



## AYURVEDIC MANAGEMENT OF SIDHMA: AN EVIDENCE BASED CASE REPORT

Thrishna T, Dr.MADHU P M

FINAL YEAR PG SCHOLAR, DEPT. OF ROGANIDANA, ASSISTANT PROFESSOR  
GOVERNMENT AYURVEDA COLLEGE, KANNUR, KERALA

**Abstract:** The global prevalence of psoriasis is on the rise, and while there is currently no complete cure for this condition, Ayurveda offers a well-defined treatment plan that can be correlated with the disease known as *sidhma*. As more individuals turn to Ayurveda for psoriasis management, it is imperative to develop an evidence-based treatment protocol. This case presentation aims to utilize rigorous assessment methods, with the Psoriasis Area Severity Index score employed to evaluate changes in skin condition.

**Index Terms - Psoriasis, Sidhma, Psoriasis Area Severity Index score**

### I. INTRODUCTION

The human skin is the outer covering of the body and the largest organ of the integumentary system. Healthy skin serves as the mirror image for good health. In Ayurveda detailed description of *twak* can be seen and all the skin diseases in Ayurveda have been discussed under the broad heading *kushta*. We can see that the burden due to both infectious and non-infectious skin diseases has increased from time back. Though every *kushta* has its own features, prime symptoms of any skin disorders include discoloration, itching, disfiguring, burning sensation, loss of sensation, horripilation and the texture of skin. As a result, it leaves 4Ds in affected person – Discomfort, Disfigurement, Disability and Death.<sup>1</sup>

Ayurveda has given importance to skin disease and reference of *Kushta* can be found since Vedic period. All the skin disease in Ayurveda have been under the heading of *Kushta*. Which are further divided into *Mahakushta* and *Kshudrakushta*.

*Sidhma Kushta* classified according to different Acharyas -

**Table no :1**

Charaka, Kashyapa, Bhavprakash	<i>Mahakushta</i>
Sushruta, Vagbhata	<i>Kshudra Kushta</i>

In psoriasis considering the relapsing nature and its pathological derangement in genetical level it is better to bring it under the heading *mahakushta*.

Types of *sidhma kushta*<sup>2</sup> - (According to Acharya Dalhana)

1. *Sidhma*
2. *Sidhmapushpika*

*Sidhma* explained in Susrutha samhitha is *pushpika sidhma* so it is included in *kshudra kushta* whereas *sidhma* explained in Charaka samhitha is the second variety which is *dukkha sadhya vyadhi* so it is included in *mahakushta*.

### POORVARUPA

Though there is no specific description about *poorvaroopa* of each *kushta* in the classical texts, general prodromal symptoms are considered.

### CLINICAL FEATURES OF SIDHMA:

Acharya Sushruta has discussed *sidhma* under *kshudra Kushta*. The description is very brief. *Kandu* is the symptom mentioned by Sushruta only.<sup>3</sup> As described in Charaka Nidana Sthana, the lesions are *shweta* i.e. white in colour and very thin in texture and contour. *Sidhma* type of *kushta* has features like its surface is rough and reddish in colour. They appear like the flower of *alabu* (*Lagenaria siceraria*). According to Acharya Charaka, here the symptoms run as branny desquamation of white and copper colour.<sup>4</sup> Acharya Vagbhata also gives two more symptoms “*Antah Snigdha Bahi Ruksham ...*”. In *sidhma kushta* the patches are dry outside and moist inside, gives out small scales when scratched [candle grease sign], usually common in upper parts of the body.<sup>5</sup>

Table no :2

Rupa	Ch.S.	Su.S	A.H.
<i>Shweta</i>	+	+	+
<i>Alabupushpa Sankasha</i>	+	-	+
<i>Antahsnigdha</i>	+	-	+
<i>Rajoghrushtena Munchati</i>	+	-	+
<i>Tamra</i>	+	-	+
<i>Apayi</i>	-	+	-
<i>Kandu</i>	-	+	-

The knowledge of *samprapthi* helps in the comprehension of the specific features of a disease like *dosha*, *dooshya*, *srothodushti*, *ama* and *agni* etc. No detailed *samprapthi* of *sidhma* is mentioned in texts. Therefore, *samprapthi* of *sidhma* is being derived here on the basis of *samprapthi* of *kushtaroga*. According, to Acharya Vagbhata exposure to risk factors leading to *dosha* take the form of *prakopa* and it spread through the *tiryag siras* and then vitiates *twak*, *rakta*, *mamsa* and *lasika* by making them weak, they pass to the external surface of body, causing discolouration of the skin thus produce *kushta*.<sup>6</sup>

Psoriasis is classified as a noncommunicable disease (NCD) and is characterized by being chronic, painful, disfiguring, and disabling, with no known cure.<sup>7</sup> It significantly affects patients' quality of life and can develop at any age. This chronic inflammatory skin condition is marked by the presence of well-defined, erythematous, scaly plaques commonly found on the elbows, scalp, trunk, and knees. Psoriasis is an immune-mediated disorder with a genetic component, involving interactions between adaptive and innate immunity as the primary pathological mechanism.<sup>8</sup> Various factors can trigger the onset and exacerbation of the disease, including mutations in gene 14 related to the caspase domain family, as well as the genetic factor HLA-Cw6. Environmental influences such as medications, lifestyle choices, and infections, along with skin trauma like insect bites, scratches, and sunburn, can also contribute. Stress is recognized as another potential trigger.<sup>9</sup> Psoriasis encompasses seven main types: plaque psoriasis, guttate psoriasis, inverse psoriasis, pustular psoriasis, erythrodermic psoriasis, nail psoriasis, and psoriatic arthritis.

Guttate psoriasis makes up less than 30% of all psoriasis cases. It affects both genders equally and is more prevalent in children and adolescents compared to adults over 30. As an immune-mediated disorder, it usually develops 1 to 3 weeks after an acute infection, such as streptococcal tonsillitis. Additional risk factors for guttate psoriasis include stressful life events and a family history of psoriasis. This variant of psoriasis has unique epidemiological, clinical, and histological features. During a physical examination, guttate psoriasis appears as numerous small, scattered papules and plaques, often described as "drop-like" with sizes ranging from 2 to 6 mm. These lesions demonstrate an isomorphic response, known as the Koebner phenomenon. In addition to this phenomenon, all psoriasis variants share certain histological characteristics, such as erythema (indicated by elongated and dilated capillaries), thickness (shown as acanthosis with cellular infiltrates), and the presence of silver scales (resulting from abnormal keratinization). Each psoriatic lesion also exhibits the Auspitz sign, which involves pinpoint bleeding when the surface of the lesion is removed, reflecting elongated vessels in the dermal papillae and epidermal thinning. An elevated titer of antistreptolysin O, anti-DNase B, or streptozyme can indicate a recent streptococcal infection, aiding in the diagnosis of guttate psoriasis. Notably, about 40% of patients with guttate psoriasis may progress to plaque psoriasis.<sup>10</sup>

## CASE HISTORY

### Patient information

A 17-year-old lean built male patient approached OPD with chief complaints of itchy erythematous lesions all over the body since 1 year. 1 year back an erythematous papular lesion appeared over the inner aspect of right thigh region. He ignored that. Three months back similar lesion appeared on the bilateral flexor region of elbow. The lesions spread all over the body within one year. He got considerable relief from itching and redness reduced on taking allopathic medicine. But after stoppage of medicine the condition reappeared. So, he admitted here for further management.

**Clinical findings:**

Systemic Examination-Integumentary system

**Table no : 3**

<b>1.Skin</b>	
<b>a) Morphology</b>	
<b>Primary lesion</b>	Erythematous papules over anterior aspect of scalp and temporal region, neck, trunk, upper limb, lower limb. Erythematous macular lesion B/L upper limb Erythematous patches all over abdomen, posterior aspect of bilateral elbow region
<b>Secondary lesions</b>	Scales over scalp
<b>b) Distribution</b>	All over the body
<b>c) Configuration</b>	Diffuse
<b>d) Color</b>	Erythematous
<b>e) Special tests</b>	Candle grease sign-positive Auspitz sign-positive Koebner's phenomenon-non-positive
<b>2. Nail:</b>	
No changes noted.	
<b>3. Scalp:</b>	
Hair loss is seen Thick white scales present Reddish papular lesions in the anterior part of scalp and temporal region.	

**Samprapthi ghatakas:****Table no : 4**

<i>Dosha</i>	<i>Kapha (+++), Pitha (++) , Vatha (+)</i>
<i>Dooshya</i>	<i>Rasa, Raktha</i>
<i>Agni</i>	<i>Vishama agni</i>
<i>Ama</i>	<i>Koshtagatha, Rasagatha, Rakthagatha ama</i>
<i>Srotas</i>	<i>Rasavaha, Rakthavaha, Mamsavaha, Swedavaha</i>
<i>Srothodushti</i>	<i>Sanga, Vimargagamana</i>
<i>Rogamarga</i>	<i>Bahya</i>
<i>Vyadhyavastha</i>	<i>Nava</i>
<i>Adhistan</i>	<i>Tvak</i>

One of his family members has similar kind of skin disease. This indicates the involvement of *beejadushti*. The patient had a history of intake of one or two eggs in a daily basis which led to the *koshtagatha ama* and *kapha dushti*. Over use of fried and packet items like chips, mixture etc and over use of *amla*, *lavana* and *katurasa pradhana aharas* and different type of *virudha aharas* lead to the *pitha -raktha dushti*. He always bath in cold water immediately after coming from playing with sweat which lead to the *swedavaha srothodushti*, which inturn contributed as a *nidana* for skin disease. The vitiated dosa along with ama moved through the *tiryagvahini sira* and reached the *baahymarga asrita tvak, rakta, mamsa, lasika*. As his *rasavahini srotas* and *raktavahini srotas* already had a *khavaigunya* due to *beejadusti*, vitiated *dosa, ama* with *doosya* undergo *dosadusya sammurchana* in *rasavahini srotas* and *raktavahini srotas* resulting in the manifestation of *sidhma*.

**TREATMENT APPROACH****Internal Medicines****Table no : 5**

Sl. No	Medicines	Dose & time of administration	Duration
For Panchana, Deepana			
	<i>Amrthotharam kashaya+ Patoladi gana kashaya</i>	90 ml bd 6AM 6PM	7 days
	<i>Vilwadi lehyam</i>	Frequently	7 days

## Procedure done:

Table no : 6

Sl. No	Procedures	Medicine used	Duration
	<i>Thakrapana</i> (1glass)	<i>thriphala choorna</i> (1tsp) + <i>vilwadi gulika</i> (1 tablet)	3 times a day -For 9 days
	<i>Snehapana</i>	<i>Aragwadha mahathiktha gritha</i> + <i>Rajanyadi Choorna</i> (5g)	6 days
	<i>Abhyanga</i> and <i>ushna snana</i>	<i>Chembarthyadi taila</i> , Psorset oil	2 days
	<i>Virecana</i>	<i>Avipatti choornam</i> (20gm) + honey	1 day
	<i>Thakradhara</i>		7 days
	<i>Shashtika lepana</i>	Shashtikam+shikakai( <i>Acacia Concinna</i> )	7 days
	Wet compression	<i>Guduchyadi Kashaya</i>	30 days

## Discharge medicines –

Table no : 7

Sl. No	Medicines	Dose & time of administration	Duration
	<i>Amrthotharam ks</i> + <i>Nimabadi ks</i>	90 ml bd 6AM 6PM, Before food	14 days
	<i>Avipathi choorna</i>	1tsp – 3 times with honey, After food	14 days
	<i>Nimbarajanyadi tab</i>	2- 0 -2, After food	7 days

## Procedures advised

Table no : 8

Sl. No	Procedures	Medicines	Duration
	<i>Abhyanga</i>	<i>Nalpamaradi taila</i> + Psorset oil	3 times a day -For 9 days
	<i>Shirolepa</i> (Application of paste over scalp)	<i>Aragwadha mahathiktha gritha</i> + <i>Rajanyadi Choorna</i> (5g)	7 days

## RESULT AND DISCUSSION

## PSORIASIS AREA SEVERITY INDEX

Table no: 9- At the time of admission

Body parts	% of area covered	Severity score			
		Itching	Erythema	Scaling	Skin thickness
Head and Neck	10% (2)	2	3	2	3
Upper extremities	80% (5)	2	3	0	3
Body	80% (5)	2	3	0	3
Lower extremities	70% (5)	2	3	0	3
Score for head and neck: (Itching + Erythema +Scaling +Thickness) x Area x 0.1					= 2
Score for Total upper extremities: (Itching + Erythema + Scaling +Thickness) x Area x 0.2					= 8
Score for Total body: (Itching +Erythema + Scaling +Thickness) x Area x 0.3					= 12
Score for Total lower extremities: (Itching + Erythema + Scaling +Thickness) x Area x 0.4					= 16
<b>Total score: Total of Head and Neck + Upper extremities + Body + Lower extremities</b>					<b>= 38</b>



**Table no:10 -At the time of discharge**

Body parts	% of area covered	Severity score			
		Itching	Erythema	Scaling	Skin thickness
Head and Neck	10% (2)	0	0	0	0
Upper extremities	80% (5)	0	00	0	0
Body	80% (5)	0	0	0	0
Lower extremities	70% (5)	0	1	0	0
Score for head and neck: (Itching + Erythema +Scaling +Thickness) x Area x 0.1					= 0
Score for Total upper extremities: (Itching + Erythema + Scaling +Thickness) x Area x 0.2					= 0
Score for Total body: (Itching +Erythema + Scaling +Thickness) x Area x 0.3					= 0
Score for Total lower extremities: (Itching + Erythema + Scaling +Thickness) x Area x 0.4					= 2
<b>Total score: Total of Head and Neck + Upper extremities + Body + Lower extremities</b>					<b>= 2</b>

**PATIENT IMPROVEMENT DATA**

**z**



Figure No: 1



Figure No: 2



Figure No: 3



Figure No: 4



Figure No: 5

**Figure no: 6-10 At the time of discharge**



Figure No: 6



Figure No: 7



Figure No: 8



Figure No: 9

Figure No: 10

While describing treatment, Acharya Charaka says that Samshodhana, Samshamana, and the avoidance of etiological factors are the principles to be followed by a physician in respect of every disease.<sup>11</sup> The avoidance of etiological factors prevents the further aggravation of the disease, whereas the other two regress the disease process. So, during the treatment period and follow-up period, strict pathya in ahara and viharas was followed by the patient. Amrthothara kasaya and Patoladi Gana Kashaya are given as baseline treatments for pachana (digestion), deepana (appetite enhancement), and srothosodhana. Chronic skin diseases are usually associated with bahudoshavastha; hence, shodhana therapy has great importance in their cure.<sup>12</sup> Shodhana in the form of virechana is opted due to the pitha and kapha involvement in the patient. Before administering sodhana *poorva snehapana* and *svedana*, *pachana – deepana* in the form of *takrapana* is given. Takra is laghu (light to digest), deepana (improves digestive strength), and acts against ama, kaphajit, and vatajit.<sup>13</sup> After *snehapana* and *abhyanga ooshma snana*, *virechana* helped to remove the morbid *doshas* from body. Takradhara has a special advantage for the skin, helping to restore its normal structure. During all this time, wet compresses with Guduchyadi Kashaya, followed by the application of Chemparathyadi Taila and Psorstel oil, were used, aiding the other management by locking in the moisture of the skin and by acting as pitha samaka in nature.

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