AYURVEDIC MANAGEMENT OF SIDHMA KUSHTHA- A CASE REPORT

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INTRODUCTION

Skin diseases are major cause of suffering as they affect both body as well as mind. Many a times it becomes social problem. Skin diseases occur about 20-30% of general population. Psoriasis affects 125 million i.e. 2-3% population of the world and 1.5% of Indian population. Changes in skin colour may be due to homeostatic imbalances in the body. In Ayurveda, all pathological manifestations affecting skin are described under the heading of Kushtha. Kushtha are broadly classified as Mahakushtha and Kshudra Kushtha. Sidhma Kushtha is one among Sapta Mahakushtha. It is a Tridoshajanya Vyadhi having involvement of Rakta and Kleda. Features of Plaque psoriasis are similar to Sidhma Kushtha characterized by raised silvery scaly lesions. The present case of Sidhma is treated with Virechana, Takradhara and Shamanoushadhi. A remarkable improvement in patient’s condition was observed within a span of three months.

KEYWORDS: Kushtha, Sidhma, Psoriasis. Shodhana, Shama.

ABSTRACT

Skin diseases are major cause of suffering as they affect both body as well as mind. Many a times it becomes social problem. Skin diseases occur about 20-30% of general population. Psoriasis affects 125 million i.e. 2-3% population of the world and 1.5% of Indian population. Changes in skin colour may be due to homeostatic imbalances in the body. In Ayurveda, all pathological manifestations affecting skin are described under the heading of Kushtha. Kushtha are broadly classified as Mahakushtha and Kshudra Kushtha. Sidhma Kushtha is one among Sapta Mahakushtha. It is a Tridoshajanya Vyadhi having involvement of Rakta and Kleda. Features of Plaque psoriasis are similar to Sidhma Kushtha characterized by raised silvery scaly lesions. The present case of Sidhma is treated with Virechana, Takradhara and Shamanoushadhi. A remarkable improvement in patient’s condition was observed within a span of three months.

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INTRODUCTION

The skin is the largest organ in the human body which provides a strong barrier against external insults, serves as an arena for a wide variety of inflammatory processes, including immunity against infection, auto immunity and allergy.1 Patients having skin disorders always experience physical, emotional and socio economic embarrassment in society. According to WHO, Psoriasis is a chronic, autoimmune, non-communicable, disfiguring and disabling disease characterized by sharply defined erythematous papulo-squamous lesions. They vary in size from pinpoint to large excoriating plaques and may manifest as localized or generalized mostly symmetrical, pustular eruptions usually covered with white or silvery scales like dandruff. Lesions cause itching, stinging and sometimes burning pain. It typically affects the outside of the elbows, knees or scalp, though it can appear on any location. Nearly 60% of people with Psoriasis reported their disease to be a large problem in their everyday life.2 In Ayurveda, all pathological manifestations affecting skin are described under the heading of Kushtha roga. It is a Tridoshajanya Vyadhi having involvement of Rakta and Kleda. The word Kushtha
means the disease conditions which make deformities on the skin. It is included under Ashta Mahagada Vyadhi in Ayurveda. Kushtha roga manifests after involvement of Sapta Dravya Samgraha. It is also considered as a type of Rakta Pradoshaja Vyadhi because Rakta vitiation is found as a common pathology in this disorder. Kushtha roga are broadly classified as Mahakushtha and Kshudra Kushtha. Acharya Charaka explained Sidhma among Sapta Mahakushtha, Acharya Sushruta and Vagbhata explained it under Kshudra Kushtha.

Psoriasis may be correlated to Sidhma Kushtha due to resemblance in signs and symptoms. It is characterized by Sweta (white), Tamra (coppery colour), Alabupushpa Varna (discoloration), Rajobrshtam Vimuchyati (peeling of skin), appear in Uras (chest) or Urdhwa Kaya (upper part of the body). It is Rooksha (rough) in outside Snigdha (oily) inside and is a Vata Kapha predominant disease. Due to Nidana Sevana, Doshas get vitiated enter Siras (vein) and vitiate Twak, Rakta, Lasika, Mamsa and create Vaivarnya (discoloration) in Twak (skin).

This is a case report of a psoriasis patient which was successfully managed according to the line of management of Sidhma kushtha.

**CASE REPORT**

A male patient, aged 24 years came to our BVVS Ayurved Medical College and Hospital, Bagalkot OPD with chief complaints of reddish thickened silvery exfoliating scaly lesions with sever itching all over body especially on scalp, hands, legs and back side of the body associated with powdery discharge, itching and burning sensation over lesions.

Patient was apparently normal 3 years back and gradually developed reddish thickened silvery exfoliating lesions on back region associated with severe itching. On itching, he used to get powdery dust, occasionally blood discharge and burning sensation over lesions. Then it gradually spread to abdomen, both extremities and all over the body. Patient consulted local allopathic physician and took treatment for 3 months. Symptoms were completely relieved for 1 ½ year but again he developed same complaints. Later patient approached our BVVS Ayurved Hospital for better line of treatment.

Shareerika Prakrti of patient was vata-pitta with Madhyaama bala and Madhyama Satva. Patient had Krua Koshtha and disturbed sleep due to severe itching. He has habit of taking spicy food, non-vegetarian and consumption of alcohol. No history of Diabetes mellitus, hypertension, microbial infections and allergic disease. No as such relevant related family history related to disease was noted.

**General Physical Examination:**

Pulse rate – 76/min
BP- 120/70 mm of Hg

**Local Skin Examination**

1. **Site of lesion**- all over the body
2. **Shape**- round
3. **Size** - smaller to bigger one
4. **Colour**- Reddish silvery white
5. **Touch**- Rough, dry, hard
6. **Discharge** - whitish powdery
7. **Candle Grece test**- positive
8. **Auspitz sign**- positive
9. **Koebner’s phenomenon** – Negative
CVS – S1 S2 heard, no added sounds  
RS – Air entry bilaterally equal  
P/A – soft, non-tender, No organomegaly  
CNS - conscious and well oriented

**MANAGEMENT**

<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment</th>
<th>Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/7/19</td>
<td>Snehapana</td>
<td><em>Murchita ghrita</em>&lt;sub&gt;5&lt;/sub&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; day – 30ml</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; day – 60ml</td>
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<tr>
<td></td>
<td></td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; day - 100ml</td>
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<td></td>
<td></td>
<td>4&lt;sup&gt;th&lt;/sup&gt; day – 120ml</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5th day- 150ml</td>
</tr>
<tr>
<td>28/7/19 to</td>
<td>Sarvanga abhyanga and Bhaspa</td>
<td><em>Nimba Taila</em>&lt;sub&gt;6&lt;/sub&gt;</td>
</tr>
<tr>
<td>30/7/19</td>
<td>sweda</td>
<td></td>
</tr>
<tr>
<td>31/7/19</td>
<td>Virechana</td>
<td><em>Trivrit leha</em>&lt;sup&gt;7&lt;/sup&gt; (80 gms) Total 12 vegas</td>
</tr>
</tbody>
</table>
| 3/8/19       | Shamana oushadhi               | 1. *Patolamooladi Kashaya*<sup>8</sup> 5ml BD after food.  
|              |                                | 2. Tab Imupsora<sup>9</sup> 1tab BD.  
|              |                                | 3. Tab *Tikamrutam*<sup>10</sup> 1 tab BD after food.  
|              |                                | 4. *Haridrakhandha* granules<sup>11</sup> 1tsf BD after food.  
|              |                                | 5. *Nalpamaradi Taila*<sup>12</sup> + *Manjishtadi taila*<sup>13</sup> + *Eladi Taila*<sup>14</sup> for local application. |
| 20/8/19 to   | Sarvanga abhyanga and Bhaspa   | *Nimba Taila*<sub>6</sub>     |
| 22/8/19      | sweda                          |                               |
| 23/8/19 to   | Takradhara<sup>15</sup>        | *Takra+ Yashtimadhu+ Jatamansi+ Musta |
| 28/8/19      |                                |                               |
| 20/8/19 to   | Shamaunaushadi                 | 1. *Aragvadadi Kashaya*<sup>16</sup> 5ml BD after food.  
| 20/9/19      |                                | 2. Guggulu tikta Kashaya<sup>17</sup> 5ml BD after food.  
|              |                                | 3. Tab *Zycuminoid*<sup>18</sup>(250mg) 1tab BD after food.  
|              |                                | 4. *Nalpamaradi Taila*<sup>12</sup> + *Manjishtadi taila*<sup>13</sup> +*Eladi Taila*<sup>14</sup> for local application. |
| 21/09/19 to  | Sarvanga Abhyanga and Bhaspa   | *Nalpamaradi Taila*<sup>12</sup> + *Manjishtadi taila*<sup>15</sup> +Eladi Taila<sup>14</sup> for local application. |
| 23/09/19     | Virechana                      | *Trivrit leha* (50gms) Total vegas- 8 |
| 24/09/19     |                                |                               |
| 25/09/19 to  | Sarvanga Abhyanga and Bhaspa   | *Nalpamaradi Taila*<sup>12</sup> + *Manjishtadi taila*<sup>15</sup> +Eladi Taila<sup>14</sup> for local application. |
| 27/09/19     | Virechana                      | *Trivrit leha* (50gms) Total vegas- 12 |
**Pathya Advised:** Sali rice, Yava, Godhuma, Laghu anna panna, Mudga, Karavellaka, Tila taila, Tikta rasa pradhana ahara, Jeerne anna (eat only when earlier food is digested),

**Apathya Advised:** Amla Katu, Lavana rasa pradhana ahara, Dadhi, Guda, Masha, Divaswapna, stress, excess exposure to Atapa, Vegavarodha.

**TREATMENT OUTCOME**

<table>
<thead>
<tr>
<th>Features</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Itching</td>
<td>Severe</td>
<td>Absent</td>
</tr>
<tr>
<td>2. Lesions</td>
<td>Severe</td>
<td>Absent</td>
</tr>
<tr>
<td>3. Powdery Discharge</td>
<td>Severe</td>
<td>Absent</td>
</tr>
<tr>
<td>4. Burning sensation</td>
<td>Severe</td>
<td>Absent</td>
</tr>
<tr>
<td>5. Sleep</td>
<td>Disturbed</td>
<td>Sound sleep</td>
</tr>
<tr>
<td>6. PASI Score</td>
<td>19.6</td>
<td>0.4</td>
</tr>
</tbody>
</table>

After Shodhana Karma the raised erythematous lesions decreased and flaking of deceased skin was seen. Symptoms like itching, roughness and scaling were also reduced and burning sensation at the site of lesions were also less. Takradhara showed significant reduction in dandruff, powdery discharge and scalp scaling, mind also got relaxed. After repeated Shodhana and intake of Shaminaushadhis, new skin lesions are not developed. Skin now showed as less inflamed with small patches. Reduction of PASI score from 19.6 to 0.4 seen.

**DISCUSSION**

The condition was approached and managed with the line of management of Kushtha. It is a Kleda Pradhana Vyadhi which involves Sapta Dravyas in its pathogenesis. The present condition is Vata Pitta Pradhana Kushtha. The predominance of Vata causes pain, dryness, scaling of the skin. Pitta vitiation leads to burning sensation, redness, inflammation etc. As there is involvement of both Pitta and Rakta due to Ashraya Ashrayee Sambandha, When excessive amount of pitta is expelled out from the body it helps to purify the rakta also, and cures the Raktapradoshaja vikaras like Kushtha. Kleda formed due to Ishat Sneha, Dravata, Visra Guna of Pitta can be controlled by repeated Virechena / Nitya Virechena. This helps to check the frequency of recurrence and further spread of disease. Shodhananga snehapana with Murchita ghrita followed by Abhyanga with Nimba Taila (Nimba having Tikta Rasa, Ruksha, Laghu and Vishad Guna does Lekhana, Karshan and Kleda Shoshana) for 3 days, then Trivrit leha 80 gm given. After adopting Samsarjana Krama Shamanaushadhis advised are Patolamooladi Kashaya is a Shodhana Kashaya and having Tikta Rasa, Kledahara, Pachaka Pitta Prasadana and acts as Nitya Virechana.

Tab Imupsora has key ingredient as Manjishta which exhibit keratolytic activity that helps to soften and shed the rough outer layer of the skin. Manjishta with Guduchi, Triphala help in immune modulation, act as antiseptic and antibacterial and Katuki exerts UV-potentizing action.

Tab Tiktamrita contains Guduchi, Vasa, Patola, Nimba, Guggulu exhibit anti-septic antibacterial anti-inflammatory and anti-pruritic activity. Tab Haridrakhanda is advised as it is best Rasayana for Kushtha Roga. Charaka has categorized Haridra as Lekhaniya, Varnya, Rakta, Vata, Pitta.
Vishaghna, Kushtaghna, Kandughna, Vranaropaka. Haridra (turmeric) has been shown to exhibit anti-inflammatory, antimicrobial anti-oxidant and anti-neoplastic properties. It is described as “Kandunam Paramaushadam”11. Growing evidence shows that an active ingredient of Haridra i.e “Curcumin’ has ability to inhibit the Phosphorylase kinase, which are increased in psoriatic patients. It also inhibit the proliferation of psoriatic like cells, by the down regulation of pro-inflammatory cytokines. Moreover, curcumin significantly enhances the skin- barrier function. The important effect of curcumin is the inhibition of potassium channels expressed on T cells, which seem to be involved in the onset of psoriasis.19

On 2nd visit Abhyanga with Nimba Taila for 3 days to obtain mrudata of the skin and helps for proper absorption followed by Takra dhara was adopted as it normalizes the excessive proliferation of skin and removes dryness, scales and reduces itching. Takra having lactic acid moisten and lessen the scaling and also it is good vehicle for Trans dermal absorption. Yashtimadhu Takra Dhara showed good result in minimizing the scaling, roughness, burning sensation. Yashtimadhu has Madhura Rasa, Sheeta Virya, Madhura Vipaka. It is Vata Pitta Shamaka. Moreover it is proved that Yashtimadhu has healing, anti-ulcer, anti-inflammatory, skin regeneration activity. Sodium, glycyrrhizate possessed anti-ulcer activity and stimulation of regeneration of skin.15

Aragwadhadi Kashaya having ingredients like Aragvadha, Patolamoola, Guduchi, Bhunimba etc which possessing the property of vata hara ,Ushna virya and Katu vipaka acts as Krimighna, Kandughna, Kledahara 20

Guggulu tikta Kashaya is combination of Guggulu, Nimba, Amritha, Vrisha, Patola etc act as blood purifier that help to fight inflammation and infections. The proven anti -inflammatory herb i.e Guggulu helps to fasten the healing process. The anti-bacterial and fungicidal property of Nimba helps to cure the infections.17

Tab Zycuminoid is enriched with the goodness of Haridra and Pippali helps to fight against skin pigmentation and improve the skin complexion.18

On the 3rd visit every third day Sadhyovirechena was given after Abhyanga for repeated Shodhana. For topical application Nalpamaradi taila, Manjishta Taila and Eladi Taila are advised. Nalpamaradi Taila is effective in Pitta vitiated Kushta. It has Kushtaghna, Kandughna, Daha Hara properties. It is Rakta and Varna Prasadaka. It contains Ksheerivriksha Dravya which are Kashaya Rasa Pradhana, Pitta and Kaphahara and contains tannins as their main chemical constituents which inhibit bacterial growth.12

Manjishta can prevent burning, itching and other fungal or bacterial infection and promotes skin healing by local action on skin and promotes collagen formation. Due to property of Ropana, Shothahar, promotes wound healing. Kandughna and Vishagna properties prevent skin from secondary infection of skin due to itching. Pittashamak and Varnya property promotes skin texture, colour and luster.13
**Eladi Taila** being *Vata Kaphara, Varnya, Kandughna and Vishaghna*¹⁴

**CONCLUSION**

Repeated *Shodhana Karma* as per classics in accordance to *Dosha, Kaala, Agni Desha* etc. should be administered to remove the root cause of the disease and prevent the disease from its occurrence. Combined effects of these treatments are helpful in breaking of immunological reaction, removal of a toxic substance from the body, relieving from pain, inflammation, infection, and to improve general body condition. Thus, *Ayurvedic* management provides significant relief and improves the quality of life in psoriasis.

**ACKNOWLEDGEMENT**

I sincerely thankful to Dr. Muktha Hiremath, HOD, Department of PG studies in Kayachikitsa, B.V.V.S Ayurved Medical College & Hospital, Bagalkot for valuable guidance.

**REFERENCES**

1. Anthony Oro, Fiono Watt “The Skin and the disease”; cold spring harbor laboratory press 2014
2. https://apps.who.int/iris/bitstream/handle/10665/204417/9789241565189_eng.pdf?sequence=1 Cited on 2/8/2020 at 4:00 pm
ingredients-side-effects/ cited on 6/8/2020 at 12.30 pm
13. Sahasrayoga, Taila yoga prakarna, Ayurvedic Formulary of India
16. Acharya Vagbhata, Ashtanga hrudayam with Arunadatta commentary, Chikitsasthana Chaukambha Publication Varanasi Reprint 2012, Chapter- 21, shloka no 57-60
17. https://www.1mg.com/otc/zycuminoid-250mg-tablet-otec351488c cited on 10/8/2020 at 4.30 pm
18. Alexandra Vaughn,Amy Branum, Raja K Sivamani; Effects of Turmeric on Skin Health: A Systemic Review of Clinical Evidence; Phytotheraphy Research/ Volume 30, Issue 8
19. Acha Vidhyadharini and Chaitra H; Review on Aragvadhadi Kashaya with reference to Ancient Literature” World Journal of Pharmacy and Pharmaceutical Science, Volume 6,Issue 4, 817-827; ISSN 2278-4357

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Figure 1: During 1\textsuperscript{st} Visit

Figure 2: During 2\textsuperscript{nd} visit

Figure 3: During 3\textsuperscript{rd} visit

Figure 4: After treatment