



Ayurvedic Management of Sidhma Kustha With Special Reference to Guttate Psoriasis – a Case Report.

KEYWORDS

Raktadhatugatakustha, psoriasis, Shodhana

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ABSTRACT *Kustha(psoriasis) is a type of skin disease encountered by Ayurvedic Dermatologists characterized in pre-monitory stage with symptoms viz. sparshajgytwam(numbness)atiswedonava(excessive and lack of sweating),vaiyavarnam(discolouration),kotha(macules), kandu(pruritis) etc.sthithmakustha is often co-related toguttatepsoriasis based on the clinical presentations. No satisfactory treatment is available in contemporary medical practice except anti histamines and topical steroids. Main line of treatment for kustha in Ayurveda is Shodhana and shamanoushadis.*

A patient approached to Nirvisha OPD of KLE Ayurveda Hospital with chief complaints of circular hard patches, edema, and red scaly skin with intense itching at the back, chest and on both forearm was treated with Virechanaand few shamanaushadhi's. A remarkable improvement in the condition was observed in a span of one month.

Introduction

Sidhmakusthais explained as one among the mahakusthawith symptoms like sweta(white), tamra(copperycolor),Alabupushpavarna (discolouration), ghrishthamvimuchyati(peeling of skin) andprayaaurasi(particularly on chest)[1,2]. Kustais said to be tridoshajavyadhi but symptoms and dosha involved in sidhma areKapha andPitta predominant[3]. In Ayurveda the description of sidhma is identicalto modern description of guttate psoriasis.Guttate psoriasis is derived from the Greek word gutta meaning a droplet, describes the acute onset of a myriad of small, 2–10 mm diameter lesions of psoriasis. These are usually distributed in a centripetal fashionand also involve the head and limbs. Classically, guttate psoriasis occurs shortly after an acute group B hemolytic streptococcal infection of the pharynx or tonsils and can be the presenting episode of psoriasis in children or, occasionally adults. The number of lesions may range from 5 or 10 to over 100. Guttate psoriasis accounts for 2% of the total cases of psoriasis. In children, an acute episode of guttate psoriasis is usually self limiting; in adults, Guttate flares may complicate chronic plaque disease. Although few studies have assessed the long term prognosis of children with acute guttate psoriasis, one small study revealed that 33% of patients with acute guttate psoriasis eventually developed chronic plaque disease. Guttate psoriasis is a type of psoriasis that presents as small (0.5-1.5 cm in diameter) lesionover the upper trunk and proximal extremities; it is found frequently in young adults.^[4]Guttate psoriasis is classically triggered by a bacterial infection, usually an upper respiratory tract infection.^[5]Psoriasis is a T-cell-mediated inflammatory skin disease. Environmental and genetic factors play important roles in the appearance of the disease. Psoriasis has a genetically heterogeneous nature. In nearly one-third of all cases, environmental factors are known to be influential in the appearance or recurrence of the disease.^[6,7]Although psoriasis occurs worldwide, its prevalence variesconsiderably. In the USA, approximately 2% of the population is affected. High rates of psoriasis have been reported inpeople of the

Faroe islands, where one study found 2.8% ofthe population to be affected.The prevalence of psoriasis islow in certain ethnic groups such as the Japanese, and maybe absent in aboriginal Australiansand Indians from South-America. Psoriasis can present at any age and has been reported at birth and in older people of advanced age. Accurate determination of the age of onset of psoriasis is problematic^[8].

Effective therapeutic agents in contemporary medicine are limited in number and may have long-term toxic side effects, which makes alternative system of medicine a good choice because it overcomes the said limitations. The mainstay of treatment in Ayurvedafor kusthais shodhana, which anchors the vitiated doshas and eliminates them. Parallel to this shodhana, shamanoushadis help to correct the vitiated dhatus and bring them to normalcy.

Case Report

A 30-year-young male, driver by profession approached to Nirvisha OPD at KLE Ayurveda Hospital with chief complaints of kandu(itching),popular rashes with erythema, along with discoloration, associated with burning sensationall over the body since 1year. The lesions were initially observed over left hand and gradually spread over the scalp.Within couple of days it spread to both front region of chest , back and on both legs. There was no known history of allergy to food or drugs, no family history and noother skin disorders but patient had taken allopathic treatment for piles 2months back and got relieved, patient were not addicted for any habits. For above said complaints patientconsulted to local dermatologist and received oral steroids and anti-inflammatory drugs but found no relief,then consulted KLE Ayurveda Hospital for further treatment.

On examination there were small, circular , hard and multiple in nature erythematous lesions on abdomen, back and on both legs till knee joint. Lesions were reddish and black.

Routine hematology showed Hb- 12.6 gm%, ESR – 20 ml/hrand WBC count- 9,400.Patch test was not done.Based on clinical presentation, examination and laboratory findings the case was diagnosed as sidhmakustha (guttate psoriasis).

The patient was subjected to treatment under two schedules. In first admission the Deepana and Pachana were given prime importance and treated accordingly and in second, treated for shareerashodhana and dhatusamya. The treatments scheduled are mentioned into tables below:

First line of treatment(Deepana and pachana):

1. Sarivachurna – 10gm
2. Indrayavachurna- 10 gm
3. Patolchoorna- 10 gm
4. Katukichoorana – 10 gm

These medications are given with honey and ghee in unequal quantity in dose of 1Tsf Before food.

- 1.Triphalachoorna- 10 gm
2. Patolchoorna- 10 gm
3. Nimbachoorna- 10 gm
4. Musthachoorna- 10 gm

Table no-1: Treatment (Panchkarma) adopted: first admission

Procedure	Medicine	Dosage	Days
1	Snehapanaaaronahana-krama	Mahatiktagruta (with 3gm Trikatu-choorna and 1 pinch yavakshara)	30 ml
			70 ml
			130 ml
			150 ml
			180 ml
		Second day	
			Third day
			Fourth day
			Fifth day
On fifth day		Guduchi (Tinisoracordifolia) kandachoorana and Nimbapatra(Azadirectaindica) and gudakalkapana	
2. Pathya	Ganji on appetite and krushra at night		

Table no-2: Second treatment:

Procedure	Medicine	Days
3	Abhyanga and Baspaswedana	NirgundiTaila
		Day- 5,6,7

4	Virechana	Trivritrileha(10gm) with hot water	Day -8 th day Vegas observed = 9
5	Samsarjanakrama		2 annakala

Shamanoushadi after panchkarma for 15 days

	Medicine	Dose	Duration
1	1.Triphala choorna 2.Vidanga choorna 3.Mustha choorna	3gm 3gm 3gm with Guda	15 days
2	Pravalapan-chamruta	175 mg BD	15 days
3	Arogyavardhini rasa	1 t.i.d	15 days

2nd follow up for 15 days

	Medicine	Dose	Duration
1	Trikatuchoorna Triphalachoorna Guduchichoorna Haridrachoorna Sarivachoorana	20gm 1 tsp B.D. 20gm 10gm 10gm 10gm	15days

Results

After first medication the symptoms like shotha, kandu and red scaly patches reduced but erythema persisted and the lesions over the hands and back were completely resolved and no reoccurrence was observed. Then patient was advised follow up medicine and for avoiding fried fatty , bakery items and junk food. After follow-up his lesions , erythema and itching were completely lost. Patient was satisfied with treatment.

Discussion

After looking into the signs and symptoms, itching and shotha were to be treated and that was achieved by mahatiktagruta. Ingredients of these two formulations are kashaya and tiktarasapradhana, which helps in pitta and kapha-hara which helps covering up lakshanas.

Arogyavardini rasa helps in agnideepana and proper rasa dhatu formation. Katuki helps for elimination of dusta pitta and raktha^[9].

Guduchi shown to have immunomodulatory, anti-oxidant, erythropoietin activity^[10,11] and those of triphala , vidanga is having laghu, ruksha and teekshnaguna, ushnaveerya , katuvipaka; it acts as kushagnawhen applied as lepa. E. ribes berries contain a quinone derivative embelin (2,5-dihydroxy -3-undecyl, 1,4- benzoquinone), has a wide spectrum of biological activities, such as antioxidant, antitumor, anti-inflammatory and analgesic, antihelminthic, antifertility and antimicrobial. Quinone derivatives and the analogs; Ubiquinone (Coenzyme Q10), Idebenone, Arbutin and Hydroquinone are well-known for cosmetic applications.^[12]

In Psoriasis the essential fatty acids which are required for lipid barrier of skin is reduced and this will cause epidermal fluid loss and making skin susceptible for reaction. So Ghrita's given will be acting as shamana and shodana as

per given dosage,shodana helps to eliminate doshasand shaman mostly plays role by enhancing lipid barrier.

Kusta and musthawich have shown anti stress activity are also helpful because it is not allabout treating skin but a skin patient^[13,14].

Conclusion

Though a single case study may not be sufficient enough to prove significance of any treatment but it gives us an idea for the line of treatment to be adopted in such cases and helps to formulate a protocol for large sample studies.

Images:Before treatment



Recent images



After treatment: 15 days treatment



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