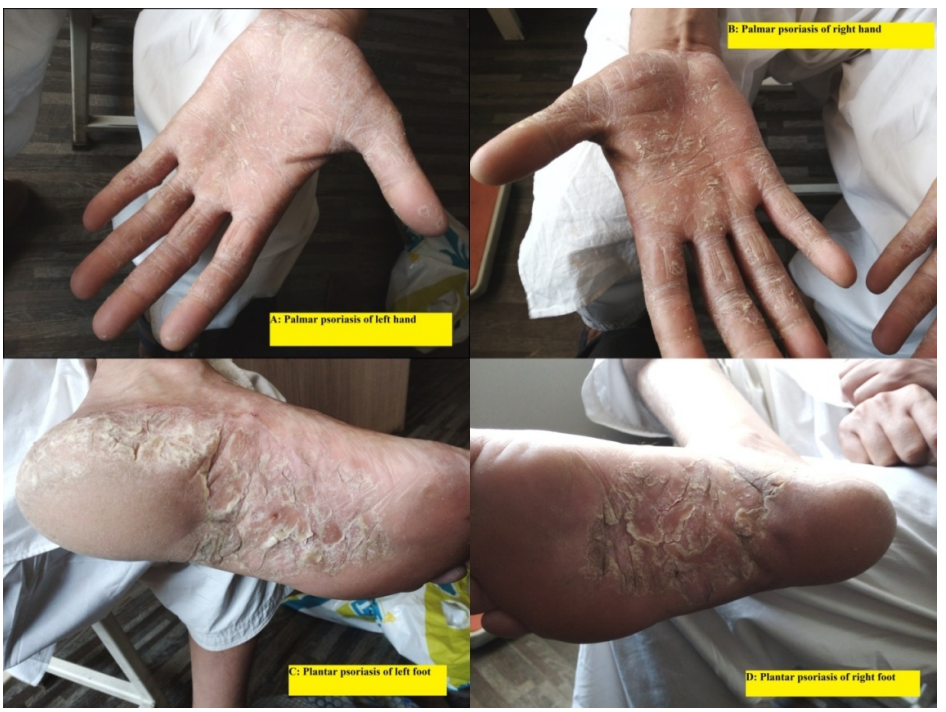

Figure 1: Skin lesions on both palms and soles before treatment

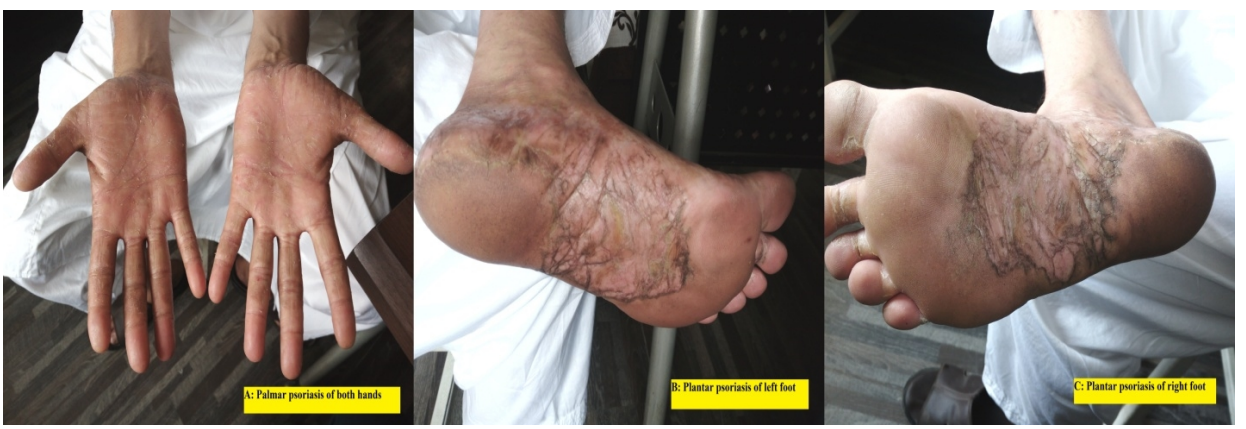

Figure 2: Skin lesions on both palms and soles after 6 weeks of treatment

DISCUSSION

Ayurveda has discussed all the skin diseases under the name of kushtha. PPP can be correlated with Vipadika. Vipadika is one among kshudra kushtha (minor skin disease) with vata and kapha dosha involvement. Vipadika is characterized by pani-pada sphutana (fissure in palms and soles) with teevra vedana (severe pain).[5]

In present case, virechana karma has been planned and it is started with deepana (stomachic) and paachana (digestants) drugs like, hingu vachadi choornam, chitrakadi vati and takra paana (drinking of butter milk) for the period of 2 days followed by snehapana (internal administration of pure cow's ghee). Patient has received snehapana for 5 days with gradually increasing doses (30 ml on day-1, 70 ml on day-2, 120 ml on day-3, 180 ml on day-4 and 250 ml on day-5). After attaining samyak snigdha lakshana's (signs and symptoms to assess proper snehapana), patient has received sarvanga abhyanga (full body massage) and bashpa sweda (sudation in steam chamber) for the period of 2 days before the day of virechana. For virechana purpose, 100 gm of trivrit avalehyam is prescribed at once on early morning on empty stomach. Patient got 13 vega's (loose motions) without any discomfort. After virechana, samsarjana krama (post therapeutic diet regimen) was observed for the period of two days.

There was good improvement noticed immediately after virechana in signs & symptoms. Itching, scaling, thickness, fissuring and pain during walking / working got reduced after virechana. Sleeplessness and constipation were completely relieved. The size of lesions also reduced in both palms and soles after virechana. Before starting treatment (14.05.2016), total score on PASI was 7.2 (3.6 in upper limbs and 3.6 in lower limbs), it is reduced to '2' (0.4 in upper limbs and 1.6 in lower limbs) during follow up assessment (26.06.2016). There was good improvement observed in redness, thickness / induration, scaling and percentage of area affected in both palms and soles during follow up assessment (Figure 2). Guggulu tiktaka ghritam, Nisha katakadi kashayam, Mehanil tablets and Jeevantyadi yamakam (for local application on both palms and soles) were prescribed at the time of discharge (25.05.2016). Along with internal medication, pathya and apathya (diet protocol suitable to the patient and disease) were advised to the patient to tackle diabetes and also to prevent the recurrence of psoriasis.

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 that75% 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.[7] 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 72% improvement found in present case on PASI (PASI 72) with Ayurvedic treatment, which shows that Ayurvedic management is beneficial in the management of PPP.

CONCLUSION

The Ayurvedic diagnosis of vipadika is made for palmo-plantar psoriasis in present case. Virechana karma is very effective in providing relief in the signs & symptoms of PPP. Present study findings can't be generalized and further long term follow up studies with large sample are required to substantiate.

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