



MANAGEMENT OF CUTANEOUS LICHEN AMYLOIDOSIS WITH TOPICAL APPLICATION OF AYURVEDIC DRUGS-A CASE REPORT.

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ABSTRACT Skin is the largest organ of the body, which protects body from the outer environment and also it has very important role in beauty and cosmetic purpose. There is a huge focus on skin health, with fierce competition to have glowing, clearer, healthier, younger and fresher skin. And this focus can cause secondary problems with low self-esteem, embarrassment anxiety, Depression and Shame affecting mental health. The quality and condition of the skin greatly contributes to the perception of health, wellness, youth and beauty. In the era of modernization there has been considerable increase in the incidence of Skin disease due to changing lifestyle, improper food habits, stress, change in environment, altered sleep patterns, Vegvidharan, Virudhashan etc. In following case report we are going to treat Lichen amyloidosis which can be correlated to Vata kapha pradhan Uttan vatarakt¹ with Local application of shikekai and musta churn with coconut oil.

KEYWORDS : Uttan vatarakta, Lichen amyloidosis,

INTRODUCTION

Amyloidosis refers to a number of protein deposition diseases in which normal or variant forms of proteins aggregate and form insoluble fibrils. These fibrils characteristically have β -structure, are resistant to proteolysis, and accumulate in extracellular spaces. There are several types of amyloidosis. At least 18 different proteins have been identified as subunit proteins of amyloid fibrils and each is associated with a different disease process. It occurs in two forms 1) Systemic 2) Localised

In the systemic forms of amyloidosis the precursor protein is synthesized by one or more tissues (bone marrow, liver, intestinal mucosa, lymph nodes) and then transported via the blood to other areas of the body where the amyloid deposits can form. Therefore, all vascular organs including liver, kidney, spleen, heart, joints, muscles and gastrointestinal tract are often involved in the systemic forms of amyloidosis. The brain, however is usually not involved, except for vascular structures, because of the presumed blood-brain barrier to plasma proteins.

Localized forms of amyloidosis are usually associated with synthesis of the amyloid precursor protein in a specific organ and deposition of fibrils within that same organ. Localized forms of amyloidosis include Alzheimer disease (β -peptide), the prionoses (PrP), medullary carcinoma of the thyroid (procalcitonin), type II diabetes mellitus (amyloid-associated polypeptide (IAPP) or (amylin). Lichen amyloidosis (LA) is a type of primary localized cutaneous amyloidosis clinically characterized by persistent pruritic, hyperkeratotic papules commonly distributed on the shins and histopathologically characterized by amyloid deposits in the papillary dermis. The condition is resistant to treatment and various treatment modalities such as electrodesiccation, dermabrasion and pulsed dye laser.

In Ayurveda we can correlate the lichen amyloidosis to vata kapha juttan vatarakt. As described by acharya charak vatarakt is of two types A) Uttan vatarakt B) Gambhir

In uttan vatarakt the symptoms are limited to twak and mans. The symptoms are kandu, daah, ruja, toda, sphuran and krushnavairnya. Which can be compared to the symptoms of Cutaneous Lichen amyloidosis.

Case History

A male patient of age 70 yrs came from OPD of M.A. Podar Hospital, Worli

Was Complaining of

1) blackish discoloration and itching over b/l lower limb (since 20 years)

History of present illness

Patient was asymptomatic before 20 years then after he started suddenly itching over bilateral lower limbs initially there was erythema then after slowly with passage of time it became blackish

discolored indurated papular surrounding over bilateral shin.

General Examination

Moderately build with known case of HTN (since 2 yrs) taking the medicine Tablet Telma H (telmisartan 40mg + hydrochlorothiazide 12.5mg) once a day.

H/o PTB 40 yrs ago (AKT taken for 3 months)

H/o CVA 1 month ago

N/H/O - any addiction and allergy

No any significant family history

Local Examination

Blackish discolored dry, Indurated papular lesions surrounding all over bilateral shin.

Itching (+)(+)

No any serous or pus discharge

No burning sensation

Investigations

Routine hematological and urine investigations were carried out to rule out systemic pathology.

Pathophysiology

Samprapti -

Hetu:-

Dosh.

Vaatdushtikar.

Vegvidharan, bahupralap,

atichankraman.

Kalay, nishpav sadrush ruksh

Anna sevan

↓

Vaatprakop.

(Ruksha, kar, sukshma gunvrodhi)

↓

Tiryakgati.

Swedhah strotas avrodh.

↓

alpa Twak poshan

Krushnavarna ruksha khar granthi

Dushya

Rakt dushitikar, virudhashan.

pariyushit anna sevan

↓

Dhatwagni avrodh

↓

Dhatwagni mandya

↓

alpa Twak poshan

Krushnavarna ruksha khar granthi

↓

alpa Twak poshan

Krushnavarna ruksha khar granthi

↓

alpa Twak poshan

Krushnavarna ruksha khar granthi

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alpa Twak poshan

Krushnavarna ruksha khar granthi

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alpa Twak poshan

Krushnavarna ruksha khar granthi

Treatment Protocol

Local application of Bhuriphena and musta churn with coconut oil 3 times a day

Observation

Criteria of assessment before and after treatment

Bahaltva: (thickening in skin lesion)

- 0 No bahaltva(thickening)
 1 Mild thickening
 2 Moderate thickening
 3 Very thick
 4 Very thick with induration

Unnati: (Elevation in skin lesion)

- 0 No elevation
 1 Slight elevation that cannot be felt
 2 Elevation can be felt but depressed in middle
 3 Elevation in all lesions but soft
 4 Elevation in all lesions and hard

Deep black reddish discoloration(krushnvaivarnya)

- 0 Normal coloration
 1 Near to normal which looks like normal color to distant observer
 2 Reddish coloration
 3 Slight black reddish discoloration
 4 Kursna arunavarna

Kandu – Pruritis

- 0 Never
 1 Rarely
 2 Sometimes
 3 Often
 4 All the times

Bahalatva		Unnati		Krushnvaivarnya		Kandu	
Before	After	Before	After	Before	After	Before	After
4	1	4	1	4	1	2	1

**Right lower limb****Left lower limb****RESULTS**

The line of treatment mentioned above showed a significant improvement in sign and symptoms of patient before and after treatment. Patient was satisfied with result after 15 days and on regular follow up for 5 weeks symptoms reduced progressively.

DISCUSSION

Obstruction of swedvah strotas with dusht kafa ras rakht causing the blackish discolored indurated papules. In order to achieve

sampraptibhnag we were used local application of shikekai musta churn with coconut oil as shaman chikitsa.

Drugs	Components	Properties	Mode of action
Musta	Cyperene, rotundome	Laghu, ruksha,shit Ras-tikta, katu, kashay Virya-shit Vipak-katu	Lekhniya,kandughna, Kaph,pitta shamak, Raktshodhak
Shikekai	Lupeol, spinasterol, acacic acid, lactone	Laghu Ras-Tikta Virya-shit Vipak-katu	Kandughn, kushtaghna As cleanser Removes excess oil and dirt
Coconut oil	Caprylic acid		Nourishing, moisturizer,softner Balances vaat and pitta

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