

# Efficacy of Ayurvedic Drugs in the Management of Psoriatic Arthritis : A Case Study

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## ABSTRACT

**Background:** Ayurvedic treatment principle was applied in a case of Psoriatic Arthritis and the outcome was assessed. A 25-year-old female initially suffered from psoriasis. She took allopathic treatment for it. Two years later, she also developed multiple joint pain and due to involvement of knee and hip joints, her movements got restricted. The pain made her bed ridden. As she could not get significant improvement by mainstream medical treatments that she took for several months, the patient approached for Ayurvedic treatment. Considering the case similar to *amavata* because of the clinical features, the patient was treated by external and internal herbal preparations appropriate for the above said condition and was also advised for physiotherapy. The outcome of the treatments was monitored.

**Results:** The treatment was found effective as the patient who was once bed ridden was now able to perform day to day activities which made her independent. Additionally, there were no side effects or complications. Thus, it could be concluded that this treatment protocol could be used for management of Psoriatic Arthritis. Also, these observations could form the basis for future clinical trial.

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## INTRODUCTION

Psoriatic Arthritis is an inflammatory disorder that is chronic and progressive, which affects skin and joints characterized by osteolysis. Clinical manifestations include dactylitis, enthesitis, osteoperiostitis and large joint oligoarthritis. The etiological factors include Genetic : Genes identified in psoriatic arthritis include HLA-B/C, HLA-B, IL-12B or Immunological : caused by raised tumor necrosis factor (TNF) levels in joints and affected skin that could overwhelm the immune system. It is one of the most common complications of psoriasis that affects 2.5% of the world's population.<sup>1</sup> 10%-15% of patients having psoriasis also develop an associated inflammation of their joints.

On assessing the symptoms, it was found that they were similar to *amavata* only with the fact that it was associated with skin lesions of psoriasis. Thus, psoriatic arthritis was correlated and treated as per treatment principle of *amavata*.

*Amavata* is a disease in which *Ama*(toxic matter) and *Vata*(a humour) simultaneously enter the *kostha*(abdomen), *trika* (pelvic region) and *sandhipradesha*(joints)which leads to stiffness and pain in multiple joints. It is disease of *madhyam rogamarga* which affects *sandhi* (joints) and *hridayamarma*(a vital point in heart). *Agnimandya*(reduced digestive fire)is the main causative factor behind *amavata*. Hence any factor which reduces digestive fire could be responsible for production of *Ama*(toxic matter). Acharya Madhav has described the causes of *amavata* as *Viruddhahara* (Unwholesome Diet), *Viruddhaheshta* (Erroneous Habits), *Mandagni* (poor digestion), *Nishchalata* (Sedentary Lifestyle).<sup>2</sup> According to predominance of *doshas* it is of three types *Pittanubandhi*, *Kaphanubandhi* and *Vataj*.<sup>3</sup>

## Case Presentation

The written informed consent obtained from the patient included his permission to take photos.

## Case Study

A 25 years old female patient was well before 2 years. Gradually she started to develop skin lesions over upper & lower limbs. She was diagnosed with psoriasis and took allopathic treatment for the same. After that her skin lesions subsided and only blackish discolorations remained on skin. Gradually, her symptoms started resurfacing along with joint complaints on stopping the treatment. Later, she developed stiffness and pain in multiple joints that made her bed ridden. She again took allopathic medications for this but could not get satisfactory relief and thus for further treatment she approached

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MGACH. Her associated complaints included anorexia and fever that was on & off.

### Assessment

On admission the assessment revealed severe tenderness at affected joints, swelling and redness over left knee joint.

Medicine	Dose	Anupana	Duration
<i>Sinhanad Guggulu</i>	(250mg) 2BD after meals	Warm water	15 Days
<i>Shilajativadi vati</i>	(125mg) 1BD after meal	Warm water	
<i>Punarnavadi Kwath</i>	4tsf BD after meal with equal amount of water	-	
<i>Haritaki churna</i>	5gm HS	Warm water	
<i>Guduchi churna</i>	3gm BD before meal	Warm water	
<i>Gomutra arka</i>	20ml at morning	30ml water	

The external *ayurvedic* therapies were planned along with physiotherapy for 15 days.

<i>Snehana</i>	<i>Mahavishagarbha taila + Saindhavadi taila</i>
<i>Swedana</i>	<i>Shashtishali panda sweda</i>
<i>Basti</i>	<i>Niruhabasti</i> - (300ml) <i>Guduchi + Dashmoolkwatha</i> - 150ml, <i>GomutraArka</i> - 100ml <i>Tiltaila</i> - 50 ml, <i>Saindhav</i> - 5 gm <i>Matrabasti - Dashmooltaila</i> (50ml) (1A, 2N, 2A, 3N, 2A, 2N, 2A) A= anuvasan, N= niruha
Physiotherapy	IFT, TENS, hot fomentation

### Post Treatment Assessment

The patient was assessed on the date of admission, on the 7th day and on the date of discharge.

	On DOA	On 7th day	On 15th day
<i>Sandhishool</i> (by VAS)	8/10	7/10	6/10
<i>Sparshasahatva</i>	+++	++	++
<i>Sandhishoth</i> (Left knee joint) circumference)	38 cm	37 cm	35 cm
Left Knee joint ROM (Lateral malleolus to ASIS)	70 cm	69 cm	67 cm
Distance between both legs when extended (from right to left medial malleolus)	30 cm	32 cm	35 cm
Distance between radial border and acromian process	24cm	25cm	27 cm
	On DOA	On 15th day	
ESR	61 mm/hr	39 mm/hr	
Hb%	10.4 gm%	10.6 gm%	

The local temperature of left knee joint was raised and its movement was also restricted.

### Treatment plan

On examining the lesions and joint complaints, following treatment was planned

## DISCUSSION

*Amavata* is a disease primarily owing to *agni* dysfunction (digestive fire) as a result of which *ama* (toxic matter) is formed. (3) This toxic matter circulates in the whole body by vitiated *vata* and gets accumulated in the joints causing pain, stiffness & swelling over joints. As *Ama* and *Vata* are incompatible, it's tough to create a therapeutic strategy. The treatment protocol included combination of external and internal medication which worked in tandem to reduce the symptoms of *Amavata*.

*Simhnaad guggulu* has *katu-tikta rasa*, *laghu*, *ruksha guna*, *ushna virya*, *katu vipaka vedanasthapana*, *deepanapachana* properties. Hence, it has *amapachaka*, *srotoshodhaka* and *vatakaphashamaka* qualities that aid in breaking the *amavata* pathogenesis. The *tikta* and *katu rasa* in *simhanada guggulu*, in particular, have antagonistic characteristics to *ama* and *kapha*, which are the main causes of this ailment. (4)

Secondly, phytochemical constituents of *Shiva Gutika* have the highest source of antioxidant activity, which can help the body control oxidative stress. Reduced oxidative stress may help to improve the health of bodily tissues and organs, which promotes metabolic activity (5).

Thirdly, *punarnavadi kwath* contains *Punarnava*, *Sunthi*, and *Kachura* that have *Laghu-Ruksha guna*, *Ushna veerya*, *Tikta-Katu rasa*, and *Katu vipaka*, which aid in *Amapachan*. Additionally, it is *Shothaghna* (anti-inflammatory) and *Shoolah ar* (analgesic). *Kleda* is reduced by *Shoshan guna* of *sunthi*. (6)

As *gomutra* has *krimi-kushtha-noot* properties and has *Katu rasa*, *Katu vipaka*, and *Ushna virya*, it removed *strotasa* (channel) obstructions and normalized *pachakapitta*, *ranjakapitta* and *bhrajakapitta* function.

Also, in this patient as the *agni* got corrected, her Hb % rose and there was also marked change in ESR. The patient's reliance on analgesics also got reduced.

*Shashti shali pinda sweda* is essentially a nourishing and strengthening treatment. It also has exceptional calming and analgesic properties. Both *Pitta* and *Rakta* are soothed by milk and *Shali Dhanya*. Not only does the process give warmth, but it also provides medication. Fomentation helps in the absorption

of drugs by opening the skin pores through sweating, dilating blood vessels, and making the skin more permeable.(7)

In this study, *Yogbasti* acted as the final remedy for *Vata Dosha* and the toxic matter elimination, after which *shamanachikitsa*(internal medications) could cause *deepana*(ignition of digestive fire), *Amapachana* (reduction in toxic matter), anti-inflammatory, and antiarthritic properties.

## CONCLUSION

It is very obvious from the results that *Ayurvedic* formulations along with therapies such as *snehan*, *swedan* and *basti* had amazing effect in only 15 days. Patient was able to move on her own and do daily chores. This management was cost effective and did not show any side effects. The drug mentioned in *Ayurveda* in the management of *Amavata* gives the promising results and controls the disease by eliminating the root cause of the disease which cannot be achieved with the help of modern medicines.

**Ethical Approval:** For the confidentiality of the patient, particulars disclosing the identity were hidden. Being a case report, it is exempted from approval from IRB.

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**Conflict of interest:** None

**Informed consent:** Consent of the patient was taken before clicking the photographs and for publication in reputed journal.

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