

“Review article of Sidhma kushtha (Psoriasis)”

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Abstract: The present paper is based on Ayurvedic disease “Sidhma kushtha.” Here we can compare it modern skin disease “Psoriasis”. Psoriasis is one of the most common dermatological diseases, affecting up to 1 to 2 percent of the world’s population. In *India* the incidence is approaching 1%, which is less than that in European countries. It occurs in all age groups and about equally in men and women. The etiology of psoriasis is still poorly understood, but there is clearly a genetic component. It has been found in large surveys that one-third of patients have a positive family history. Evidence has accumulated, clearly indicating a role for T- cells in the pathophysiology of psoriasis. Psychological aspect of psoriasis is most important in the etio-pathogenesis and management of psoriasis. There are many references for Ayurvedic management of Sidhma kushtha that we have to apply in modern time. Finally main intention for presenting this paper is to share basic details of Sidhma Kushtha for proper Treatment.

Key words – Kushtha, Sidhma, Kshudrakushtha, Kandu, Twak vikar etc.

Introduction:- In Ayurveda, there is description of many diseases and their management as well as lifestyle for healthy living, there are many Skin diseases described in Ayurvedic literature, Sidhma kushtha is one of the skin disease which has severe painful and Itching condition. It can be correlated with Psoriasis in modern science. Sidhma is described by Sages Charaka & Sushruta both. But Acharya Dalhana has commented over it. Viz. There are two types of Sidhma Kushta as Sidhma & Pushpikasidhma.

Pushpikasidhma is the first stage of Sidhma Kushta in which the Dosha-Dushya Complex (Sammurchhana) is weak, local immunity is strong That's why it gets cured earlier, if treated.

Sidhma is next stage of Pushpikasidhma. if Pushpikasidhma left untreated & if causative factors (Nidana sevana) continue and the Samprapti becomes powerful & strong. Therefore Charaka placed Sidhma Kushta under the heading of Maha Kushta rather than Kshudra kushtha.

Materials & Method:-

All Ayurvedic and Modern literature related to Sidhma kushtha.

Details are as follows –

Ayurvedic view

CLINICAL FEATURES OF SIDHMA:

i) *Kandwanvitam ...* (Su.Ni.5/12)

Acharya Sushruta has discussed Sidhma under Kshudra Kushta. The description is very brief. Kandu is the symptom mentioned by Sushruta only.

As described in Charaka Nidana Sthana.

The lesions are shweta i.e. white in colour and very thin in texture and contour.

ii) *Parusharunani visheerna (ch.ni.6/6)*

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 color.

(iii) Acharya Vagbhata also gives two more symptoms “Antah Snigdha Bahi Ruksham ...”.

In Sidhma kushta the patches is dry outside and moist inside, gives out small scales when scratched [candle grease sign], usually common in upper parts of the body.

RUPA OF SIDHMA

| Rupa | Ch.S. | Su.S | A.H. |
|-------------------------|-------|------|------|
| Shweta | + | + | + |
| Alabupushpa Sankasha | + | - | + |
| Antahsnigdha | + | - | + |
| Rajoghrushtena Munchati | + | - | + |
| Tamra | + | - | + |
| Apayi | - | + | - |
| Kandu | - | + | - |

PROGNOSIS OF SIDHMA KUSHTA.

1. According to Sage Charaka, the Kushta having all the symptoms along with complications of thirst, burning, etc. It indicates that it is incurable.
2. If the patient suffers form Vata-Kaphaja Kushta then it is easily curable. But Kapha-Pitta or Vata-Pitta Kushta are difficult to cure (Ch. Chi. 7/37-38).
3. According to Sushruta, the patient who has full control over his sense organ, is curable.

4. If the disease reaches in Medo Dhatu it becomes Yasya.
5. Asthigata, Majjagata & Shukragata are incurable (Su.Ni.5/28).

Treatment of Sidhma kushtha (Psoriasis)

| Shodhana chikitsa | Internal medicine | External medicine |
|-------------------|-------------------------|---------------------|
| Snehana | Manibhadra avaeleha | Nalapamaradi keram |
| Swedana | Trivrita avaeleha | Eladi keram |
| Vamana | Chyavanprashavaeleha | Aragwadha keram |
| Virechan | Narsimha rasayana | Jeevantyadi yamakam |
| | Madhusnuhi rasayanam | |
| | Ks. Aragwadhadi | |
| | Ks. Patolamuladi | |
| | Ks. Patolakaturohanyadi | |
| | Ks. Manjisthadi | |
| | Ks. Guluchyadi | |
| | Ks. Tiktaka | |
| | Khadirarista | |
| | Sarivadyasava | |
| | Aragvadharista | |

MODERN ASPECTS OF SIDHMA - PSORIASIS

Now we can compare Sidhma Kushtha with psoriasis.

Etymological Derivation:

The word 'Psoriasis' is derived from the Greek word 'Psora' which means 'itch or scale', 'iasis' means 'condition'.

Definition:

Psoriasis is a chronic non-infective inflammatory relapsing diseases of unknown etiology characterized by sharply defined dry scaling erythematous patches, covered with adherent silvery white scales.

ETIOLOGY OF PSORIASIS:

Actually Psoriasis has been considered as idiopathic disease. The etiological factors may be described as Predisposing factor like Genetic Factor & Triggering Factor.

Immunological factors:

Several studies have been done on role of immunological factors in Psoriasis. On the basis of these studies, cellular immunity theorists postulated that psoriasis could be triggered by an antigens.

Clinical stimuli

- Bites (insects, animals)
- Burns
- Dermatitis
- Drug reactions
- Excoriations
- Incisions
- Lichen planus
- Lymphangitis

Experimental stimuli

- Scarification
- Electrodesiccation
- Tape stripping
- Primary irritants
- Liquid nitrogen

Systemic Factors:

(a) *Infection:*

b) *Endocrine Factors*

c. *Metabolic Factors*

d. *Light*

e. *Drug*

PATHOLOGY

Psoriasis appears to be largely a disorder of keratinization. The basic defect is rapid replacement of epidermis in psoriatic lesion (3 to 4 days instead of 28 days in normal skin.) Histochemical studies have revealed an increase in both oxidative and anaerobic metabolism with increase pentose, glycogen etc. and soluble proteins.

Histology of psoriasis

Immunochemical staining shows a number of abnormal macromolecules in the epidermis, possibly as a result of increased permeability of the vessels. Lectin studies suggest a disturbance of glycoprotein synthesis, much of the material remaining in the cytoplasm rather than appearing at the plasma membrane.

Mode of Onset:

1. Manifestation may occur at any age
2. Its duration may vary from a few weeks to a whole lifetime.
3. The women are affected at early age.
4. The patterns of onset in childhood are common in Guttate Psoriasis, and Flexural psoriasis.
5. In adults, the scalp elbows and knees are frequently affected.

CLINICAL FEATURES

Clinically psoriasis exhibit itself as dry, well-defined macules, papules and plaques of erythema with layer of silvery scales.

The colour:

A full, rich red (salmon pink), with a particular depth of hue and opacity

Scaling:

The amount of scaling is variable. It may, as in Rupoid forms, be waxy yellow or orange brown.

Auspitz sign:

When scales are removed by scratching, within few minutes, small blood droplets appear on erythematous surface. This phenomenon is called Auspitz sign.

Koebner's Phenomenon:

Psoriatic lesions may develop along with the scratch lines in the active phase. This is called Koebner phenomenon

Candle Grease sign:

When a psoriatic lesion is scratched by dissecting forceps, candle grease like scale can be repeatedly produced. This is called the candle grease sign.

Classification of Psoriasis :

A) Manifestation with different size :

- (1) Plaque Psoriasis
- (2) Guttate Psoriasis
- (3) Erythrodermic Psoriasis
- (4) Unstable Psoriasis

B) Manifestation with special localizations:

- (1) Sacral region
- (2) Napkin Psoriasis
- (3) Scalp
- (4) Palms and soles
- (5) Flexural Psoriasis
- (6) Mucosal membrane
- (7) Penis
- (8) Ocular localization
- (9) Nails

C) Other Variants:

- (1) Follicular Psoriasis:
- (2) Pustular Psoriasis:
- (3) Seborrhoeic Psoriasis:
- (4) Psoriatic Arthritis:
- (5) Lichenoid Psoriasis:
- (6) Impetigo Herpetiformis:

DIFFERENTIAL DIAGNOSIS

(A) Eczemas:

- (a) Seborrhoeic dermatitis:

(b) Lichen Simplex Chronicus:

(B) Infection:

(a) Syphilis: (b) Candidacies: (c) Dermatophytic infections:

(C) PUSTULOSIS:

(a) Reiter's disease : (b) Subcorneal Pustulosis (Sneddon- Wilkinson):

(D) MALIGNANCIES:

(a) Mycosis fungoides and premycotic eruptions:

(b) Bowen's disease:

COMPLICAITONS OF PSORIASIS

1. Infections: 2. Eczematization: 3. Pustulization: 4. Itching: 5. Burning and Tightness:
6. Hypocalcaemia: 7. Amyloidosis: 8. Arthritis: 9. Hepatic /Renal failure: 10. Tumor formation:

PROGNOSIS OF PSORIASIS

Psoriasis is at all time and under all forms a very troublesome disease. The prognosis of psoriasis also depends upon the type of psoriasis and presence or absence of associated diseases. Guttate attacks carry a better prognosis then those of a slower and more diffuse onset and have longer remissions after treatment.

Conclusion:

- **There are many common skin diseases in present time.**
- Sidhma kushtha (Psoriasis) is one of the common skin disease.
- So We **can cure** Sidhma kushtha (Psoriasis) successfully by Ayurveda.

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