

Ayurvedic Management Of Psoriatic Arthritis -A Case Study

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Abstract:

Psoriatic arthritis (PsA) is a chronic inflammatory disorder with autoimmune features, often associated with psoriasis. Its prevalence in Indian psoriasis patients is around 8.47%. In Ayurveda, early skin and muscle symptoms relate to Uttana Vatarakta, while joint involvement indicates Gambhira Vatarakta, involving Vata, Rakta, and deeper dhatus. A 9-year-old female with chronic itching, burning, and recent joint pain was treated with Shamana and Shodhana Chikitsa. Marked improvement in both skin and joint symptoms was observed, highlighting the effectiveness of Ayurvedic management in PsA.

INTRODUCTION:

Psoriatic arthritis (PsA) is a chronic inflammatory joint disorder seen in approximately 20–30% of individuals with psoriasis ⁽¹⁾ It shares clinical similarities with other spondyloarthropathies and rheumatoid arthritis (RA). While PsA is typically seronegative, a small subset of patients may test positive for rheumatoid factor (RF) or anti-cyclic citrullinated peptide (anti-CCP) antibodies. Moll and Wright's widely accepted 1973 definition describes PsA as inflammatory arthritis associated with psoriasis in the absence of serum RF ⁽²⁾ Although the synovial inflammation in PsA resembles that of RA, it tends to exhibit less synovial hyperplasia and cellularity ⁽³⁾. Distinctively, PsA often involves the spine, sacroiliac joints, and distal interphalangeal (DIP) joints, and frequently presents a strong familial tendency. According to Wright and Moll, five clinical patterns of PsA are recognized: 1-DIP joint arthritis, 2-asymmetric oligoarthritis, 3- symmetric polyarthritis mimicking RA, 4- axial disease, and 5- arthritis mutilans.⁽³⁾

In Ayurvedic understanding, Psoriatic Arthritis can be correlated with Gambhira Vatarakta⁽⁴⁾ a chronic progression of Vatarakta as described in classical texts. Sushruta explains that the condition initially presents as Uttana Vatarakta, involving *twak*, *rakta*, and *mamsa*. With chronicity, the pathology progresses deeper, affecting *asthi* and *majja*, manifesting as joint disorders. The core pathogenesis involves vitiation of *Rakta* and mutual obstruction between *Vata* and *Rakta* doshas.

PATIENT DETAILS:

A 9-year-old female student presented with generalized itching and burning sensations all over the body for the past 2 to 3 years, along with pain in both knees and elbows for the past month. Her medical history was unremarkable, with no prior illnesses, trauma, or diagnosed autoimmune conditions. There was no known family history of psoriasis, psoriatic arthritis, or other autoimmune disorders. The patient exhibited normal physical and mental development for her age, with no reported developmental delays. She resides in a moderately urban/rural environment with exposure to seasonal climate changes. Her diet is mixed, with no known food allergies, and personal hygiene is well maintained, with no external exposure to irritants or allergens reported.

PRESENTING COMPLAINTS:

The patient, a 9-year-old female, presented with the following complaints:

- Generalized scaling and burning sensation all over the body for the past 2-3 years
- Persistent itching (pruritus) over the entire body
- Bilateral knee joint pain for the past 1 month, associated with morning stiffness and discomfort during movement

Clinical Examination

- Multiple dry, pruritic lesions distributed over the trunk, limbs, and scalp
- Lesions are well-demarcated, erythematous, and covered with silvery-white scales
- Scalp involvement noted with thick scaling and mild erythema

- Skin shows signs of chronic inflammation with excoriation marks due to scratching
- Burning sensation reported in affected areas
- Auspitz sign: Positive (pinpoint bleeding upon removal of scales)

MATERIALS AND METHOD -

List of internal and external medications with dose, adjuvant, and duration.

Sr No	Formulation	Dose , Frequency ,Time	Adjuvant	Duration
1.	Sarvang Snehan With Nalpamradi Tail	30 ML	-	7 Days
2.	Sarvang Dhara With Dashmool Kwath And Argwadhadi Kashay	600 ML	-	7 Days
3.	Anuvasan Basti With Vidang Tail + Erand Tail + Til Tail	10 ML 5ML 10ML	-	7 Days
4.	Khadirarishta	10 MI Of Arishta, Twice Daily After Meal	Luke Warm Water	30 Days
5.	Vidangarishta	10 MI Of Arishta, Twice Daily After Meal	Luke Warm Water	30 Days
6.	Dashmoolarishta	10 MI Of Arishta, Twice Daily After Meal	Luke Warm Water	30 Days
7.	Krumikuthar Ras	250mg , 1 Tablet Twice A Day	Water	30 Days
8.	Sanjivani Vati	250mg , 1 Tablet Twice A Day	Luke Warm Water	30 Days
9.	Yograj Guggul	250mg , 1 Tablet Twice A Day	Luke Warm Water	30 Days
10.	Keshor Guggul	250mg , 1 Tablet Twice A Day	Luke Warm Water	30 Days

RESULT:

Before Treatment



After Treatment



Before Treatment



After Treatment



Before Treatment



After Treatment



Before Treatment



After Treatment

DISCUSSION:

In the management of Psoriatic Arthritis, a combined approach targeting Vata, Rakta, and Ama is essential. A 7-day course of Shodhana Chikitsa was administered, which included Sarvanga Snehana with Nalpamaradi Taila and Sarvanga Dhara with Dashamoola Kwatha and Aragwadhadi Kashaya to help reduce skin inflammation, joint stiffness, and pacify aggravated doshas. This was followed by Anuvasana Basti using Vidanga, Eranda, and Tila Taila, which nourishes tissues, relieves pain, and supports detoxification. Subsequently, a 30-day regimen of Shamana Chikitsa was followed using internal formulations. Khadirarishta, Vidangarishta, and Dashmoolarishta acted as Rakta shodhaka, Vatahara,

and Ama pachaka, helping purify the blood, reduce inflammation, and support joint mobility. Krumikuthar Rasa and Sanjivani Vati enhanced metabolism, digested Ama, and reduced skin and systemic inflammation. Yograj Guggulu targeted musculoskeletal symptoms, while Kaishor Guggulu addressed chronic skin issues and blood impurities. Together, these therapies offer a comprehensive and effective line of management for long-term control of Psoriatic Arthritis.

CONCLUSION:

In this case, a multidimensional treatment approach aimed at balancing Vata, Rakta, and Ama through selected Shodhana and Shamana therapies led to significant clinical improvement. External procedures like *Sarvanga Snehana*, *Dhara*, and *Anuvasana Basti*, along with internal administration of formulations such as *Khadirarishta*, *Dashmoolarishta*, *Vidangarishta*, *Guggulu yogas*, and *Sanjivani Vati*, contributed to notable relief in both skin and joint symptoms. The interventions helped reduce inflammation, improve digestion, and enhance overall well-being. This case highlights the potential effectiveness of a comprehensive Ayurvedic approach in managing chronic inflammatory conditions like Psoriatic Arthritis.

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