



ISSN 2456-3110

Vol 9 · Issue 10

October 2024

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Ayurvedic Strategies for Managing Psoriatic Arthritis [Vatarakta] - A Case Study

Mandre Jyothirmai¹, Sowmyashree UP², Gopalakrishna³

¹Final Year Post Graduate Scholar, Dept. of Kayachikitsa, Sri Sri College of Ayurvedic Science and Research, Bangalore, Karnataka, India.

²Associate Professor, Dept. of Kayachikitsa, Sri Sri College of Ayurvedic Science and Research, Bangalore, Karnataka, India.

³Professor and HOD, Dept. of Kayachikitsa, Sri Sri College of Ayurvedic Science and Research, Bangalore, Karnataka, India.

ABSTRACT

Psoriatic arthritis [PsA] is a chronic and progressive inflammatory disease that impacts the skin, joints, and entheses. In 60-70% of cases, psoriasis precedes joint disease in 15-20% of cases, In India the prevalence has been reported as 8.7%. In *Ayurveda*, PsA can be compared with *Vatarakta*. *Vata* and *Rakta Dosha* play a significant role in *Vatarakta*. However, it's important to note that the pathogenesis of *Vatarakta* involves an amalgamation of deeper *Dhatu*. A 48-year-old female patient presented with the complaints of severe itching, pinkish rashes characterized by silvery scaling behind the right ear and over the chest, which had persisted for four years. Additionally, the patient experienced pain and stiffness in the joints of her hands [specifically, PIP & DIP joints] and lower back for the past two months. Despite having previously undergone various topical and oral treatments, there were no discernible signs of improvement. The patient was diagnosed with PsA, and subsequently treated with a regimen included *Shodhana*, *Shamana*, and *Pathya-Apathya*. After undergoing Classical *Ayurvedic* management, the patient experienced improvement in symptoms. In *Ayurveda* by addressing the root cause through *Shodhana*, *Shamana* and *Pathya-Apathya* offers valuable insights for managing PsA.

Key words: *Ayurveda*, *Psoriatic arthritis*, *Vatarakta*, *Virechana*.

INTRODUCTION

Psoriatic arthritis [PsA] is a chronic, progressive inflammatory disease that affects the skin, joints, and entheses.^[1]

PsA has both Auto-immune and Auto-inflammatory features^[2] occurring in individuals with Psoriasis. The duration and severity of psoriasis increase the likelihood

of developing Psoriatic arthritis [PsA].

The association between arthritis and psoriasis was recognized in the 19th century. In 1964, psoriatic arthritis [PsA] was comprehended as a separate disease by the American Rheumatism Association [Now the American College of Rheumatology].^[3] In India, the prevalence of PsA has been reported as 8.7%.^[4] The disease can manifest either in childhood or at later ages but typically begins in the fourth or fifth decade and the occurrence is roughly equal in both genders. In 60-70% of cases, psoriasis leads to joint disease, In 15-20% of cases the arthritis precedes the onset of Psoriasis and which can pose challenges for diagnosis as well as management.^[5] The specific ICD-10-CM code L40.52 is designated for indicating the diagnosis of PsA according to WHO.^[6]

In *Ayurveda*, most skin disorders are grouped under one comprehensive chapter called *Kustaroga* [Skin disorders], whereas joint disorders can be expounded under *Sandhigata Vata*, *Amavata*, *Vatarakta* and many

Address for correspondence:

Dr. Mandre Jyothirmai

Final Year Post Graduate Scholar, Dept. of Kayachikitsa, Sri Sri College of Ayurvedic Science and Research, Bangalore, Karnataka, India.

E-mail: jyothirmaimandre9900@gmail.com

Submission Date: 08/09/2024 Accepted Date: 21/10/2024

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.9.10.45

more. Based on similarities in *Lakshanas*, *Upadrava*. PsA can be relating to *Vatarakta*. *Acharya Charaka* has distinguished between two types of *Vatarakta*, namely *Uttana* and *Gambhira Vatarakta*. Here *Uttana Vatrakata* affects *Twak*, *Rakta* and *Mamsadhatu* and exhibits clinical features such as *Kandu*, *Daha* and *Twak Vivarnata* which share similarities with conditions like *Kushtaroga*. In chronicity, aggravated *Doshas* invade *Asthi* and *Majja Dhatu* where manifestations like *Sandhi Shotha*, and *Sandhi Stabdata* are considered as *Gambhiravatarakta* resembling PsA.^[7]

An approach was made based on *Dosha-Dushya Sammurchana*, a comprehensive strategy comprising *Shodhana*, *Shamana* and *Nidana Parivarjana* is essential for the effective management of this condition.

CASE REPORT

A Female patient aged about 48years native of Pune, Maharashtra, India who is a Homemaker by occupation presented at OPD of *Kayachikitsa*, Sri Sri College of Ayurvedic Science and Research Hospital, Bangalore on 04/12/2021 with the complaint of Severe Itching, Pinkish rashes with silvery scaling behind the right ear and over chest since 4years associated with pain and stiffness in the joints of her hands [specifically, PIP & DIP joints] and lower back for the past two months. The clinical events of the patient is given in Table 1.

Table 1: Clinical events, Management and Observation

Year	Clinical Events	Management and Observations
May 2017	Severe Itching, Pinkish rashes with silvery scaling behind the right ear	The patient initially consulted a Physician who diagnosed her with plaque psoriasis. The prescribed treatment included a two-month course of internal medications and the use of topical steroids. Unfortunately, detailed information about the specific medications and their dosages is not available. After 2 months of treatment, the patient has experienced mild

		Improvement in rashes, itching and scaling of skin so she stopped taking all medications.
In 2019		The symptoms were recurrent since then she has been taking the same medications including Topical steroids without seeking consultation.
October-December 2021		The patient started experiencing Insidious pain in the Lower back followed by hands [PIP, DIP] with recurrent swelling and stiffness which lasted for the next 2months and significantly impacted her day-to-day activities. In addition to joint pains, the skin rashes began spreading to the scalp, originating from the posterior right ear with severe Itching and increased silvery plaques

Personal History

Ahara - Mixed diet [rice, chapati, fish, chicken, curd, dosa etc]

Mala - *Prakruta*, once/day, clear

Mutra - 4-5 times/day 0-1time at night

Vihara - *Divaswapna* [1-2hrs /day]

Nidra - *Nidralpata* due to Itching.

Psychosocial history - *Chinta*, *Shoka* due to family issues

Family history - Mother is K/C/O Psoriasis.

Past medical history - No contributory factors related to the current health condition.

Obstetric history - Menopause at the age of 44 years.

Srotopareeksha

The Physical examination, Systemic Examination and Local examinations mentioned in Table 2 and Table 3

Clinical Examination and Findings

Physical Examination

The General examination was normal and no significant abnormalities were noted.

- Built - Mesomorphic
- Nourishment - Moderately nourished
- Cyanosis - Absent

- Clubbing - Absent
- Edema - Absent
- Pallor - Absent
- Icterus - Absent
- Lymphoedematopathy - Absent
- BP - 130/80mmHg
- PR - 68/min
- RR - 16/min
- SpO₂ - 98%
- BMI - 20.2kg/m²

Systemic Examination

CNS - patient was conscious well oriented to time place and person and all cranial nerves are intact.

CVS - S1 S2 heard on added sounds.

RS - Normal Bronchovesicular sounds were heard over bilateral chest walls.

Local Examination and Findings

Skin examination

On Inspection

Site - posterior aspects of right ear pinna and over the chest

Colour of the lesion - Dry thin silvery white scales.

Number of lesions - one large lesion 7-8cm

Distribution - asymmetrical

Arrangement - widespread lesion

Surface features - plaques ++

Discharge - Bleed on Itching

Auspitz Sign - Present

Candle grease sign - Seen

On Palpation

Surface palpation - Uneven/rough

Temperature - Warmth on touch

Moisture - Dryness [Present]

Musculoskeletal examination

On Inspection

Swelling and Redness - Present [+] in [PIPJ and DIPJ] Index and middle finger of left hand.

Stiffness - moderate [++] in bilateral hand joints.

No swelling, Discolouration, scars or deformity - over the Lower back

On palpation

Tenderness - Mild [+] over Lower back [L4-L5, L5-S1]

Moderate [++] both hand joints PIPJ and DIPJ more in left hand fingers.

Warmth - Normal on touch.

Visual Analogue Scale [VAS] Score - 6.

Nidana Panchaka

Nidana: Dhadhi Atisevana, Milk rice with added salt, Diwaswapna, Vegadharana, Chinta, Shoka

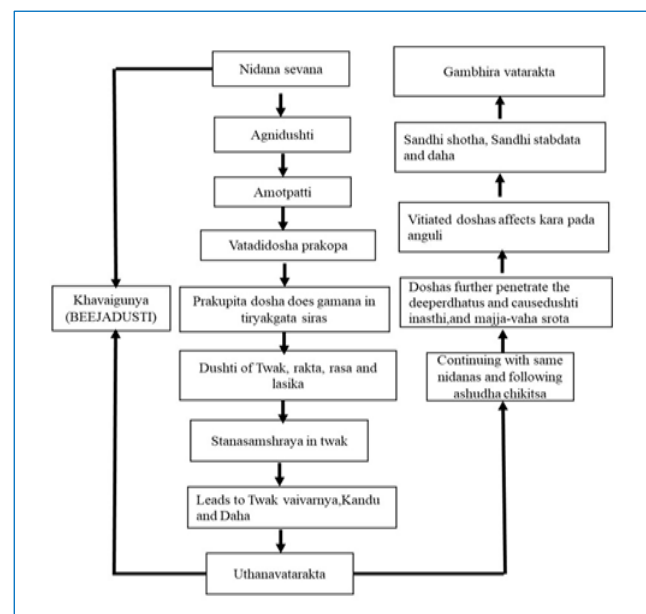
Poorvarupa: Kandu, Sweadaabhava.

Rupa: Kandu, Twak Vaivarnyata, Sandhi Stabтата, Sandhi Shola, Sandhi Shotha

Upashaya: Application of ointment

Anupashaya: Cold weather, Stress

Samprapti: The probable Samprapti of this case is mentioned in Fig. 1.



Samprapti Ghataka

Samprapti Ghataka is mentioned in Table 5

Table 5: Samprapti Ghataka

दोष	Vata Pradhana Tridosha Dusti
दूष्य	Twak, Rasa, Rakta, Lasika, Asthi
अग्निदुष्टि	Vishamagni Janya Aama
स्रोतस्	Rasavaha, Raktavaha,Mamsavaha,Asthivaha.
स्रोतोदुष्टि	Vimarga Gamana, Sanga
उद्भवस्थान	Amapakwashaya
व्यक्तस्थान	Twak
अधिष्ठान	Karna, Urah Pradesha, Sandhi Pradesha [Janu,Kati,Hastha]
स्वभाव	Chirakari
प्रभाव	Yapya
रोगमार्ग	Bahya and Madyama

Timeline

Based on the clinical presentation, the patient was diagnosed with PsA, which can be correlated to Vatarakta in Ayurveda. Thus, the management of Vatarakta [PsA] focused mainly on two key aspects i.e., Antah Parimarjana and Bahirparimarjana Chikitsa. Additionally, the patient was advised to follow Nidanaparivarjana. Treatment timeline mentioned in Table 6 & Table 7.

Table 6: Treatment timeline

Date	Chikitsa	Aushadhi	Matra	Route	Kala
4/12/20 21 to 6/12/21	Deepana & Pachana	Chitrakadi Vati	1 TID with lukewar m water	Oral	3 days

			[Before food]		
7/12/21 to 10/12/2 1	Snehapa na	Mahatiktak a Ghritam	1 st day - 30ml 2 nd day - 60ml 3 rd day - 90ml 4 th day - 120ml Daily at 7 a.m. on [Empty stomach]	Oral	4 days
11/12/2 1 to 13/12/2 1	Sarvang a Abyanga & Dhara Sthanika Valuka Sweda	Brihat Saindhavadi Tailam + Mahamaric hyadi Tailam Aragwada Kashayadha ra	Quantity Sufficien t	Externa l applica tion	3 days
14/12/2 1	Virechan a	Gandharvah astadi Eranda Tailam	60ml [On an empty stomach]	Oral	1 day

First Phase of Management

The patient's treatment was planned for Classical Virechana [Purgation therapy] to eliminate the Doshas.

Poorvakarma

As a part of Poorvakarma [Preoperative procedure], Chitrakadi Vati was given for Deepana, Pachana for 3 days and Snehapana was given [Till Samyaksnidha Lakshanas] with Mahatiktaka Ghritam for 4 days. During Vishrama Kala Abyanga with Brihat Saindhavadi Tailam + Mahamarichyadi Tailam followed by Sarvanaga Dhara and Sthanika Valuka Sweda over painful joints.

Pradhana Karma

On December 14, 2021, The Patient underwent Virechana. Gandarvahastadi Eranda Tailam - 60ml was administered at 8:00am.

A total of 13 Vegas were observed during the Virechana process.

Paschat Karma

Following Virechana, the patient was advised to follow Peyadi Samsarjana Krama for the next 3days

Table 7: Treatment plan and Outcome

S N	Timeline	Treatment plan	Clinical outcome	
1.	During admission 04/12/21-14/12/21	Classical Virechana	Reduction in Pinkish rashes, Severe Itching silvery plaques. Mild reduction in Multiple Joint pain.	
2.	First follow-up 15/12/22 To 05/01/22	Aushadha	There has been Mild reduction in Silvery plaques and Itching Persistent pinkish rashes There has been a Mild reduction in lowerback pain Stiffness in the small joints continued, The swelling was recurrent.	
		Matra, Anupana & Aushadha Sevana Kala		
		<i>Rasnasaptaka Kashayam</i>		20ml Twice daily Before food with lukewarm water
		<i>Amrutadi Guggulu</i>		2Tab Twice daily after food
		<i>Panchatikta ghrita Guggulu</i>		2 Tab Twice daily after food
		<i>Arogyavardh ini Vati</i>		1 Tab twice daily
		<i>Vedanantaka liniment + Brihatsaindh avadi Tailam</i>	For local application 1/2hr before bath over painful joints followed by lukewarm water bath	
		777 oil	For local application After the bath over skin rashes	

		<i>D-Sora soap</i>	for Bath	
3.	2 nd follow-up 06/01/22 To 26/01/22	Aushadha	Matra, Anupana & Aushadha Sevana Kala	Complete reduction in the scaling of skin and Itching
		<i>Rasnasaptaka Kashayam</i>	20ml Twice daily Before food with lukewarm water	Pinkish rashes Reduced and multiple joint pain reduced
		<i>Amrutadi Guggulu</i>	2 Tablets Twice daily After food	Swelling was absent
		<i>Panchatikta ghrita Guggulu</i>	2 Tablets Twice daily After food	
		<i>Vedanantaka liniment oil + Brihatsaindh avadi Tailam</i>	For Local application 1/2hr before bath over painful joints followed by lukewarm water bath	
		777 oil	For local application After the bath over skin rashes	
		<i>D sora soap</i>	for Bath	
Pathya - Apathya				
	<i>Pathya Ahara</i>	<i>Apathya Ahara</i>	<i>Pathya Vihara</i>	<i>Apathya Vihara</i>
	<i>Purani Shali, Amalaka, Laghu Ahara, Ghrita, Godhuma, Tikta Rasa Ahara</i>	<i>Viruddahara Sevana [milk rice with added salt],</i>	<i>Abyanga Laghu Vyayama</i>	<i>Chinta, Shoka, Diwaswapa,</i>

	Dadhi Atisevana, Ati- Amlarasa, Guru Ahara		Vegadhara, rana,
--	--	--	---------------------

Discussion on Treatments

The *Shodhana* can be achieved in this condition by adopting the principle of Classical *Virechana*. Mode of action of *Snehapana* - By *Sukshma Guna* of *Sneha* easily penetrates the *Sukshma Srotas* and also does *Sroto Vishodhana*, thus aiding in bringing the *Doshas* back to *Koshta*.^[8]

Mode of action of *Abyanga* and *Swedana*

It is practised as a *Dinacharya* and *Rtutucharya* in healthy persons, in diseased it is used for *Shamana Chikitsa* and also as a part of *Poorvakarma* before the administration of *Shodhana*.

- Improves the tone and strength of muscles, and improves the mobility of joints.
- Swedana* relieves *Sthamba*, *Shotha* and *Shoola*.^[9]

Discussion on *Shamanoushadhis*

Rasnasaptaka Kashayam

This formulation contains *Rasna* [*Pluchea lanceolata*], *Amruta* [*Tinospora cordifolia*], *Aragwadha* [*Cassia fistula*], *Devadaru* [*Cedrus deodara*], *Gokshura* [*Tribulus terrestris*], *Eranda* [*Ricinus communis*], *Punarnava* [*Boerhavia diffusa*] most of these components exhibits properties such as *Amapachana*, *Shoolahara* and *Sthambahara* which are Anti-inflammatory, Analgesics, Immuno-modulators.^[10]

Amrutadi Guggulu^[11]

Amrutadi Guggulu is primarily indicated for conditions such as *Kustha*, *Amavata* and *Vatarakta*. It includes *Amruta* [*Tinospora cordifolia*], *Guggulu* [*Commiphora mukul*], *Triphala*, *Trikatu* [*Zinziber officinale*, *Piper longum*, *Piper nigrum*] and *Trivrut* [*Operculina turpethum*]. This formulation exhibits *Tridoshashara* properties, acts as a *Raktashodhaka* and possesses Anti-Inflammatory and Immunomodulatory actions, so it is very helpful in this condition. The drugs like

Amruta, *Shunti*, *Vibhitaki*, *Amalaki* provide relief in *Kandu* and *Shotha*.

Panchatikta Ghrita Guggulu [PTG Guggulu]^[12]

This formulation composed of several key ingredients, including *Nimba* [*Azadiracta indica*], *Patola* [*Trichosanthes dioica*], *Vyaghri* [*Solanum xanthocarpus*], *Guduchi* [*Tinospora cardifolia*], *Vasa* [*Adathoda vasica*], *Guggulu* [*Commiphora mukul*] *Jala* [Water] and *Ghrita* [Ghee]. Notably, *Guduchi* and *Patola* within this composition serve as Anti-oxidants, while *Nimba*, *Vasa* and *Vyaghri* exhibit proven Anti-Histamine, Anti-Inflammatory properties. *Guggulu* and *Guduchi* have *Rasayana* properties.^[12]

Vedanantaka Liniment

It is composed of several *Tailas*, *Pinda Tailam*, *Narayana Tailam*, *Sarala Taila*, *Dhanwantaram Taila*, *Devadaru Taila*, *Gandha Taila*, *Shallaki Taila*, *Lavanga Taila*, *Tailaparni Taila* these oils collectively possesses anti-inflammatory and analgesic properties.

Arogyavardhini Vati

Arogyavardhini Vati contains *Haritaki* [*Terminalia chebula*], *Vibhitaki* [*Terminalia bellirica*], *Amalaki* [*Embllica officinalis*], *Shuddha Guggulu* [*Commiphora mukul*], *Chitrakamula* [*Plumbago zelanica*], *Shudha Shilajatu*, *katuki* [*Picrorrhiza kurroa*]. It is *Tridoshashamaka*, Includes several pharmacological actions like *Deepana-Pachana*, *Kustagna*, *Sarvarogahara*. Especially Drugs like *Parada* [Mercury], *Shilajatu* have *Rasayana* action whereas *Gandhaka*, *Triphala* are best useful in skin diseases, *Loha Bhasma* is *Yakrit Uttejakara* etc. It also contains drugs which improve the liver functioning.^[13]

777 oil

It includes *Sweta Kutaja* [*Wrightia tinctoria*] and *Narikela Tailam* [*Cocos nucifera*] Anti-inflammatory and Anti-microbial properties mainly Indicated in *Visarpa*, *Kustha Roga*.

RESULTS

Results of before and after treatment in Table 8.

Table 8: Results

Clinical features		Before treatment 4/12/2021	After treatment 26/01/2022
Silvery scaling, pinkish rashes Itching over right ear and over chest		Present	Reduced
Stiffness over bilateral hand joints		++	Reduced
Swelling and Redness in Index and middle finger of left hand [PIP & DIP]		+	-
Tenderness	Lowerback	Mild [+]	Reduced
	Hand joints	Moderate [++]	
VAS score		6	3
Pasi score		4.2	1.2



Fig. 2: Skin lesion before treatment



Fig. 3: After Virechana



Fig. 4: After 1st follow-up



Fig 5: 2nd follow-up

CONCLUSION

Vatarakta, a condition in Ayurveda shares a striking resemblance with PsA in contemporary science. Both conditions involve Inflammation, Joint pain, and Immune system dysregulation. The Ayurvedic perspective on Vatarakta emphasizes the importance of balancing Dosha, this case study provides a noteworthy foundation by addressing the root cause through Shodhana, Shamana and Pathya-Apathya offers valuable insights for managing this condition.

Patient perspective

The patient reported experiencing relaxation and an overall improvement in the quality of life after receiving Ayurvedic medications.

Patient consent

Written consent was obtained from the patient for publication of this case.

REFERENCES

1. Ibbotson S H. Dermatology In: Ralston S H, Penman I D, Strachan M W, Hobson R P, editors. Davidson's Principles and Practice of Medicine. 23 rd ed. Edinburgh: Churchill Livingstone Elsevier Ltd; 2018. p. 1032.
2. Chimenti M S, Caso F, Alivernini S. Amplifying the concept of psoriatic arthritis: The role of autoimmunity in systemic psoriatic disease. <https://doi.org/10.1016/j.autrev.2018.11.007>
3. Helliwell PS, Wright V. Psoriatic arthritis: clinical features. In: Klippel JH, editor; Dieppe PA, editor. *Rheumatology*. London: Mosby; 1998. 6.21. 1-6, 8. [Google Scholar]
4. Kumar R, Sharma A, Dogra S. Prevalence and clinical patterns of psoriatic arthritis in Indian patients with psoriasis. *Indian J Dermatol Venereol Leprol*. 2014;80:15-23. [PubMed] [Google Scholar] [Ref list]
5. Joel D, Taurog. The Spondyloarthritides. In: Longo D L, Fauci A S, Kasper D L, Hauser S L, Jameson J L, Loscalzo J., editors. Harrison's Principles of Internal Medicine. Volume 1, Ch. 318, 17 th ed. New Delhi: McGraw-Hill companies; 2008. p. 2115.
6. ICD-10 Version:2019 [Internet]. Who.int. [cited 2023 Oct 10]. Available from: <https://icd.who.int/browse10/2019/en#/N46>. [Accessed on 10th Oct 2023]
7. Agnivesha, Charaka samhita of Acharya Charaka, Dridhabala Krit, edited by Vaidya Yadavaji Trikamji Acharya. Chikitsa Sthana. Ch.29, Ver. 20-21. Varanasi: Chaukhambha Sanskrit Sansthan; 2015. p.628.
8. Lekshmi S. The physiological aspect of snehapana. *International Journal of Ayurvedic and Herbal Medicine*. 7:6[2017]; v7i6.09.
9. Agnivesha, Charaka samhita of Acharya Charaka, Dridhabala Krit, edited by Vaidya Yadavaji Trikamji Acharya. Sutra Sthana. Ch.22, Ver. 11. Varanasi: Chaukhambha Sanskrit Sansthan; 2015. p.120.
10. Tripathi I, editor. Chakradatta with Vaidya prabha Commentary [Hindi], Kusta chikitsa: Ch. 25, Varanasi: Chowkhambha Sanskrit Sanstana; 2005. p. 126.
11. Bhavamishra. Bhavaprakasha Volume II. 9th ed. Mishra BS, editor. Varanasi: Chaukhambha Sanskrit Sansthan; 2005. p.344
12. Vagbhata, Astangahrdaya with commentary of Arunadatta, Hemadri Krit, edited by Hari Sadasiva Sastri Paradakara, Chikitsa sthana, Ch. 21, Varanasi: Chaukhambha Sanskrit Sansthan; 2007. p. 727.
13. Govinda Das Sen editor. Bhaisajyaratnavali. Siddhipada Hindi Commentary, Prof. Siddhinandana Mishra editor. 1st edition. Kustharogadhikara, Chapter no-54, Verse no-111-117, Varanasi: Chaukhambha Surbharati Prakashana; 2009.p.871.

How to cite this article: Mandre Jyothirmai, Sowmyashree UP, Gopalakrishna. Ayurvedic Strategies for Managing Psoriatic Arthritis [Vatarakta] - A Case Study. *J Ayurveda Integr Med Sci* 2024;10:271-278. <http://dx.doi.org/10.21760/jaims.9.10.45>

Source of Support: Nil, **Conflict of Interest:** None declared.
