

AYURVEDIC MANAGEMENT OF SIDHMA KUSHTA WITH SPECIAL REFERENCE TO ERYTHRODERMA - A CASE REPORT

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<https://doi.org/10.46607/iamj3510062022>

(Published Online: June 2022)

Open Access

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Article Received: 15/05/2022 - Peer Reviewed: 05/06/2022 - Accepted for Publication: 07/06/2022

**ABSTRACT**

Erythroderma is a rare skin condition. In 2019 the annual incidence has been estimated to be approximately 1 per 100,000 in the adult population. Erythroderma is also known as generalized exfoliated dermatitis, and it is characterized by 90% scaling of body surface ¹, *Sidhma* can be considered as an *Ayurvedic* correlation to erythroderma. Allopathy line of management is maintaining moisture of the skin, antibiotics, antihistamine, etc. A 55yrs old female came with the complaint of itching and burning sensation all over the body and reddish lesions all over the body for 6 months visited our O.P.D. Diagnosed it as an erythroderma and she was treated with *Agada* Principles which includes *Rakshoghna*, *Vishaghna*, *Krimighna*, *Kandughna*, etc along with that *Shodhana* line of management. The patient had good relief in symptoms and good quality of life.

Keywords: *Sidhma*, Erythroderma, *Shodhana*, *Vishaghna*

INTRODUCTION

Erythroderma is an intense generalized redness of the skin; it was first described by Von Hebra in 1868. It is an inflammatory disorder characterized by an extreme state of skin dysmetabolism that gives rise to exten-

sive erythema and scaling all over the body. This condition classically involves greater than 90% of the body surface. The erythrodermic state is of great concern because it poses a significant risk of morbidity

and mortality, in addition to the risks inherent to the underlying disease and its therapy. The true incidence of erythroderma is unknown. Gehgal and Srivastava². A major challenge lies in establishing the underlying cause of erythroderma. Most published series reveals that the majority of patients are diagnosed with psoriasis, spongiotic dermatitis, drug reactions, or cutaneous T cell lymphoma (CTCL)^{3, 4}. Erythroderma is the term used to describe intense and usually widespread reddening of the skin due to inflammatory skin disease. It often precedes or is associated with exfoliation (skin peeling off in scales or layers), when may also be known as exfoliative dermatitis (ED). It can arise at any age and in people of all races. It is about 3 times more common in males than in females. Most have a pre-existing skin disease, or a systemic condition known to be associated with erythroderma.

CASE REPORT

A 55yrs old female came with the complaint of itching and burning sensation all over the body and reddish lesions all over the body for 6 months. The lesions started from the extensor surface and then the back and neck area, first it was a papular rash and later it became a reddish rash all over the body for which she

has visited our O.P.D. She was negative for thyroid, diabetes, hypertension, etc. and family history was also non-significant. Based on the clinical presentation and examination the condition was diagnosed as Erythroderma and she was treated with *Agada* Principles which includes *Rakshoghna*, *Vishaghna*, *Krimighna*, *Kandughna*, etc along with that *Shodhana* line of management. The patient had good relief in symptoms and good quality of life.

On Examination-All vitals were stable

Local Examination-

The patient had all-over body erythematous skin lesions, bilaterally symmetrical dry surface, red-coloured lesions with excessive cracks, and white coloured scaly plaques. Blisters and demarcation were absent. At the joint area, there was discharge due to friction.

- Surface – Dry at extensor and wet at the joint area
- Skin –reddish coloured with excessive scales
- Plaques – Scaly plaques +
- Pain – on and off (aggravates while itching or winter season when cracks get worsen)
- Blisters – absent
- Demarcation – absent
- Foul smell – present.

Outcome And Follow Up

Table 1: These were the observations made when the patient was admitted to our hospital.

Complaints	Medicine	Result
From 28/1/2020 [Fig 1]		
Itching and burning sensation all over body, scaly and reddish lesion all over the body, with atopic blepharitis	External medication – <i>Sarvanga Parisheka</i> with <i>Panchavalka Kashaya</i> Internal medication – <ul style="list-style-type: none"> • <i>Patolakaturohinyadi Kashaya</i> 15 ml QID before food • <i>Bilwadi Gutika</i> 2 QID after food • <i>Nalpamaradi Taila</i> 	-
29/1/2020- 1/2/2020		
Itching all over the body	External medication – <i>Sarvanga Parisheka</i> with <i>Panchavalka Kashaya</i> Internal medication – <ul style="list-style-type: none"> • <i>Aragwadadi Kashaya</i> 15 ml TID after food • <i>Patolakaturohinyadi Kashaya</i> 15 ml TID before food • <i>Bilwadi Gutika</i> 2 TID after food 	Itching and burning sensation mild reduce

	<ul style="list-style-type: none"> • <i>Nalpamaradi Taila</i> 	
2/2/2020-9/2/2020	<p>External medication – <i>Sarvanga Parisheka</i> with <i>Panchavalka Kashaya</i></p> <p>Internal medication –</p> <ul style="list-style-type: none"> • <i>Patolamooladi Kashaya</i> 15 ml TID before food • <i>Nimbadi Kashaya</i> 20ml TID • Quick heel 	The itching and burning sensation mild reduce
10/2/2020-11/2/2020	<p>External medication – <i>Sarvanga Parisheka</i> with <i>Triphala Kashaya</i></p> <p>Internal medication –</p> <ul style="list-style-type: none"> • <i>Patolamooladi Kashaya</i> 15 ml TID before food • <i>Nimbadi Kashaya</i> 20 ml TID after food • Quick heel 	Foul smell, Itching and burning sensation mild reduce
12/2/2020-13/2/2020	<p>External medication – <i>Sarvanga Parisheka</i> with <i>Triphala Kashaya</i></p> <ul style="list-style-type: none"> • <i>Nimbadi Kashaya</i> 20 ml TID after food • Quick heel • <i>Gomutraharitaki</i> 2 BD before food 	Foul smell, Itching and burning sensation mild reduce

Date	Day	Matra	<i>Snehajeernakala</i>	<i>Snehajeernaavadhi</i>	Complaints
14/2/2020	1	30ml	1:30pm	6 hrs	-
15/2/2020	2	50ml	1:30 pm	6 hrs	-
16/2/2020	3	90ml	2 pm	6 ½ hrs	-
17/2/2020	4	110ml	2:30 pm	7 hrs	-
18/2/2020	5	110ml	4 pm	9:15 hrs	-
19/2/2020-21/2/2020	<i>Sthanika Abhyanga</i> with <i>Nalpamaradi Taila</i> F/B <i>Ushnajalasnana</i>				
22/2/2020	<i>Virechana</i> with <i>Trivritlehya</i> 15 gm +200 ml of <i>Drakshajala</i>	<i>Vegas-4</i>			
23/2/2020	<i>Virechana</i> with <i>Trivritlehya</i> 20 gm +200 ml of <i>Drakshajala</i>	<i>Vegas – 6</i>			

Table 2: Discharge Medicine

Sl no	Medicine	Dose
1	<i>Patolakaturohinyadi Kashaya</i>	15 ml TID Before food
2	<i>Guduchyadi Kashaya</i>	15 ml TID After food
3	<i>Nimbadi Guggulu</i>	2 TID After food
4	<i>Panchavalkala Bharad</i>	For external wash



DISCUSSION

The disease *Kushta* (skin diseases) is one among the *Ashta Mahagada* (8 great disorders) and *Santarpana-janya Vyadhi* (diseases of over nutrition). The vitiation of the *Tridoshas* and *Saptha Dhatu* (bodily tissues) occurs in *Kushta*. *Ayurveda* explains mainly 18 types of skin diseases under 2 categories named *Maha Kushta* (major skin diseases) and *Kshudra Kushta* (minor skin diseases), based on the severity of their manifestations. Each one among the major categories is further explained in detail with the *Dosha* involvement and skin appearances. Because of the prolonged nature of the disease along with the involvement of the deeper *Dhatu*s and predominance of *Doshas*, *Shodhana* is the first and foremost line of treatment in *Kushta*. Repeated *Shodana*, depending on the predominance of *Doshas* and strength of the patient, is to be done, as per the advice put forward by *Acharyas*⁵. In this present case, the *Dosha* involvement was assessed by specific features of *dosha* involvement that is *Vata*

and *Kapha*, predominant were treated with *Agada* Principles along with *Shodhana* and *Shamana* line of management. In *Ayurveda*, *Pathayaahara* and *Vihara* are equally important for the management of the disease. As the patient was consuming *Vata* dominant foods which was worsening the condition day by day. Before starting the treatment, the patient was advised to avoid spicy, oily, nonveg, and fast foods. After that, she was advised with *Pathayaahara - Vihara* and to use *Ghrta* in her regular diet. So, the line of treatment adopted was *Shodhana* and *Shaman* with *Pathayaahara* and *Vihara* along with *Vishaghna Oushadhis*. *Patolakaturohinyadi Kashaya* was chosen as it will act as *Vata Pittahara* and causes *Virechana* which will indirectly help in *Rakta Prasadhana*. All the ingredients are having *Katu Rasa*, *Ushna Veerya*, and *Katu vipaka* and that will act as *vishaghna*, *rakshoghna*, *Krimighna* etc⁶. *Bilwadi Gutika* was added as it will act as *Krimighna*, *Vishaghna*, *Rakshoghna*. All ingre-

dients are *Tikshna* and *Ushna* and it is *Vatakaphahara*. and it will do *Shoshana* of *Srava*. It can act as an immunomodulator on skin lesions. The ingredients possess anti-inflammatory, immunomodulatory, diuretic, anti-toxic properties⁷. *Aragwadadi Kashaya* was included as the ingredients are having *Ushna Virya* and it can reduce the *Srava* and it is indicated in *Dush-tavrana*. *Aragvādādi Kashaya* is a well-known herba-ceous decoction of *Ayurveda* used to treat various skin ailments and indicated in *Chardi* (Emesis), *Viṣavikāra* (morbidly due to poi-sonous substance), *Kaphavikāra* (disorders due to vi-tiation of *Kaphadoṣa*), *Prameha* (urinary disorders), *Kaṇḍu* (itching), *Duṣṭavrāṇa* (non-healing ul-cer), *Kuṣṭha* (skin disease)⁸. *Arogyavardhini Rasa* helps in *Agnideepana* and proper *Rasa Dhatu Poshana*. It helps information about new tissues after the removal of dead tissues. It is having *Katuki* which helped in elimination of *Dushta Pitta* and corrects *Raktadhat*⁹. *Nimbadi Kashaya* which comprises ingre-dients which are having *Katu Rasa* and *Ushna Veerya* and having actions like *Krimighna* and *Vishaghna* will helps in *Pittahara*, *Granthihara*, and *Vrana Ropana*. All of its ingredients are having *Kaphavatashamana*, *Deepana*, *Raktaprasadana*, *Medohara*, and *Varna Prasadana* qualities. Quick heal, which is having an extract of *Kumari*, *Shatavari*, *Karanja*, etc which will act on the skin to fastens up the healing process. *Gomutraharitaki* was selected as *Haritaki* being the prime ingredient, which is having *Anulomana* prop-erty and *Gomutra* with *Shothaghna*, *Krimighna*, and *Vishaghna* properties will do *Nitya Virechana* in this condition. Application of *Nalpamaradi Taila* helped in reducing the *Daha* (burning sensation) and *Shotha* (inflammation) as it is having *Ksheerivriksha dravyas* (*Kashaya Rasa* dominant) helped in pacifying the *Pit-ta* and *Kaphahara*. It also contains tannins as their main chemical constituents which inhibit bacterial growth. It acts as a physical barrier when applied lo-cally¹⁰.

CONCLUSION

Erythroderma is a disease that is a syndromatic entity and determining its etiology may be a challenge for a dermatologist. Even though erythrodermic psoriasis is very difficult to treat, a thorough assessment of etiolo-gy and pathogenesis, proper *Shodhana* (purification), *Shaman* and *Rasayana* (rejuvenation therapy) proves to be effective.

Patient Consent – The authors have received written informed consent from the patient.

Conflicts Of Interest – The authors declare that they have no conflicts of interest.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Mahesh P Savalagimath et al: Ayurvedic Management of Sidhma Kushta with special reference to Erythroderma - A Case Report. *International Ayurvedic Medical Journal* {online} 2022 {cited May 2022} Available from: http://www.iamj.in/posts/images/upload/1592_1597.pdf