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Case Study

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AYURVEDA MANAGEMENT OF PALMOPLANTAR PSORIASIS (VIPADIKA) -A CASE REPORT

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ABSTRACT

Palmo-plantar Psoriasis is a non-infectious chronic inflammatory illness of the skin bounded to the palm and soles in extent. In Ayurveda, all skin diseases are narrated under a single rubric i.e., *Kushtha* (Skin diseases) or we can say it as PPP (Palmo-plantar Psoriasis) and based on its clinical sign & symptom, it may be correspondent with *Vipadika* (One of the *Kshudra Kushtha* described in Ayurveda).

KEYWORDS:- Psoriasis, Ayurveda, Vipadika, Skin.

INTRODUCTION

Healthy skin is a glossy of general health. Skin, which is the largest organ of the body is also considered elegant in society. Any disease related to the skin not only disturbs the patient semantically but also

jumbles the rational and collective well-being of the forbearing, as the mien of the patient may be embarrassing. Palmoplantar psoriasis (PPP) is a common chronic immune mediated, seditious, proliferative, non-communicable illness of skin manipulating people who are hereditarily predisposed with habitat having a crucial role in pathogenesis. The prevalence of Psoriasis unevenly ranges between 2 and 3% worldwide.^[1] In India, the incidence of psoriasis also varies from 0.44 to 2.88%. There are many action manners accessible but since its chronic relapsing nature, Palmo-plantar psoriasis is a challenge to treat. If we look the modern therapeutic science, they treat with corticosteroids and immunomodulators.^[2] The action replacements available in modern medicine are related with side effects but according

to Ayurveda, it is rising because of the unfit way of living such as dietary patterns and tensity. Ayurveda treatments are nature-based and devoid of side effects and the chances of more deterioration are low. Hence, it is a need of Ayurveda. Acharya Charaka specified that all skin illnesses (Kushthas) are Tridoshaja (Bodily Humors) in nature. Palmo-plantar psoriasis is one such disease that cannot be linked exactly with any illness stated in Ayurveda but to a certain extent based on its indications, it can relate to Vipadika (AAB-90-Charaka) which is one of the kinds of Kshudra Kushtha (Minor skin diseases). [3] It involves predominantly Vata and Kapha dosha (bodily humor), vitiation of Rakta Dhatu.

CASE REPORT

A 56-year-old man came to the OPD of Kayachikitsa, Ganga- Putra Ayurved medical College on 02/06/2023 with a long 6-year history of pruritic rashes on both his hands and legs and was previously diagnosed as "eczema" by an allopathic dermatologist. He castoff triple antibiotic ointment in the past without any significant improvement before he stayed Ayurveda hospital. He had no family history, past medical and psychological history.

Clinical findings

On examination, scaly, ill-defined erythematous plaques on the soles and palms were noted. To settle a case of Palmoplantar Psoriasis differential diagnoses were made

Medications

Arogyavardhini vati -2-2 (After food)

Triphala Ghruta 1 tsp empty stomach twice in a day

RESULTS

The patient noted a good improvement since there was a reduction in the scaling of the skin, itching, and erythema on his palm and sole and a important reduction in Absolute Eosinophil Counts (AEC) from 913 cells/mL (2/6/2023) to 534 cells/mL (6/7/ 2023) and further to 108 cells/mL (10/8/2023) indicating decline (88.2%) in AEC. Similarly, the immunoglobulin E (IgE) levels deteriorated from 1200 IU/ml to 990 IU/ml further to 800 IU/ml over the same duration. There was improvement in patient after all the treatment protocol i.e. change in diet, lifestyle and medications for said days.

DISCUSSION

Palmoplantar psoriasis remains a debilitating skin disorder. The present case report of a patient who was misdiagnosed in allopathy as a case of eczema and remained on treatment for long eight years without any noticeable benefits, was diagnosed as a case of Palmoplantar psoriasis (PPP) which can be correlated with Vipadika described in Ayurveda as one of the Kushtha (Skin Disease). Looking into the age, Bala (Strength) of the patient and severity of the sign and symptoms, the patient responded very nicely. On human skin cells, triphala extract has a strong antiaging effect. It stimulates collagen-1 and elastin-synthesizing genes and antioxidant genes responsible for cellular antioxidants in human skin cells. It stimulates collagen-1 and elastin-synthesizing genes and antioxidant genes responsible for cellular antioxidants in human skin cells.

CONCLUSION

The patient got improvement in palmoplantar psoriasis with above said medications along with change in diet and lifestyle.

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