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Ayurvedic Management of Dushivishjanya Sidhma Kushtha (Psoriasis): A Clinical Case Report

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ABSTRACT

Sidhma Kushtha, a classification of Kshudra Kushtha in Ayurveda, is typically characterized by thin, white, or coppery lesions. This clinical report details the successful management of a 40-year-old female patient presenting with chronic blackish discoloration and severe, long-standing pruritus (4–5 years) involving the extremities and auricular region. Diagnosed with Dushi Vishajanya Sidhma Kushtha — a condition attributed to the accumulation of latent toxins—the patient underwent an integrative Ayurvedic regimen. The treatment protocol utilized a sequential approach, beginning with Shamana (palliative) therapies followed by Shodhana intervention via Virechana Karma (therapeutic purgation). The patient demonstrated significant clinical improvement and sustained symptomatic relief following the completion of Shodhana. These findings underscore the efficacy of classical Ayurvedic protocols in addressing chronic dermatological conditions refractory to conventional management, highlighting the therapeutic potential of toxin-cleansing procedures in systemic skin diseases.

KEYWORDS: *Dushivisha, Sidhma Kushtha, Case Study, Ayurved Management, Virechan*

INTRODUCTION

The skin (*Twak*) is the largest organ of the human body, acting as the primary physiological boundary between internal homeostasis and external stressors.[1] In *Ayurved*a, it is recognized as the dynamic seat of complexion, tactile perception, and aesthetic identity. Because the skin is continuously nourished by *Rasa* (plasma) and *Rakta* (blood) *Dhatus*, any deep-seated metabolic disharmony, accumulation of latent toxins, or systemic immunity deficits rapidly manifests on the external surface.[2]

Chronic dermatological pathologies are meticulously classified under the umbrella term *Kushtha*, which includes eighteen distinct clinical conditions.[3] Acharya Sushruta terms these conditions *Twagamaya* (cutaneopathies) and highlights that their pathogenesis relies on the *Sapta Dravya Samgraha*—a pathogenic matrix consisting of three vitiated *Doshas* (*Vata, Pitta, Kapha*) and four compromised *Dushyas* (*Twak, Rakta, Mamsa, Lasika*).[4] Since the vascular and lymphatic networks are primarily involved, it is treated as a *Rakta Pradoshaja Vyadhi*.[5]

Sidhma Kushtha represents a clinically significant variant within this classification. Its exact categorization varies among the classical authorities: Acharyas Charaka, Vagbhata, Bhavamishra, and Kashyapa classify it as a *Mahakushtha* driven by a *Vata-Kapha* disharmony.[3] Conversely, Acharya Sushruta categorizes it as a *Kshudra Kushtha* dominated by *Kapha*, identifying the outermost layer of the skin, the *Avabhasini Twak*, as its primary site of structural localization (*Sthana Samshraya*).[4] Clinically, *Sidhma* is characterized by thin, rough, dry, white, or coppery lesions that shed fine dust-like scales upon friction (*Pabshuvat*), bearing a striking resemblance to modern papulosquamous disorders like psoriasis.[6]

When a patient is exposed to *DushiVisha*—low-potency, latent toxic residues derived from incompatible food combinations (*Viruddha Ahara*), environmental toxins, or poorly metabolized drugs—these poisons lodge silently within the *Dhatus*.[7] Over time, triggered by seasonal changes or poor lifestyle choices, this latent toxicity undergoes slow inflammation, persistently damaging the *Rakta* (blood tissue) and manifesting as chronic, highly treatment-resistant *Sidhma Kushtha*.[8]

NIDANA

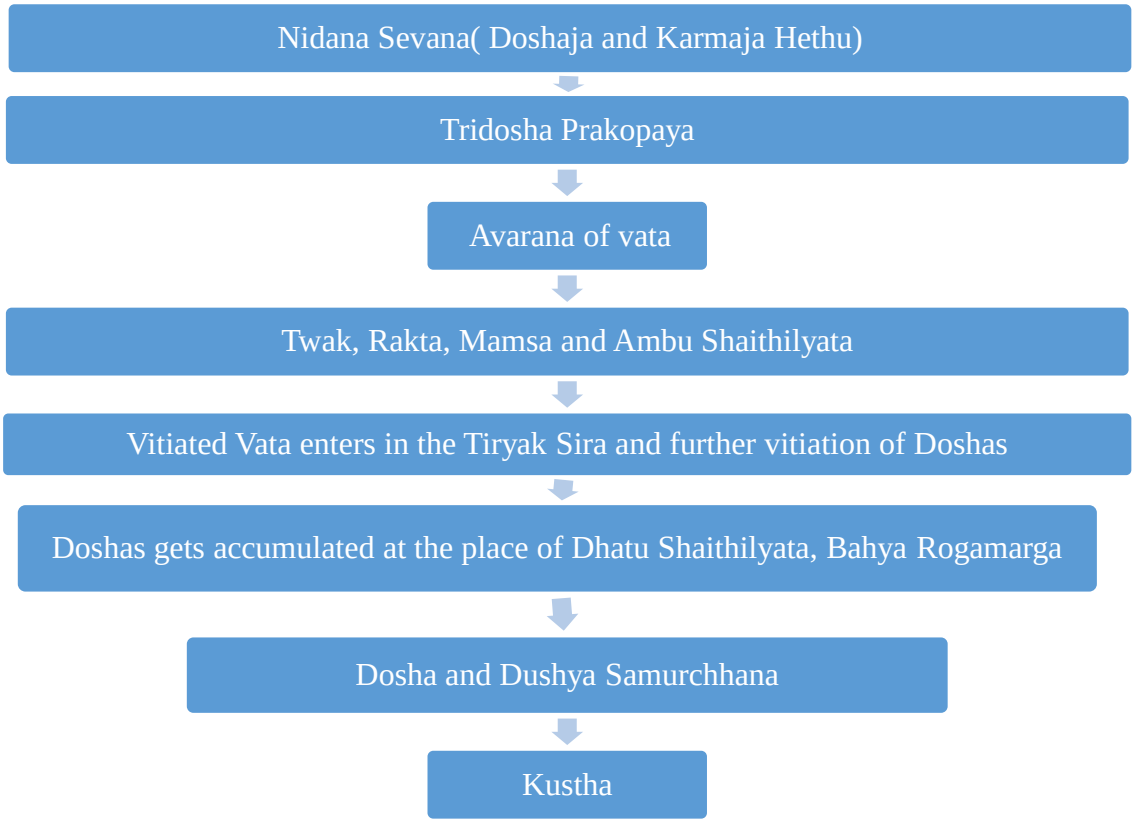
The clinical onset of *DushiVishajanya Sidhma Kushtha* stems from a dual-layered etiology where generic dermatological triggers (*Kushthaja Hetu*) combine with toxic factors (*Vishaja Hetu*). These are classically divided into *Doshaja* and *Karmaja* pathways: [3, 4]

Table 1: Doshaja Hetu and Karmaja Hetu

Doshaja Hetu	***Karmaja Hetu***
Intake of incompatible foods (*Viruddha Ahara)* Ex-Milk and Fish, Milk and Sour Fruits [3].	Effect of past *karmas.*

Excessive consumption of heavy, oily, sour or spicy foods	Influence of unethical or sinful activities
Irregular dietary habits	Psychosomatic contribution to disease
Suppression of natural urges (*Vegadharana)*	Spiritual imbalance affecting health
Improper lifestyle practices disturbing *Dosha* balance[7]	Considered an unseen causative factor in Ayurveda.

SAMPRAPTI



Flowchart: 1

Table 2: Clinical Correlation of Classical and Modern Symptomatology

Lakshana	**Clinical Interpretation**	**Modern Correlation**
Shweta-Tamra Varna[3]	White or Coppery Discoloration	Hypopigmentation / Erythema[6]
Tanu[3]	Thinness of the skin	Epidermal thinning[6]

Parshuvat[4]	Dust-like scaling upon friction	Branny Desquamation[6]
Alabhu Pushpavat[3]	Gourd-flower appearance	Circular/Oval patches[6]
Uras Sthana[3]	Predominance on the chest	Seborrheic distribution[6]

Table 3: Clinical Pathogenesis of Sidhma Kushtha

Stage of Pathogenesis	Ayurvedic Concept	Clinical Manifestation
Etiology	*Nidana Sevana*	Intake of *Viruddha Ahara* (incompatible food) & *Dushi Visha*. [7]
Aggravation	*Dosha Prakopa*	Vitiation of *Vata* and *Kapha Doshas*. [3]
Tissue Involvement	*Dhatu Shaithilyata*	Toxins weaken the *Twak* (skin), *Rakta* (blood), and *Mamsa*. [4]
Localization	*Sthana Samshraya*	Vitiated *Doshas* lodge in the *Uras* (chest) and upper torso. [4]
Manifestation	*Vyakti*	Thin, coppery-white patches like *Alabhu Pushpa* (Gourd flower). [3]
Scaling Sign	*Pabshuvat*	Fine, dust-like scales appear upon rubbing the lesion. [4]

CASE PRESENTATION

- **Age/Gender:** 40 Years / Female
- **Chief Complaints:** Severe itching (*Kandu*) with blackish patches on both hands and legs, and pain beside the ear for 4–5 years.
- **Past History:** History of hypertension (previously detected, currently normal); no medication is taken.
- **Diagnosis:** *Dushi Vishajanya Sidhma Kushtha*.

MATERIAL AND METHODS

The treatment was divided into three distinct phases:

Purvakarma (Pre-procedure), *Pradhanakarma* (Main procedure), and *Paschatkarma* (Post-procedure).

Table 4: Treatment Protocal

Phase & Duration	Line of Treatment	Medications & Procedures	Dosage	Anupana	Route of Administration
Day 1 *(Initial Presentation)*	Shaman Chikitsa given at first visit	• Patola Katurohinya di Kashaya • Dushi Vishari Agada • Kaishora Guggulu	• 20ml • 2 Tablet • 2 Tablets	• Warm water • Honey • Warm water	• Oral
Days 20 *(Early Follow-up)*	Shaman Chikitsa will be continue	• Oral medicines (as above) • 777 Oil & Nimbadi Taila (90:10) • Avipattikar Churna	• As above medication • Local application • 1 tsp (~5g)	• As above • N/A • Lukewarm water	• Oral • Topical • Oral
Days 28 *(Mid-Treatment Adjustments)*	Local application with Shaman Chikitsa	• Oral medicines (as above) • 777 Oil & Nimbadi Taila (80:20) • Avipattikar Churna	• As above medication • Local application • 1 tsp (~5g)	• As above • N/A • Lukewarm water	• Oral • Topical Application • Oral
Day 40 *(Pre-Purvakarma Phase)*	Deepana-Pachana	• Arogyavardhini Vati • Dushi Vishari Agada • Panchakola Phanta	• 2 Tablets • 2 Tablets • 40 ml	• Warm water • Honey • Warm water	• Oral • Oral • Oral
	Snehapana (Purvakarma)	• Panchatikta Ghrita	• Graduated daily: 30ml, 60ml, 90ml, 120ml, 150ml	• Warm water	• Oral

	Snehan and Swedan (Intermediary Phase)	• Abhyanga with Maha Marichadi Taila • Bashpa Sweda (Steam)	• Sufficient qty • 10–15 mins	• N/A • N/A	• Topical massage • Full-body steam
Day 51 *(Pradhanakarma)*	Virechana Karma	• Trivrit Avaleha • Triphala Churna Decoction	• 15g • 500ml (divided doses)	• Decoction fluid • N/A	• Oral
Days 52 *(Paschatkarma)*	Post-Virechana Dietary Transition	• Samsarjan Karma	• Graduated meal sizes	• Warm water	• Oral
Days 60 *(Post-Virechana Recovery)*	Shaman Chikitsa	• Arogyavardhini Vati • Nimbadi Kashaya • Patola Katurohinyadi Kashaya • 777 Oil + Nimba Oil (80:20)	• 2 Tablets • 10 ml • 20 ml • Sufficient quantity	• Warm water • Warm water • Warm water • N/A	• Oral • Oral • Oral • Topical application
Days70 *(Advanced Recovery)*	Follow up	• Shata Dhauta Ghrita • Kaishora Guggulu • Gandhak Rasayan • Rasmanikya	• Sufficient quantity • 1 Tablet • 2 Tablets • 1 Pinch	• N/A • Warm water • Warm water • Honey	• Topical application • Oral • Oral • Oral
Days End *(Final Assessment)*	Discharge medication	• Shata Dhauta Ghrita • Gandhak Rasaya • Patola Katurohinyadi Kashay • 777 Oil + Nimba Oil (80:20)	• Maintenance doses (as prescribed by clinician)	• As specified above	• Topical & Oral management

OBSERVATION AND RESULTS

1. **Virechana Outcome:** The patient achieved *Pravara Shuddhi* with a total of 19 *Vegas*. The procedure effectively cleared *Pitta* and *Kapha* from the *Srotas* (channels).[5]
2. **Post procedure:** After the completion of procedure, *samsarjan karma* given to the patient.[3]
3. **Clinical Progress:** Chronic itching, which was previously severe at night, was completely relieved. The blackish discoloration faded, and skin suppleness returned.

Table 5: Grading Outcomes

Clinical Parameter	Pre-Treatment Status	Pre-Treatment Grade	Post-Treatment Status	Post-Treatment Grade	Clinical Improvement
Severe Pruritus *(Kandu)*	Severe, especially at night	Grade 4	Completely Relieved	Grade 0	Excellent
Skin Discoloration *(Shyava Varna)*	Chronic blackish patches	Grade 3	Significant fading/clearing	Grade 1	Good
Skin Texture / Scaling *(Rukshata)*	Rough, dry, dust-like scales	Grade 3	Supple, normal texture	Grade 1	Excellent
Pain *(Auricular region)*	Present for 4 to 5 years	Grade 3	Resolved	Grade 0	Excellent
Overall Skin Health	Inflamed, compromised	Grade 3	Restored / Regenerated	Grade 0	Excellent

Figure 6: Before Procedure

Figure 7: After Procedure

DISCUSSION

Managing chronic cutaneopathies like *Sidhma Kushtha* is highly challenging due to its complex pathogenesis (*Sapta Dravya Samgraha*).[4] When driven by *Dushi Visha* (latent, low-potency biotoxins), the condition becomes highly resistant to superficial topical therapies.[7] These deep-seated dermatotoxins act as persistent internal triggers for chronic inflammation and tissue damage, requiring a staged internal purification strategy rather than local interventions alone.[8] The clinical recovery in this case highlights *Virechana Karma* as a premier *Shodhana* (purificatory) modality.[5] Because *Rakta Dhatu* and *Pitta Dosha* share an inseparable pathological bond (*Ashraya-Ashrayi Bhava*), a controlled therapeutic purgation directly purifies the vascular compartment, breaking down and expelling circulating *Dushi Visha*.[5' 8]

The success of the protocol relied on a structured, three-phase approach:

1. **Purvakarma:**

- **Deepana-Pachana & Snehapana** Initial therapy focused on correcting *Agnimandya* (impaired metabolic fire) and digesting *Ama* (toxic intermediates) to mobilize the bound *Doshas*.
- **Panchakola Phanta:** Possesses *Katu Rasa*, *Laghu-Teekshna Guna*, and *Ushna Virya*. These attributes ignite *Jatharagni* and *Dhatvagni*, digesting the *Ama* bound to *Dushi Visha*.
- **Arogyavardhini Vati:** Contains *Katuka* (*Picrorhiza kurroa*) and *Shuddha Parada-Gandhaka*. *Katuka* acts as a *Bhedana* and *Pitta-Rechana* agent (*Tikta-Katu Rasa, Sheeta Virya*) that stimulates hepatic clearance and bile regulation, directly correlating with the stabilization of the patient's liver enzymes (SGOT/SGPT).

- **Panchatikta Ghrita:** formulated with Nimba, Patola, Vyaghri, Guduchi, and Vasaka—utilizes its lipophilic base and *Tikta Rasa* properties to target deep-seated skin pathologies. Its *Kandughna* and *Vishaghna* actions dry up morbid Kapha and exudates (*Kleda*), effectively relieving severe nocturnal itching. Simultaneously, it acts as a *Rakta-Shodhaka* agent, cooling the sharp, hot qualities of vitiated Pitta to purify the blood matrix. Ultimately, escalating doses maximize lipophilic penetration to dissolve latent dermato-toxins (*Dushi Visha*) within the skin and muscle tissues. This process softens the tissues (*Mriduta*) and systematically mobilizes these toxins from the periphery (*Shakha*) to the gut (*Kostha*) for elimination.

2. Pradhanakarma: Elimination via Virechana

Once the dermato-toxins were directed to the gastrointestinal tract, primary elimination was executed.

- **Trivrit Avaleha & Triphala Decoction:** *Trivrit* (*Operculina turpethum*) is the premier *Sukha Virechana* drug, featuring *Katu-Tikta Rasa*, *Laghu-Teekshna Guna*, *Ushna Virya*, and *Katu Vipaka*. Its *Prabhava* induces purgation. Supported by the scraping (*Lekhana*) action of *Triphala*, it achieved *Pravara Shuddhi* (19 *Vegas*), effectively evacuating stagnant *Pitta*, *Kapha*, and systemic biotoxins to terminate the *Parshuvat* (dust-like) scaling.

3. Paschatkarma: Tissue Regeneration & Barrier Repair

Post-purgation therapies focused on *Shamana* (palliation), *Rasayana* (rejuvenation), and epidermal barrier restoration.

- **Dushi Vishari Agada:** Its *Katu-Tikta Rasa*, *Laghu-Ruksha-Tikshna Guna*, and *Ushna Virya* to pierce the protective *Kapha* envelope and neutralize latent circulating toxins (*Dushi Visha*). Driven by its *Katu Vipaka*, this potent *Vishaghna* action permanently inactivates hidden, cumulative tissue-toxins. By halting the recurrent vitiation of local *Rakta* and *Twak*, it successfully prevents rebound dermal inflammation.
- **Patola Katurohinyadi & Nimbadi Kashaya:** Leverage their *Tikta Rasa*, *Laghu-Ruksha Guna*, *Sheeta Virya*, and *Katu Vipaka* to act as systemic *Raktashodhaka* purifiers that cool hot, exudative *Pitta*. Simultaneously, they continually dry up pathological moisture and metabolic wastes (*Kleda*), ensuring the skin matrix remains inhospitable to chronic toxin retention.

- **Kaishora Guggulu & Gandhak Rasayan:** *Gandhaka* undergoes *Katu Vipaka* and acts as a potent *Kushthaghna* and *Rasayana*. It regulates epidermal cellular turnover, reducing hyperkeratosis and eliminating chronic skin lesions.
- **Rasmanikya:** An arsenical formulation (*Talaka*) with strong *Ushna-Teekshna* qualities. Used in micro-doses, it cuts through persistent *Vata-Kapha* blood pathology, successfully resolving the long-standing *Vaivarnya* (blackish discoloration).
- **Shata Dhauta Ghrita (Topical):** Clarified butter washed 100 times with water becomes highly *Sheeta* (cooling), *Snigdha* (unctuous), and *Mridu* (soft). It quickly penetrates the stratum corneum to soothe residual *Pitta*, relieve the local ear pain (*Ruk*), and restore the integrity of the *Avabhasini* skin layer.
- **777 Oil & Nimbadi Taila:** The *Tikta-Kashaya* properties of *Wrightia tinctoria* and *Neem* provide localized, sustained *Vata-Kapha* pacification, suppressing trace pruritus and restoring skin suppleness

CONCLUSION

This case report underscores the profound clinical utility of traditional Ayurvedic *Shodhana* methodology in resolving chronic, treatment-resistant dermatological diseases like *Sidhma Kushtha*. By systematically tackling the core root causes through *Deepana-Pachana*, internal lipid-loading with *Panchatikta Ghrita*, and closely monitored *Virechana Karma*, the clinical protocol successfully dismantled and expelled entrenched, latent bio-toxins (*Dushi Visha*). This therapeutic sequence brought about a complete cessation of severe, distressing pruritus and catalyzed a remarkable restoration of healthy skin architecture, suppleness, and natural pigmentation. Ultimately, this study demonstrates that a structured, step-by-step Ayurvedic purificatory blueprint offers a scientifically sound, sustainable, and powerful medical alternative for chronic skin conditions, particularly when modern conventional regimens have failed to provide lasting relief.

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