

SIDDHA MEDICINE MANAGEMENT OF PSORIASIS (KALANJAGAPADAI): A CASE STUDY

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ABSTRACT

Psoriasis (*Kalanjagapadai*) is one of most common skin disorders encountered in clinical practice. It is a chronic disease that has psychological and social impact on Patient's life. Even though, modern medical sciences have lots of facilities and upgraded technology for treatment of patient, this disease is still progressing rapidly. The disorder may affect people of any age, but it most commonly begins at the age of 15 to 40 years. The condition is not contagious. The most common form, plaque psoriasis, is commonly seen as red and white hues of scaly patches appearing on the top of skin. Due to invariable similarities in signs and symptoms, it is equated to *Kalanjagapadai* in

Siddha system of medicine. Modern treatment which includes topical therapy, corticosteroids etc. have limitations as they give only temporary relief. Hence, there is need for drugs having good efficacy in this debilitating disorder which is possible by Siddha treatment. Present case was carried out in OPD of *Sirappu Maruthuvam* department, National Institute of Siddha, Ayothidass pandithar Hospital, Tambaram Sanatorium, Chennai, Tamil Nadu, India. The treatment has shown marked improvement in relieving all the symptoms and PASI score of patient.

KEYWORDS: Siddha medicine, Kalanjagapadai, Psoriasis, Siddha, Auto immune disorder.

INTRODUCTION

Siddha is one of traditional medical science which describes the lifestyle methods for living a healthy life. According to Siddha, Management and treatment of disease included both mental and Physical which gives effectively relieves from Diseases. Siddha system having effective treatment and management in auto – immune disorders, especially in Psoriasis. Psoriasis is a common dermatologic disease, affecting up to 1% of the World's population,^[2] both males and females suffering equally.^[3] The word Psoriasis is derived from Greek word 'Psora' means 'itch' and 'sis' meaning 'acting condition'. Psoriasis is a noninfectious, chronic inflammatory disease of skin, characterized by well-defined erythematous plaques with silvery white scale with a predilection for the extensor surface and scalp, and a chronic fluctuating course.^[4] In psoriasis, main abnormality is of increased epidermal proliferation due to excessive multiplication of cells in the basal layers. The transit time of keratinocyte is shortened and epidermal turnover is reduced to 5-6 days from 28-30 days.^[5] Even though the aetiology is unknown, the factors involved are genetic, biochemical and immunopathological.^[6] Precipitating factors like trauma, infections, sunlight, some drugs and emotions may flare up the disease. As there is no available cure for the disease it has remained a great problem for the patients.^[7] Patients not only have physical problems, but also suffer mental and social distress. Diagnosis of the disease is made mainly on the basis of clinical symptoms that is, Erythematous sharply defined plaques, covered with silvery white scales. Extensor surface primarily involved such as the knees and elbows. Koebner's phenomenon present in the active phase of the disease. Wornoff's ring often present in the healing phase of the disease. Auspitz sign and candle grease sign are another classic feature of the disease. The goal of the treatment for the disease is to alleviate symptoms which interfere with the patient's life both physically and socially. In modern system of medicine coal tar preparations, calcipotriol, retinoid, corticosteroids and ultraviolet radiations are the local measure to manage Psoriasis. The systemic treatment commonly used is photo chemotherapy with PUVA, retinoid, methotrexate and cyclosporine –A and corticosteroids these medicines usually provide good symptomatic control, but in long term cause a number of unpleasant side effects.

CASE REPORT

A 32 year old male patient with chief complaints of:

- 1) Reddish patches on abdomen and both limb and head
- 2) Scaling of the skin

3) Itching all over the body.

Patient has above complaints since 1yr.

History of present illness

The patient was asymptomatic before 1 year. After that he developed complaint of scaly rashes on his lower abdomen and lower back which gradually progressed and involved his both forelegs and both hands. There is severe itching in the rashes along with burning sensation, and scaling after scratching. On enquiry he told that lesions have no relation to seasonal variation and remained constant for whole year. He took allopathic medication for about 1 yr. and then Siddha medication for 3 months which provided symptomatic relief till treatment continues, on discontinuity of the treatment again the symptoms aggravated.

Personal History

Occupation: Painter

Religion: Hindu

Marital status: Married

Not a known case of: DM/SHT/BA/PTB/COPD

Family History-There is no family history of Psoriasis.

No Previous medication history of other diseases.

Known history of Alcohol consumption 5 years.

On Examination

- General condition was fair and afebrile.
- Vitals were normal.
- Cardiovascular system, respiratory system and per abdomen examinations had shown no deformity.
- *Theki* (constitution) was *Vatha piththam*

Integumentary system Examination- Lesions were scaly papules, present on lower abdomen, lower back, both hands and legs. They were symmetrical and well demarcated.

Auspitz sign – present

Candle grease sign – Present

Diagnosis- On the basis of clinical history and examination the condition was diagnosed as Plaque Psoriasis.

Envagai thervukal (Eight fold system of clinical assessment)

Envagai Thervukal (Eight fold system of clinical assessment) as per Siddha Text-Naadi (Unique Siddha pulse reading method - is not same as the Bio medical system. In modern system pulse reading refers to rate, rhythm, volume and special characters, which can be felt by the examining Siddha physician.

Envagai thervukal (Eight fold system of clinical assessment)		
S.No	Siddha Investigative parameters	Findings
1.	<i>Naa thervu</i> -examination of tongue: (i) <i>Niram</i> (Colour) (ii) <i>Thanmai</i> (Character) (iii) <i>pulan</i> (Sense)	Pale Coated Normal
2.	<i>Niram thervu</i> –examination of colour:	Silvery white plaques with Reddish patches on abdomen and both limb and head, Scaling of the skin, Itching all over the body.)
3.	<i>Mozhi thervu</i> -examination of speech:	Normal
4.	<i>Vizhi thervu</i> - examination of eye: (i) <i>Niram</i> (Colour) (ii) <i>Thanmai</i> (Character) (iii) <i>Pulan</i> (Sense)	Normal Normal Normal
5.	<i>Malam thervu</i> –examination of stool: (i) <i>Niram</i> (Colour) (ii) <i>Nurai</i> (Froth) (iii) <i>Elagal/Erugal</i> (Consistency)	Normal Absent Elagal
6.	<i>Moothiram thervu</i> – examination of urine: (A) Neerkuri: (i) <i>Niram</i> (Colour) (ii) <i>Adartha</i> (Specific gravity) (iii) <i>Manam</i> (Odour) (iv) <i>Nurai</i> (Froth) (v) <i>Enjal</i> (Deposits) (B) Neikuri:	Crystal clear Thin urine Normal Normal Absent Formation of snake.
7.	<i>Sparisam thervu</i> - examination of skin :	Dry/scaling in affected area.
8.	<i>Naadi thervu</i> – examination of siddha pulse (i) <i>Thanmai</i> (Character) (ii) <i>Naadi</i> (Pattern)	Slow and regular. Vazhi Azhal Naadi.

MATERIAL AND METHOD**Method**

Centre of study	OPD of <i>Sirappu Maruthuvam</i> Department, National Institute of Siddha, Ayothidass pandithar Hospital, Tambaram Sanatorium, Chennai, Tamil Nadu, India.
Study Type:	Simple random single case study
Treatment protocol	1. Normalization of Altered <i>uyirthathukal</i> 2. Internal Medicine 3. Exteranal Medicine

Table 1: Treatment summary.

S.No	Name of Treatment	Name of the Medicine	Does and times of medicines	Anupanam
1	<i>Kazhichal Maruthuvam</i> (Purgation therapy)	<i>Agasthiyar Kuzhambu</i>	200mg O.D at Early morning (Day 1)	Hot water
2	Oil bath (Oleation therapy)	<i>Arakku thylam</i>	Take oil bath twice in a week	Bath with Hot water
3	Internal Medicine	<i>Tablet. Parangipattai Chooranam</i>	2TDS after food	Honey (5ml)
4.	Internal Medicine	<i>Tablet. Palagarai parpam</i>	2TDS after food	Milk (50ml)
5.	Internal Medicine	<i>Gandaga rasayanam</i>	2gm B.D after food	Milk (50ml)
6.	External Medicine	<i>Pungan thylam</i>	Local Application TDS	-

All medicines are prescribed for 1 week. A Patient asked to come for weekly once for follow-up. After the treatment of 3 months he got to relieve from symptoms.

***PASI Score^[10]** - The current gold standard for assessment of extensive Psoriasis has been the Psoriasis area severity index (PASI). PASI combines the assessment of the severity of lesions and the area affected into a single score in the range 0 (no disease) to 72 (maximal disease). The PASI is a measure of the average redness, thickness and scaling of the lesions (each graded on a 0-4 scale), weighted by the area of involvement.

Steps in generating PASI score

- Divide body into four areas: head, arms, trunk to groin and legs to top of buttocks.
- Generate a percentage for skin covered with psoriatic plaques for each area and convert that to 0-6 scale as bellow.
- Generate an average score for the erythema, thickness and scale for each of the areas.
- Sum the score of erythema, thickness and scale for each of the areas.
- Multiply item (c) and (d) for each area and multiply that by 0.1, 0.2, 0.3 and 0.4 for head, arms, trunk and legs respectively.
- Add these scores to get the PASI score.

Table-2

Perchantage	Rating scale
00	00
00-<10%	01
10-<30%	02
30-<50%	03
50-<70%	04
70-<90%	05
90-100%	06

Assessment criteria - The improvement of condition of the patient was assessed on the basis of PASI scale*.

Before treatment

	Head and Neck	Arms	Trunk	Legs	Total
Skin area involved score	0.3	0.5	0.5	0.2	34
Redness	2	3	3	2	
Thickening	2	3	3	3	
Scaling	2	3	3	3	
Total	1.8	9	13.5	9.7	

After 1 month

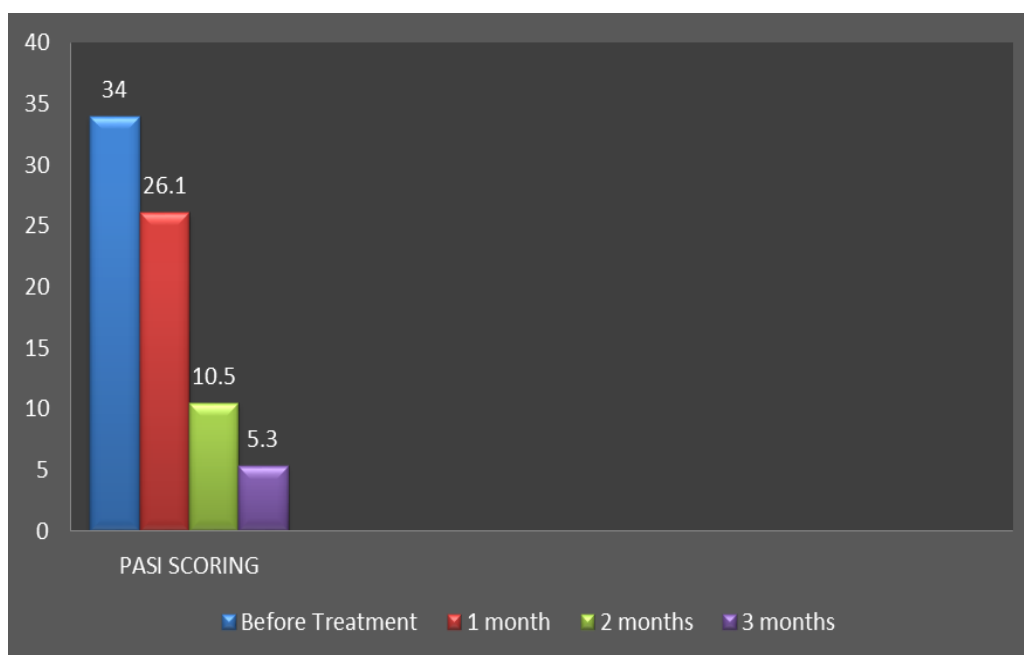
	Head and Neck	Arms	Trunk	Legs	Total
Skin area involved score	0.3	0.5	0.5	0.3	26.1
Redness	2	3	3	3	
Thickening	1	2	2	2	
Scaling	1	1	2	2	
Total	1.2	6	10.5	8.4	

After 2 months

	Head and Neck	Arms	Trunk	Legs	Total
Skin area involved score	0	0.5	0.2	0.3	10.5
Redness	0	2	2	2	
Thickening	0	1	1	1	
Scaling	0	1	1	1	
Total	0	3.3	2.4	4.8	

After 3 months

	Head and Neck	Arms	Trunk	Legs	Total
Skin area involved score	0	0.3	0.1	0.1	5.3
Redness	0	1	1	1	
Thickening	0	1	1	1	
Scaling	0	1	1	1	
Total	0	1.3	1.7	2.3	



RESULT AND DISCUSSION

Psoriasis is a chronic inflammatory disorder, characterised by the formation of well-defined raised erythematous plaques, with silvery white scales; that preferentially localize on the extensor surfaces. It is correlated with certain diseases in our Siddha system of medicine. Here a case of Psoriasis has been discussed, which is best correlated to *Kalanjagapadai*. For the basis of improvement of lesions, PASI scale was considered. Before starting the treatment his PASI score was 34, After 1 month it was 26.1, after 2 months it was 10.5. After 3 months treatment his PASI score was 5.3.



Before Treatment Photos



After Treatment photos

CONCLUSION

Psoriasis is a major skin problem in today's lifestyle, in modern medicine there are various kinds of drugs especially steroid, but recurrence of disease is mostly occur. Siddha system has excellent medicines in Treatment of Auto – immune disorders. Treatment for Psoriasis with siddha medicines already proved by lot of case studies. This single case study also strengthens the theory of Psoriasis can be treated with siddha medicines with proper management.

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