

TREATMENT MODALITIES IN AYURVEDA FOR PSORIATIC ARTHRITIS: A CONCEPTUAL STUDY

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Abstract

The word arthritis means inflammation of the joint. Inflammation is a medical term describing pain, stiffness, redness and swelling. Psoriasis is a common condition characterized by scaly red and white skin patches. Psoriatic arthritis is a form of arthritis (joint inflammation) that can occur in people who have the skin disease psoriasis. According to the Centers for Disease Control and Prevention (CDC), 10 to 20 percent of people with psoriasis eventually develop psoriatic arthritis. Males & females are equally predisposed & all age groups are affected. Psychological stress is emphasized as one of the major triggering factor in the exacerbation of the disease. The impact of psoriasis on mental and physical well-being is comparable to that of other chronic conditions such as cancer and diabetes. Modern medical science treats psoriasis with spiraled (P) and ultraviolet A (UVA) therapy PUVA, corticosteroids, and antimetabolic drugs and osteoarthritis includes the administration of analgesics and Non Steroidal Anti-Inflammatory Drugs (NSAIDs), but their use neither provides adequate pain relief nor deceleration in disease process, but these therapies are associated with serious side effects like liver and kidney failure, bone marrow depletion, etc. Hence it is the need of time to find out safe and effective medicine for Psoriasis and here comes the role of Ayurveda. Thus in present study, emphasis has been made to study different treatment modalities in Psoriatic Arthritis.

INTRODUCTION

Psoriatic arthritis is a form of arthritis (joint inflammation) that can occur in people who have the skin disease psoriasis. The relationship between skin and the brain exists because the brain as the center of psychological functions and the skin has same ectodermal origin and are affected by the same hormones and neurotransmitters. The skin has long been recognized as the “organ of

expression”¹. Psychological factors have been known to be associated with dermatological conditions^{2,3}. Psychological stress is emphasized as one of the major triggering factor in the exacerbation of the disease. Psoriasis has a negative effect on the daily life, self confidence and self esteem because of its visibility. Emotional and psychological distress in turn may lead to psychosomatic skin disorders. Modern medical science treats psoriasis with spiraled (P) and ultraviolet A (UVA) therapy PUVA, corticosteroids, and antimetabolic drugs and osteoarthritis includes the administration of analgesics and Non Steroidal Anti-Inflammatory Drugs (NSAIDs), but their use neither provides adequate pain relief nor deceleration in disease process, but these therapies are associated with serious side effects like liver and kidney failure, bone marrow depletion, etc. Hence it is the need of time to find out safe and effective medicine for Psoriasis associated with arthritis and here comes the role of Ayurveda.

‘Panchagavya Ghrita’ was mentioned in Apsmara Chikitsa by Acharya Charak⁵. The combination of Godugdha(cow milk), Godadhi (Curd), Goghrita(cow ghee), Gomutra(cow urine),Gomaya(cow dung) in equal quantities is called as ‘Panchagavya’. The medicated ghee, thus prepared, is beneficial in epilepsy, chronic fever, skin diseases like leucoderma, psoriasis etc, and also in musculo-skeletal disorders like arthritis. Thus in present study emphasis has been made to study effect of “Panchagavya Ghrita” in Psoriatic arthritis.

WHAT IS PSORIATIC ARTHRITIS?

The word arthritis means inflammation of the joint (“arthras” meaning joint and “itis” meaning inflammation). Inflammation is a medical term describing pain, stiffness, redness and swelling. Psoriasis is a common condition characterized by scaly red and white skin patches. Psoriatic arthritis can affect any joint in the body, including the spine.

WHO IS AFFECTED?

Males & females are equally predisposed & all age groups are affected. Onset may occur at any age but peaks in the second and third decades of life. The course of the disease is characterized by relapses and remissions but the condition tends to persist throughout life. According to the Centers for Disease Control and Prevention (CDC), 10 to 20 percent of people with psoriasis eventually develop psoriatic arthritis.

WHAT IS THE CAUSE?

Psoriasis is an autoimmune disease that occurs when the immune system becomes confused and decides to “attack” the skin. This results in red (inflamed) patches of skin, which are covered with a silvery-white scale. Psoriasis can involve only a few small patches of skin to much larger areas of the skin. The cause of psoriatic arthritis is not known; however, doctors believe a combination of genetic and environmental factors is involved.

IS IT HEREDITARY?

Psoriatic arthritis (PsA) is a type of inflammatory arthritis and an autoimmune disease. In PsA, the joints are the target of the immune attack. This causes swelling, pain and warmth (inflammation) in the joints. In most people, psoriatic arthritis starts 10 years after the onset of psoriasis. Yet having psoriasis does not mean you will have PsA. In fact, most people with psoriasis will never develop psoriatic arthritis. Research shows that people with psoriatic arthritis often have a family member with psoriasis or arthritis. In people who are susceptible, an infection may activate the immune system, triggering the development of psoriatic arthritis.

SYMPTOMS OF PSORIATIC ARTHRITIS

Musculoskeletal symptoms may include:

1. Joint pain and swelling that may come and go and may be accompanied by redness and warmth.
2. Tenderness where muscles or ligaments attach to the bones, particularly the heel and bottom of the foot.
3. Inflammation of the spinal column, called spondylitis, which can cause pain and stiffness in the neck and lower back.
4. Morning stiffness.
5. Reduced range of motion of the joints.
6. Painful, sausage-like swelling of the fingers and/or toes.

7. The joints most commonly affected are the distal joints (those closest to the nail) of the fingers or toes, as well as the wrists, knees, ankles, and lower back.

Skin symptoms may include:

1. Thickness and reddening of the skin with flaky, silver-white patches, called scales.
2. Pitting of the nails or separation from the nail bed.

Other symptoms may include:

1. General fatigue and malaise.
2. Conjunctivitis (also known as pink eye), inflammation, or infection of the membrane lining the eyelid and part of the eyeball.

HOW IS PSORIATIC ARTHRITIS DIAGNOSED?

The diagnosis of psoriatic arthritis is made based on the findings of a medical and family history and physical exam as well as x rays or magnetic resonance imaging (MRI) of the affected joints. Although, there is no any lab test to diagnose psoriatic arthritis.

Diagnosis of cutaneous psoriasis is usually straightforward based on the clinical appearance. The most frequent presentation is chronic plaque psoriasis (psoriasis vulgaris) and is characterized by well demarcated bright red plaques covered by adherent silvery white scales. These may affect any body site, often symmetrically, especially the scalp and extensor surfaces of limbs.

Several clinical patterns of joint involvement in PsA have been identified including distal arthritis, asymmetric oligoarthritis (less than five joints), symmetric polyarthritis, arthritis mutilans, spondyloarthritis (sacroiliitis and spondylitis). Patients often present with a mixture of subtypes and the pattern of disease may vary over time. The most frequent presentation is polyarthritis, followed by oligoarthritis.

Other common features of PsA include enthesitis (inflammation at the tendon/bone interface), tenosynovitis and dactylitis (sausage digit). Inflammatory back pain is an important clinical symptom in patients with axial disease and the Assessment of Spondylo Arthritis international Society (ASAS) criteria may be applied to these patients.

The ASAS criteria for inflammatory back pain are:

f . Age <40

f . Insidious onset

f . Improvement with exercise

f . No improvement with rest

f . Pain at night (with improvement on getting up).

The criteria are fulfilled if four out of five parameters are present in patients who have had chronic back pain for more than three months.

PSORIASIS AS A PSYCOSOMATIC DISORDER

Psychological stress is emphasized as one of the major triggering factor in the exacerbation of the disease. The impact of psoriasis on mental and physical well-being is comparable to that of other chronic conditions such as cancer and diabetes. Psychosocial co morbidities experienced by patients are not always proportional to or predicted by disease severity. Long term psychological distress can lead to depression and anxiety.

A systematic review of psychiatric morbidity in psoriasis found that psoriasis can have an adverse effect on self image, self esteem and emotional stability. Patients report mental health concerns such as anxiety and depression and a wide range of emotional reactions such as shame, embarrassment, anger and helplessness. The most difficult aspect is the visibility of psoriasis.

HOW CAN WE MANAGE PsA?

Once your diagnosis is confirmed, there are many treatments that can help decrease your pain and increase your movement. Non-medication therapies, such as physiotherapy, occupational therapy, education, physical activity and relaxation techniques, are a very important part of the treatment of PsA. Treatment for psoriatic arthritis will depend largely on its severity. If the disease is mild and affects only a couple of joints, treatment with non steroidal anti-inflammatory drugs (NSAIDs) may be sufficient for treating pain and inflammation. For acutely inflamed joints, corticosteroid injections may be helpful. For more persistent disease affecting multiple joints, stronger disease-modifying anti rheumatic drugs (DMARDs) and/or antitumor necrosis factor (TNF) agents may be needed to control the disease.

Role of vitamin D. A recent study showed that vitamin D insufficiency is common in people with psoriatic arthritis. A new study supported by the NIAMS is designed to investigate the

effects of vitamin D supplementation, along with marine omega-3 fatty acid and docosahexaenoic acid (DHA), on incidence, inflammation, and chronic pain in autoimmune diseases including psoriatic arthritis.

AYURVEDIC REVIEW

Vtarakta includes joint pathologies as well as vascular stages. Vatarakta also reflects autoimmune pathologies where skin, joints and blood vessels are involved as in SLE. Psoriatic arthritis comes under Vatarakta –Kushta as there is link between pathology of both (Sapta Dushyas) in Ayurveda. Vatadika and kaphadika vatarakta with Raktadushti will lead to psoriatic arthritis. The clinical features of psoriasis justify the role of vata and kapha. The same dosh samsarga is getting new sthanasamshraya in sandhi, nakha, and scalp in psoriatic arthritis. Sandhi is also a kapha sthana, vitiated doshas (vata-kapha) gets sthansanshraya in sandhi and manifested as sandhishool, sandhivikruti in Psoriatic Arthritis.

Eka Kushta

अस्वेदनं महावास्तु यन्मत्स्यशकलोपमम् तदेककुष्ठं,

1. Asvedana – Absence of sweating
2. Extensive localization and
3. Yat matsya kalopamam – Resembles the scales of fish.

It occurs due to increase of Vata and Kapha Dosh.

Ekakushtha in modern parlance has similarity with Psoriasis. Ekakushtha being a Kshudra Kustha has involvement of tridosha mainly Vata Kapha dominance.

EIOPATHOGENESIS OF DISEASE

1. Virodhi anna pana and Snigdha ruru pana
2. Suppression of natural urges
3. Physical exercise in excessive heat and after taking heavy meal
4. Improper administration of Panchkarma therapies
5. Excessive intake of foods of freshly harvested grains(Navdhanya),curd,fish,salt and sour substances.

6. Excessive intake of Mash(black gram),mulaka(radish),Tila(sesame seeds) and Jaggery.
7. Sleep during day time
8. Insult to Brahmins and preceptors and other sinful acts.

Due to above mentioned factors all the three doshas Viz, Vata,Pitta and Kapha gets vitiated. These vitiated doshas in turn vitiate Twak-skin or ras dhatu, Rakta(Blood), Mamsa(Muscle tissue) and ambu(Lymph or plasma part of blood tissue).These taken together constitute the seven fold pathogenic substance of kushta. These are together called as Kushta Dravya Sangraha.

TREATMENT PRINCIPLE

Vata-khaphhar Chikitsa-Kushtahara Chikitsa should be applied first and then in the next phase specific treatments are given to arrest the joint damage.

Acharya Charaka has highlighted the role of Panchakarma therapy by stating that the disease treated by *Shodhana* will never recur, whereas the treatment with *Shamana* therapy may recur in due course of time.

In addition, if *Shamana* drugs are administered after proper course of *Shodhana*, then it provides additional relief and thus helps in eradicating the diseases completely. *Vamana Karma* is the best measure for *Kapha Dushti*, whereas *Virechana Karma* is indicated not only for *Pitta Dosha* but also in *Kapha* and *Rakta Dushti*.

Psoriatic arthritis being a disease with Auto immune pathology both systemic and local treatments are necessary. Panchakarma Chikitsa will check the autoimmune pathologies, while rasayanas will reduce the chances of recurrence.

Snehana:

Patient suffering from Kustha dominated by Vata is administered with herbal ghee internally.

Panchtikta ghrita, Mahatikta ghrita, Panchgavya ghrita etc.

External Application Eladi Tail, Vajra Tail,

Vamana:

Patient suffering from Kustha dominated by Kapha is administered Vamana – emetic therapy.

Common Yoga :

Madanphala pippali 2.5 to 5 gms

Vacha	5 gms
Yashtimadhu	7.5 gms
Saindhava	10 gms
Honey	30 ml

Viechana:

Patient suffering from Kustha dominated by pitta is given Virechana – purgation therapy.

e.g Manibhadra guda

Madhutailika Basti which is rasayan and indicated in joint diseases with skin manifestations.

Yapan Basti to improve the Agni and Bala.

Rakotamokshana–bloodletting:

Pracchanna Raktamokshana Blood- letting is done with a coarse device in case of Kusht with mild symptoms.

Sira Vyadha Raktamokshana – vein puncture – is administered in more acute stage.

Takradhara

Chinta i.e. anxiety & mental stress were the manasika nidana of psoriasis. This observation clearly shows the psychosomatic nature of the disease. Thus the Shirodhara (Aargwadhadi churna Sidha takradhara) has been beneficial to the patient.

Multiple Shodhana therapies:

Kushta patient with more vitiated Doshas (Bahudosha) is given Shodhana therapies for several times, with a lot of care. Excessive elimination of Doshas (morbid factors) might weaken the patient and the aggravated Vata might endanger patient's life instantaneously. After the elimination of Doshas from the gastro- intestinal tract (by Vamana and Virechana) and Raktamokshana from blood, the patient is given Sneha (oil, ghee etc) to drink. Because Vayu gets aggravated and the patient becomes weak soon after the elimination therapies which condition will be remedied by the administration of the Snehapana – oleation therapy.

Oleation therapy is given only after the morbid Doshas are eliminated from the body. Without that, administration of oleation therapy might aggravated the disease .Thus, to eliminate Kapha, Vata & Pitta Dosha, Vamana, Sarpi pana & Virechana are the measures of choice.

Other Internal Medicines :

Guduchi, Ashwagandha, Kaishor Guggulu, arogyavardhini Vati, Gudduchyadi Kashaya, Guggulutiktak Kashaya, Shonithamrutha Kashaya, Manjisthadi Kashaya etc.

PANCHGAVYA GRHITA

DRUG REVIEW

It is widely used medicine for Nasya, Pana, and Basti purpose and also in preparatory procedure called snehakarma before Vaman and Virechan, for the treatment of neurological and psychiatric conditions, epilepsy, insanity, fever, liver diseases such as jaundice.

Panchagavyam Ghritam Ingredients:

Gomaya swarasa – the water extract prepared from cow dung – 3.072 liters

ksheera – cow milk – 3.072 liters

Dadhi – cow cheese – 3.072 kg

Mutra – Cow urine – 3.072 liters

Ghritham – ghee – 768 grams

All the drugs are taken in equal quantities and the gritha is prepared as per the common preparatory techniques regarding gritha.

DRUG	RASA	GUNA	VIRYA	VIPAK	DOSHKARMA
Goksheera	Madhura	Snigdha ,guru	Seeta	Madhura	Vathapithasamana
Godadhi	Amla	Guru	Ushna	Amla	Vathasamana
Gogritha	Madhura	Snigdha	Seeta	Madhura	Vathapittasamana
Gomaya	Kashaya, tikta	Laghu, rooksha	Seeta	Katu	Kaphapittasamana
Gomootra	Katu, lavana	Laghu, rooksha Tikshna,samana	Ushna	Katu	Kaphavatha

DISCUSSION

By assessing the rasapanchaka of the five ingredients, it is very clear about the action on three doshas. The drug is pacificatory to the three doshas in nature with the predominance of Kaphavatha samana. It is also agni deepaka and srotosodhaka. Some of its ingredients have Anulomana property which also has action on alleviating the vata. The drug as a whole is Medhya, Ojasya and Rasaayana. Considering all these properties, the drug definitely acts on mind and its function. The srotosodhana action of the drug helps to act deeply on the mind destructing the aavarana of tamas and gives its clarity. Snehana subsides the symptoms like Shoola, Stambha, Rukshata, Daha, etc. Similarities in chemical and physiological nature in Ghrita and human cell membrane intensifies the penetration of Sneha (Panchgavya Ghrita) in to deeper tissues causing partial rejuvenation of cell, smoothing of vitiated Dosha (stagnated metabolic wastes). Thus, have an anti inflammatory action.

Immune modulant drugs are important in both skin and joint care. As explained above Panchagavya Ghrita is a bio product, which has immune modulator action. And it was used long back for spiritual and treatment purposes. As it is prepared in a gritha form, it becomes highly effective in various conditions affecting the functioning of brain, as it can cross the lipid blood brain barrier. Besides that, the gritha is the best drug for Potentiating dheer, dhriti and smriti, which are the components of budhi, and have significant role as Vatashaman, Ojaskar and anti stress action.

CONCLUSION

1. Psoriatic arthritis is a chronic inflammatory autoimmune disease, and being a psychosomatic disease by reducing psychological stress and improving immunity will help to reduce the symptoms of the disease.
 2. Both systemic and local treatments are necessary. Vata-khaphhar Chikitsa-Kushtahara Chikitsa should be applied first and then, Panchakarma Chikitsa, Rasayanas should be advised to reduce the chances of recurrence. These are the different treatment modalities in psoriatic arthritis.
 3. Panchagavya Ghrita has Tridoshigna mainly Kaphavata shaman, agni deepana, strotoshadhan, medya, ojaskar and rasayana properties have significant result in psoriatic arthritis.
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