



Case Study

A CASE STUDY OVER PITYRIASIS RUBRA PILARIS THROUGH AYURVEDIC MANAGEMENT

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ABSTRACT

Skin disorder are common manifestation in present era and more so frequent in elder age. The patient of skin disease is more prone to experience physical, emotional and socio-economic embarrassment in the society due to disfigured appearance. Normally 10-15% of the general practitioners encounter with skin disorder in there day to day practice. *Vaipadeeka* and *Charma kustha* is a type of *Kshudra kustha* occurring mainly due to the imbalance of *Vata* and *Kapha doshas* resembling the Pityriasis Rubra Pilaris in its clinical manifestation. Pityriasis rubra pilaris is rare chronic disorder that causes hyper keratotic yellowing of the skin including trunk, extremities and particularly palm and sole. The palm and sole become thickened smooth and yellow fissure are common. Systemic corticosteroid, oral retinoid, immunosuppressive such as cyclosporine are the mainstay of treatment of Pityriasis rubra pilaris. The modern treatment modalities are not devoid from grave complication mainly in long term use. Owing these reasons, there is need for treatment having good efficacy and no toxic profile. So this case study was conducted considered pityriasis rubra pilaris as *Charma kustha* and *Vaipadeeka*. Ayurvedic management was planned accordingly. Good result was witness by *Virechan* and *shaman*.

INTRODUCTION

Pityriasis rubra pilaris are rare chronic disorder that causes hyper keratotic yellowing of the skin including trunk, extremities and particularly palm and sole red follicular papules typically merge to form red orange scaling plaque and confluent area of erythema with island of normal skin between lesion the palm and sole become thickened, smooth and yellow fissure are common and these is called PRP SANDLE. In children, the disease tends to start on the lower part of body. Onset is usually between 5 to 10 year of age and it develops slowly in the familial form and more rapidly in the acquired. A circumscribed juvenile type affects the palm and sole, front of the knees and back of the elbow in younger children.^[1]

No cause has been identified for any type there is epidermal hyper proliferation in lesional skin. The rare familial type has an autosomal dominant inheritance.^[2]

Clinical feature of Pityriasis rubra pilaris is a chronic skin disease characterized by small follicular papules, disseminated yellowish pink scaling patches, and often, solid confluent palmoplantar hyperkeratosis. The papules are the most important diagnostic feature, being more or less acuminate, reddish brown, about pinhead sized, and topped by a central horny plug. A hair, or part of one, is usually embedded in the horny center. The highest incidence of onset is during the first 5 years of life or between ages 51 and 55. The classic disease generally manifests first by scales and erythema of the scalp. The eruption is limited in the beginning, having a predilection for the sides of the neck and trunk and the extensor surfaces of the extremities, especially the backs of the first and second phalanges. Then, as new lesions occur, extensive areas are converted into sharply marinated patches of various sizes, which look like exaggerated gooseflesh and feel like a nutmeg grater. Any part or the entire skin surface may be affected. The involvement is generally symmetric and diffuse, with characteristic small islands of normal skin within the affected areas. There is a hyperkeratosis of the palms and soles, with a tendency to fissures. On the soles especially, the hyperkeratosis typically extends up the sides, the so-called sandale. The nails may be dull, rough, thickened,

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brittle, and striated, and are apt to crack and break^[3]. Systemic corticosteroid, oral retinoids^[4], TNF-antagonists^[5] immunosuppressive such as cyclosporine are the mainstay of treatment of pityriasis rubra pilaris.

In Ayurvedic text there is wide description of skin disorder described under a single term *Kustha*. *Kustha* is a *Tridoshaja vyadhi* where *Ras*, *Rakta mams* and *Ambu* are main *Dushya*. *Nidanas* of *Kustha* are *Mithya ahar vihar*, *Srotoavrodham*, *Chardi vegvidharan*, *Virudhahar*, excessive intake of *Katu*, *Amla lavana ras*, *Panchkarma apchar dadhi*, *Matsya mash*, *Moolak*, *Til*, *Ksheer*, *Gud*, *Navanna*. *Charma kustha* and *Vaipadeeka* has been mentioned under the heading of *Kshudra kustha* the main clinical feature of *Charma kustha* and *Vaipadeeka* are as follows.^[6]

Charma kustha^[7]

Charmakhyam Vahalam Hasti Charmvat= Hyperkeratotic thickened skin

Vaipadeeka^[8]

Vaipadeeka Panee Pad Sphutnam Tivra Vedanam= Fissuring of the skin of palm and sole.

These clinical features are similar to that of Pityriasis rubra pilaris

Case Report

A 16-year-old female patient reported to OPD of department of *Kayachikitsa*, Government Ayurvedic College and Hospital, Patna, in October 2021. On clinical evaluation there was hyperkeratotic thickened yellowing and fissuring of the skin of palm and sole and also red follicular papules on elbow. She was a diagnosed case of Pityriasis rubra pilaris for last 1.5 year she had been taking oral corticosteroid and cyclosporine, in the beginning she got relief but after some time there was relapsed of skin lesion. For alternate management, she came for Ayurvedic treatment and was admitted to our hospital.

Considered the Pityriasis rubra pilaris as combination of *Charma kusthsa* and *Vaipadeeka* following Ayurvedic management plan was administered.

Virechan- Step wise plan as follows

Therapy	Drug	Dose	Days
Deepan, Pachan	Panchkol Phant+Chitrakadi Vati	60ml, 2tab	4
Snehpaan	Panchtikta Ghrith	25-100ml	7
Sarvang Abhyang+Sarvang Swed	Bakuchi Tail Dashmool Kwath		2
Virechan	Trivrut Avaleh+Dugd+Erاند Tail	10gm, 250ml, 20ml	1
Sansarjan Karma	For Madhyam Sudhhi (Mand, Peyadi)		5

Patient was discharged on *Shaman chikitsa* (for 1.5 month) as follows

1. *Patol katurohinyadi kashay^[9]*
2. *Aragvadhadi kashay^[10]*
3. *Panchtikta ghrith^[11]*
4. *Vidangarista^[12]*
5. *Panchvalkal siddh shatdhout ghrith* (for local application)

Apathya- Patient was advised to avoid *Diwasapan*, *Aatap sevan*, *Aml*, *Til*, *Mans dadhi*, *Gud*, *Moolak*, *Vegvidharan*, *Virudha anna*. ^[13]

RESULT

After *Virechan* and 1.5 month of *Shaman chikitsa*, patient was reviewed. She got good result she was advised to continue same treatment for another 2 month.



Before Treatment

After Treatment

Before Treatment

After Treatment

DISCUSSION

In *Charma kustha* and *Vaipadeeka* there is dominancy of *Vat* and *Kapha*. But all the *Kustha* are *Tridoshaj* in nature and treatment should be planned according to the strength of *Dosha*. In this case there is *Vat pradhan pitta kaphaj lakshan* seen. In this case, role of *Virechan* (*Sodhan* therapy) is more beneficial because *Virechan* completely expels the *Dosha* from the body.

Virechan is the best therapy for *Pitta dosha sodhan* and *Anuloman* of *Vat dosha* carried out in the month of October which is the period of aggravation of *Pitta dosha*. During the *Snehapan* we notice that the skin lesion slightly decrease and after *Virechan* and *Saman chikitsa* the skin lesion almost disappear.

In form of oral medication, *Patolkaturohinyadi kashay* was used which act as *Ras* and *Rakta shodhak*. *Aragvadhadi kashay* which act as *Vibandhnashak* and *Raktsodhak* helps in expel out the *Mala* which accumulates in *Srotas*. *Vidangasav* which act as *Krimi nashak* which is the major cause of *Kustha*.

Panchtikta ghrīt which is *Vata shamak* as well as *Pitta kapha shamak* *Aacharya charak* said that the main line of treatment of *Vat pradhan kustha* is *Sarpi paan* so here *Vat* and *Pitta dosha* is responsible for fissuring and yellowing of the skin.

Panchvalkal siddha satdhaut ghrīt which act as *Vran ropak* and heal the fissure of the skin.

CONCLUSION

By Ayurvedic therapy *Virechan* and *Shaman chikitsa*, patient get excellent relief from the symptoms of *Pityriasis rubra pilaris* and improve the quality of life

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