

# Ayurvedic Management of Psoriasis with special reference to Sidhma Kushta- A Case Report

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#### **Abstract:**

Psoriasis is a chronic autoimmune skin condition that causes red, scaly skin patches and discomfort on the skin. Even after the availability of newer medicine, there is lack of promising results against this ailment. Moreover, use of drugs like antihistamines, corticosteroids etc lead to various side effects. The aim of the study is to evaluate the effect of Ayurvedic treatment in the management of Psoriasis. Ayurvedic classics mentioned this similar condition as sidhmakushta, one among Mahakushtas which is vatakaphaja in nature. A 22 years old male patient visited OPD AAMC, Tumakuru, with complaints of skin lesions over scalp, trunk and upper limbs associated with severe itching since 8 years. He took homeopathic medicine and the complaints got relieved, but on stoppage of medication symptoms recurred and he consulted here. Treatment was given with internal samana and sodhanaoushadhi. Advices on proper diet and Life style modifications were also given. Patient got marked relief after four months of treatment. Excellent result was found on continuation of medicines for one month. Ayurvedic treatment can prove to be very effective in the management of Psoriasis.

**Key words:** Ayurveda, *Deepana*, Psoriasis, *Samana*, *Sidhmakushta*, *Snehapana*, *Shodhana*.

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#### **Introduction:**

chronic **Psoriasis** is a autoimmune condition that causes the rapid build-up of skin cells. This build-up of cells causes scaling on the skin's surface. Inflammation and redness around the scales is fairly common. Typical psoriatic scales are whitish-silver and develop in thick, red patches. Sometimes, these patches will crack and bleed. Psoriasis may begin at any age, but most diagnoses occur in adulthood. The average age of onset is between 15 to 35 years old. According to the World Health Organization (WHO), some studies estimate that about 75 percent of psoriasis cases are diagnosed before age 46. A second peak period of diagnoses can occur in the late 50s and early 60s. According to WHO, males and females are affected equally. There are five types of psoriasis: Plaque psoriasis, Guttate psoriasis, Pustular psoriasis, Inverse **Psoriasis** and Erythrodermic psoriasis. Plaque psoriasis is the most common type of psoriasis. Psoriasis symptoms differ from person to person and depend on the type of psoriasis. Areas of psoriasis can be as small as a few flakes on the scalp or elbow, or cover the majority of the body. The most common symptoms of plaque psoriasis include: red, raised, inflamed patches of skin, whitishsilver scales or plaques on the red patches, dry skin that may crack and bleed, soreness around patches, itching and burning sensations around patches, thick, pitted nails, painful and swollen joints. Most people with psoriasis go through "cycles" of symptoms. The condition may cause severe symptoms for a few days or weeks, and then the symptoms may clear up and be almost unnoticeable. Then in a few weeks or if made worse by a common

psoriasis trigger the condition and may flare up again. Sometimes, symptoms of psoriasis disappear completely. Psoriasis isn't contagious. In the case of psoriasis, white blood cells known as T cells mistakenly attack the skin cells. This results in the plaques that are most commonly associated with psoriasis. Some people inherit genes that make them more likely to develop psoriasis. If symptoms are unclear or if your doctor wants to confirm their suspected diagnosis, they may take a small sample of skin. This is known as a biopsy. Psoriasis triggers: Stress. alcohol. injury and medications. Psoriasis treatments fall into categories: Topical treatments. systemic medications and light therapy. Avurveda classics mentioned sidhmakushta having similar features of

which is included psoriasis Mahakushtas by Charakacharya and ksudrakushta bv susrutha vagbhatacharya. Sidmakushta is a skin condition characterized by dryness externally and moistness internally, white coppery in colour and when rubbed it emits small particles of skin in the form of dust. Vata and kapha are the predominant doshas. Deepana (digestion metabolism enhancing) snehapana (internal oleation) sodhana (purifying process) and samana (pacifying) drugs along with proper diet and life style modifications are well explained in the treatment of sidhmakushta.

### **Case History:**

A 22 years old male patient presented for the treatment of *sidhmakushta*. He complained of skin lesions over scalp, both upper limbs and trunk since 8 years. Itching is severe with appearance

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of reddish skin lesions. This complaint started 8 years back first over scalp and then gradually got aggravated and within a period of 6 months appeared over bilateral upper limbs and trunk. He homeopathic treatment and had relief. On of medication stoppage complaints recurred and he consulted in our OPD for better management.

In **past history** no other complaints and in drug history patient reported history of homeopathic medication. No family history. Psychosocial status also good. **Personal history** – Appetite – Good, Bowel- regular, once daily, Micturition – 4-5 times / day, 1/ night, sleep – sound.

General Examination revealed a lean built, fit, looking well-dressed young male with anxious face. No pallor / icterus / cyanosis / clubbing / lymphadenopathy/ edema. Body mass index (BMI)-19.4 with Height-182 cm and weight-65 kg. Vitals -

Respiratory rate- 18/min, Pulse rate and heart rate -82/min, B.P - 110/80 mm Hg.

In **systemic examination**, Integumentary system –site: scalp, B/L upper limbs and trunk, Reddish black discolouration, configuration: symmetrical, multiple circular plaques associated with itching. No exudation.

Respiratory system – Normal vesicular breathing, no added sounds. No abnormality detected.

Cardiovascular system –S1S2 clearly heard, no murmurs.

In Lab investigation - Hb- 13.5 mg%, ESR - 18 mm/hr, total cholesterol - 140 mg/dl.

The details of treatment and relief in symptoms are shown in table-1. Along with these other advices like strict diet regimen and warm water bath till treatment is going on and also advised *Virechana* once in a month.

**Table-1: Treatment Details:** 

Complaints	Medicine	Principle	Result	
From 20-06-2019 to 05-07-2019				
Skin lesions	Internal medicines		Itching and	
over scalp,	• Mahatikthaka kashaya [1]	Kaphapitta samana,	skin lesions	
upper limbs	15ml + 60 ml luke warm	raktaprasadana	slightly	
and trunk	water morning and		reduced	
	evening before food			
	• Kaishora guggulu <sup>[2]</sup>	Tridoshahara,lekhana,krimigh		
	2 tab with kashaya	na, vrana ropana		
	• Aragwadharishta <sup>[3]</sup> +	Kaphapitta samana, dushta		
	<i>Khadirarishta</i> <sup>[4]</sup> 30 ml	vranasodhana, kushtagna,		
	morning and evening	malanulomana		
	after food.	Kandugna		
	• Siddhartha snana			
	<i>choorna</i> <sup>[5]</sup> - For bath.			



From 05-07-	2019 to 12-07-2019		
Itching and lesions	• Shodhananga Snehapana- Mahatikthaka ghrita 30 ml increased upto samyak snigdha 200 ml	Snehana Kledana	Moderate relief of itching
	• 3 days <i>Abyanga with Dinesavalyadi kera tailam</i> <sup>[6]</sup> and ushnambu	Sodhana	
	snana. • Virechana with Trivruth lehya <sup>[7]</sup> 60 gm with anupana as Triphala kashaya <sup>[8]</sup> 200 ml		Advised peyadi karma for 3 days.
From 20-07-	2019 to 07-08-2019		
Slight itching and less circular lesions present than last visit	Internal medicines Same as above with  • Dinesavalyadi kera tailam - For external application	Dosha samana, kushtagna, kandugna, raktaprasadana	Itching completely reduced and lesions still persist.
From 07-08-	2019 to 12-09-2019		
Lesions present	Same medicines continued by avoiding arishta. Started <i>Valiya Madhusnuhi Rasayana</i> <sup>[9]</sup> 1 tsp HS	Rasayana, yapana, srotosodhana	60% relief in complaints
From 12-09-	2019 to 11-10-2019		
Significant relief in complaints	Kashaya and tablets stopped. Rasayana and external application continued	Prevent recurrence	Complete relief of symptoms

### **Result and Discussion:**

Psoriasis is a chronic inflammatory disorder, characterised by the formation of well-defined raised erythematous plaques, with silvery white scales; that preferentially localize on the extensor surfaces. It is correlated with certain

diseases in Ayurveda. Here considering the clinical features, it can be better correlated to *sidhma kushta*. Sidhma is having *Vata-Kapha* dominance and even involvement of *Tridosha* can be evident from its signs and symptoms. The line of treatment mentioned in Ayurvedic



classics for Kushtha roga are Nidana Parivarjana, Shodhana, Snehana, Swedana, Raktamokshana, Prakriti Vighatana, Shamana, Lepana etc. As sidhma is mostly chronic and Bahudoshajanya, both Shodhana and Shamana therapies has to be followed to provide long lasting results and a better life to patients. As it is a disease of Bahya both rogamarga, Antahparimarjana and Bahi-parimarjana treatments should be used.

In the *samprapthi* of this disease *Agni* mandhya and *Ama* played a major role.

Improper agni along with irregular food habits caused the formation of ama which further vitiate the vata and kapha dosha which created srothorodha by sanga and vimargagamana. Thus the dosha dushya sammurchana commencing in amasaya got sthanasamsraya in twak and produced the lakshanas. As the treatment aims at samprapthi vighattana and nidana parivarjana, the treatment principle followed wasdeepana- pachana, srothosodhana sleshmahara. and balavardhana.

### **Clinical Images:**



Fig-1: Before Treatment lesion at Back



**Fig-2: After Treatment** 



Fig-3: Before Treatment lesion at Chest



Fig-4: After Treatment



Mode of action: Shodhana is very important in the management of Kushta, it's told that doing external applications without cleansing the body internally by Shodhana procedures will lead to the exacerbation of skin disease. preparatory procedures, Deepana-Snehapana pachana, with Mahatiktakaghrita (indicated in all types for 7 days and abyanga, of *kushta*) ushnambu snana with Dinesavalyadi kera ( proven effective for tailam psoriasis) for 3 days were done. Virechana was done with Trivrit lehya which is Pittakapha samana, vatanulomana and sukha virechana. Samana is administered thereafter with drugs having kushtagna, kandugna and raktaprasadana properties followed by rasayana with Madhusnuhi rasayana having tridoshahara and dhatuvardhana property.

### **Conclusion:**

This case highlighted complete recovery of psoriasis symptoms within 4 months. Awareness given on proper food habits, *Dinacharya*, *Rtucharya* and *Shodhana* worked here hand in hand along with the medicines.

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