ABSTRACT

Palmo-plantar psoriasis is 2nd most common type of psoriasis that is characterized by well-defined erythematous plaques with silvery scales. Palmo-plantar psoriasis as name suggests is limited to area of palm and soles. In Ayurveda all skin diseases described under a single heading “Kushtha”. There is no direct correlation of disease described in Ayurveda, but in some ways palmo-plantar psoriasis can be correlated with the disease vipadika which is a kshudrakushta characterized by pani pad sphutana (fissure in palm and soles) and Teevra vedana (severe pain). The aim of present study was to evaluate effectiveness of Pinda taila on vipadika. Herewith reporting a case of 52 years old female patient who was presented with complains of bilateral large cracks and fissures in palm as well as sole, scaling and itching pain while walking since 2 years. Standardized Pinda taila was applied over the affected area twice a day, morning and evening in dried feet after washing with luke warm water for 6 week’s duration. Assement done with PASI (“Psoriasis Area Severity and Index Scale”), the score decreased from 7.6 to 0.6. Though Pinda taila is not mentioned by Acharya in kushtha chapter but some contents of Vipadika hara Ghrita taila as explained by Acharya charaka in kushtha chikitsa are present in Pinda taila. The present study has proven that Pinda taila can be used externally as an effective medicated oil to manage Vipadika as an alternative to Vipadikahara Ghrita taila.

KEYWORDS: Pinda taila, Psoriasis, Vipadika, Kushtha, PASI.

INTRODUCTION

Palmo plantar psoriasis is a common chronic inflammatory proliferative, non-contagous immune mediated disease of skin affecting those who are genetically predisposed and
Psoriasis is a chronic inflammatory and immune mediated disease that has a negative impact on patient’s quality of life. In India prevalence of psoriasis varies from 0.44 to 2.8%. Palmo plantar psoriasis is 2nd most common amongst the other type of psoriasis. It affects palms and soles the most, causing significant functional and social disability as well as interfering with daily activities.

In Ayurveda, all skin diseases described under a single heading “Kushtha”. Acharya charaka had described that all kushthas are tridoshaj in nature. Palmo plantar psoriasis is a disease mentioned in Ayurveda but to a certain extent based on its symptoms, it can be correlated with Vipadika which is one type of kshudrakushtha. It involved predominantly vata and kapha dosha and is characterized by pani-pad sphutana (fissure in palm and soles) and teevra vedana (severe pain).

Acharya vagbhata also mentioned the same adding occurrence of red patches over palm and soles.

Many case studies have been published on treatment of vipadika. This study is an effort to illustrate the effect of external application of Pinda taila (which is mentioned in vatarakta chapter by Acharya charaka) on vipadika.

Acharya charaka has described the Vipadikahara Ghrita taila for local application in five types of disease such as vipadika charma kushta, Eka kushta, Kitibh and Alasak. Pinda taila and vipadikahara Ghrita taila has some common drugs in them as madhuchishta (Bee’s wax), manjishtha (Rubia cordifolia Linn family- Rubiaceae), sarjarasa (Resin of vateria indica linn, family - Dipterocarpacease).

Hence efforts are made to use Pinda taila which is easily available for external application in Vipadika. Standardized Pinda taila was used for the treatment.

CASE STUDY
A 52 years female patient came to our patient department of M. A. Podar Hospital, Mumbai (on FEB 2018) with complains of itching, fissuring, roughness and scaling on both palms and soles since two years. Patient also has been suffering with pain during walking due to fissures on both soles. Initially it was started from the side of palm, gradually spread to both palm and soles. Even though these were exacerbations and remissions during disease period, she felt severe pain throughout the day and night. When the cracks were particularly bad, she felt
difficulty in walking.

On examination her vitals were stable. The lesions were scaly, itchy and slightly blackish with fissuring. The lesions were bilaterally symmetrical and over the palms plaques mainly present over pressure points like thenar and hypothenar eminences with relative sparing of central palm over the soles, instep and sides of feet were involved. There were no psoriatic nail changes and no associated psoriatic arthritis. Psoriasis was not present at other sites of body except palms and soles. The condition was progressive and creating anxiety to the patient. Patient was diagnosed as having Palmo-Plantar psoriasis and took allopathic treatment but didn’t get sustained relief.

Other than this skin problem the patient has reported that she was in good health. According to symptoms, this case demonstrated a classical presentation of vipadika skin disease. During examination, it was revealed that patient was free from the symptoms of diabetes mellitus, hypertension and chronic lung disease, malignancy, sensitivity reactions to the medicated oils. The patient did not consume any topical steroids for long time. Also there was no family history of such skin disease or any other type of skin disease.

METHODOLOGY
A case study was conducted in M. A. Podar hospital Mumbai in FEB 2018 (Ethical approval was obtained from review committee of Institute). Consent of patient was taken before starting treatment. The patient was advised to apply the oil over the affected areas twice a day morning and evening on dried feet after washing with Luke warm water (duration was 6 weeks). The patient was reviewed once a week at the clinic or OPD. The patient was advised not to apply any other remedy on skin lesion during the study period and also not to apply test drug on the day of assessment.

Diagnosis of Palmo-Plantar psoriasis is made clinically based on history and findings of thorough dermatological examination. To measure efficiency of treatment “Psoriasis Area Severity and Index Scale” (PASI) was used. PASI combines the score of the severity of lesion and area affected and finally gives a single score in the range 0 (no disease) to 72 (maximal disease).
RESULT AND DISCUSSION

There was good improvement noticed in the signs and symptoms of itching, fissuring, roughness, scaling on both palms and soles. The size of lesions also reduced in both palms and soles. Before starting treatment total score on PASI was 7.6 (2.8 in upper limb and 4.8 in lower limb), it gets reduced to 0.6 (in upper limb 0.2 and in lower limb 0.4) during follow up assessment.

Palmo-Plantar psoriasis can be correlated with Vipadika according to Ayurveda which is one of the kshudra kushtha type. Vipadika is characterized by pani-pada sphutana (fissures in palms and soles) and teevra vedana (severe pain) with involvement of Vata and Kapha dosha.\textsuperscript{[10]}

With the application of Pinda taila the roughness in soles and palms greatly reduced due to snigdha guna of oil. Also the sarajrasa in pinda taila is said to have wound healing properties that would help in healing the fissures on palms and soles. Also the honey bee wax
(madhuchishta) is having wound healing properties so it helped in wound healing as well as uniting the edges of fissure and making skin to appear uniform. Further pinda taila is said to be having analgesic property 7 that helped in reducing the pain due to fissure and facilitated daily working.

The sarajras and manjishtha both are having varnya properties that means it helps to cure the discoloration of skin by their varnya property so the blackish discoloration over both palms and soles reduced greatly.

Further after applying oily preparations it should remain on skin for some time. Absorption of substances through the skin depends on duration of contact and on the solubility of medication.\[1\]

The selection of optimum base for the topical preparation is extremely essential in Ayurveda as it provides easy access to the active principles of the drugs up to deepest stratum of skin.

**CONCLUSION**

The present case study proven that Pinda taila can also be used externally in (Palmo-Plantar psoriasis) Vipadika though it is originally mentioned in Vatarakta chapter by Acharyas. Further long term follow up studies with large sample are required to substantiate.

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