



Case Study

AYURVEDIC MANAGEMENT OF *SIDHMA KUSHTA*: AN EVIDENCE BASED CASE REPORT

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ABSTRACT

Alteration to the typical skin texture causes mental and physical discomfort for any individuals. There are several skin diseases which affect the person's psychological status and disturb the social life. Among those conditions psoriasis is most common, the worldwide prevalence of psoriasis is about 2%, but varies according to regions. Psoriasis is a papulosquamous skin disease, was originally thought of as a disorder primarily of epidermal keratinocytes, but is now recognized as one of the commonest immune-mediated disorders. *Sidhma kushta* is an ayurvedic classification of skin diseases that shares similar symptoms and characteristics. Ayurveda offers a well-defined treatment protocol after analysing the vitiated *Dosha* and *Dooshya*. The treatment includes *Deepana*, *Paachana*, *Shamana*, *Sodhana* and *Rasayana*. Along with that, patient strictly followed proper *Pathyas* and avoided all the *Apathyas*. *Takradhara*, *Snehapana* and *Virechana* along with external applications gave significant improvement in patient's condition. With the increasing demand for Ayurvedic intervention in psoriasis management, establishing an evidence-based protocol is essential. This case study provides a systematic assessment for evaluating ayurvedic treatment and employs the Psoriasis Area Severity Index (PASI) score to measure improvements in skin conditions. On follow up total appearance of the skin found to be improved and patient's symptoms reduced well.

INTRODUCTION

Skin is a complicated organ that has many ways of protecting itself from outside threats, such as chemical, physical, and microbial barriers. The world health organisation had included skin diseases under psycho cutaneous diseases. Psoriasis is one of the most significant skin diseases. Approximately 125 million people worldwide have psoriasis. Patients with psoriasis experience substantial morbidity and increased rates of inflammatory arthritis, cardiometabolic diseases, and mental health disorders<sup>[1]</sup>. It is linked to other illnesses like psoriatic arthropathy and diseases of the mind, heart, liver.

The World Health Organization included psoriasis as serious non-communicable disease with major genetic component<sup>[2]</sup>. Scalp, face, nails, palms, soles and genitalia are the major psoriatic sites which are difficult to treat.

There are several clinical cutaneous manifestations of psoriasis but most commonly the disease presents as chronic, symmetrical, erythematous, scaling papules and plaques<sup>[3]</sup>.

Ayurveda has discussed cutaneous manifestations in various chapters of *Samhitas*. Among them, chronic skin diseases are included mainly in *Kushta*, in other words severe dermatology manifestations are included under 18 subtypes of *Kushta*. *Susruta* has termed it as *Twagamaya* and it is chronic in nature<sup>[4]</sup>. *Kushta 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. Among these, *Sidhma kushta* is of very important. It closely resembles with psoriasis in modern dermatology. *Vaghbatacharya* included it under *Mahakushta* with dosa predominance of *Vatha kapha*.<sup>[5]</sup> *Acharya Susruta* categorized it under *Kshudra kushta* with *Dosa* predominance of *Kapha*<sup>[6]</sup>. Also, *Susruta* mentioned that the outermost layer of *Twak* named *Avabhasini* as the *Adhishtana* of *Sidhma* and *Padmakantaka*.<sup>[7]</sup> *Acharya Susruta* and *Vaghbata* included *Sidhma* under *Kshudra kushta*, whereas

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Charaka, Bhavamisra, Kashyapa categorized it under *Mahakushta* [8].

There are two types of *Sidhma kushta* [9]

1. *Sidhma*

2. *Pushpikasidhma*

Characteristics of *Sidhma kushta* include dry, rough skin with white and coppery hues- (*Shweta tamra twak bahirukshata*), *Anta snigdha* (internal moisture), and *Rajahakireth* (the presence of scaling).

#### Poorvarupa

*Poorvarupas* are the indicators of upcoming disease. *Poorvarupa* of *Kushta* can be considered with the early signs of *Sidhma* as well. It includes *Ati slakshana* (skin gets too soft), *Ati khara sparsha* (too rough), *Ati sweda* (excess sweating), *Asweda* (lack of sweating), *Vivarnataa* (discoloration), *Daaha* (burning sensation), *Kandu* (itching), *Twachiswaapa* (numbness), *Toda* (throbbing pain), *Unnatha kotha* (elevated patches), *Bhrama* (dizziness), *Sheeghra utpatti* (quick manifestation), *Chira sthithi* (stay for longer) [10].

#### Rupa

According to *Charaka*, *Sidhma* is one among the *Maha kushtas*. Lesions are *Parusha aruna varna*, the periphery is fissured and the centre is smooth, white and with red tinge. It appears to be in large number, with less pain, burning sensation, itching, *Puya srava*

(pus) and *Lasika srava* (serous fluid). It appears like flower of *Alabu* and it is with *Kapha* and *Vatha dosha* predominance. Ulcers may form, characterized by sluggish in nature and prone to infection by *Krimi*. In *Charaka chikitsa* symptoms such as *Sweta*, *Tamra varna tanu rajoghrushta* and *Alabu pushpavata* are explained. [11]

*Acharya Susruta* describes the characteristics of *Sidhma kushta* by *Sweta varna*, *Apayi*, *Kandu*, *Tanu*, which mainly seen in *Urdhwa Kaaya* with *Dosha* predominance of *Kapha*. [12]

According to *Vaghbata*, it appears to be dry externally, internally moist, on scratching scales like dusts are seen. Its smooth in touch, skin over affected part is *Tanu* and looks like *Daugdhika pushpa* with whitish brown and mainly seen in *Urdhvakaya* with *Dosa* predominance of *Vatha kapha* [13].

According to *Bhavaprakasha*, *Sidhma kushta lakshanas* include white coloured skin with scaly lesions, appearance like *Alabu kusuma*. The variety of symptomatology appears in *Sidhma* lesions are mainly seen over *Urapradesa* [14].

*Acharya Bhela* considered *Sidhma* as one of *Kaphaja kushta* with symptoms like *Mandala* which are *Pandu varna pankiloshta*, *Twakuttana*, *Ruksha* and *Tanu* [15].

**Table 1: Rupa according to different Acharyas**

Rupa	Charaka Samhita	Ashtanga Hridaya	Susruta Samhita
Alabupushpa Sankasha	+	+	-
Antahsnigdha	+	+	-
Rajoghrustena Munchathi	+	+	-
Sweta	+	+	+
Tamra	+	+	-
Apayi	-	-	+
Kandu	-	-	+

#### Samprapthi

Understanding *Samprapthi* aids the doctor in comprehending the unique characteristics of a sickness, such as the participation of a specific *Dosha*, *Dooshya*, *Agni* etc. *Samprapthi* of *Kushta* itself serves as the foundation for *Sidhma samprapthi* as the classical writings lack a detailed *Samprapthi* of *Sidhma kushta*. *Kushta roga* in the context of Ayurveda, emphasizes its *Tridoshajanya* nature. Since *Kushta* cannot arise from a single *Dosha*, its manifestation requires the *Prakopa* (aggravation) of *Vatha*, *Pitta*, and *Kapha* due to *Nidana sevan*. These vitiated *Doshas* take *Ashraya* in *Twak*, *Rakta*, *Mamsa*, and *Ambu*, leading to *Shaithilya* in these *dhatu*s and ultimately resulting in *Kushta*.

In *Charaka chikitsa sthana*, *Acharya Charaka* describes how the vitiated *Doshas* lead to *Dushana* (vitiation) of *Twak*, *Rakta*, *Mamsa*, and *Ambu*, manifesting in seven types of *Mahakushta* and eleven types of *Kshudra kushta*.

#### Upasaya, Anupasaya

*Upasaya* refers to the relieving factors of disease, it helps in identifying the most effective treatment modalities. For example, *Deepana*, *Paachana* medicines, *Ushnajaala snana* etc.

*Anupasaya* refers to aggravating factors, that may result in the worsening of disease condition. It includes *Amla-katu-tikta ahara*, *Virudha ahara*, *Diwaswapna*, excess stress, *Sheetha kaala*.

**MATERIALS AND METHODS****Case Report****Patient Information**

A 31-year-old moderately built male patient, who works in a finance company and has no known history of hypertension, dyslipidaemia, or diabetes mellitus, visited the OPD at the Government Ayurveda College, Kannur, with chief complaints of multiple itchy, reddish, scaly lesions all over his body. The lesions were particularly prominent on the bilateral upper and lower limbs, abdomen, chest, back, neck, and behind the ears. He had been experiencing these symptoms for the past three years, with a recent worsening of symptoms such as severe burning sensation and itching over the last three weeks.

The patient initially noticed a small blackish discoloration on the anterior part of his right ankle and sought treatment at an Ayurvedic treatment but found no relief. Within weeks, reddish, oval shaped patches appeared on his abdomen, back, and lower limbs. He consulted another Ayurvedic clinic and took medication for a month but did not experience satisfactory relief. The disease progressed, with lesions spreading to the nape of the neck, behind the ears, axillae, and groins, along with burning sensation, itching, and pain. One and a half years ago, he consulted an allopathic physician, who prescribed internal and external medications, providing temporary relief. A follow-up skin biopsy confirmed a diagnosis of psoriasis vulgaris. Later, he stopped internal medications and continued external applications, noticing reduced skin thickness but increased sensitivity to climatic changes. During winter, his symptoms worsened, leading to excessive dryness and affecting his daily activities. Despite this, he was unable to identify any specific factors that provided symptomatic relief.

Eventually, he visited our OPD and started internal medications. Initially, his symptoms

worsened, with increased burning sensation, reduced appetite, and disturbed sleep. After three weeks of internal medication, he was admitted to the IPD for further management.

**Family history:** No relevant family history.

**Clinical Findings**

Systemic examinations – Integumentary system.

## 1. Skin

## a) Morphology

Primary lesions – Erythematous lesions over bilateral upper and lower limbs, abdomen, chest, back, neck, and behind the ears.

Secondary lesions – Scales over bilateral upper and lower limbs, trunk, back, neck.

## b) Distribution – All over the body

c) Configuration – Lesions that are irregularly distributed over a larger area without any specific pattern.

## d) Special tests- Candle grease sign – Positive

Auspitz sign - Positive

Koebner's phenomenon – Positive

2. Nail- No changes noted. Nails appear normal, with no brittleness, pitting, or destruction of the nail plate.

3. Scalp- Scalp shows no signs of erythema, plaques, or hair loss. However, fine scaling resembling dandruff is present.

4. Oral mucosa- Oral mucosa appears normal on inspection, with no signs of erythema, ulceration, or psoriatic plaques. The tongue, gums, and buccal mucosa are clear.

**Investigations Done**

Blood routine, CBC, RFT, LFT, Lipid profile, ASO levels were found to be within the normal limit. Immunoglobulin E -1237 IU/ml. Skin biopsy confirmed psoriasis vulgaris.

**Table 2: Samprapthi ghataka**

<i>Dosha</i>	<i>Vatha +++, Pitha ++, Kapha+</i>
<i>Dooshya</i>	<i>Rasa, Raktha</i>
<i>Agni</i>	<i>Vishamagni</i>
<i>Ama</i>	<i>Koshtagatha, Rasagatha, Rakthagatha ama</i>
<i>Srotas</i>	<i>Rasavaha, Rakthavaha, Swedavaha</i>
<i>Srothodushti</i>	<i>Sanga, Vimargagamana</i>
<i>Rogamarga</i>	<i>Bahya</i>
<i>Vyadhyavastha</i>	<i>Purana</i>
<i>Adhishtana</i>	<i>Twak</i>

**Treatment Approach**

For the cure of *Sidhma roga* a judicious blend of *Sodhana* (elimination therapy), *Shamana* (alleviation therapies) and *Bahiparimarjana kriyas* (treatments on the skin surfaces) are needed with proper *Pathya ahara viharas*.

**Table 3: Internal medicines**

S.No.	Medicines	Dose & Time of Administration	Duration
1	<i>Punarnavadi Kashaya</i>	90ml bd 6AM and 6PM before food	28 days
2	<i>Guluchyadi Kashaya</i>	90ml bd 6 AM and 6PM before food with <i>Guluchyadi Kashaya</i>	28 days
3	<i>Avipathy choornam</i>	5gm bd with honey after food	17 days
4	<i>Gopichanthanadi gulika</i>	2 tabs at noon and evening after food	17 days
5	<i>Trivrit choornam</i>	2tsp bd with hot water before food	15 days
6	<i>Shadanga paanam</i>	Drink intermittently	8 days
7	<i>Maanasamitra vatakam</i>	2-tab hs	12 days

**Table 4: Procedures done**

S.No	Procedure	Medicines Used	Duration
1	Wet compression	<i>Guluchyadi Kashaya</i>	28 days
2	External application	<i>Shatadhowta ghrta</i> with coconut oil	24 days
3	<i>Snehapaanam</i>	<i>Aaragwada mahathiktakam</i> + <i>Rajanyadi choornam</i>	8 days
4	<i>Thalam</i>	<i>Rasnajambeeram</i>	9 days
5	<i>Abhyanga</i> and <i>Usma snana</i>	<i>Chemparathyadi tailam</i> and Psorset oil	2 days
6	<i>Virechana</i>	25gm <i>Avipathy choornam</i> with Honey	1 day
6	<i>Takradhara</i>	External application	7 days

**Table 5: Discharge medicines**

S.No.	Medicines	Dose and Time of Administration	Duration
1	<i>Drakshadi Kashaya</i>	<i>Paanam</i> (intermittent drink)	14 days
2	<i>Panchathiktaka gritam</i>	6gm bd with Luke warm water before food	14 days

**Table 6: Procedures advised**

S.No.	Procedure	Medicine Used	Duration
1	External application	<i>Nalpamaradi tailam</i>	14 days
2	<i>Thalapothichil</i>	<i>Musta</i> ( <i>Cyperus rotundus</i> ), <i>Yashtimadhu</i> ( <i>Glycyrrhiza glabra</i> ), <i>Vacha</i> ( <i>Acorus calamus</i> ), <i>Amalaka twak</i> ( <i>Emblicus officinalis</i> ), <i>Aaragwada twak</i> ( <i>Cassia fistula</i> ).	14 days
3	External application	Psorset oil with coconut oil	14 days

**RESULTS AND DISCUSSION****Psoriasis Area Severity Index (PASI) [16]****Table 7: Before treatment**

Body parts	% of area covered	Severity score			
		Itching	Erythema	Scaling	Skin thickness
Head and Neck	20% (2)	2	2	3	2
Upper extremities	80% (5)	3	3	3	3
Body	65% (4)	3	4	3	3
Lower extremities	86% (5)	4	4	3	2

Score for head and neck: (Itching + Erythema+ Scaling +Thickness) ×Area × 0.1 = 1.8

Score for total upper extremities: (Itching + Erythema+ Scaling +Thickness) × Area ×0.2 = 12

Score for total body: (Itching + Erythema+ Scaling +Thickness) × Area × 0.3 = 15.6

Score for total lower extremities: (Itching + Erythema+ Scaling +Thickness) × Area ×0.4 = 26

**Total score: Total of Head and Neck + Upper extremities + Body + Lower extremities = 55.4**



## Patient Improvement Data

1) At the time of first OP visit



Fig.1

Fig.2

2) Before IP treatment



Fig.3

Fig.4

Fig.5



Fig.6

Fig.7

3) At the time of discharge



Fig.8

Fig.9

Fig.10



Fig.11

Fig.12

Fig.13

## 4) Follow up



Fig.14



Fig.15



Fig.16



Fig.17



Fig.18

Table 8: After treatment

Body parts	% of area covered	Severity score			
		Itching	Erythema	Scaling	Skin thickness
Head and Neck	<10% (1)	0	0	0	0
Upper extremities	26% (2)	0	0	1	1
Body	20% (2)	0	0	0	0
Lower extremities	25% (2)	0	0	1	1

Score for head and neck: (Itching + Erythema+ Scaling +Thickness) × Area × 0.1 = 0

Score for total upper extremities: (Itching + Erythema+ Scaling +Thickness) × Area × 0.2 = 0.8

Score for total body: (Itching + Erythema+ Scaling +Thickness) × Area × 0.3 = 0

Score for total lower extremities: (Itching + Erythema+ Scaling +Thickness) × Area × 0.4 = 1.6

**Total score: Total of Head and Neck + Upper extremities + Body + Lower extremities = 1.8**

## DISCUSSION

Although treating psoriasis is extremely challenging, proper assessment of *Samprapthi* (comprehensive pathogenesis), with effective treatment protocol works well. *Acharya Charaka* says that appropriate *Shamana* (alleviation therapies), *Sodhana* (purification therapies), avoidance of etiological factors along with *Rasayana* (rejuvenation therapy) are the principles to be followed by a physician in respect of every disease. Classical treatment by considering the condition of *Roga* (disease) and *Rogi* (patient) helps for proper management of *Sidhma kushta*. During the treatment period and follow-up period, strict *Pathya* in *Aharas* and *viharas* are followed by the patient. For baseline treatment, *Punarnavadi Kashaya* and *Guluchyadi Kashaya* were administered to promote *Paachana*, *Deepana*, and *Srotoshodhana*. Since Chronic skin

diseases often present with *Bahudoshavastha*, *Sodhana* therapy, particularly *Virechana*, was given by considering the *Pitha* and *Kapha dosha* involvement in patient. Before *Sodhana*, *Poorva karma* was conducted by giving *Snehapaanam* and *Swedana*. Post *Snehapaanam* and *Abhyanga ushnasnaana*, *Virechana* effectively eliminated the morbid *Doshas*. Throughout the treatment, wet compression using *Guluchyadi kashaya*, followed by application of *Shatadhowta ghrta* with coconut oil, were used to retain skin moisture and it acts as a *Pitha-shamaka*, supporting overall management. Additionally, *Takradhara* was employed to restore the skin's structure and health, also it pacifies *Kapha* and *Vatha*.

## CONCLUSION

This case study shows effective management of psoriasis with Ayurvedic protocol, following a

thorough assessment of both the patient and disease. The treatment approach is rooted in understanding the fundamental factors such as *Dosha* and *Doosha*. The patient's treatment plan includes *Paachana*, *Deepana*, *Shamana*, *Sodhana*, *Rasayana chikitsa* to alleviate symptoms and prevent disease recurrence. This case clearly illustrates how the patient's overall well-being improved with relatively short term Ayurvedic management.

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