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AYURVEDIC MANAGEMENT OF SIDHMA WSR TO TINEA VERSICOLOR

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ABSTRACT

Skin disorder constitutes one of the largest groups of health problems in general practice. Good skin is an integral part of health. In Ayurveda, all skin diseases are explained under a single heading of Kushta. Sidhma Kushta is an Oupasargikaroga. All Kushta is due to aggravation of Tridosas. These aggravated Dosha vitiates Dushyas like Twak, Raktha, Mamsa and Ambu by circulating in them and produce Vaivarnya.1According to Susrutha, whenever the aggravated Doshas get stagnated, Mandalas appear at that site.2 Kushta are innumerable in number based on the permutation and combination of Doshas and Dushyas, but mainly they are divided into seven Maha Kushta and eleven Kshudra Kushta. Sidhma is a variety of Kushtaroga according to all the authors of Brihathrayi and Laghutrayi. However, Charaka classified it under Maha Kushta and other Acharyas like Susrutha and Vagbhata brought it under Kshudra Kushta. By Dalhana's commentary it can be understood that Sidhma is of two types, Sidhma Kushta and Pushpitha Sidhma.3 Symptoms of Tinea versicolor are similar to that of Lakshanas of Sidhma Kushta, Acharya Susrutha has said that Krimi is also one of the cause for Kushta and Tinea versicolor is a superficial mycoses caused by a fungi called Malassezia furfur. Understanding of Lakshanas and Samprapti plays an important role in the diagnosis, prognosis and treatment of the disease. So, an attempt is made to analyse and understand the concept of Sidhma Kushta.

KEYWORD : *Kushta roga, Sidhma kushta, Tinea versicolor.*

INTRODUCTION

Sidhma is a variety of Kushta. It is commonly seen in all the seasons; aggravation of symptoms can be seen in Greeshma Ritu and also in the humid climate. Sidhma is a Vata Kaphaja Kushta. It has symptoms like Vaivarnya (Swetha, Tamra), Kandu and Rajaprapthi. General causative factors explained in Kushta are to be considered for Sidhma Kushta also. According to Rasendra Sara Sangraha, by treating one Kushta patient the Vaidya gets Punya of Koti Kanyadaana (one crore marriages), offering Tarpana to ancestors at the banks of river ganga or benefits gained while residing in Kailasa.4 It shows the importance of proper treatment. Kushnaati Rogan Kush + Hani Kushiti i.e. Kushta gives an ugly look to the body. When vitiated Doshas provokes the four body elements & if this derangement of seven Dravyas is not treated then disease is formed inside the body which manifests itself on the outermost part of the body which produces Kushta. According to Arunadatta, Kushta is defined as that which causes disfigurement to the body. Bhrajaka Pitta is located in this layer and gives colour and texture to the skin. According to Charaka, Sidhma is occurs in the Triteeyaka layer of skin, but Susrutha explains it is in the Avabhasini layer.

CASE REPORT

A 11-year-old boy came to the OPD of G.A.M,Puri with the presenting complaints- thick brownish coloured round lesions on the left side cheek of the face which appears dry and scaly when gets dry and also associated with itching

thick brownish coloured round lesions on the left side cheek of the face which appears dry and scaly when gets dry and also associated with itching. The complaints started about two years back

HISTORY OF PRESENT ILLNESS

Patient was apparently well before 2months and gradually thick brownish coloured round lesions on the left side cheek of the face which appears dry and scaly when gets dry and also associated with itching. . In beginning for which he took allopathic medication and got relief. But with the withdrawal of medication, the lesions began to reappear on same region which also associated with itching. Then he started taking Ayurvedic medicines since 1 month

HISTORY OF PAST ILLNESS

NIL

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FAMILY HISTORY
Family history in first-degree relation was negative

PERSONAL HISTORY
Appetite: Moderate
Bowel: Irregular with constipated
Micturition: 5-6 times/day
Sleep: Sound

GENERAL EXAMINATION
Appearance: Normal
Built: Moderate
Nourishment: Moderate
Pallor: +
Icterus: Absent
Oedema: Absent
Cyanosis: Absent

VITAL DATA
Pulse: 78 /Min
BP: 110/70 MmHg
Respiratory Rate: 20/Min
Temp: Afebrile
Weight: 35 kg

Asthavidha parikshya	**Observation**
Nadi	*Vataja (78/min)*
Mala	*Baddha kostha*
Mutra	*4-5 times/day*
Jihwa	*Malabruta*
Sabda	*Spastha*
Sparsha	*Anushna sita*
Drik	*Prakruta*
Akriti	*Madhyama*

Dasavidha parikshya	**Observation**
Prakriti	*Vata- Kaphaja*
Vikriti	*Tridoshaja*
Sara	-
Samhanana	*Madhyama*
Satmya	*Pravara*
Satwa	*Avara*
Aharasakti	*Madhyama*
Vyayamasakati	*Madhyama*
Vaya	*Madhyama*
Bala	*Madhyama*

LAB INVESTIGATION
Total WBC count – 7900 cells/mm3 (N-66%, E-10%, B-0, L-24%, M-0)
ESR- 12 mm/1hr
Hb %- 11gm%

TREATMENT GIVEN
For sodhana chikitsa the line of treatment-
1. Deepan-Pachan: Chitrakadi vati(125mg) 1/2 tablet twice daily with Luke-warm water for three days(1st day,2nd day,3rd day) before food.
2. Snehapana: Panchatiktaka ghrita
a. 4th day – 10 ml
b. 5th day - 20 ml

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c. 6th day – 40 ml
d. 7th day – 50 ml
e. 8th & 9th day – Abhyanga with Bruhat dantapala taila and Sarvanga sweda
3. Virechan: On 10th day virechan with the help of Trivrut avaleha-10ml and Abhayadi modak 1/2tablet. Patient had 7 vegas during Virechana Karma. It was Madhyama Sudhhi and Madhyama bala Patient.
4. Samasrajan karma: Next 05 days Samsarjan karma with 2 annakala was explained to the patient. Samsarjana Karma was included Peya, Vilepi, Yusha, Krushara for 5 days.

The internal and external medications are listed in Table 1

1.	Mahamanjistadi kashay	10ml twice daily with half cup luke warm water before food.
2.	Arogyavardhini vati	60 mg tab twice daily with luke warm water
3.	Kaisore guggulu	60mg tab twice daily with luke warm water
4.	Bruhat dantapala taila	For local application.

Diet Plan and life style modification

- Patient was advised not to take sour, bitter, spicy food as well as junk food, fried items and curd.
- Going to bed in proper time.
- Advised for pranayama
  DURATION OF TREATMENT:- 45 Days

DISCUSSION

After taking proper history, nidana for the disease were identified. Depending on lakshana and Dosha predominance the treatment was planned i.e. Virechana Karma followed by Shamanoushadi along with Nidana Parivarjana. Amapachana was achieved by administration of Chitrakadi Vati as it has kaphaghna, vataghna and ama dosha nashaka properties. And thus does agni deepana. Then Snehapana with Panchatiktaka ghrita As this ghrita is tikta pradhana , kaphahara and it is indicated in kushta vikara. Adding saindhava lavana to it pacifies Vata dosha also. And adding shunthi churna to it helps in pacifying kapha Dosha also. Ghrita lubricates and Softens the Dosha, improves Digestive power, regulises bowel, improves the strength and complexion. Abhyanga with Bruhat dantapala taila does Vata Shamaka, Kandughna and Rukshaghna. It was followed by Nadi sweda as it have Kandughna and Kusthaghna properties. It helps in opening pores of skin. Abhyanga and Nadi Sweda was administered to achieve Dosha Shithilikarana and brings Dosha from Shakha to Kostha. Virechana Karma as Administered with Trivrit Lehya does Pittaghna, Vatanulomana and pacifies sukha virechaka. After Shodhana followed by Samsarjana Krama, the patient was administered with Gandhaka Rasayana, Mahamanjisthadi Kashaya, and Arogyavardhini vati.

BEFORE TREATMENT





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AFTER TREATMENT





CONCLUSION

This case study is documented evidence for effective management of Sidhma Kustha by Ayurvedic protocol. Shodhana Karma helps to remove the root cause of the disease and prevents the disease from its reoccurrence by eliminating aggravated Doshas in the body relieving the no of lesions, size of the lesions, bringing back the skin colour into normalcy and the orally prescribed medicines also played a vital role in alleviating the symptoms and worked as Immune booster.

REFERENCES

1. *Chakrapanidatta, Ayurveda Deepika commentary on charaka Samhita, chikitsa sthana, chapter, reprint, edition Varanasi chowkambha, 2015; 7: 458.*
2. *Dalhana commentary of Sushrutha Ssamhita chikitsa sthana chapter varanasi chowkambha vishwabharati publications, 2005; 9: 365.*
3. *Tripathi B.Charaka Samhita Chikitsasthana Chaukhamba Surabharathi Prakashana, Varanasi, 2009; 305: 7-22.*
4. *Tripathi B.Charaka Samhita Chikitsasthana Chaukhamba Surabharathi Prakashana, Varanasi, 2009; 306: 7, 28-29.*
5. *p://www.webmd.com/skinproblems andtreatments/psoriasis/understandingpsoriasis-treatment [Last Accessed on, 2019; 01.*
6. *Vagbhata. Astanga samgraha, English translation by Srikantha Murty KR, Nidana sthana, Chaukhambha Orientalia, Varanasi, 2001; 2: 14-2.*
7. *Kanna neem illustrated synopsis of dermatology and STD Indian Journal of Dermatology, 2008; 53 (4): 2.*
8. *Anonyms. Rasatantrasara and Siddhayoga Sangraha. Ajmer, Rajasthan: Krishna Gopal Ayurveda Bhavana Publisher; 2015; 1: 150-153.*