



# Ayurvedic Management Of Psoriatic Arthritis- A Case Study

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## Abstract –

Psoriatic arthritis (PsA) is an inflammatory musculoskeletal disease with both autoimmune and autoinflammatory features characteristically occurring in individuals with psoriasis. The prevalence of PsA in Indian population was reported in 8.47% cases of Psoriasis. The symptoms residing in the skin and muscles, is Uttana stage/type. On the other hand, when symptoms spread to all the tissues and manifested severe pain in the joints, swelling, having ulcers is the Gambhira Vatarakta which very much resembles to PsA. Even though, the main culprit involved in Vatarakta is Vata and rakta. Dhatus like rasa, mamsa, asthi, and majja are also involved in pathogenesis. The treatment principle focuses on controlling inflammation of affected joints to prevent joint pain and further disability. A 42-year-old female patient visited in rognidan OPD with complaints of pain and swelling in small joints along with skin manifestations like flaky scales and itching over the scalp region, low back, and both lower limbs. The management was done on the basis of following treatment modalities: - Ama pacana, rakta prasadananam, sodhananga snehapanam, virechana, and Rasayana. The assessment was done before and after the treatment by using the PASI score and EULAR criteria. It was observed that there was relief in symptoms and changes in biochemical parameters were also noted. To stabilize the positive response of this treatment, Samana chikitsa and Rasayana were advised as a follow-up for one month.

**Keywords-** Psoriatic Arthritis , ayurveda, skin disorder, sandhigat vata

## Introduction-

Psoriatic arthritis (PsA) is chronic inflammatory arthritis associated with psoriasis and is spotted in about 20 to 30% of such patients [1]. It shares many clinical features with other spondyloarthropathies and also rheumatoid arthritis (RA). Commonly, it is seronegative, but a small percentage of patients may be positive for rheumatoid factor (RF) and anti-cyclic citrullinated peptide antibodies (anti-CCP antibodies). The widely accepted definition of psoriatic arthritis proposed by Moll and Wright in 1973 is inflammatory arthritis associated with psoriasis and negative for serum rheumatoid factor [2]. The inflamed synovium in PsA resembles that of RA, although, with somewhat less hyperplasia and cellularity than in RA [3]. Unlike RA, arthritis associated with psoriasis often involves the spine, sacroiliac joints, and the distal interphalangeal joints of the fingers and shows considerable familial aggregation. The spectrum of arthropathy associated with psoriasis is quite broad. In the original scheme of Wright and Moll, five patterns are described: [3]

- (1) arthritis of the DIP joints
- (2) asymmetric oligoarthritis
- (3) symmetric polyarthritis similar to RA
- (4) axial involvement (spine and sacroiliac joints)
- (5) arthritis mutilans.

The etiology and pathology of Psoriatic arthritis can be equated to Gambhira Vatarakta<sup>[4]</sup> mentioned in Ayurvedic classics. According to Sushruta, Gambhira Vatarakta is a clinical condition initially manifested as Uthana Vatarakta similar to the clinical features of Kushta involving twak (skin), rakta (erythropoietic elements), and mamsa (muscle tissues). In chronicity, the dosha invades asthi (bone tissue) and majja (bone marrow) manifests as Arthritis. Rakta vitiation and subsequent Avarana of Vata by rakta and vice versa is the basic pathology. A holistic approach comprising antahparimarjana, bahiparimarjana (internal-external treatment), and satwajaya chikitsa (psychotherapy) is necessary for the management of Psoriatic arthropathy.

### Case presentation –

Presenting complaints A 42-year-old female patient working as tailor for the past 21 years came to OPD, on 18 september 2024 with complaints of pain and swelling over both knee joints (left > right), and right ankle joint for 4 months. Pain, swelling, and discoloration of interphalangeal joints of right and left toe and left hand for the last 4 months. Along with these complaints he also presented with flaky scales and itching over the scalp region, low back, and both lower limbs for 3 years. The patient was apparently healthy before 3 years. Gradually developed flaky scales and itching over the scalp region, low back, and both lower limbs. she consulted a Dermatologist and was diagnosed with Psoriasis. she got considerable relief with topical antibiotics and steroids. Later in 2024, he gradually developed pain, swelling, and blackish discoloration over the left foot followed by the 4th and 5th toe of the right foot (right>left) and also pain and swelling over the left big toe and left knee joint. Pain aggravates during cold exposure, climbing stairs, walking, exertion, and getting relieved by taking rest. There is no significant past history. Personal history Revealed increased intake of guru (heavy food: -fish, egg), abhishyandhi (produces excess secretion in the tissue pores and causes blockage), vidahi ahara (causing burning sensation: - fried fish). Mostly prefer spicy food items (katu rasa ~ pungent taste). Masha (black gram), anupa mamsa (marshy land meat), matsya (fish – daily). All other aspects of personal history were normal. Psycho-social history revealed the presence of Mental stress due to financial issues in the family. Clinical findings Examination of the integumentary system Revealed flat, pinkish-red color, rough, dry, thick silvery scaly lesions on erythematous base (plaque psoriasis), distributed symmetrically over the scalp, bilateral knee joint, and extensor surfaces of bilateral hand and lower limb, and at the sacroiliac joint with well-defined margins and circinate configuration. Sweating and edema were absent. The Auspitz sign and Koebner phenomenon which is specific for Psoriasis was positive. Nail also presented peculiar features of Psoriasis like Onycholysis and subungual hyperkeratosis. The Oil drop sign was absent. Examination of the Musculoskeletal system Exhibited swelling, and grade 1 tenderness over left metacarpophalangeal joints and bilateral knee joint with restricted range of movement. The right ankle joint showed swelling and grade 2 tenderness with painful dorsiflexion, and plantarflexion. He also had swelling and grade 2 tenderness over the interphalangeal joints of the bilateral foot.

**Laboratory investigation** - ASO titer and RA factor were negative. ESR was 52mm/hr and CRP was 35.7 ng/L and other remaining reports were within normal limits. Ayurvedic clinical examination revealed the involvement of Sapta Dhatus of Kushta (Vata, Pitta, Kapha, Twak, Lasika, Asrk, Amisha) along with asthi and majja dushti as evident from the symptoms like joint pain, swelling, and difficulty in walking. At the time of admission, vyadhyavastha was in the ama stage whereas jatharagni was manda.

### Examination of Roga (Nidana and Samprapti)

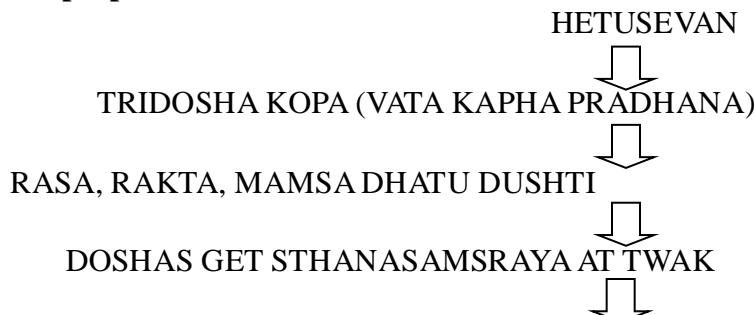
Etiological factors can be divided as follows:

**Aharaja-** Viruddahara, Raktadushtikara ahara (excessive intake of fish, egg, salty and sour foods like pickles) resulted in rakta dushti

**Viharaja** - her job demands prolonged sitting it further led to Vata kopa.

**Manasika-** Prolonged Mental stress cause further aggravation of Vatapitta and also hampers the vyadhi kshmatwa.

### Samprapti-



### Materials and Methods –

Ama Pacana (Elimination Of Metabolic Wastes), Rakta Prasadananam (Blood Purifier), Sodhananga Snehanpanam (Oleation For The Elimination Of Doshas), Virechana (Purgation), Rasayana (Rejuvenation Therapy). Samanaoushadhi (Internal Medicines), Pathya- Palana.

### Internal Medications Given-

- 1 Punarnavadi Kashaya, Kaisora guggulu, Shaddharana gutika \*14 days
- 2 Patoladi gana Kashaya \*15 days
3. Avipattikar churna 10 gm HS \* 15 days

After attaining appropriate agnibala (strength of digestive fire) and amapachana, Sodhananga Acha Snehanpana was done in the Arohana matra (increasing dose) until samyaksnigdha lakshana (signs of proper oleation) was attained. As the patient has sandhi-asthi- majtagata involvement along with Kushta, Gugguluthiktaka ghrita was selected for snehanpana (oleation).

### Procedure And Medicines-

1 Acha Snehanpana with Gugguluthiktaka ghrita Dose- 25ml, 50ml, 100ml, 150ml, 200ml, 200ml, 250ml \*7 days .

2 Virechana with Manibhadra gula 60gm was given along with Triphala Kashaya and honey after Kapha Kala. Samsarjana krama (graduated diet) was advised 3 day.

As per the classics, in Kushta chikitsa bahiparimarjana chikitsa should be done only after abhyantara shudhi (internal purification). Hence, after Shodhana, Kashaya dhara, and Takradhara over the whole body was done.

3 KashayadharaAragwadadhi gana \*7 days Swelling and pain over bilateral ankle joint reduced slightly.

4 Takradhara (whole-body + head) Pottali- musta, manjishta, aragwadadi Kashaya churna Kashayam- amalaka Kashaya \* 7 days Pain slightly reduced. Scaly lesions over the scalp healed slightly.

5 Utsadana: Abhyanga- Shudha durvaadi taila Churna- Nimabadi churna + Takra 7 days

At the end of the course of treatment, she got considerable relief in the joint pain and swelling except for the left ankle joint. His skin manifestations got completely cleared off. To get rid of the pain and swelling of the left ankle joint, local Ksheera dhara with Dasmoola Kashaya was done for 7 days. At last, Vatatapika rasayana with Sasankalekhadi churna<sup>[5]</sup>

- Sasankalekha Rasayana (10gm) with Guggulu Tiktaka ghrita (10ml) in an empty stomach early morning for 3 months.
- Vtipala taila – external application
- Pathya: - Diet prepared from Sali (rice), yava (barley), and godhuma (wheat). Peas – mudga and masura are advised. Tikta saaka like karavella, patola, and jangala mamsa were advised
- Apathya: - Avoid amla- lavana -ushna ahara (curd, milk, fish, and black gram).

#### Discussion –

Psoriatic arthropathy can be quietly co-related to Gambhira Vatarakta. As per Sushruta, Uttana and Gambhira are two different stages in the pathology of vatarakta<sup>[6]</sup>. The stages of psoriasis can be considered as the Vyakta kriyakala and if this kriya avasara is not properly utilized the disease can progress and invade the deeper dhatu such as asthi – majja. Along with the clinical features of Gambhira Vatarakta like Gambhira swayathu, Gambhira ruk, and Anguli vkrata, the person also gets crippled (Khanja -lame by one leg or Pangu -lame by both the legs<sup>[7]</sup>). In this case, the patient had extreme difficulty in standing on his left leg and he could not do the stance because of pain and was walking like a khanja. Psoriatic arthropathy can be considered the Bhedavastha of psoriasis. Due to indulgence in incompatible food items and mental stress, the patient had excess mala sanchaya and impaired dhatu parinama. Punaranavaadi Kashaya and Shaddharana churna were administered for deepana and pacana, and the expulsion of sanchita mala, Patolaadi Kashaya, and Manibhadra gula were given. In this case, doshas are lodged in sakha marga and marmasthi sandhi marga. The psoriatic arthropathy can be considered as a Tiryak gata vyadhi. As the patient had pravara bala and pravara satwa, Shodhanaga snehapana was chosen with Guggulutiktaka ghrita followed by virecana. At the end of shodhana, the patient got 50 % relief in the symptoms. As the skin lesions were persisting in certain areas like the scalp and low back, Kashaya dhara and Utsadana were advised and the above-mentioned lesions were subsided. Utsadana also helped to improve the texture and overall health of the skin. As there is the involvement of psychological factors, time-tested therapy of Takra dhara was administered. Recently, research work has been done to validate the efficacy of Takradhara in Psoriasis. From the neurophysiological mechanism, it can be hypothetically stated that it promotes the production of natural steroids which boosts innate immunity. The Rasayana advised in the present case was Sasankalekhadi churna which is a samana oushadha explained in kushta prakarana. The ingredients are Bakuchi, Vidanga, Pippali, Chitraka, Ayomala, and Amalaka. According to the reference, this rasayana is to be administered along with taila. Still, in this case, it is given along with Guggulu Tiktaka ghrita because this ghrita is found to be beneficial in the management of musculoskeletal disorders.

**Conclusion-** This single case is documented evidence for the successful management of Psoriatic arthritis through Samana. ♦ AYURVEDIC MANAGEMENT OF PSORIATIC ARTHRITIS- dhara chikitsa, and Rasayana. Sodhana plays a major role in the elimination of Doshas. Lastly, Rasayana was intended to act upon both the integumentary system and musculoskeletal disorders. Further studies are needed to validate its efficacy.

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