Case Report

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Cost effective Management of Chronic Psoriasis using safe Siddha herbal drugs – A Case Report

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ABSTRACT

Traditional Siddha medicine is popular for the management of Psoriasis. This article reports one chronic psoriatic case that was successfully treated with Siddha drugs. A psoriasis patient with chronic history of eight years was under conventional therapy. Due to side effects and recurrence, he visited Siddha clinic. He was prepared for Siddha treatment with a single early morning dose of Agasthyar kuzhampu. Sivanar vembu kuzhi thailam, karbogi mathirai and Raktha suddhi mathirai were administered orally for three months. Vetpalai thailam was applied externally for three months. The lesions were gradually reduced and completely disappeared in three months of treatment without any side effects. Diarrhea, nausea and tiredness were observed for one day during the administration of Agasthyar kuzhampu. The total cost for the Siddha therapy was INR 5,000 for three months. Siddha medicines could be cost effective and safe in the management of psoriasis.

Keywords: Diabetes Mellitus, Unani Medicine, Qurs-i-Ziabetus Khas.

INTRODUCTION

Psoriasis is a chronic autoimmune skin disease characterized by itching, erythema and scaling that affects 1-3% of the population in the world.1 Conventional therapies such as steroids, immunosuppressants, anticancer agents, biological response modifiers and phototherapies are currently available to manage psoriasis, but no drug could offer complete cure.2 And also, these drugs have their own adverse effects on long term usage. Siddha medicine is one of the oldest and most well documented of Indian traditional medicines, by way keen observation and experimentation, which had its origin in India and Sri Lanka.3 Siddha describes the skin conditions under the following broad headings, namely, Karappan, Punkal, Amman, Kuttam, Vida kadikal, and miscellaneous, and Siddha has safe herbal and herbo mineral treatment for all skin disorders. Psoriasis is equated to mandai karappan and kutta karappan under karappan diseases and chori kiranthi under kiranthi diseases.4 Despite Siddha is very popular for psoriasis, no publications are available on its clinical efficacy and safety.

CASE REPORT

A 42-year-old male patient suffering from psoriasis underwent allopathic treatments for the past 8 years. Since the lesions were not completely disappeared and it was present for throughout the year, he visited Siddha OPD of Center for Integrative Medicine and Research. He had severe scaly psoriatic lesions all over the body except face (Figure 1). He needed to clean his bed on every day morning, because excessive skin scales were falling off from whole body. He could not get proper sleep due to intense itching, which affected his day time working performance. He did not want to continue allopathic drugs further.

We treated him with the following Siddha drugs; agasthyar kuzhampu, sivanar vembu kuzhi thailam, karbogi mathirai, rRaktha suddhi mathirai and vetpalai thailam.

Preparing patient:

Agasthyar kuzhampu was first administered to detoxify the body, boost immune system and enhance the drug absorption. This was given once just before starting other Siddha medications.
**Internal medications:**

*Sivanar vembu kuzhi thailam* (three times a day), *karbogi mathirai* (twice daily), *Raktha suddhi mathirai* (twice daily) were continuously administered orally for three months.

**External therapy:**

*Vetpalai thailam* applied externally on the lesions for three times a day.

**Dietary restriction:**

Patient was asked strictly to avoid using soap, tamarind, salt, alcohol, smoking, bitter gourd, sesban, tobacco, chicken and onion. He was advised to use only greengram powder during bath to wash the skin.

**Follow-up and adverse effects:**

The lesions were gradually reduced and completely disappeared in three months of treatment and there was no side effect reported by patient. Diarrhea, nausea and tiredness were observed for one day during the administration of *Agasthyar kuzhampu*. We observed for any recurrence for one year, but there was no recurrence. He expressed that so far he never achieved this depth of cure during past years. The total cost for these Siddha therapy was INR 5,000 for three months.

**DISCUSSION**

In psoriasis, there is an activation of multiple pathways such as Type Toll-like receptors 9, neutrophils, keratinocytes, dermal dendritic cells, T cell-mediated inflammation, T cells differentiation, Type I IFN, TNF-α, IL-1β, IL-6, IL-12, IL-18, IL-20, IL-21, IL-23, etc. In order to cure psoriasis, the drugs must inhibit the activation of the above pathways. For prophylaxis, the activation of these pathways must be prevented. In conventional therapy, many drugs are used to reduce the above inflammatory markers, but they produce side effects when used for a long period. Moreover, it requires a lifelong treatment. The drugs are also not affordable by poor patients.

*Agasthyar kuzhampu* is a herbo-mineral formulation contains 11 ingredients, used to detoxify the body, stimulate immune system, reset the gut microbiome and improve the intestinal absorption. This is generally given before starting any Siddha therapy in chronic cases. Single dose administration of this drug could balance vaatham, pitham and kapham (three factors believed to make body healthier), hence it is considered as the Siddha panchakarma drug. This drug is also believed to reset the body physiology through modulating immune system. *Croton tiglium* seed is one of the ingredient that caused diarrhea, nausea and tiredness for one day, which was the only side effect of this drug.

Phorbol 12-myristate 13-acetate was isolated from *Croton tiglium* that induced PKC-dependent NF-κB activation, IL-8 production, antigen-specific IgG and IgA antibody responses and IL-12 production corresponding to T cell responses in spleen lymphocytes. It reveals that the plant has some kind of immunomodulatory activity in the body. *Sivanar vembu kuzhi thailam* is a polyherbal formulations consists of *Indigofera aspalathoids, Celastrus paniculatus, Corallicarpus epigaeus, Syzygium aromaticum, Cinnamomum tamala, Elettaria cardamomum, and Cinnamomum wightii*. Extracts of *Celastrus paniculatus* downregulated the overexpressed cytokines in imiquimod-induced psoriasis-like dermatitis in mice. *karbogi mathirai* is a polyherbal formulations consists of 10 ingredients that contains iron and *Psoralea corylifolia*. *Psoralea corylifolia* is a well-studied herbal for its anti-psoriatic action. *Raktha suddhi mathirai* is a polyherbal formulations consists of 7 ingredients, indicated for all skin disease that is believed cure skin disease by purifying blood. *Vetpalai thailam* is prepared by soaking leaves of *Wrightia tinctoria* in coconut oil, which is exclusively used in all scale lesions such as psoriasis and dandruff. In-silico study on *Wrightia tinctoria* identified 67 compounds interacting with 238 protein targets. The compounds were found to act through synergistic mechanism in reviving the disrupted process in the diseased state.

The Siddha treatment given in this patient cost only INR 5,000 which was cost effective compared to allopathic care. The duration of therapy was only three months without any side effects. Siddha therapy must have some novel unexplored mechanism by which it controlled, prevented and offered complete cure without recurrence.

**CONCLUSION**

Siddha medicine could effectively control, prevent and offer permanent cure in psoriasis, which is cost effective and safe. However, further detailed studies should be carried on drug standardization, stability studies, toxicity profile and mechanism of action. To create evidence based practice, cohort studies or randomized control trials would be helpful.

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REFERENCES


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