



NATUROPATHY INTERVENTION IN HIDRADENITIS SUPPURATIVA - A CASE STUDY

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ABSTRACT:

Hidradenitis suppurativa, also known as Acne Inversa, is a chronic skin infection. This may be due to inflammation of the sweat glands which is characterized by the formation of painful lumps associated with pus. Usually observed in back of ears, underarms, buttocks, pelvic area and groin areas, where skin gets rubbed together. In conventional medicine, superficial symptomatic treatments are available which have their own side effects. To avoid such effects naturopathy can be considered as an alternative therapy, which involves changing dietary habits and adopting detoxification methods. The present case study, a 25-year-old female presented with chief complaints of gradual weight gain, irregular menstrual cycles, and oozing lesions in the pelvic area, back of the ear, and underarms diagnosed as Hidradenitis suppurativa. The case was treated with naturopathic detoxification procedures and relaxation techniques over a period of 45 days. The patient experienced progressive improvement in her inflammatory lesions, a weight reduction of about 10 kilograms, and regularized menstrual cycles. This study suggests that naturopathy can be effective in managing chronic inflammatory conditions of skin lesions like Hidradenitis suppurativa.

Keywords: Pharmacological, Naturopathy, Hidradenitis Suppurativa, Acne Inversa

INTRODUCTION

Hidradenitis suppurativa is a chronic, recurrent inflammatory disease affecting skin that bears apocrine glands. Lesions usually affect apocrine gland-bearing anatomical areas of the body¹. It usually develops after puberty, manifested as painful, deep-seated, inflamed lesions, including nodules, sinus tracts, and abscesses. In most patients, flares are accompanied by increased pain and suppuration at varying intervals these lesions most commonly occur in intertriginous areas and areas rich in apocrine glands. Among the most common are the axillary, groin, perianal, perineal, and inframammary locations, often occurring pre menstrual in women^{1,2}

Women are more frequently affected than men (female: male ratio, 3:1) and appear to be more likely to have genitor femoral lesions. Physically, recurrence of lesions leading to abscesses, tracts, and scarring can cause chronic pain, limb contractures, and impaired mobility. Lymphatic obstruction can lead to peripheral lymphedema. Long-term effects of chronic inflammation can also occur, including anaemia, hyper proteinemia, and amyloidosis, as well as axial and peripheral arthropathy. In rare cases, a superimposed infection can lead to systemic illness of variable severity. Occlusion and subsequent inflammation of the hair follicle; these conditions, together with

both innate and adaptive immune dysregulation, initiate the development of clinical HS.⁽³⁾ Bacterial infection and colonization are considered a secondary pathogenic factor that can worsen HS. Follicular occlusion leads to dilatation followed by rupture, resulting in the follicular contents, including keratin and bacteria, spilling into the surrounding dermis and inducing a vigorous chemotactic response from neutrophils and lymphocytes. The inflammatory cellular infiltrate causes abscess formation, leading to the destruction of the pilosebaceous unit and eventually of other adjacent adnexal structures (7,8).

The condition most commonly develops in persons in their early 20s, although the onset has been described in prepubertal children and in postmenopausal women as well (3,4). The prevalence of the disease appears to decline at an age of more than 50 years (4).

Because of the associated pain, sensitive locations, drainage, odour, and scarring, this condition may have a negative psychosocial impact⁵. Combining chronic pain with drainage, odour, and deformity of skin appearance can lead to depression, social isolation, decreased relationship satisfaction, sexual dysfunction, and reduced work productivity (6).

CASE REPORT

A 25yr old female soft ware employee consulted for Nature cure treatment on 27th December2022. Her chief complaints were gradual increasing in weight, irregular menstrual cycles, scaloid type of oozing lesions in the pelvic area, back of the ear, underarms associated with pain. Her condition was diagnosed as Hidradenitis suppurativa. she was on steroids for a long time. She could not find any improvement, rather she increased her weight, hence consulted at Nature Cure hospital as alternate therapy.

Initially counseling was given about the Naturopathic Interventions and advised for 30

to 45 days in house treatment. A written consent was taken, explained about the treatment in her own language. At the time of admission her personal history was recorded as: Height: 156cm, Weight: 106kgs, BMI: 43.6kg/M2, BP: 110/70mmHg, Pulse rate: 76/min

Systemic Examination:

Abdomen: soft, no organomegaly.

Skin: Scaloid, hyper pigmented oozing patches in the pelvic area, behind the ears, and under arms was noted.



HIDRADENITIS SUPPURATIVA (Before).

**HIDRADENITIS-
SUPPURATIVA(After).**

Fig. 1 Before and After treatment images of HIDRADENITIS SUPPURATIVA

Treatment-procedure:-Naturopathy believes that accumulation of morbid matter (toxins) is causative factor for all diseases mostly in large intestines. Hence initially detoxifying procedure was started with neem water

enema (a decoction of neem leaves is added to the lukewarm water, and injected anorectally) followed by mud packs for 7 days at 5 am, every day ,at 8 am liver pack for 10 minutes (where a hot fomentation on the

abdomen and ice bag on the lower back area is given which is wrapped with a cotton sheet) were given which helps in improving the liver function so enhances further detoxification. She was counseled about the Naturopathic Diet, as per the naturopathic principles liquid diet is considered to be as eliminative diet. Hence for 10 days prescribed with liquid diet consisting of barley water, infused dry fruit water, plain honey water, thin raagi malt, and coconut water. The liquids are served for 6 times per day, along with 12 – 14 glasses plain water. During this period her Vitals were monitored very carefully checked for any inconvenience with diet, explained about the healing crises of the therapy when she was complained about the bitter taste and loose motions for one day, but it was observed that there was no weakness or discomfort with the liquid diet. Neem water bath was included in her treatment part every day.

After 10 days it was noted that there was a reduction in her weight about 4 kgs, oozing from skin lesions was reduced. Pain in the lesions was bearable. Later seasonal fruit diet and raw salads were prescribed in her diet chat for a period of 7 days. A marked progress was seen in the lesions that oozing of pus was reduced gradually and pain subsided, reduced diet she 3 more kgs.

To regularize her menstrual cycles and also improve the menstrual flow she was prescribed for frictional cold hip bath every day for 12 minutes (The person is made to sit in the hip bath tub and the water is filled up to the navel region, other body parts are kept dry).

To improve the skin function full wet sheet pack was given twice in a week for 30 minutes after 12 days. From 3rd week onwards partial massages to upper & lower limbs, back was given. She was also advised to practice yoga, Pranayama and meditation from day one of her admission.

From 18th day onwards mixed diet was served. one meal was cooked diet includes boiled vegetables wheat pulkas, vegetable soup and another meal was fruit raw diet and vegetable soups. It was observed that the lesions in pelvic area are getting dry and oozing of pus was completely stopped with this results she continued her stay. She was prescribed for cold hip bath regularly along with her routine treatment like full wet pack, partial massages, neem water baths etc. After 45 days of treatment her weight was reduced from 106kg to 94kgs, skin scaldoid lesions have shown that oozing has completely stopped and skin retraction was observed. She got her menstrual cycle after 3 months

DISCUSSION

Naturopathy contemplates Diet as medicine. liquid diet (eliminative diet) which helps in detoxification,¹⁰ fruit diet and raw diet which helps maintain the gut activity and a constructive diet (cooked diet) is balanced in all the nutrients, minerals and vitamins, helped in maintain the weight and also in reduction of oozing from patches.(Skin lesions) The treatment modalities like the neem cold hip bath, neem water bath and the neem water enema showed an impact on the present case. Neem has anti-bacterial, antiviral and antifungal properties⁹ hence neem water enema was given for detoxification. The cold hip bath initially causes vasoconstriction externally and vasodilatation internally.¹¹Circulation to the pelvic organs increases thereby improving the condition for regularizing the menstrual flow In the initial period the oozing and the pain has reduced but after certain duration the patient again complained of pain and oozing but when the neem water bath was given continuously showed an improvement in lesions. Practicing yoga asana helped her in weight reduction and Meditation in reducing her stress.

CONCLUSION: Simple changes in lifestyle was proven in the present case study that methods of detoxification, and changing the diet patterns ,regular proper exercises changed the

morbidity of the condition builds the confidence for further such cases.

REFERENCES:

1. Jemec GBE, Revuz J, Leyden JJ, eds. Hidradenitis suppurativa. Berlin: Springer Verlag, 2006. New England Journal of Medicine, 2012
- 2.H Kurzen, I Kurokawa, G B E Jemec, L Emtestam, K Sellheyer, E J Giamarellos-Bourboulis, I Nagy, F G Bechara, K Sartorius, J Lapins, D Krahl, P Altmeyer, J Revuz, C C Zouboulis What causes hidradenitis suppurativa? Exp Dermatol 2008; 17(5):455-6
3. Revuz JE, Canoui-Poitrine F, Wolkenstein P, et al. Prevalence and factors associated with hidradenitis suppurativa: results from two case-control studies. J Am Acad Dermatol 2008; 59:596-601
- 4.Palmer RA, Keefe M. Early-onset hidradenitis suppurativa.Clin Exp Dermatol 2001 ;26:501
- 5.Seivright J, Collier E, Grogan T, Shih T, Hogeling M, Shi VY, Hsiao JL. Pediatric hidradenitis suppurativa: epidemiology, disease presentation, and treatments. J Dermatolog Treat. 2022 Jun;33(4):2391-2393.
- 6.Yuan JT, Naik HB. Complications of hidradenitis suppurativa. Semin Cutan Med Surg. 2017 Jun;36(2):79-85.
7. Zouboulis CC, Desai N, Emtestam L, et al. European S1 guideline for the treatment of hidradenitis suppurativa/acne inversa. J

EurAcad Dermatol Venereol. 2015; 29:619–644.

8. Kurzen H, Kurokawa I, Jemec GB, et al. What causes hidradenitis suppurativa? Exp Dermatol. 2008; 17:455–472.

9. Mohammad A. Alzohairy Therapeutics Role of *Azadirachta indica* (Neem) and Their Active Constituents in Diseases Prevention and Treatment Evid Based Complement Alternat Med 10.1155/2016/7382506

10. Nutan Impact of diet recommended in naturopathy centers on the nutritional status

of obese patients international journal of current research vol. 9, issue, 12, pp.61994-61997, december, 2017.

11. Rabin Lal Shrestha, Sujatha K J. Effect of Cold Hip Bath on Autonomic Variables in Healthy Individuals - A Randomized Control Trial, JREIM.82-1502188415, 2017.

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