

CASE REPORT

AYURVEDA MANAGEMENT OF PSORIASIS (SIDHMA) - A CASE STUDY

FASNATH ARABI¹ PRAKASH MANGALASSERI²

ABSTRACT

Psoriasis is one of the most common clinical conditions encountered in clinical practice. Sidhma is a disease bears greater resemblance with psoriasis. The current treatment modalities have their own limitations and the drugs have considerable side effects when using for longer period. Hence, it is the need of time to find out safe and effective treatment for Psoriasis and here Ayurveda plays an important role. Selected Panchakarma procedures along with Rasayana therapy and Ayurveda drugs have been proved valuable in these manifestations. Ayurvedic approach is directed towards alleviating the symptoms and also to reduce the disability. Here a case report of a 30 year old lady presented with symptoms of Psoriasis, which was treated for 40 days with a combination of Panchakarma procedures and selected Ayurvedic drugs. The condition was diagnosed as Sidhma and was treated with kasayadhara, then Snehapana, Abhyanga, Ushmasweda and Vamana followed by virecana. Rasayana therapy was done and advised to follow samana drugs. Patient's condition was assessed before and after treatment with disease specific instruments- Psoriasis Area and Severity Index (PASI) and Psoriasis disability index (PDI), in which there was considerable improvement without any adverse effect. Reduction in PASI scores from 29.8 to 0.9 was seen after 40 days of treatment.

Key words: Psoriasis, *Sidhma*, *Panchakarma* procedures, PASI, PDI

¹PG Scholar (Manasaroga), Dept. of Kayachikitsa VPSV Ayurveda College Kottakkal

²Associate Professor, Dept. of Kayachikitsa VPSV Ayurveda College Kottakkal

Corresponding Email id: drayurfasna@gmail.com Access this article online: www.jahm.in

Published by Atreya Ayurveda Publications under the license CC-by-NC.

INTRODUCTION

According to WHO, Psoriasis is a chronic, autoimmune, non-communicable, disfiguring and disabling disease characterized by sharply defined erythematous papulosquamous lesions. They vary in size from pinpoint to large plaques and may manifest as localized or generalized mostly symmetrical, pustular eruption and usually covered with white or silvery scales like dandruff. Lesions cause itching, stinging and sometimes burning pain. Injury to the skin can trigger bleeding spots known as the Koebner phenomenon. It typically affects the outside of the elbows, knees or scalp, though it can appear on any location. There is no permanent cure and produce great negative impact on patients' quality of life (QoL). Generally Psoriasis develops between the ages of 15 and 35, but it can develop at any age. Psoriasis is a common dermatological problem affecting up to 2.5% of the world population ^[1]. The reported prevalence of psoriasis in countries ranges between 0.09% ^[2] and 11.4% ^[3], making psoriasis a serious global problem. In India it has 1% incidence ^[4]. Both men and women are equally affected. Treatment of psoriasis is still based on controlling the symptoms. Topical and systemic therapies as well as phototherapy are available. But the therapy gives serious side effects like liver & kidney failure, bone marrow depletion etc. Also, with

increase of awareness and global acceptance of psoriasis, it is the need of time to find out safe and effective treatment with different formulations in a scientific manner and here comes the role of *Ayurveda*.

In *Ayurvedic* classics all the principles of diagnosis and treatment for various skin diseases are included under the umbrella term of Kuṣṭha ^[5-7] (Ayurveda Dermatology). The word *Kushta* means the disease conditions which make deformities on the skin ^[8]. *Kushta* is included under *Ashtamahagadavyadhi* (Octa-ominous disorder) in *Ayurveda* ^[9] since vitiation of all the three humors namely *vata*, *pitta* and *kapha* occurred in its pathogenesis. It is also considered as a type of *Rakta Pradoshaja Vyadhi* because *Rakta* vitiation is found as a common pathology in this disorder ^[10]. *Kushta* is broadly divided into two major and minor varieties. The 11 minor forms as *kshudrakushta* and major forms as *mahakushta* are explained in the classics. Psoriasis is considered as a type of *kushta* and may be correlated as *Sidhmakushta* due to resemblance of signs and symptoms. *Charaka* explained *sidhma* among the *mahakushta* ^[11], *Susruta* and *Ashtangahrdaya* explained it under *kshudrakushta* ^[12-13]; and is a *vata-kapha* predominant disease. This case report is of a patient of psoriasis which was successfully managed according to the line of management of *sidhmakushta*.

CASE REPORT

A 30yearold lady from Malappuram came to our OPD of VPSV Ayurveda College Kottakkal on 25/7/17 with a severe skin problem. The patient was suffering from reddish thickened silvery exfoliating scaly lesions with itching and bleeding spots all over the body especially on chest, hands, legs and back side of the body [Image 1].

8yrsback, initially patient noticed dry and thickened skin with severe itching and irritation on sides of the scalp around both ear during the time of 1stperpeurialperiod. 1 yr later, gradually reddish scaly lesions spread to both sides of the face then to all over the body. She consulted allopathic physician and the condition diagnosed as Plaque psoriasis, got temporary relief only.

For the last 1 week the condition worsened by severe fever. Then she switched over the treatment to Ayurveda. Family history was negative with similar skin diseases. She had history of dust allergy for past 10yrs with severe sneezing and itching of the eyes. Patient had sound sleep and adequate appetite but sweating is less.

Personal history revealed that the patient is non vegetarian diet; always prefer fast food items, biriyani, curd, chicken, crab, prawns etc along with ice water. Physical examination showed extensive symmetrical erythematous dry scaly popular lesions involving the scalp, face, trunk, arms, legs, palms, and soles. There was severe sloughing of the epidermis from all over the body. Scalp is dry having dandruff and hair fall. Auspitz sign and Koebner phenomenon is positive. There were no observable nails changes. Based on clinical presentation and examination the case was diagnosed as *sidhmakustha* (Psoriasis) not as Eka kushta or Kitibha since symptoms present mainly in upper part of the body with discoloration itching, and bleeding spots. Also complaints peeling of skin. This patient was treated in our I.P.D. with the line of management of *sidhmaKushta*.

Diagnostic focus and assessment

Diagnosis of psoriasis is usually done on the basis of appearance of the skin. No special blood tests or diagnostic procedures are needed to make the diagnosis. In ICD 10 psoriasis is classified under the section L 40.

Table no. 1: Diagnostic criteria of plaque psoriasis

Symptoms	Findings - Positive / negative
Raised, red patches of skin covered with white or silvery scales	Positive
Itching, burning, and soreness	Positive

Bleeding or cracking of plaques	Positive
Areas of the body affected- elbow,knee, trunk, scalp	Positive
Thickened or ridged nails	Negative
Painful, swollen joints	Negative
Auspitz sign	Positive
Koebner phenomenon	Positive
Candle grease sign	Negative

Table no. 2: Ayurveda criteria for *Sidhma kushta*

Symptoms	Findings - Positive / negative
<i>SvetaTamra varna</i> (White and coppery in color)	Positive
<i>Tanu</i> (Thin)	Positive
<i>Alabupushpavarnam</i> (resembles the flower of alabu (Lagenariasiceraia)- discoloration	
Appear in <i>Uras or urdhva kayas</i> (generally located in the chest or upper part of the body)	Positive
Increased <i>Vata and Kapha</i> Dosha	Positive
<i>Ghrustamvimunchati</i> (peeling of the skin)	Positive
<i>rooksha</i> (rough) in outside	Positive
<i>snigdha</i> (oily) in inside	Positive

Table no.3: Ayurveda examination and assessment – *Dasavidhapareeksha*

Assessment parameters	Assessment
<i>Dosa</i>	<i>Vata</i> kapha
<i>Doosya</i>	<i>Twak</i> Lasika,Rakta ,mamsa
<i>Desa</i>	<i>Deha</i> – sarvasareera <i>Bhoomi</i> – jangalasadharana
<i>Kaala</i>	<i>Vyadhi</i> – purana <i>Kshanadi</i> – varshartu
<i>Bala</i>	<i>Roga</i> – madhyama <i>Rogi</i> – madhyama
<i>Agni</i>	<i>Samagni</i>
<i>Aharasakthi</i>	<i>Jaranasakthi</i> – madhyama

	<i>Abhyavaharana – madhyama</i>
<i>Satvabala</i>	<i>Madhyama</i>
<i>Saatmya</i>	Patient had <i>katu/lavana rasa</i> predominant dietary habits which was <i>asatmya</i> also
<i>Prakrthi</i>	<i>Kapha pitta</i>
<i>Vaya</i>	<i>Youvana</i>

Therapeutic focus and assessment. The treatments. The scheduled treatments are patient was subjected to different line of mentioned below:

Table no.4: Therapeutic procedures

Procedure done	Medicine	Days	Rationale	Remarks
<i>Kasayadhara(sarvanga)</i>	<i>Thriphalakasayam</i>	7	<i>Thridosahara, rasa yana, rookshana, kledahara</i>	Cleanses and detoxifies body, Itching and oozing reduced
<i>Takrapana</i>	<i>Takram 1L + Vaisvanarachoornam 5gm</i>	2	<i>Rookshana, agnidepana</i>	Agni improved
<i>ShodhanangaSnehapana</i>	<i>Aragvadhamahatiktakamghrtm (30ml- 220ml)</i>	7	<i>Tvakdosasamana</i>	Itching, thickening and peeling of skin reduced, bowel comfortable
<i>Abhyanga and usmasweda</i>	<i>Eladitailam + Ayyappalakeratailam</i>	1	<i>Swedana karma for vilayana and vishyandana of dosas</i>	Itching, thickening and peeling of skin reduced
<i>Ulklesanaahara</i>	<i>Masha, Milk, Cur, jilebi etc</i>	1	<i>Ulkesana</i>	<i>Ulklesana</i> attained
<i>Vamana</i>	<i>Nimbakasaya – 12glass Yashtiphanta – 4 glass Lavanodaka – 4 glass</i>	1	<i>Shodhana</i>	<i>Vamanavega — 6times Upavega – 4</i>
<i>Rest with peyadikrama</i>	<i>Peya , vilepi ,yoosha ,mamsarasa</i>	3	<i>Agni deepana</i>	Appetite improved
<i>Takrapana</i>	<i>Takra 1L + vaisvanaracoornam 5gm</i>	2	<i>Rookshana ,agnideepana</i>	Appetite improved
<i>Snehapana</i>	<i>Aragvadhamahatiktakamghrtm(30- 150ml)</i>	4	<i>Sodhana</i>	<i>Snehodvega, snigdhavarchas, vatanulomana, klama</i>
<i>Abhyanga and usmasveda</i>	<i>Eladitailam + Ayyappalakeratailam</i>	3	<i>Swedana for vilayana and</i>	

			<i>vishyandana of dosas</i>	
<i>Virecana</i>	<i>Thrivrthlehyam - + Thriphalaphantam with 10gm coorna</i>	1	<i>Sodhana</i>	Significant reduction in itching and peeling of skin
<i>Rest</i>		1		
<i>Takradhara(siras)</i>	<i>Mustaamalakikasaya- 1 ½ L Takra - 1 ½ L</i>	7	<i>Relaxing the mind</i>	cooling and refreshing body and mind, dandruff reduced ,mind relaxed,
<i>Hareetakyadisodhana</i>	<i>Hareetaki, Amalaki, Siandhava, Nagara, Vacha, Haridra, Pippali, Vidanga, Guda-3gm each</i>	1	<i>Poorva karma of rasayana ,puranasakrthsodhana</i>	No. of virecanavega – 2 No. of sitting – 2
<i>Yavannaseva</i>	<i>Yavanna</i>	3	<i>Establishing Shuddhasakrit</i>	Agni improved
<i>Rasayana</i>	<i>Tuvarakatailam (5ml – 8ml- 12ml-18ml)</i>	4	<i>Urdhwaadhosodhana in kushta</i>	<i>Vamanavega</i> – 2/day, <i>virecana</i> – 2/day Feeling <i>klama</i> , Skin becomes almost normal

Table no.5: Internal medicaments

Medicine	Dose	Time	Rationale
<i>Mahatikthakakasayam</i>	90ml	6am and 6pm before food	<i>Kushtasamana</i>
<i>Khadirarishtam +lohasavam</i>	25ml	2 times after food(noon&night)	<i>Kushtasamana, ,kledanasakaraktavardhana</i>
<i>Kaisoraguggulu</i>	2 no.s	½ an hour before food	<i>Raktaprasadana,rasayana</i>
<i>Guggulupancapalacoorna</i>	5gm with hot water	2 times after food	<i>Kushtasamana</i>

Criteria for assessment

1. Psoriasis area and severity index (PASI)

To assess the effect of therapy Psoriasis area and severity index (PASI)^[14] scoring method was used. The Psoriasis Area

and Severity Index (PASI) is a quantitative rating score for measuring the severity of psoriatic lesions based on area coverage and plaque appearance. PASI was calculated before the treatment, after *kasayadhara*, after *shodhana* and after *rasayana*; they are

tabulated below from table no. 7 -11, and the total percentage of improvement in PASI scoring was noted to assess the effect of treatment. The assessment was done on the basis of severity of erythema, scaling and thickness in the affected area.

Table no. 6: PASI assessment before treatment

Plaque characteristics	Head	Upper limb	Trunk	Lower limb
Erythema	2	3	3	3
Thickness	1	2	2	2
Scaling	2	3	3	3
Lesion Score (A)	5	8	8	8
% Of area involvement (B)	2	4	4	4
Subtotals © = A X B	5X2 = 10	8 X 4 = 32	8 X 4 = 32	8 X 4 = 32
Body surface area(D)	C X 0.1	C X 0.2	C X 0.3	C X 0.4
D	10 X 0.1=1	32 X 0.2 = 6.4	32 X 0.3 = 9.6	32 X 0.4 = 12.8

PASI Score= 29.8

Table no. 7: PASI assessment after Thriphalakasayadhara

Plaque characterestics	Head	Upper limb	Trunk	Lower limb
Erythema	2	3	3	3
Thickness	1	2	2	2
Scaling	1	2	2	2
Lesion Score (A)	4	7	7	7
% Of area involvement (B)	2	4	4	4
Subtotals © = A X B	4X2 = 8	7 X 4 = 28	7 X 4 = 28	7X 4 = 28
Body surface area(D)	C X 0.1	C X 0.2	C X 0.3	C X 0.4
D	8 X 0.1=0.8	28X 0.2 = 5.6	28X 0.3 = 8.4	28X 0.4 = 11.2

PASI Score = 26

Table no. 8: PASI assessment after *Sodhana* karma

Plaque characteristics	Head	Upper limb	Trunk	Lower limb
Erythema	1	1	1	1
Thickness	1	1	1	1
Scaling	0	0	0	0
Lesion Score (A)	2	2	2	2
% Of area involvement (B)	1	3	3	3
Subtotals © = A X B	1X2 = 2	2 X 3 = 6	2 X 3 = 6	2 X 3 = 6
Body surface area(D)	C X 0.1	C X 0.2	C X 0.3	C X 0.4
D	2 X0.1=1	6X 0.2 = 1.2	6X 0.3 = 1.8	6X 0.4 = 2.4

PASI Score = 5.6

Table no. 9: PASI assessment after *Rasayana* karma

Plaque characteristics	Head	Upper limb	Trunk	Lower limb
Erythema	0	1	1	1
Thickness	0	0	0	0
Scaling	0	0	0	0
Lesion Score (A)	0	1	1	1
% Of area involvement (B)	1	1	1	1
Subtotals © = A X B	0X1 = 0	1X 1 = 1	1 X 1 = 1	1 X 1 = 1
Body surface area(D)	C X 0.1	C X 0.2	C X 0.3	C X 0.4
D	0 X0.1=0	1X 0.2 = 0.2	1X 0.3 = .3	1X 0.4 = 0.4

PASI Score = 0.9

Table no. 10: Overall assessment of the clinical response

Assessment time	PASI Score	Percentage of improvement
Before treatment	29.8	100%
After dhara	26	80%
After shodhana	5.6	18.7%
After rasayana	0.9	3.02%

2. The psoriasis disability index

The psoriasis disability index is a questionnaire used to assess the QOL of the psoriasis patient by addressing 15 aspects

including daily activities, personal relationships, leisure time as well as the effect of work. Scoring system: not at all – 0
A little– 1 A lot – 2 Very much – 3

Table no.11: Assessment of changes of quality of life using Psoriasis disability index

Symptoms assessed	BT(0 th day)	AT(40 th day)
Daily activities		
How much has psoriasis interfered with you carrying out work around the house or garden?	3	1
How often have you worn different types of or colors of clothes because of your psoriasis?	3	0
How much more have you had to change or wash your clothes?	2	1
How much of a problem has your psoriasis been at the hair dressers?	2	1
How much has your psoriasis resulted in you having to take more baths than usual?	2	1
Work		
How much has your psoriasis stopped you from carrying out the normal daily activities over the last 4 weeks	3	0
How much has your psoriasis altered the way in which you carry out your normal daily activities over the last 4 weeks?	3	0
Has your career been affected by psoriasis	0	0
Personal relationship		
Has your psoriasis resulted in sexual difficulties over the last 4 weeks?	2	0
Has your psoriasis created problems with your partner or any of your close friends or relatives?	1	0
Leisure		
How much has your psoriasis stopped you from going out socially or to any special function?	3	0
Is your psoriasis making it difficult for you to do any sport?	0	0
Have you been unable to use, criticized or stopped from using communal bathing or changing facilities?	2	0

Has your psoriasis resulted in you smoking or drinking more than you would do normally?	0	0
---	---	---

Outcome of the treatment

Patient was satisfied with treatment and started to show improvement after 7 days of *Thriphalakasaya dhara*; decrease in symptoms like itching and oozing. After *sodhanakarma* marked decrease in the raised erythematous lesions and shedding of deceased skin was seen. Significant reduction in symptoms like itching, dryness and scaling was also noticed. Body ache and burning sensation at the site of lesions were also less. Skin now showed as less inflamed with small patches [Image 2]. *Takradhara* provide marked reduction in dandruff and scalp scaling, mind also got relaxed. After *rasayana* therapy with *Tuvarakataila*, skin was almost normal in state and new skin lesions are not seen [Image 3]. Reduction in PASI scores from 29.8 to 0.9 was seen after 40 days of treatment. Patient continued *samana* medicines *Mahathiktakaghrtam* 25ml in empty stomach at morning, *Kaisoraguggulu* twice before food, *kadhirarishatam*+ *lohasavam* 25ml two times after food, *Thrivrthlehyam* 15gm for *virecana* in weekly one time, *Pamantakatailam* for head, *Ayyappalakeratailam* and *Sidharthakasnana coornam* for external application of the body advised for the next one month.

Follow up

After 1 month follow up, patient got better result in almost all symptoms, skin became in normal state and patient was very happy [Image 4].

DISCUSSION

The condition was approached and managed with the line of management of *Kushta*. After examining the signs and symptoms, vitiated *dosa* is *vata* and *kapha*, here decoction made of *Thriphala* is poured all over the body (*sarvangadhara*). *Thriphala* having the property of *laghu*(light), *ruksha*(rough) ,*teekshnaguna*(hot potency) ,which alleviates *tridosha* and purifies *rakta* ;it has the property to alleviate skin diseases. Decoction of *Thriphala* liquefies the aggravated *dosas* and improves sweating on the skin through hair follicle by opening the pores of the skin, improves blood circulation and brings about lightness and a feeling of health in the afflicted areas.

Deepana and *pacana* were done with buttermilk medicated with *vaisvanaracoorna* before *shodanangasnehapana*, which possessing the property of *laghuguna*, *amlarasa* and *deepana*^[15]. Then *shodanangasnehapana* had done with *Aragvadamahatikthakaghrtm* in increasing

dose from 30 ml up to 220 ml. On analyzing the *Rasadipanchaka* of *Aragvadamahathikthakaghrtm* it was found that this ghrta possessing the property of *tikthakatukasayarasa*, *usnaveerya* (hot potency) and '*katuvipaka*', it act mainly for *vata* and *kaphadosa*. *Tikta rasa* is used as a vehicle to deliver medicine up to *dhatu* level. After *snehana* and *swedana*, *samyaksnigdha* symptoms are observed, it is assumed that the *vata* *kaphadosa* may be liquefied in a position to bring back to GIT(*koshta*)^[16]. During this period, the patient was kept on specially prepared easily digestible less unctuous food. Here *Samyaksnigdha* attained on 7th day. After *sweda karma*, a special diet which transiently provokes *kapha* administered for 1 day, so that the process of *vamana* will be completed with easy. On 10th day, *vamana* done with decoction made of Neem leaves (*Nimbakashaya*) and hot decoction Liquorice powder(*Yashtimadhuphanta*). *Vamana* helps to remove vitiated *kapha* from its original site, thus the quality of *rasa dhatu* can be improved which ultimately help to improve the texture of skin since *twak* (skin) formed from *rasadhatu*.

As per textual references *vamana* should be followed with *virecana* in skin diseases which is majorly associated with all the three dosas ^[17]. So to remove *pitta*, *virecana* can be

done. For the same, *sodhanangasnehapana* with *aragvadamahathikthakaghrtm* done, followed by 3 days of *abhyangasweda* with *Ayyappalakeratailam* and *Eladitailam*. Then *Thrivritlehyam* 20gm with *Thriphalaphantaanupana* administered in the early morning as purgative medicine. Chemicals present in the *Trivrit*(*Operculina turpetum*) act as main role in the purgation. Turpethin, alpha and beta turpethin in the *trivrit* converts into turpethic acids in intestine. It also contains turpethic acids A,B and C which also initiate purgation and acts on the muscles of the intestinal wall. It affects the calcium channels in the muscle fibers and increases the intestinal mobility. After *sodhana* therapy, special diet pattern adopted for 3 days, starting from light diet to normal diet (*samsarjana karma*)^[18]. *Takradhara* applied for 7 days after *virecana*, for reducing the stress due to disease and its action mainly by reducing the plasma cortisol level.

After *Shodhanakarma*, *Tuvarakarasayana* which is a type of *Sodhanarasayana* was administered for 5 days with specific diet regimen. *Tuvaraka* oil has properties to alleviate *vata*, *kapha* and diabetes. This *rasayana* will produce both *vamana* and *virecana* and the drug has specifically indicated for skin diseases. Cold water was given as *anupana* after administration of *Tuvarakataila*. After appearing good appetite,

special diet as warm rice porridge mixed with little ghee and rock salt was given. They were instructed strictly not to undergo day sleeping, night awakening, excess talking etc during *Tuvaraka* administration. This procedure balances the micro and macro level of activities of cells, increases bio-availability of the active ingredients and delays cell death and prolongs cell cycle turn over time. So it reduces xerosis of skin and associated itching.

CONCLUSION

Psoriasis is a disease having high impact on the body as well as mind and in Ayurveda parlance has similarity with *sidhma kushta*. This case study demonstrates that Ayurveda management may be gives a blissful life by improving the immune system of the individual. Purificatory measure help to

Images of the disease



remove the root cause of the disease and prevent the disease from its reoccurrence. Combined effects of these treatments are helpful in breaking of immunological reaction, removal of a toxic substance from the body, relieving from pain, inflammation, infection, and to improve general body condition. Though a single case study may not be sufficient enough to prove significance of any treatment but it gives us an idea for the line of treatment to be adopted in such cases and helps to formulate a protocol for large sample studies. Researchers must increase their knowledge of psoriasis (*Sidhma*) in order to find additional options for oral treatment that are safe, cost effective and free of serious side effects.



Images 1 (before treatment)



Images 2 (after sodhana)

	
<p>Images 3(after rasayana)</p>	<p>Images 4(after follow up)</p>

REFERENCES

1. Julia, R. Tortosa, and J. M. Hernanz. "Risk variants for psoriasis vulgaris in a large case-control collection and association with clinical subphenotypes," Human Molecular Genetics, vol. 21, no. 20, 2012 pp. 4549–4557.
2. Gibbs S. Skin disease and socioeconomic conditions in rural Africa: Tanzania. Int J Dermatol. 1996; 35(9):633–9.
3. Danielsen K, Olsen AO, Wilsgaard T, Furberg AS. Is the prevalence of psoriasis increasing? A 30-year follow-up of a population-based cohort; Br J Dermatol. 2013; 168:1303–10.
4. KhannaNeena, Illustrated Synopsis of Dermatology & Sexually Transmitted Diseases, Indian Journal of Dermatology, 2nd Edition ,2008, 53 (4)
5. Yatavji Trikamji (editor). Ayurveda Deepika Commentary of Chakrapanidatta on CharakaSamhitha, chikitsa sthana, chapter. 7, Reprint edition, Varanasi: Chaukamba samskrit series; 2015; p.450-9
6. Sharma P. Dalhana commentary of SusrutaSamhita, chikitsasthana, chapter 9, Varanasi: ChaukhambhaVisvabharti Publications; 2005; pp. 358–74.
7. Hemadri. Sarvanga Sundhara Commentary of Arunadatta on Ashtangahrdaya, chikitsasthana, chapter 14, Reprint edition, Varanasi (India): ChaukambhaOrientalia; 2005
8. Vaachaspati TaranathTarka.Vachaspatyam, Varanasi: Chaukhambha Sanskrit Series; New Delhi; 2006.
9. Hemadri. SarvangaSundhara Commentary of Arunadatta on Ashtangahrdaya, sareerasthana, chapter5, verse no.30, Reprint edition, Varanasi (India): ChaukambhaOrientalia; 2005; p.525.
10. Hemadri. SarvangaSundhara Commentary of Arunadatta on Ashtangahrdaya, sareerasthana, chapter 14, verse no.6, Reprint edition, Varanasi (India): ChaukambhaOrientalia; 2005;
11. Hemadri. SarvangaSundhara Commentary of Arunadatta on Ashtangahrdaya, sareerasthana, chapter 14, verse no. 9, Reprint edition, Varanasi (India): ChaukambhaOrientalia; 2005
12. Sharma P. Dalhana commentary of Sushruta Samhita, chikitsasthana, chapter 9, Varanasi: ChaukhambhaVisvabharti Publications; 2005; pp. 358–74.
13. Hemadri. Sarvanga Sundhara Commentary of Arunadatta on Ashtangahrdaya, chikitsasthana, chapter 14, verse no.10, Reprint edition, Varanasi (India): ChaukambhaOrientalia; 2005
14. Bhel P.N. Practice of dermatology, Published by S.K. Jain, CBS publishers and distributors; Delhi 7th edition; reprint 1992; page 265
15. Hemadri. Sarvanga Sundhara Commentary of Arunadatta on Ashtangahrdaya, sootrasthana, chapter 5, verse no.33, Reprint edition, Varanasi (India): ChaukambhaOrientalia; 2005
16. Hemadri. Sarvanga Sundhara Commentary of Arunadatta on Ashtangahrdaya, chikitsasthana, chapter 17, verse no.29, Reprint edition, Varanasi (India): ChaukambhaOrientalia; 2005

17. Hemadri. Sarvanga Sundhara Commentary of Arunadatta on Ashtangahrdaya, sareerasthana, chapter 14, verse no.6, Reprint edition, Varanasi (India): Chaukambha Orientalia; 2005
18. Hemadri; Sarvanga Sundhara Commentary of Arunadatta on Ashtangahrdaya, sootrasthana, chapter 18, verse no.29, Reprint edition, Varanasi (India): Chaukambha Orientalia; 2005

Cite this article as: Fasnath Arabi, Prakash Mangalasseri. Ayurveda management of psoriasis (sidhma) - a case study, *J of Ayurveda and Hol Med (JAHM)*.2018;6(2): 47-60

Source of support: Nil

Conflict of interest: None Declared