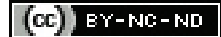


Rupoid Psoriasis on Hands: A Case Report

SOURABH DESHMUKH¹, TRUPTI I THAKRE²

ABSTRACT

Rupia derives its etymological roots from the Greek word “Rhupos,” meaning dirt. “Rupoid” describes distinct, cone-shaped plaques with dense, dark, lamellate, and adherent crusts on the skin, resembling oyster or limpet shells. Rupoid psoriasis, a morphological subtype of plaque psoriasis characterised by hyperkeratotic lesions, is a prevalent dermatological condition affecting approximately 2.5% of the global population. Given its autoimmune nature, psoriasis lacks a definitive cure. Its clinical features are similar to those observed in *Kitibha Kushtha*, a type of *Maha Kushtha* (major skin disease) in Ayurveda. The treatment approach involves purificatory therapies alongside internal medicine. This case report details a 46-year-old male patient who presented with symptoms of rupoid psoriasis for eight years. The patches thickened and gradually darkened to a blackish hue. The itching intensified gradually. The intervention included purificatory therapies, emesis, and purgation, followed by internal medicine and topical application. The combination of purificatory therapies, followed by external and internal administration of Ayurvedic formulations, proved highly effective in managing the patient’s *Kitibha Kushtha* (rupoid psoriasis).

Keywords: Ayurveda, Emesis, Internal medicine, Psoriasis, Skin disease

CASE REPORT

A 46-year-old male healthcare provider presented to the institutional outpatient department complaining of hard, crust-like skin lesions and wounds on both forearms, accompanied by itching for eight years. The condition gradually spread to his hands, trunk, and back. The patches turned a blackish hue, and the itching worsened, particularly at night. The patient initially consulted a homeopathy clinic without relief. He subsequently attended the dermatology department of a tertiary hospital, where a biopsy was recommended. Due to the patient’s refusal of histopathology, a diagnosis of rupoid psoriasis was made based on clinical presentation. The patient received treatment with methotrexate, cetirizine, and folic acid, along with topical steroids, for three months under the care of a dermatologist, providing temporary relief. New lesion formation ceased during treatment, but the condition relapsed upon cessation of medication. He then sought care at an Ayurvedic hospital. The patient had no significant past history of rupoid psoriasis or other skin problems, and no family history was reported. He maintained a mixed diet (vegetarian and non-vegetarian), experienced sleep disturbance due to itching, and had no harmful habits (*Vyasan*). On examination, the patient’s vital signs were normal. His pulse was 80 beats per minute and regular, with a blood pressure of 120/90 mmHg (*Vata Kapha*). Respiratory rate was 18 breaths per minute, and temperature was normal (98.2°F). *Ashtavidha Pariksha* (eight diagnostic tools) revealed normal findings except for *Malabaddhata* (constipation); his tongue (*Jivha*) was *Saam*, and his skin (*Sparsha*) was *Khar* with *Raktawarna*. He also exhibited *Kshudhamandya* (impaired digestion). Dermatological examination revealed multiple, well-demarcated, raised, black lesions with thick, lamellate, and adherent crusts on both hands. The diagnosis was made by comparison with other conditions exhibiting similar features [Table/Fig-1].

Assessment criteria: The Psoriasis Area Severity Index (PASI) score [Table/Fig-2] was used to assess severity [1]. The scale ranges from 0 to 4, representing no severity to maximum severity. The body is divided into four sections: head (H) (10% of the skin), arms (A) (20%), trunk (T) (30%), and legs (L) (40%). Each section is scored individually, and the scores are combined to determine the final PASI score. For each section, the percentage of skin area involved is

Kapala Kushtha	Eka Kushtha	Kitibha Kushtha
<i>Krushna Arun</i> (Blackish reddish discolouration)	<i>Aswedana</i> means Dry and rough lesions	<i>Shavya Varna</i> (blackish brown colour)
<i>Kapalabham</i> (Skin resembles same as a piece of the earthen pot)	<i>Mahavastu</i> , which encompasses the entire body	<i>Kin Khara Parusham</i> (hard to touch or Rough like scar tissue similar to the granulation process in wound)
<i>Yadruksham</i> (Dryness)	<i>Matsyashakalawat</i> consists of well-demarcated raised patches with large, silvery, loose scaling, causing the skin to resemble fish scales	
<i>Parusham</i> (Hard plaques)	<i>Krishna-Aruna Varnata</i> means Erythematous, black	
<i>Tanu</i> (Thin)		
<i>Vishamakar</i> (irregular borders)		
<i>Toda bahulam</i> (Pricking type of pain)		

[Table/Fig-1]: Showing differential diagnosis.

% of occupied area	Grades
0%- occupied area	Grade 0
<10% involved area	Grade 1
10-29% occupied area	Grade 2
30-49% occupied area	Grade 3
50-69% occupied area	Grade 4
70-89% occupied area	Grade 5
90-100% occupied area	Grade 6

[Table/Fig-2]: Displaying area involved with grading.

estimated and graded from 0 to 6. Based on erythema, induration, and desquamation, the patient initially scored 4 on the PASI scale.

Treatment: Treatment commenced with *Gandhak Rasayan*, *Avipathikar Churna*, *Vetapalai Oil*, and *Padachira Ointment*, along with *Panchatikta Ghrita* and *Trikatu Churna* as preparation for *Shodhan Karma*. *Shodhana Chikitsa* (purificatory therapy) involved sequential *Vamana* (emesis) and *Virechana* (purgation) as part of *Purvakarma*, *Pradhankarma*, and *Paschatkarma*. Purgation was performed 20 days after emesis.

Follow-up and outcome: Following Vamana, erythema, induration, and desquamation scores reduced to 1, 2, and 2, respectively. After *Shodhan*, *Shaman Chikitsa* was administered [Table/Fig-3]. A second follow-up after *Vamana* and *Virechana* showed further reduction to 0 for these symptoms [Table/Fig-4,5]. Pre-*Shodhana* procedures, formulations, doses, drugs, and properties are detailed in [Table/Fig-6-9]. *Vamana* involved 2600 mL intake and 3200 mL output with nine vega; *Virechana* resulted in expulsion of *Pitta dosha* with twenty-four vegas [Table/Fig-10].

S. No.	Formulations	Contents	Dose and Anupan (vehicle)	Duration
1.	Gandhak Rasayan	Purified Sulphur powder, <i>Phyllanthus Emblica Bhringaraj (Ecliptidca Alba)</i> , <i>Haritaki (Terminalia-Chebula)</i> <i>Terminalia belerica</i> , <i>Guduchi (Tinospora-cordifolia)</i>	500 mg BD (Twice a day) after meal	For 15 days
2	Avipattikar Churna	<ul style="list-style-type: none"> • <i>Amla (Embllica officinalis)</i> • Cardamom (<i>Elettaria-cardamomum</i>) • <i>Behada (Terminalia- belerica)</i> • Clove (<i>Syzygium aromatic</i>) • Ginger (<i>Zingiber officinale</i>) • Turpeth (<i>Operculinatur pethum</i>) • Long pepper (<i>Piper longum</i>) • <i>Haritaki (Terminalia chebula)</i> • Black pepper (<i>Piper nigrum</i>) • Nutgrass (<i>Cyperus rotundus</i>) • Indian bay leaf (<i>Cinnamomum tamala</i>) • <i>Vidanga (Embellia ribes)</i> 	3 grams Two times/day, empty stomach	
3	Vetapalai Thailam	<i>Wrightia tintoria</i> , <i>Cocos nucifera</i>	External application	
4	Padachira Ointment	<i>Shudha Turti</i> (alum), <i>Ghruta</i> (Clarified butter), <i>Kapur</i> (Camphor), <i>Rai</i> (Mustard seed), <i>Shudha Chuna</i> (Lime), <i>Shudha SuvamaGarik</i> (Slicate of alumina), <i>Kokam oil</i> (<i>Garcinia indica</i>) <i>Kadu Nimb oil</i> (<i>Azadirachta indica</i>)	External application	
5	Skin Powder	<i>Haridra</i> (<i>Curcuma longa</i>), <i>Amalaki (Phyllanthus - emblica)</i> , <i>Behada (Terminalia bellirica)</i> , <i>Shudha Gandhaka</i> (Purified Sulphur) <i>Nagarmotha (Cyperus rotundus)</i> <i>Manjistha (Rubia-cordifolia)</i>	External application	

[Table/Fig-3]: Shows formulations of *Shaman Chikitsa*.



[Table/Fig-4]: a) presence of darker lesions on forearms; b) 1st Follow-up image showing no lesions only scars remain; c) On 2nd Follow-up showing healed lesions and scars.

S. No.	Signs and symptoms	Before treatment	Follow-up after Vamana	Follow-up after Virechana
1	Erythema (redness)	Grade 4	Grade 1	Grade 0
2	Induration (thickness)	Grade 4	Grade 2	Grade 0
3	Desquamation (scaling)	Grade 4	Grade 2	Grade 0

[Table/Fig-5]: Displaying assessment of parameters.

DISCUSSION

Rupoid psoriasis is a unique form of psoriasis characterised by distinctive lesions. Unlike other psoriasis types, it presents with cone-shaped, thick, crusted black lesions, and patients exhibit periods of remission. Few infectious aetiologies are relevant to the

S. No.	Name of formulation	Dose (Vamana)	Dose (Virechana)	Route	Duration	Anupam
1	<i>Trikatu-Churna</i> (1)	3 gram	3 gram	Oral	1/day empty stomach	Warm water
2	<i>Panchatikta Ghrita</i> (2)	On 1 st day 30 mL, then Increase by 30 mL per day up to 6 th day On 6 th day-180 mL is given	On 1 st day, 30 mL, then increase by 30 mL per day till the 7 th day On 7 th day, 220 mL is given	Oral	Early morning	Warm water
3	<i>Sarvanga Snehan</i> (Body Massage) with Tail (<i>Marichadi</i>) <i>Sarvanga Swedan</i>		Two days before and on the day of Virechana	External application	One day before and on the day of Vamana therapy	--

[Table/Fig-6]: Dose, *anupan*, route, and time of taking medicine in pre-procedure.

S. No.	Name of medicine	Contains	Properties and use
1.	<i>Trikatu-churna</i>	<i>Sunth</i> (<i>Zingiber officinale</i>) <i>Pippali</i> (<i>Piper longam</i>), <i>Marich</i> (<i>Piper nigrum</i>)	<i>Agnideepan</i>
2.	<i>Panchatiktaghrita</i> (<i>Snehapan</i>)	<i>Patol</i> (<i>Luffaacutangula</i>), (<i>Adhatoda vasica</i>), <i>Neem</i> (<i>Azadirachta indica</i>), <i>Vasa Vyaghari</i> (<i>Solanum xanthocarpum</i>), <i>Guduchi</i> (<i>Tinospora cordifolia</i>), and <i>ghee</i>	<i>Dipana</i> , <i>Pachana</i> , <i>Amapachaka</i> , <i>Raktaprasadan</i> <i>Raktashodhaka</i> , <i>Strotoshodhaka</i> , <i>Kandughna</i> , <i>Varnya</i> <i>Kushthaghna</i>
3.	<i>Marichadi tail</i> (<i>Abhyanga</i>)	<i>Marich</i> (<i>Piper nigrum</i>), <i>Nagarmotha</i> (<i>Cyperus rotundus</i>), <i>Gorasa</i> , <i>Indrayanamula</i> (<i>Citrullus cococynthis</i>), <i>Arkadughda</i> (<i>Calotropis procera</i>), <i>Raktachandana</i> (<i>Pterocarpus santalinus</i>), <i>Vatsanabha</i> (<i>Aconitum ferox</i>), <i>Kaneramulatwak</i> (<i>Neriumindicum</i>), <i>Haridra</i> (<i>Curcuma longa</i>), <i>Devdaru</i> (<i>Cedrus deodara</i>), <i>Nishoth</i> (<i>Operculii Nipomoca</i>), <i>Manahshila</i> , <i>Kushtha</i> (<i>Saussurea lappa</i>), <i>Daruharidra</i> (<i>Berberis aristata</i>), <i>Hartaal</i> , <i>Sarshaptail</i> (<i>Brassica alba</i>)	<i>Raktashodhak</i> , <i>Vranropak</i> , and <i>Twachya</i> benefit <i>Dadru</i> , <i>Shwitra</i> , and all types of <i>Kushtha</i>

[Table/Fig-7]: Ingredients and properties of the formulations used in *Purvakarma* (*Deepan*, *Pachan*, *Abhyanga*, and *Swedana*).

S. No.	Name of ingredients	Latin name	Dose	Properties
1	<i>Madan-phala</i> powder	<i>Randiadumetorum</i>	3 gm	<i>Vamanopag</i>
2	Honey	-	25 mL	<i>Abhishyandi</i> , <i>Yogavahi</i>
3	<i>Saindhav Lavan</i>	Rock-Salt	5 grams	<i>Shodhak</i>
4	<i>Vacha</i> powder	<i>Acorus Calamus</i>	5 gm	<i>Vamanopag</i>
5	<i>Yashtimadhu phant</i>	<i>Glycyrrhizaglabra</i>	1000 mL	<i>Vamanopag</i>
6	Milk	-	2500 mL	<i>Vamanopag</i>

[Table/Fig-8]: Ingredients and properties of the drugs used in *Vaman Karma*.

differential diagnosis of rupoid presentations. These include syphilis, HIV, scabies, histoplasmosis, Rupoid Psoriasis (RupP), and reactive arthritis. Diagnosis is based on *Kushta* symptoms. *Eka Kushta* presents with dry skin and lesions covering the entire body. *Kapala Kushta* features black, hard, dry plaques resembling an earthen pot. *Kitibha Kushtha* presents with black-brown lesions that are hard to the touch, similar to wounds. Based on these symptoms, this case was diagnosed as *Kitibha Kushtha*, correlating with rupoid psoriasis due to similar signs and symptoms. Ayurvedic research has addressed erythrodermic psoriasis, plaque psoriasis, and scalp psoriasis using *Shodhan Karma* [2,3]. However, no case studies specifically address rupoid psoriasis treated with *Shodhan* and

S. No.	Name of ingredients	Latin name	Dose	Properties
1.	Triphala Kwath	Haritaki (<i>Terminalia chebula</i>), Amalaki (<i>Embllica Officinalis</i>) Vibhitaki (<i>Terminalia bellirica</i>)	160 mL	Purgative
2.	Katuki Churna	<i>Picrorhiza kurroa</i>	25 g	Vishamajwara, Daha, Kusta, Krimi, Hridroga, Pandu, Grahani and Arochaka
3.	Trivrit Churna	Operculina-turpethum	30 gm	Purgation, constipation, oedema, liver health, arthritis, and osteoarthritis. Anti-diabetic, anti-inflammatory, and blood purification
4.	Ichchabhedhi Rasa		250 mg tablet	Ascites, constipation

[Table/Fig-9]: Ingredients and properties of drugs used in *Virechana Karma*.
Virechana procedure done with 24 vega as Madhyam Shudhi

S. No.	Measurement intake and output	Procedural inference	No. of Vega	Symptoms
Vamana	2600 mL 3200 mL	Pittantak Vamana	9	Kaphachadrika was present in the vomitus, with no bleeding observed
Virechana	160 mL+25 g+ 30 gm+250 mg (1 tablet)	Pintantak	24	Daurbalyam (weakness), Laghavam (feeling of lightness), Hrid Shuddhi (clarity in thoracic region), Vyadhinamanuta or Anaamayatvam (subsidence of disease), Vama Shuddhi (improved complexion) Glani (fatigue)

[Table/Fig-10]: Assessment of *Samyaka Vamana* and *Virechana*.

Saman Chikitsa in Ayurveda. Therefore, based on the presented findings, the diagnosis was *Kitibha Kushtha* and *Shodhan* followed by *Shaman Chikitsa* was recommended.

Shodhan Chikitsa: Before purificatory therapies, *Purva karma* improved digestion. *Pradhan karma*, involving *Vamanopag Dravyas* (drugs used in emesis therapy), works at a microcellular level, aiding detoxification, improving immunological function, and preventing recurrence. After *Shodhan Karma*, *Dhoomapan* was administered via *Aguru* (*Aquilaria agallocha* Roxb) stick in each nostril for five minutes. *Sansarjana Karma* (post-detoxification diet) was prescribed for five days. The post-*Vamana* and *Virechana* dietary regimen enhanced *Jatharagni* (digestive capacity), replenishing *Jatharagni* in the stomach and intestines and gradually enhancing acid and alkaline secretions. The regimen included *Vilepi*, *Akrita Mamsarasa*, *Peya Krita Yusha*, *Akrita Yusha*, and *Krita Mamsaras*.

In *Virechana*, the drug properties facilitated expulsion of morbid factors via the anal route due to the predominance of *Jala*, *Prithvi Mahabhuta*, and *Adhobhaga Prabhava*.

Internal medicine included *Panchatikta Ghrita* (*Snehapan*) containing *Patol* (*Luffa acutangula*), *Neem* (*Azadirachta indica*), *Vyaghri* (*Solanum xanthocarpum*), *Vasa* (*Adhatoda vasica*), *Guduchi* (*Tinospora cordifolia*), and *ghee*. It acts as a digestive stimulant, cleanser of bodily channels, blood purifier, antipruritic, anti-dermatitis agent, and complexion enhancer [4]. *Gandhak rasayan*, a widely recommended formulation for skin diseases, possesses antibacterial, antiviral, and antimicrobial properties. Purified sulphur reduces infection and alleviates itching, improving skin complexion and aiding digestion. Sulphur is administered orally and topically as a blood purifier, mitigating burning sensations (*Daha*) and itching (*Kandu*). The formulation is *Raktashodhak* (blood-purifying), *Vranaropak* (wound-healing), *Twachya* (skin-friendly), and *Krumighna* (antiparasitic), reducing infection and alleviating *Raag* (redness) and *Pidlika* (eruption) [5].

Topical application: *Padachira* Ointment moisturises and softens the skin. *Vetapalai* oil possesses *Kushthaghna* (skin disease reducing) properties, being antibacterial, antiviral, anti-inflammatory, antifungal, and antimicrobial. It manages itching, pruritus, and psoriasis, improving digestion, skin complexion, and acting as a painkiller and wound healer. All constituents hydrate the skin and exhibit *Tridosha* (three humours reducing) properties [6]. Skin powder possesses antiviral, antibacterial, and antifungal properties, treating skin diseases, reducing infection and itching, and lessening *Daha* (burning sensation) and *Kandu* (itching). It is also blood-purifying, wound-healing, skin-friendly, and antiparasitic [7].

CONCLUSION(S)

Rupoid psoriasis correlates with *Kitibha Kushtha*, a *Maha Kushtha* subtype. Effective treatment involves *Shodhana* procedures (*Vamana* and *Virechana*), followed by *Shaman Chikitsa*, including *Gandhaka Rasayan* and topical application of *Vetapalai* oil, *Padachira* ointment, and skin powder. The synergistic effect of *Shodhana Chikitsa* and *Shaman Aushadhi* yielded improved outcomes.

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PARTICULARS OF CONTRIBUTORS:

- Professor, Department of Kayachikitsa, Mahatma Gandhi Ayurved College, Hospital and Research Centre, DMIHER (Deemed to be University), Wardha, Maharashtra, India.
- Associate Professor, Department of Kaumarbhritya, Mahatma Gandhi Ayurved College, Hospital and Research Centre, DMIHER (Deemed to be University), Wardha, Maharashtra, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Sourabh Deshmukh,
Professor, Department of Kayachikitsa, Mahatma Gandhi Ayurved College, Hospital and Research Centre, DMIHER (Deemed to be University), Wardha, Maharashtra, India.
E-mail: ayurrulz@gmail.com

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