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AYURVEDIC MANAGEMENT OF SIDHMA KUSHTA(GUTTATE PSORIASIS):AN EVIDENCE BASED CASE REPORT

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ABSTRACT
The global incidence of psoriasis is steadily increasing, and despite the absence of a definitive cure, Ayurveda offers a structured treatment approach comparable to the condition *sidhma*. With a growing preference for Ayurvedic interventions in psoriasis management, developing an evidence-based protocol has become crucial. This case study aims to evaluate the effectiveness of Ayurvedic treatment through systematic assessment, utilizing the Psoriasis Area Severity Index (PASI) score to monitor improvements in skin condition.
Keywords: Guttate Psoriasis, *Kushta*, *SidhmaKushta*, PASI Score

INTRODUCTION

Skin diseases are among the most prevalent health conditions worldwide, significantly impacting the quality of life and overall well-being of affected individuals. Among these, psoriasis holds particular importance due to its chronic nature, complex pathophysiology, and multifaceted impact.It is a chronic inflammatory skin disease characterized by erythematous patches associated with silvery scales, itching, burnt skin appearance, and in some cases pustules or blisters[1]. In India the prevalence of psoriasis varies from 0.44 to 2.8%[2],while the global prevalence is around 2–3%[3].Guttate psoriasis is an acute, inflammatory variant of psoriasis, characterized by the sudden appearance of numerous small, drop-shaped lesions, primarily on the trunk and proximal extremities. It is strongly associated with preceding streptococcal infections, particularly pharyngitis, implicating a post-infectious immune-mediated response in its pathogenesis. This form is more commonly observed in children and young adults, often serving as an initial presentation of psoriasis. While psoriasis currently lacks a definitive cure, management strategies aim to control symptoms and enhance the quality of life. Therapeutic options include systemic medications, topical agents, phototherapy, and biologic treatments, all of which have shown significant efficacy in reducing disease severity and alleviating symptoms. However, prolonged use of these therapies presents challenges, including systemic toxicity, localized side effects, and other adverse outcomes. The cumulative burden of long-term treatment can also impact patient compliance and overall therapeutic success.

In Ayurveda, chronic skin diseases are mainly categorized under the broader classification of *kushta*. It is primarily characterized by changes in the colour and texture of the skin, often leading to degeneration and deterioration of the skin's appearance. The root cause of *kushta* is attributed to improper dietary and lifestyle habits (*mithyaahara* and *vihara*) and incompatible food combinations (*viruddhahara*), which disrupt the balance of thridosha can lead to various skin conditions[4]. When the thridoshas specifically become vitiated, they travel through the *tiryagamisiras* of the skin, including *twak*, *lasika*, *asrik* and *mamsa*. This disturbance causes *slathana*, Over time, this can result in significant discoloration and texture changes, leading to symptoms such as dryness, scaling, and itching. If *kushta* remains untreated, it has the potential to cause *dushti* of *dhatus*. This progression can lead to serious complications such as *kotha* and *krimi*, both of which can deform and damage the body[5]. One specific type of *kushta* is *sidhmakushta*, which shares many characteristics

with psoriasis. *Sidhmakushta* is marked by dry, rough skin with white and coppery hues – "*shwetatamratwakbahirukshata*", internal moisture (*anta snigdhata*), and the presence of scaling "*raja kiranam*". It is primarily *vata* and *kapha* predominant[6]. In Charaka Samhita, it is listed as *mahakushta*. Meanwhile, in Sushruta Samhita, it is referred to as *kshudrakushta*[7,8].

PATIENT INFORMATION

A 15-year-old lean-built female, previously healthy, developed papular lesions on her abdomen with mild itching six months ago. She had experienced mild pharyngitis approximately two weeks before the onset of these lesions. The patient consulted an allopathic physician and prescribed internal medications and topical ointments, which reduced the itching and cleared the lesions, but mild scaling persisted. Two months later, similar lesions reappeared and gradually spread to her limbs, abdomen, thorax, and inguinal regions, sparing her face and neck. These were accompanied by severe itching, burning sensations, and scalp scaling with itching. A dermatologist prescribed medications, topical treatments, and medicated shampoo, which improved her condition partially, although the body scaling remained. Due to exam stress and her inability to follow up on medications, the lesions worsened and spread further, with intense nocturnal itching that disturbed her sleep. She also noticed her condition aggravated after consuming non-vegetarian food like chicken, fish, and eggs. She sought in-patient treatment for symptom management and further care.

History of past illness: Recurrent episodes of pharyngitis.

Family history: No relevant family history.

CLINICAL FINDINGS

Systemic examination : There were no significant abnormalities found in the cardiovascularsystem, respiratorysystem, musculoskeletalsystem, and central nervous system.

System involved - Integumentary System

Morphology:

- **Primary lesion:** Numerous, small, well-demarcated erythematous papules and plaques.Individual lesions measure approximately 2–6 mm in diameter.Lesions are distinct, with well-defined borders.
- **Secondary lesions:** Fine, silvery-white, or micaceous scales present over the primary lesions.The scales are delicate and shed easily, exposing a red, inflamed base beneath, indicating active inflammation.
- **Symmetry:** Lesions exhibit a bilateral and symmetrical distribution across the body.Symmetry is particularly evident on the trunk and proximal extremities.
- **Distribution:**
  - **Generalized:**Trunk(The most commonly affected region, with scattered lesions distributed across the chest, abdomen, and dorsal aspect of the body) and Extremities (Predominantly involves the upper arms and thighs&Minimal involvement of the forearms and lower legs)
  - **Sparing Areas:** The face and neck are notably spared, which is atypical in other forms of psoriasis.
- **Configuration:** Scattered - Lesions that are irregularly distributed over a larger area, often without a specific pattern.
- **Characteristic Signs and Phenomena**
  - Candle Grease Sign: Positive.
  - Auspitz Sign: Positive.
  - Koebner Phenomenon: Present.
- **Scalp Examination :**Psoriatic involvement is observed along the scalp hairline.Lesions are characterized by scaling, with scales adhering to the hair shafts.The face is spared, with lesions confined to the hairline, maintaining a distinct boundary.There is no significant hair loss or alopecia associated with the lesions.
- **Lip Examination:** Fissuring is observed on the lower lip, particularly at the center.The fissures do not extend beyond the lower vermilion border, without spreading to adjacent skin or mucosa.The lips show no erythematous or scaly lesions outside the area of fissuring
- **Oral Mucosa Examination:** The oral mucosa appears normal upon inspection.There are no signs of erythema, ulceration, or psoriatic plaques. No involvement of the tongue, gums, or buccal mucosa.
- **Nail Examination:** Multiple psoriatic nail changes are observed, including:

- Brittle Nails: Nails appear fragile and prone to cracking.
- Pitting: Numerous small depressions are visible on the surface of the nails.
- Subcutaneous Paronychia: Inflammation is evident around the nail bed and cuticle area, causing discoloration and tenderness.
- Nail Plate Destruction: Partial erosion of the nail plate is noted in nails.
- Subungual Hyperkeratosis: Thickened keratinous material is seen beneath the nail plate, leading to discoloration and nail detachment.

INVESTIGATIONS DONE: Blood routine, CBC, RFT, LFT and Lipid profile values are with in normal limit.Serologic tests revealed a positive anti-streptolysin O titre.

DIAGNOSTIC ASSESSMENT

After pertinent clinical examinations it was diagnosed as Guttate Psoriasis.

THERAPEUTIC INTERVENTION

Table No: 1 - Internal medication – *Shamanachikithsa*

SL.NO	MEDICINES	DOSE	ADJUVANT
1.	*Punarnnavadikashayam*	45 ml; twice daily before food	
2.	*Guluchyadikashayam*	3 tsp; twice daily before food	With *Punarnnavadikashayam*
3.	*Avipathichurnam*	10 g, at night bedtime	Honey
4.	*Tab. Anuloma*DS	0 – 0 – 1, at night	Hot water
5.	*Abhayarishtam*	25 ml; twice daily after food	

Table No: 2 - Procedures done:

SL.NO	PROCEDURE	MEDICINE	DURATION
1.	Wet compression	*Thriphala Kashaya*	19 days
2.	*Abhyanga* after wet compression	Coconut oil+psorset oil	19 days
3.	*Thakrapana*	*Thakram*with *thriphalachoorna*(1tsp) +*vilwadigulika*(1 nos)	3 days
4.	*Snehapana*	*Aragwadhamahathikthagritha* + *RajanyadiChoorna* (5g)	5 Days (starting dose: 30 ml Maximum dose:100ml)
5.	*Abhyanga &UshmaSnana*	*Chembarthyaditaila* + Psorset oil	2 Days
6.	*Virechana*	*Avipathichoorna* with honey (20 g)	1 day
7.	*Takradhara*	*Abhyanga* before *dhara* *Chembarthyaditaila* + Psorset oil	7Days

Table No: 3 -Discharge medicines:

SL.NO	MEDICINES	DOSE	ADJUVANT
1.	*Nimbadi Kashaya*	45 ml; twice daily before food	
2.	*Triphaladichurnam*	1 tsp; twice daily before food	*Nimbadi Kashaya*
3.	*Avipathichurnam*	10 g, at night bedtime	Honey

- ♣ Medicines for external application:*Chembaruthyadikeratailam* + Psorset oil
- ♣ Procedure advised:*Thalapothichil* for 7 days (*Mustha, Vacha, Amalaki, Yashtimadhu*)

RESULTS AND DISCUSSION

Objective and subjective assessments were conducted before treatment, after treatment, and at the first follow-up after one month. The objective evaluation utilized the Psoriasis Area Severity Index (PASI) to quantify the severity and extent of psoriasis lesions, providing a standardized and measurable outcome. Subjective assessment involved the observation and documentation of clinical symptoms,including erythema, scaling, and other visible changes in the skin. This combined approach ensured a comprehensive evaluation of both measurable disease severity and patient-reported symptom progression, facilitating a holistic understanding of treatment efficacy.

I. OBJECTIVE ASSESSMENT: Psoriasis Area Severity Index[9]

Table No: 4 - Before treatment

Body parts	**Score of Area covered**	**Area multiplier**	**Severity**				**Score***
			Itching	Erythema	Scaling	Skin Thickness	
Head and Neck	3	0.1	2	1	3	1	2.1
Upper limb	4	0.2	3	2	1	2	6.4
Body	6	0.3	3	3	2	3	19.8
Lower limb	4	0.4	2	2	1	2	11.2
Total score*							39.5

Table No: 5 -After treatment

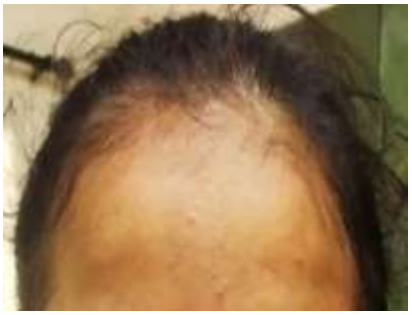
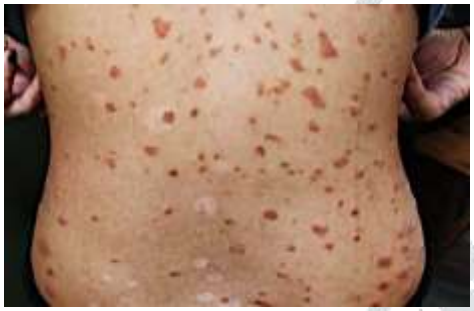
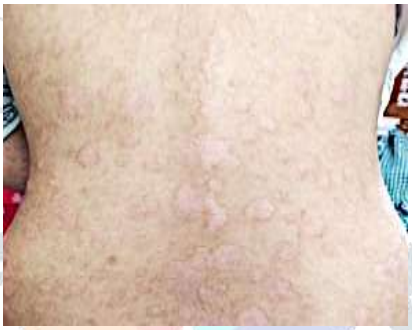
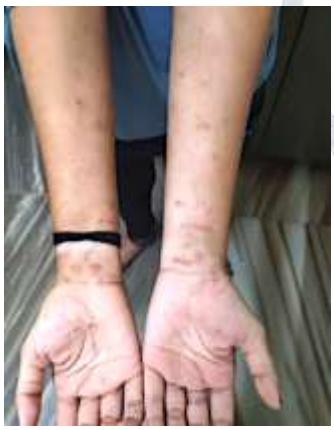
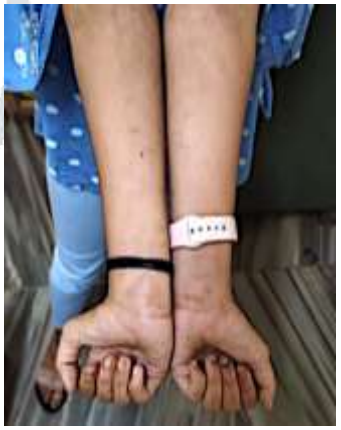
Body parts	**Score of Area covered**	**Area multiplier**	**Severity**				**Score***
			Itching	Erythema	Scaling	Skin Thickness	
Head and Neck	3	0.1	0	0	0	0	0
Upper limb	4	0.2	0	0	0	0	0
Body	6	0.3	0	0	0	0	0
Lower limb	4	0.4	0	0	0	0	0
Total score*							0

***Score** = Severity (Itching + Erythema + Scaling + Thickness) x % of Area x Area score

***Total score** = Total of Head & Neck + U. Extremities + Body + L. Extremities

a) SUBJECTIVE ASSESSMENT:

Table No: 6 – Patient improvement data

Before treatment	After treatment	follow up
 Figure No: 1	 Figure No: 4	 Figure No: 7
 Figure No: 2	 Figure No: 5	 Figure No: 8
 Figure No: 3	 Figure No: 6	 Figure No: 9

Acharya Charaka emphasizes that the principles of treatment include *samshodhana, samsham*ana, and the *nidanaparivarchana* (avoidance of causative factors), which are fundamental to managing any disease[10]. During the treatment and follow-up phases, strict adherence to a prescribed diet and lifestyle (*pathya*) was maintained by the patient.For baseline treatment, *punarnnavadikashaya* and *guluchyadiganakashaya* were administered to promote *pachana, deepana*, and *srotoshodhana*. Since chronic skin diseases often present with *bahudoshavastha, shodhana*therapy, particularly *virechana*, was prioritized to address the patient's *pitta* and *kapha dosha* involvement.Prior to *shodhana*, *poorva karma* was conducted, involving *snehapana* and *swedana*, following *pachana* and *deepana* through *takrapana*. *Takra*, being *laghu*, *deepana*, and an effective remedy for ama, also pacifies *kapha* and *vata*. Post-*snehapana* and *abhyanga*, along with *ooshmasnana*, *virechana* effectively eliminated the morbid doshas.Additionally, *takradhara* was employed to restore the skin's structure and health. Throughout the treatment, wet compresses using *triphalakashaya*, followed by the

application of Psorset oil mixed with coconut oil, were used to retain skin moisture and act as a *pitta-shamaka*, supporting overall management.

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