

AYURVEDIC MANAGEMENT OF PSORIATIC ARTHRITIS: A CASE STUDY

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ABSTRACT :

Psoriatic arthritis is a type of inflammatory arthritis that will develop in 5 % percent of people who have the chronic skin condition psoriasis. Psoriatic arthritis can be treated with the line of management of *Vatarakta* due to the resemblance of signs and symptoms. *Panchakarma* is prime modality to treat *Vatarakta*. Here is a case report of a 57 years old female presented with the features of psoriatic arthritis. Case has been taken from In-patient section of SDM college of Ayurveda and Hospital, Hassan. She had been treated with *Panchakarma* procedures and *shamanaoushadis*. After the course of 15 days treatment including *samsarjana karma*, there were marked improvement observed on symptoms like swelling, stiffness, pain lesions itching and rashes. Even biochemical parameters like ESR got reduced. Promising results were observed and worth documenting.

Keywords : Psoriatic Arthritis, *Vatarakta*, *Panchakarma*, , Inflammatory Arthritis

INTRODUCTION: Psoriatic arthritis (PsA) refers to an inflammatory arthritis that characteristically occurs in individuals with psoriasis. Estimation of the prevalence of PsA among individuals with psoriasis range from 5 to 30 %¹. In the 1960s, it is clearly distinguished with RA and was found to be usually seronegative, though there is involvement of distal interphalangeal (DIP) joints of the fingers, spine and sacroiliac joints, had distinctive radiographic pictures. In 1970s, PsA was included in broader category of the spondyloarthrides because of features similar to those of AS and RA².

Psoriatic Arthritis is diagnosed based on CASPAR³ (classification criteria for psoriatic arthritis) criteria. According to this criteria patient must have inflammatory articular disease with three or more than three finding of CASPAR criteria to confirm the disease. Psoriatic

arthritis having resemblance with *Ubhayashritha* *Vatarakta*⁴ or *samsargaja(vatakaphaja)* *Vatarakta*. Adopting *Panchakarma* modalities can give relief to person suffering from *Vatarakta*.

CASE REPORT: A 57 years old lady, reported to the SDM College of ayurveda and hospital, Hassan with the complaints of Pain, Stiffness and Swelling of multiple joints associated with itching and rashes all over body since one year. Itching was severe for that she was scratching her whole body. On scratching whitish powder like particles were noticed by the patient, itching use to aggravate during night and it subsides by itself. After couple of months she developed maculo-papular eruptions over both hands and legs.

For the past 6 months she was under steroidal therapy along with analgesics as advised by allopathic physician. Later she

was referred to dermatologist and was under topical applications and oral medications (details of which are not known). There was relapsing episodes of Pain and skin manifestations on discontinuing the medicines. Later she started with the complaints like heaviness of body, unable to stand and walk without support.

Pain was agonizing, progressive and continuous in nature which uses to get aggravated by standing, walking, and Stiffness lasts for one to two hours which is seen during early morning and night and relived after some time. With the above said complaints she got admitted in SDM hospital on 15/2/16.

Patient was working as high school teacher, used to travelling in bus and stand for long hours for teaching. She used to take breakfast as idly, dosa by 11 am. Lunch used to skip and have at 5 pm. She used to have spicy and fried food frequently. patient was well built and nourished and had *kapha Vata Prakruti*, *Madyama Kosta* and *Mandagni*. Her *nadi*, *mutra*, *shabda*, *druk* were normal and passing hard stools once daily. Her *jihwa* was *lipta*, *khara sparsha* and *madhyama akruthi*. She is a known case of

Hypothyroidism since three years and is on Tablet Thyroxin 100mcg.

MATERIALS AND METHODS:

Patient was examined by inspection, palpation, and auscultations of necessary systems. The joint were examined for swelling, tenderness, deformity and movements. Skin lesion area was examined for the texture, discoloration, secretions, Auspitz sign and Candle grease sign. CASPAR criteria (Psoriasis, RA negative, Arthritis symptoms in the distal Interphalangeal articulations of hand) were assessed. *Panchakarma* treatment modalities considering the *vatakaphaja pradanata* in *vataraktha* were adopted. The patient was posted for *vamana* after *Bahya* and *abhyantara rookshana*.

Bahya rookshana is by *Parisheka* with *Triphala Kashaya* and *Dhanyamla* and *Sthanika Churna Pinda Sweda* with *Kolakulattadi Churna*, *Dhanyamla* dipping over Knee and Ankle joints. *Abhyantara rookshana* is by modified *Kshara Basti*⁵ (details in table1,table2) and oral administration of *Chitrakadi vati* 500mg two tablets thrice daily before food and *Shunti kashaya* 50ml twice daily for three consecutive days.

Table 1

Modified Kshara Basti schedule

	1 st day	2 nd day	3 rd day
Morning	<i>Niruha</i>	<i>Niruha</i>	<i>Niruha</i>
Evening		<i>Anuvasana</i>	<i>Anuvasana</i>

Table 2

Ingredients of Niruha Basti

<i>Honey</i>	100 ml
<i>Saindhava</i>	8 g
<i>Pippalyadi taila</i>	120 ml
<i>Putayavani Kalka</i>	30 g
<i>Triphala kashaya</i>	240 ml

Amritha sara	50 ml
Ingredients of Anuvasana Basti	
Pippalyadi taila	80ml

After attaining *samyak pachana lakshana* patient was posted for *arohana snehapana* (internal oleation) with *Guggulu Tiktaka Ghrita*. After attaining *samyak snigdha lakshanas* (symptoms of properly performed internal oleation) giving a day of *vishrama kala* with *Kaphotkleshakara ahara* (Idly, curd rice, dahi vada, sweets and payasam) patient was *Vamana* with *Madana Pippali Churna* (*Randia dumetorum*) 08gms, *Yasti Madhu Churna* (*Glycyrrhiza glabra*) 4gms, *Vacha* (*Acorus calamus*) 1g, *Saindava* 2gms and Honey 100 ml following administration of *Sarvanga Abyanga* with *Nalparamadi Taila* and *Panchavalkala Kashaya Parisheka*.

Patient was followed for two months after the treatment. The improvements found symptomatically and in bio-chemical parameters.

OBSERVATIONS AND

RESULTS: On examination - It was observed that Gait was limping and slow; swelling and tenderness (grade 3) present

The prognosis of the patient was mentioned in response to the treatment is shown in the table 3, table 4, table 5

Table 3					
Intensity of symptoms with response to treatment					
Symptoms	Before treatment	During the treatment	After the treatment	the	Follow up
Rashes	+++	++	+		-
Itching	+++	++	+		-
Swelling	+++	+++	++		+
Pain	+++	++	++		+

in both knee and ankle joints. Redness present on both knee joints and the Range of movement was painful and restricted. On Skin examination, Auspitz Sign and Candle Grease Sign were Positive, lesions were dry, rough, blackish discolouration, vesicles present in legs and hand and also scaly flakes falls on scratching.

Observation during treatment: After three days of *shunti jala* administration patient had attained *samyak pachana lakshana* considering *Agni bala*, *Guggulu Tiktaka Ghrita* was administered for five consecutive days with *arohana* dose of 40ml, 100ml, 160ml, 200ml and 240ml. *Samyak snigdha lakshana* were observed on 5th day of *Snehapana*. On administration of *Vamana dravya*, Patient had attained five *vegas* and *kaphanta* with maximum *laingiki shuddhi* (symptoms of properly performed emesis). Patient was stable throughout the procedure and no untoward complications were observed for whole day.

Table 4

Comparison of pictures between before treatment and after treatment

Before treatment	After treatment
	
Swelling and rashes - marked reduction is observed in knee joints	
	
Psoriatic Lesions reduction can be observed	
	
Reduction in Swelling of interphalangeal joints	

Table 5

Comparison of Bio-chemical parameters

Bio-chemical parameters	Before treatment	Follow up
E.S.R	64	40

DISCUSSION: The symptoms like *Kandu*⁶, *Spurana*, *Paka*, *Vaivarnya*, *Shyava tamra tvak*⁷ (Blackish brown or coppery coloration) , *Anthabrusha Arthi*⁸, *Toda* (severe pain) and affliction of end parts of hands and feet⁹ suggest that the patient is suffering with *ubayashrita*

vatarakta with the association of *vata* & *kapha*. Due to presence of three CASPAR criteria (Psoriasis, RA negative, Arthritis symptoms in the distal Interphalangeal articulations of hand) the patient can be said to be positive for Psoriatic Arthritis.

Though there are ample of treatment modalities mentioned for *vatarakta*, in this particular patient due to predominance of *kapha* symptoms like *kandu*, *gaurava*, *alasya*, *mandagni*, *svetavabhasata* the patient was advised for *rukshana* therapy (which is a *vishista purvakarma* in *Mamsala*, *Medhura*, *Vishamagni* and *Bhuri Shleshma*) prior to *snehapana*¹⁰ *Bahya rukshana* and *abyantara rukshana* were selected as the initial treatment. As in case of *gambira vatarakta*, treatment should be given initially for alleviated *vata*¹¹. So the patient treated with *basti karma* in the beginning to subside *vata dosa*¹² for three days. As patient was sukulam, *Kshara basti* was modified.

*Guggulu Tiktaka Ghrita*¹³ best indicated in *vatarakata* and so administered as *shodhanga snehapana*. Here *vamana karma* is taken as *pradhana karma* due presence of more *kaphaja* symptoms. *Vamana karma* helped in expulsion of vitiated *doshas* from upper orifice¹⁴ the mode of action may be due to the induction of stress due to *vamana karma* helping in stimulation of ACTH and adrenal glands leading to the release of glucocorticoids and catecholamines¹⁵ and at the same time helping the promotion of lysis for increasing the force of skeletal muscle contraction which intern help the tissue to overcome the inflammatory changes. Thus helping the patient to overcome from the symptoms.

CONCLUSION: In this case, it can be said that *vamana karma* is a better treatment modality after *rukshana* therapy for giving symptomatic relief. Here the relief is due to *nirharana of stanika dosha*. Complete and Immediate relief from all the symptoms could not achieve because this is a *yapya vyadhi*. So *sthoka sthoka dosa nirharana*¹⁶ has to be done with

Panchakarma procedures in coming follow ups there will be significant improvement in almost all the symptoms.

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