

**MANAGEMENT OF SIDHMA KUSTA: A CASE STUDY.**Naveenkumar Patil<sup>1</sup>, Yogesh H G<sup>2</sup>

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**ABSTRACT**

Psoriasis is an immune mediated disease with an unclear cause that is characterised by inflammation caused by Dysfunction of the immune system. Psoriatic plaque shows epidermic hyperplasia. Erythrodermic psoriasis is an acute condition in which almost all body surface is inflamed. This study is to show better management through ayurvedic treatment. In this case, a 35-year-old male patient diagnosed with erythrodermic psoriasis all over body predominantly on hands which is accompanied by erythema, dry, thin scaly lesions and itching. The condition managed by *Snehana(oleation)*, *Pitta rechana(purgation)*, internal medicines, external application with *Taila* which is given according to *avasthanusara(stage wise)*.

**Observation and results:** The outcome is positive, significant in terms of reduction of erythema, itching, scales, dryness and healing of lesions produced noticeable improvement. Ayurvedic principles provide great improvement in signs and symptoms and increase the quality of life in the treatment of psoriasis.

**Keywords:** *Snehana, Pitta rechana, Avasthanusara.*

## INTRODUCTION

Psoriasis is a chronic, genetically influenced, remitting and relapsing scaly and inflammatory skin disorder that affects 1 to 3 percent of the world's population. The diagnosis is made on clinical grounds, although histologic examination of a skin-biopsy specimen may be helpful. Psoriasis is a disabling, though rarely life-threatening, disease with a social and economic impact that is underestimated by physicians and other health care providers<sup>1</sup>.

Once the immune system gets stimulated, it creates a persistent, overactive immune response resulting in increased inflammation in skin, blood and in other organs. This self-amplifying immune response is difficult to shut off without a medical intervention.

In ayurveda it can be correlated with *Sidhma, Kitibha kusta*.

**CASE REPORT:** A 35yrs old male N/K/C/O of DM and HTN approached the OPD SJIM Bengaluru with following complaints, severe itching all over the body, itching aggravates when his clothes touch the lesions, when he exposes to wind, these are erythematous, thin, dry scaly lesions and get burning sensation when patient scratch the lesion. These complaints started 3 years ago for this he approached many practitioners he didn't get any relief for these complaints he approached our OPD.

**Past history:** N/K/C/O DM and HTN

**Family history:** Nothing significant

**Personal history:** Bowel: regular/ clear (once a day)

Micturition: normal, clear 3-4 t/day

Sleep: sound

Diet: mixed

**General examination:**

Pallor: absent

Icterus: absent

Clubbing: absent

Lymphadenopathy: absent

**Systemic examination:**

CNS: conscious, well oriented

RS: no added sound.

CVS: S<sub>1</sub> S<sub>2</sub>

PA: soft, nontender

Temperature: afebrile

BP: 130/90 mm/hg

PR: 76BPM

**Integumentary system:**

Macule: present

Plaque: present

Distribution: Symmetrical

Site of distribution: All over body

Patch: present

Scales: present

**Table No.1: Roga Pareeksha**

<i>Astavidha pariksha</i>	<i>Dashavidha pariksha</i>	<i>Samprapti ghataka</i>
<i>Nadi: Vata-Pitta</i>	<i>Prakruti: Vata pitta</i>	<i>Dosha: Vata – pitta</i>
<i>Mala: Abaddha</i>	<i>Vikruti: dosha: Vata – pitta</i>	<i>Dushya: Rasa, rakta</i>
	<i>Dhatu: Rasa, rakta</i>	
<i>Mootra: Prakruta</i>	<i>Sara: Madhyama</i>	<i>Agni: Samagni</i>
<i>Jihva: Lipta</i>	<i>Samhanana: Madhyama</i>	<i>Ama: Dhatwagnimandya janya</i>
<i>Shabda: Prakruta</i>	<i>Satva: Madhyama</i>	<i>Srotas: Rasavaha, raktavaha</i>
<i>Sparsha: Anushna sheeta</i>	<i>Satmya: Madhyama</i>	<i>Srotodushhti: Atipravrutti</i>
<i>Drik: Prakruta</i>	<i>Ahara shakti:</i>	<i>Udbhava sthana:</i>
	<i>Abhyavarana shakti: Madhyama</i>	<i>Sanchara sthana: Sarva sharira</i>
	<i>Jaranashakti: Madhyama</i>	<i>Adhithana: Sarva sharira</i>
<i>Akruti: Madhyama</i>	<i>Vyayama shakti: Madhyama</i>	<i>Vyakta sthana: Sarva sharira</i>
	<i>Vaya: 35 years</i>	<i>Sadhyasadhya: Kruchrasadya</i>
	<i>Pramana: Madhyama</i>	

**Description of lesion**

**Inspection:**

Shape of lesion: Irregular

Color: Erythematous

Edges: Non-raised

Surface: Dry, thin, scales

**Palpation:**

Temperature: Slightly raised

Mobility of lesion: Absent

Tenderness: Absent

**Clinical sign:**

Candle grease sign: positive

Auspitz sign: positive

Koebner's phenomenon: positive

**Questionaries:**

Itching: Present

Pain: Absent

Daha: After itching

**Diagnosis: Plaque psoriasis.**

**Table No.2: Treatment Protocol**

Date	Treatment	Observation
15/12/2023 to 30/12/2023	<i>Kalyanaka ghruta</i> -2tsf morning on empty stomach	Itching reduced Erythema reduced Dryness reduced
	<i>Guduchyadi Kashaya</i> -3tsf -0-3tsf with water after food	
	<i>Dooshivishari Gulika</i> -2-0-2 with honey after food	
	<i>Arogyavardini vati</i> 2-0-2 between food	
	<i>Nalpamaradi taila</i> -external application	
Date	Treatment	Observation
31/1/24 to 1/2/20124	Above medicines continued <i>Patolakaturohinyadi Kashaya</i> 3tsf-0-3tsf <i>Eladi taila</i> instead of <i>Nalpamaradi taila</i>	Complete reduction of itching erythema and dryness.

Date	Treatment	Observation
3/2/2024 to 21/2/2024	Above medicines continued <i>Patola katurohinyadi Kashaya</i> stopped	Scales are healing
Date	Treatment	Observation
22/2/2024	Above medicines <i>Nimbadi Kashaya</i> stopped	No recurrence.



**Before treatment**



**After 1 month of treatment**



**After 2 months of treatment**

**Observation:** The Psoriasis Area and Severity Index (PASI) score is a measurement of the discoloration, thickness, scaling, and coverage of these plaques. The range of absolute PASI scores is 0–72, with higher scores indicating a greater severity of psoriasis. A score of 0 indicates no psoriasis, while a score higher than 10 suggests severe psoriasis<sup>2</sup>.

PASI was **13.5** before treatment and **2.7** after treatment, details shown in below table.

**Psoriasis area and severity index (PASI).**

**Table.No 3: Before treatment**

Lesion	Head(H)	Trunk(T)	Upper limb (UL)	Lower limb (LL)
Erythema (E)	0	2	2	2
Thickness(induration) (I)	0	1	1	1
Scaling (S)	0	2	2	2
<b>SUM: E+I+S</b>	0	5	5	5
Percentage of affected area	0	30% – 50%	30% - 50%	30% - 50%
Area score	0	3	3	3
Subtotal: sum ×area score	0×0=0	5×3= 15	5×3= 15	5×3= 15
Body area: subtotal × amount indicated	0×0.1=0	15×0.3= 4.5	15×0.2= 3.0	15×0.4= 6.0
<b>Totals</b>	0	4.5	3	6

**PASI Score: H+T+UL+LL**

$$0+4.5+3+6= 13.5$$

**Table.No 4: After treatment**

Lesion	Head (H)	Trunk (T)	Upper limb (UL)	Lower limb (LL)
Erythema(E)	0	0	0	0
Thickness (Induration)(I)	0	0	0	0
Scaling(S)	0	1	1	1
<b>SUM: E+I+S</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>
Percentage of affected area	0	30% - 50%	30% - 50%	30% - 50%
Area score	0	3	3	3
Subtotal: sum ×area score	0×0= 0	1×3= 3	1×3= 3	1×3= 3
Body area: subtotal × amount indicated	0×0	0.3×3	0.2×3	0.4×3
<b>Totals</b>	<b>0</b>	<b>0.9</b>	<b>0.6</b>	<b>1.2</b>

**PASI Score: H+T+UL+LL**

$$0+0.9+0.6+1.2= 2.7$$

**DISCUSSION**

Normal life span of skin cells is 3-4 weeks (28 days). In 28days skin cycle there is formation of skin cells reaching skin surface, dying and shedding takes place. In psoriasis the immune system will be overactive which speeds up skin cell growth hence skin cells mature and die in just 4-5 days. Skin cells pile upon the surface of the skin and form plaques. In erythrodermic psoriasis erythema is highlighted. There will be burning, irritation skin peels as very thin and soft scales.

Erythrodermic psoriasis is *Pitta Pradhana Tridoshaja Vyadhi*. Conversion of anything is considered as *paka* and it is done by *pitta*. So, *pitta* is causing early *paka* of skin tissue and leading to scaly lesions.

**TREATMENT PRINCIPLE:**

*Shamana snehana* that is *Ghritapana* internally appears to be effective in this manifestation. For *Ruksha* condition *snehana* should be done both internally and externally. *Pittaprashamana Oushadhi*'s which aids in this *Avastha*. Primary factor is to correction of *Agni* so *Deepana paachana* should be done.

**Kalyanak ghrita<sup>3</sup>:** This *ghrita* is used as *shamana Sneha*, given internally to reduce the dryness, thin scale lesions. *Acharya charaka* said that in *vatapradhana* condition one has to go for *sarpipana*. So *sarpi* is given internally to reduce dryness and thin scaly lesions.

**Patola katurohinyadi kashaya<sup>4</sup>:** *Acharya vagbatta* mentioned this *Kashaya* for *pitta* predominant *kusta*. This *yoga* contains *sheeta veerya dravyas*, does *pitta rechana* and also has *vishahara* property, thin aids in better management.

**Guluchyadi Kashaya<sup>5</sup>:** This is *pitta pradhana tridoshaja kushta*, *guduchyadi Kashaya* contains *pittahara dravyas* like *padmaka*, *dhanyaka*, *raktachandana*. It reduces *pittaprakopa* and helps in healing.

**Dushivishari Gulika<sup>6</sup>:** Unavoidably getting exposed to low potent poisons, these poisons accumulate in the body, whenever they get precipitating factors, they cause clinical manifestations. Hence without a second thought we need to use *vishaghna dravyas*.

*Dushivishari Gulika* is one *vishaghna oushadhi* which helps in elimination of low potent poison (*dushivisha*) by the presence of *vishaghna oshadhi*.

**Arogyavardhini vati<sup>7</sup>:** *Rogaha sarve api mandagnou<sup>9</sup>* is the reason to produce disease. This *oushadhi* does increase the *agni*, so does *Deepana paachana*. Main ingredient is *katuki* it does *pittarechana*.

**Nalpamaradi taila<sup>9</sup>:** *Nalpamara* is *panchavalkala* except *parisha*, these *dravyas* have *ropana* property, removes *kledata*, *picchilata*. Because of *sheeta veerya* it does *pittashamana*.

**Eladi taila<sup>10</sup>:** This *Yoga* has most of the *usna veerya dravyas*, gives *snigdhatata* to dry, hard, rough lesions which are predominant of *vata- kaphaja dosha* and helps in elimination of *visha*.

recurrence of the disease. This case showed significant result. Further to stop or delay the recurrence need to go for *shodhana* therapy.

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## CONCLUSION

Psoriasis is an auto immune disease there is no permanent cure for this, we can delay or postpone the