

# Management of Palmo-Plantar Psoriasis by Classical Shodhan and Shaman Chikitsa- A Case Report

## Case Report

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## Abstract

**Background:** Palmo-plantar psoriasis is a non-inflammatory skin condition in which it is capable to produce functional disability. It is the type of psoriasis which occurs in palms and soles together with features like scaling, erythema and itching, pustules cracked & pain, and is limited. Palmo-plantar is the disease which does not have a specific line of treatment, but can be assessed and treated with classical line of Ayurvedic management. This Palmo-plantar not only affects physically but also disturbs the mental health of patient. In Ayurveda all the skin diseases are described under single topic; *Kushtha* (Skin disorders). As Palmo-Plantar psoriasis is compared with *Vipadika Kshudra Kushta* (cracked bilateral soles & palms) in Ayurveda, the predominant *Dosha's* (fundamental bodily bio-elements) are *Vata* (governs movement of body & mind) & *Kapha* (controls immune system) in which *Vaman Karma* (Emesis) is useful. **Aim:** To evaluate the role of Ayurveda treatment modalities in *Vipadika Kshudra Kushta*. **Materials & Methods:** A case report of 56 year old male patient suffering from scaling of both palms and soles with severe pain since 16 years is presented in this article where the patient got satisfactory relief by adopting *Shodhan Karma* (purification treatment) followed by *Shaman Chikitsa* (pacifying treatment) with dietary and behavioral lifestyle modification. The symptoms were reduced by *Vaman* procedure. **Result:** Patient got about 80% relief after the treatment by which one can say that the palmo-plantar psoriasis can be treated by Ayurveda Medicine.

**Key Words:** *Kushtharoga*, Palmo-plantra psoriasis, *Shaman*, *Shodhan*, *Vaman*, *Vipadika*.

## Introduction

Palmoplantar psoriasis is an Autoimmune condition which flares up with exposure to the triggering factors. It is a type of skin disease which affects the both palms and soles. It is a condition which occur at any age but mostly seen between 20-60 yrs. of age group. Psoriasis is a non-contagious, chronic inflammatory condition which is characterized by red, scaly silvery plaques (1). It is also linked with the other health conditions like arthritis, irritable bowel syndrome. The name of psoriasis differs according to the site of appearance, as it appears in both palms and sole together known as Palmo- plantar psoriasis. It is characterized by appearance of hyperkeratosis, and pustules with erythema (2), scaling commonly in the central portion of palms and soles. A Palmoplantar pustule begins with small pin-sized eruption (3) in hands and soles & pain while walking (4) (5). The condition is chronic and can produce significant functional disability which can cause impairment in quality of life and due to its recurrent nature; there is no

specific treatment modality. In Ayurveda, the disease cause due to lifestyle changes in diet, stressful schedule and unsuitable/incompatible conditions suppression of natural urges, Etc. (6) According to Acharya Charak, it has been stated as all types of *Kushtha* is *Tridoshaja* (7) which vitiate the *Twak* (skin), *Rakta* (blood), *Mamsa* (muscles), *Ambu* (plasma) this all together cause the *Kushtha* (7) (8). According to Ayurveda palmo-plantar psoriasis can be related with the *Vipadika Kshudra Kushta*, characterized by *Pani-Padasputan* (cracks in soles and palms) associated with *Tivurvedana* (severe pain on sites). It is predominant in *Vata* and *Kapha Dosha's* (9)

And it can be treated by *Shodhana* & *Shaman* which can resist the reoccurrence of disease (10). The report deals with a case of Palmo-plantar psoriasis came for Ayurvedic treatment in term as of *Shodhan Chikitsa* followed by *Shaman Karma*. The informed written consent was obtained from the patient for the publication of present case report.

## Aims and objectives

### Aim

- To evaluate the efficacy of classical *Vaman Karma* with *Shaman Chikitsa* in the management of palmoplantar psoriasis.

### Objective

- To Study the disease *Vipadika - Kshudra Kushta* and Palmo-plantar psoriasis from available Ayurvedic and contemporary medical literatures.

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- To study the effect of *Vaman Karma* with *Shaman Chikitsa* in management of Palmo-plantar psoriasis.

## Materials and Methods

According to Acharya, *Kushtha* is one of the indication for *Vaman Karma* (11). The line of treatment given to the patient was according to the treatment principle given in the classical text as *Vamana karma* (12), as per the prominence of *Dosha* the treatment mentioned- in *Vataj* and *Kaphaj* type of *Kushtha* is intake of *Ghruta* and *Vaman* (emesis) respectively. As *Vipadika* is the *Vataj-Kaphaj Dosha* predominant, the line of treatment can be given as *Vaman karrma*. Ayurveda has described the Palmo-plantar psoriasis under the *Kushtharoga*, which is managed by *Vaman* or *Virechan* followed by *Shaman Chikitsa* (13).

## Case Report

A 56 year old male patient came to care on (14.01.2019) with the complaints of itching, cracked soles and palms, scaling in both palms and soles since 16 year (2003). The patient also has been suffering from constipation, stress, and pain during walking due to cracks on both soles. The patches on both palms and soles were gradually progressive and the onset was in subtle way. The patient has a history of constipation on & off from 6-7 years. The patient was diagnosed to have Palmo-plantar psoriasis; He took allopathic treatment and got temporary relief and reappearance of symptoms. The patient has history of Hypertension since 10years. On examination, Dry, Scaly, Cracked skins were observed in bilateral soles and palms and local tenderness was present. *Vyasan* (Habits): Smoking.

## Past History

The patient has the history of itching over both palms and soles, pain on sites along with cracks in bilateral soles and palms, took homeopathy treatment like Anti-fungal medicaments, creams, steroids for about 4 years got partial relief. He suffered the same complaints recurrently from 12 years, later the appearance of local tenderness became severe due to which he came for Ayurveda treatment.

## General Examination

### Asthavidha Pariksha

Table No. 1 – *Asthavidha Pariksha*

Sthan	Lakshan
Nadi (pulse)	78/min ( <i>Mandagati</i> )
Mala (feces)	<i>Vibhandha</i> (Constipation)
Mutra (urine)	<i>Samyak</i> (Normal)
Jivha (tongue)	<i>Niram</i> (Non-coated)
Shabda (speech)	<i>Spashta</i> (Clear transitive verb)
Sparsha (touch)	<i>Anushnasheeta</i> (Afebrile)
Drik (eye)	Normal (No pallor/icterus)
Akriti (shape)	<i>Madhyam</i> (Medium)

## Vital Data

After examine the *Ashtavidha* (Table No.1) as per Ayurvedic perspective it is also important to measure vitals before the procedure. The pulse rate of the patient was 80/min, while blood pressure in systole and diastole was 110/90 mmHg. The respiratory rate of the patient was 18/min.

## Skin Examination

### - Inspection

- Size Shape- Scaling in both palms and soles
- Color- White Silvery scales
- Uniformity- Generalized plaques with Cracked
- Thickness- More than 0.5 cm in diameter
- Lesions- Plaques

### - Palpation

- Moisture- Dryness, no sweating
- Temperature- warmth of the skin
- Texture- Roughness
- Mobility and turgor- reduced

## Differential Diagnosis

Palmo- Plantar Psoriasis, *Tenia Pedis*, Palmoplantar Keratoderma

## Final Diagnosis

Palmo-plantar Psoriasis

## Shodhan Chikitsa

According to *Koshta* (nature of digestive tract) of patient i.e. *Krura Koshta*, predominant *Dosha*, and the condition of the disease *Vaman Karma* was planned. The patient was instructed about the *Snehapan* (Internal administration of *Sneha Dravya*), *Swedana* (steam therapy), dietary regimen, & procedure of *Shodhan*.

According to the Acharya Vagbhat, the person of *Krura Koshta* is contraindicated for *Vaman Karma*. (14). But during the period of *Snehapana* in *Purvakarma* it was observed that, the constipation of the patient was relieved, and the *Vaman* was planned instead of *Virechan* because according to Acharya, *Vaman* is best considered treatment for *Kaphaj* predominant *Vyadhis*. *Vaman* is priorly done before *Virechan* because if *Kapha* is eliminated by *Vaman Karma* then *Virechan* can be done easily but if the *Virechan* is planned before *Vaman* it will cause increase in *Kapha Dosha* and covers the *Agni* due to which *Virechan* is not possibly done.

The medicaments used for *Vaman Karma* as,

1. *Deepan-Pachan* (Appetizer & Digestive) *Dravya - Agnitundivati*,
2. *Vamanopagadravya - Milk, Yashtimadhuphanta*,
3. *Vamakdravya - Madanphalachurna*.

The procedure is divided in three parts *Purva*, *Pradhan* & *Paschat Karma* (procedure before, at time, after the *Vaman* respectively).

### - Purva karma

It has been believed in Ayurveda, every disease is originated from *Koshtha* to *Shakha* (bodily elements i.e. *Saptadhatu*), i.e. due to imbalance of *Agni* (digestive fire), the *Dosha's* become imbalance and though spread

all over the *Shakha* and cause the disease. The *Purvakarma* plays an important part in bringing back the *Dosha's* from *Shakha* to *Koshtha* so as to eliminate.

- The patient was advised to administrate *Agnitundi Vati 250mg* twice a day with lukewarm water, before meal and to continue the same for 3 days (1<sup>st</sup> to 3<sup>rd</sup> day).
- After 3 days, the patient was given *Abhyantar Snehapana* of *Mahatiktagruta* for 7 days (4<sup>th</sup>-10<sup>th</sup> day). Started dosage with 30ml (2 -tablespoon) (Table No.2) with lukewarm water in morning on empty stomach.
- After the completion of *Snehapana*, the patient was observed for *Sneha Siddhi Lakshana's* (adequate oleation symptoms) as mentioned in classics such as *Agni Dipti* (increased digestive fire), *Vatanuloman* (movement of air in downward direction/ proper expulsion of flatulence), *Shaithilya* (lassitude) etc.
- As the *Lakshana's* appeared, the patient was given rest on 11<sup>th</sup> day followed by *Bahya Snehana* and *Swedan Karma*, on rest day and on *Vaman* day i.e. 9<sup>th</sup> and 11<sup>th</sup> day (day of *Vaman*).
- *Abhyanga* (external oleation/massage) (*Bahya Snehan*) was done with *Dashmula Taila*, and *Nadisweda* with *Dashmula Kwatha*.

**Table No. 2- Dose of Snehapana for 7 days**

Day	Dose
Day 1	30 ml
Day 2	50 ml
Day 3	70 ml
Day 4	90 ml
Day 5	110 ml
Day 6	130 ml
Day 7	150 ml

#### - Pradhan Karma

The *Vaman Karma* is performed in the morning at 7 am.

- On the day of *Vaman*, after the proper *Abhyanga* and *Nadi Sweda* and observation of symptoms of previous digested food, and proper sleep, the patient was advised to sit comfortably on chair.
- The vitals examinations were done.
- Intake of milk till stomach full was given.
- Administration of *Madanphala Pippali Vamak Dravya* with *Vamanopaga Kwath* of *Yashtimadhu Phanta* was given and observed for *Samyak Siddhi*

*Lakshans* (adequate *Vaman* procedure symptoms) such as sweating, discomfort in stomach and nausea.

- The patient was supported by massage over spine, and abdominal muscles to move upward for free evacuation.
- The *Samyak Lakshanas* (adequate procedure symptoms) were observed such as onset of *Vega*, feeling of lightness, absence of discomfort, sense of weakness.
- The *Vegas* (actual urge of vomitus) and *Upavegas* (nearer to urge of vomitus) and *Antiki Dosha* (End substance of vomitus) were observed.

#### - Paschat karma

- After the completion of *Vaman Karma* the patient was advised to take rest in a room avoidance of direct exposure of air, sound and not to sleep.
- The vitals were examined.
- The patient was given *Dhumapana* (medicated smoke).
- At the end the patient was asked to follow *Samsarjan* karma for 7 days. Starting from the day of *Vaman*. Along with behavioral changes patient is allowed to take *Peya*, *Vilepi*, *Yavagu* as a diet regimen.

#### Observations

- *Vega* – 7 *Vega*
- *Upvega* – 9 *Upavega*
- *Antiki Dosha* – *Pitta Dosha*
- Complications – No any complications

The patient's *Vaman Karma* resulted in *Avara Shuddhi* of *Dosha* which reduced the symptoms of previously aggravated *Dosha*.

#### - Shaman Karma

Acharya Charak has mentioned the role play of *Panchakarma* procedure by saying that the disease is treated by *Shodhan* does not reoccur but the diseases treated by *Shaman* may reoccur after the course of time (15) If the *Shaman Dravya* are administered after the proper *Shodhan*, it gives the additional effect and relief by removing the adherent *Dosha* in *Strotas* and helps to eradicate the diseases completely. While consultation to the patient, it was discussed regarding both *Shaman* and *Shodhan Chikitsa*.

After the *Shodhan Karma*, when *Samsarjan Karma* is completed, the patient was advised for *Shaman Chikitsa* (Table 3,4,5,6).

**Table 3– Administration of medicine with their dose, duration, route and Anupan**

Sr. No	Drugs	Dose & Anupan	Time	Route	Duration
1	<i>Gandhak Rasayan</i>	2 tablets of 250mg	Twice a day	Oral	30 days
2	Atrisor cream	q.s	Thrice a day	Local Application	30 days
3	S-kin powder	With <i>gomutra</i>	Before bath	Local Application	30 days
4	777 Oil	q.s	At night	Local Application	30 days



**mode of Action**

Ingredients	Latin Nmae	Actions
Haritaki	<i>Terminalia chebula Retz</i>	Anti-pyretic, Anti-helminthic
Shuddha Gandhak	Purified Sulphur	Anti-bacterial, Anti-viral, Anti-microbial, Anti-pruritics
Guduchi	<i>Tinospora cordifolia</i>	Anti-allergic, Anti-pyretic, Anti-leprotic
Amla	<i>Phyllanthus emblica L.</i>	Anti-bacterial, Anti-viral
Bibhitaki	<i>Terminalia bellerica L.</i>	Anti-allergic, Immune booster

**Atrisor cream**

**Table No 5 – Ingredients of Atrisor Cream with mode of action**

Ingredients	Latin name	Actions
Jivanti	<i>Leptadenia reticulata</i>	Anti-inflammatory
Manjistha	<i>Rubia cordifolia</i>	Anti-helminthics, Anti-pyretics
Haridra	<i>Curcuma longa</i>	Anti-pyretic, Anti-helminthic
Streekutaja	<i>Wrightia tinctoria (Roxb.)</i>	Anti-fungal
Kera taila	<i>Cocos nucifera</i>	Anti-bacterial, Anti-inflammatory
Tuvaraka taila	<i>Hydnocarpus wightiana</i>	Anti-inflammatory

**777 oil**

**Table No 6– Ingredients of 777 oil with their actions**

Ingredients	Latin name	Actions
Coconut oil	<i>Cocos Nucifera</i>	Anti-bacterial, Anti-inflammatory
Swetakutaja	<i>Wrightia Tinctoria</i>	Anti-fungal

**Results**

After the *Avara Shudhi* of the patient by *Vamanadi Shodhan Karma*, followed by *Shaman Chikitsa*, the symptoms like pain soles and palm, cracked soles and palm, silvery scaly appearance of the disease were reduced. The patient got satisfactory relief from the older diseased complaints. (Table 7) (Fig. 1).

**Table No. 7- Difference is appearance of Symptoms according to treatment.**

Sr. No	Clinical Features	Before Treatment	After Treatment
1	Cracks in soles and palms	+++	+
2	Local tenderness	+++	+
3	Scaly appearance	+++	No scaly appearance
4	Itching	+++	No Itching
5	Skin eruption(pustules)	+++	+



**Fig. 1 - The picture depict the condition of patient having Palmo-plantar psoriasis before and after treatment.**

**Discussion**

According to Ayurvedic literature, psoriasis can be correlated with *Kushtha* by having predominance of *Vata, Pitta, Kapha* and *Rasa, Rakta, Mamsadhatu* and skin as *Upadhatu* of *Mamsadhatu*. (16). In the present case study the patient was first treated with digestive and carminative (*Deepen-Pachan*) treatment by *Agnitundi Vati* having *kuchla* (nux-vomica seeds) as main ingredient. It is considered as best appetizer and has the digestive potency which digest the *Aam* (Undigested Food) from *koshta* (colon) further which relieve the *vibandha* (constipation)and simultaneously increase the digestive fire. By stimulating the digestive juices it improves the bowel movement. Its Later transferred to *Abhyang* and *Nadi Sweda* to aggravate the *Dosha* and liquefy the *Dosha* in the site of presence and bring back to *Koshtha* which after eliminated following *Shodhan Karma* i.e. *Vaman*. Other literatures such as *Sharangdhara Samhita*, *Bhaisajya Ratnavali Adhikaran* and *Ashtang Hridaya*, *Acharya* has stated that *Mahatikta Ghruta* has the properties like *Tikta rasa, Ushna virya*, and *Ghruta* as a base which is capable of maintenance of *Rasa Dhatu* and hence indirectly helps to treat the *Kushtha*. As *Kushtha* is the disease which occurs due to vitiation of *Tridoshas* the *Gandhak rasayan* was used in *Shaman Chikitsa* which is beneficial for maintaining the normal status of *Raktadhatu* as well as maintain the normalcy in perspiration in order to remove *pitta* and *Kapha* from body hence this drug is beneficial for skin disorders. The palmo-plantar psoriasis is correlated with *Vipadika Kshudra Kushtha*, in which *Vata* and *Kapha dosha* are predominance. So, the treatment was given to eliminate the impaired *dosha* from *Koshtha* by *Vaman Karma*. After the proper *Shodhan Karma*, in *Shaman Chikitsa* cream was advised for local application as a necessity mentioned by *Acharya* (17). So, the *Atrisor* cream was advised to use as topical application. It is an herbal anti-psoriatic topical cream which gives quick relief from the symptoms like dryness, itching and signs

of inflammation. By its emollient action it helps in bringing back the normal texture and complexion of skin. At the end he was also advised to use 777oil for local application as it has the soothing effect and act as a moisturizer to skin by its nutritive ingredients such as coconut oil. In the condition like psoriasis, the damaged cells produce rapidly and form the thickened skin itching, dryness and scaly appearance is produced over the site. By the action of the contents present in the oil it softens the area and makes it soft by reducing dryness. It acts as a demulcent. All this *Shaman Chikitsa* treats the psoriasis by reducing its signs and symptoms.

## Conclusion

In the present study almost satisfactory result were seen in signs and symptoms of such autoimmune disease like palmo-plantar psoriasis by the *Shodhan Karma* and *Shaman chikitsa*. As the disease mentioned under the *Kushtharoga*, originated by imbalance of *Tridosha*. the *vamam* procedure was advised to remove the impaired *dosha* from *koshta* which is followed by *shaman chikitsa*. Large sample studies would render a better result of the in such complicated disease. Both the procedures and drugs were well tolerated by the patient and no adverse drug reaction was reported. Hence it can be concluded that *shodhan karma* along with topical application of cream can be effectively used in palmo-plantar psoriasis.

## References

1. Agnivesha, Charak, Dridhabala, Charak Samhita, Chikitsa Sthana, Chapter 7, Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. BrahmanandaTripathi, Chowkhamba Bharati Academy 2009.p.no.305
2. Agnivesha, Charak, Dridhabala, Charak Samhita, NidanSthana, Chapter 14, shloka 3, Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. BrahmanandaTripathi, Chowkhamba Bharati Academy 2010.p.no.369.
3. Srikantha Murthy K.R, Ashtanga Hradayama, NidanSthana, 14th chapter. Varanasi: Choukhamba Krishnadas Academy .p.no.139.
4. Agnivesha, Charak, Dridhabala, Charak Samhita, Chikitsa Sthana, chapter 7, Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. BrahmanandaTripathi, ChowkhambaBharati Academy 2017.p.no.325.
5. Agnivesha, Charak, Dridhabala, Charak Samhita, Chikitsa Sthana, chapter 7, Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. BrahmanandaTripathi, ChowkhambaBharati Academy 2009.
6. Agnivesha, Charak, Dridhabala, Charak Samhita, Chikitsa Sthana, chapter 7, Shloka 4-8, Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. BrahmanandaTripathi, ChowkhambaBharati Academy 2009.
7. Agnivesha, Charak, Dridhabala, Charak Samhita, Chikitsa Sthana, chapter 7, Shloka 9-10, Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. Brahmananda Tripathi, Chowkhamba Bharati Academy 2009.
8. Agnivesha, Charak, Dridhabala, Charak Samhita, Chikitsa Sthana, chapter 14, Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. Brahmananda Tripathi, Chowkhamba Bharati Academy 2010. 530p.
9. Agnivesha, Charak, Dridhabala, Charak Samhita, Chikitsa Sthana, chapter 7,shloka 27-30 Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. Brahmananda Tripathi, Chowkhamba Bharati Academy 2009.
10. Agnivesha, Charak, Dridhabala, Charak Samhita, Chikitsa Sthana, chapter 7, shloka 22-29 Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. Brahmananda Tripathi, Chowkhamba Bharati Academy 2013.
11. Agnivesha, Charak, Dridhabala, Charak Samhita, siddhiSthana, chapter 2, shloka 10 Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. Brahmananda Tripathi, Chowkhamba Bharati Academy 2009.
12. Agnivesha, Charak, Dridhabala, Charak Samhita, Chikitsa Sthana, chapter 7, shloka 39 Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. Brahmananda Tripathi, Chowkhamba Bharati Academy 2009.
13. Agnivesha, Charak, Dridhabala, Charak Samhita, Chikitsa Sthana, chapter 7, shloka 30-31 Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. Brahmananda Tripathi, Chowkhamba Bharati Academy 2009.p39-42.
14. Agnivesha, Charak, Dridhabala, Charak Samhita, Sutra Sthana, chapter 18, shloka 1-2, 10-11 Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. Brahmananda Tripathi, Chowkhamba Bharati Academy 2009.
15. Agnivesha, Charak, Dridhabala, Charak Samhita, chikitsaSthana, chapter 7, shloka 15-17, Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. Brahmananda Tripathi, Chowkhamba Bharati Academy 2009.
16. Agnivesha, Charak, Dridhabala, Charak Samhita, chikitsaSthana, chapter 7, Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. Brahmananda Tripathi, Chowkhamba Bharati Academy 2009.
17. Agnivesha, Charak, Dridhabala, Charak Samhita, chikitsaSthana, chapter 2, shloka 7 , Vidhishonitadhyay Vidyotini Hindi Commentary by Dr. Brahmananda Tripathi, Chowkhamba Bharati Academy 2009.

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