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Case Study

AYURVEDIC MANAGEMENT OF *VIRUDDHAHARAJANAYA SIDHMA*

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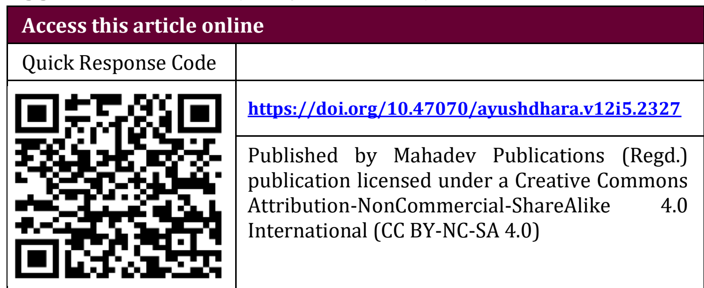
ABSTRACT

Psoriasis is a chronic, immune-mediated inflammatory skin disorder influenced by genetic, environmental, and dietary factors. In Ayurveda, the condition *Sidhma* often compared with psoriasis due to similarities in symptomatology. This case explores the correlation between psoriasis and *Viruddhahara* (incompatible diet), along with the influence of environmental stresses, aligning with Ayurvedic pathogenesis. **Materials and Methods**: Here we report a case of *Viruddhaharajanaya sidhma*. Patient presented with erythematous, scaly plaques over the trunk and extremities for the last 8 years. The condition diagnosed clinically and histopathological as chronic plaque psoriasis. A detailed dietary and lifestyle history revealed prolonged consumption of incompatible food combinations (tinned juices and curd and meat on daily basis). Patient was assessed using Ayurvedic diagnostic tools, and the condition was correlated with *Sidhma* as described in classical text. Management included *Dipana pacana, Shodhana (Virecana*), and followed by *Shamana cikitsa.* **Results**: Within three weeks, a significant reduction in itching, scaling, and erythema was observed. The Psoriasis Area Severity Index (PASI) score reduced from 49 to 7.8. The patient was advised to follow *pathya* (compatible dietary regimen) and avoid *Viruddhahara*.

INTRODUCTION

Psoriasis is a chronic, immune-mediated inflammatory skin disorder characterized by erythematous, scaly plaques commonly affecting the scalp, elbows, knees, and lower back. While genetic pre disposition and immune dysregulation are recognized as core etiological factors, growing evidence highlights the role of lifestyle and dietary triggers in disease exacerbation and persistence.[1] From an Ayurvedic perspective, the concept of *Viruddhahara* (dietary incompatibility) is significant in the pathogenesis of various *Kushtas*[2] (skin disorders), including conditions analogous to psoriasis. The regular consumption of incompatible food combinations such as fermented curd with meat, and processed or preserved items like tinned juices is considered to aggravate *Doshas* (body humours) and disrupt metabolic homeostasis *(Agni),* thereby precipitating or worsening skin diseases. This case report presents an instance of chronic plaque psoriasis potentially exacerbated by the habitual intake of curd and chicken together, along with frequent consumption of tinned juices, highlighting the role of dietary incompatibility in the clinical course of psoriasis and the therapeutic implications of its correction.



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Case Report

A 47-year-old male of moderate build, from Malappuram, presented to the *Agadatantra* outpatient department at VPSV Ayurveda College, Kottakkal, with chief complaints of multiple pruritic, erythematous plaques with silvery scales. The lesions were distributed over the bilateral upper and lower limbs, trunk, and scalp. The patient reported an eight-year history of intermittent symptoms, which had recently exacerbated with increased itching and scaling. The history of the present illness dates back eight years when the patient was employed at a construction site abroad. During this period, he regularly consumed tinned fruit juices and a combination of curd with chicken for three years, as these were provided by his employer. Subsequently, he developed a silvery,

reddish patch with mild itching on his trunk. Despite using home remedies, the condition worsened over three months, with lesions spreading to the bilateral upper extremities, accompanied by intense itching and scaling. Following a consultation with an allopathic physician, he was diagnosed with plaque psoriasis. The condition was managed symptomatically. However, he noted that cold climates and a non-vegetarian diet exacerbated his symptoms. Due to the persistent and frequently recurring nature of the condition, particularly after discontinuing medications, he returned to his native place. For approximately eight years, he continued steroidal medication to manage the symptoms. Over the last three months prior to his visit, the symptoms had drastically increased, with lesions spreading across his bilateral upper and lower extremities, trunk, and scalp, prompting him to seek inpatient Ayurvedic treatment. The patient has no known history of hypertension, diabetes mellitus, or dyslipidaemia.

Treatment history

Under allopathic medication for the same complaints

Had history of intake of steroids

General Examination

Patient was apparently normal.

Pulse rate-72bpm

B P- 120/80 mmHg

Temperature -98.6 F

Heart rate-72bpm

Respiratory rate -18bpm

Weight -75 kg

Height -175 cm

Systemic examination

Cardiovascular system: Normal heart sounds heard. No murmur

Respiratory system: On auscultation normal breath sounds heard, chest was clear.

Digestive system: Abdomen showed peristaltic movements. The body wall appeared smooth with no segmentation. Patient was having a regular bowel habit with no other abnormalities detected.

Description of Lesion

Location: Lesions are distributed over the bilateral upper limbs, lower limb trunk (anterior and posterior), and scalp, with symmetrical involvement.

Type of Lesion

Well-demarcated, erythematous plaques with overlying silvery-white scales.

Number and Distribution

Multiple plaques are present, varying in size from a few centimetres to larger confluent patches. Distribution is bilateral and symmetrical, commonly involving extensor surfaces of the elbows and forearms, the central back and abdomen, and the hair-bearing scalp region.

Shape and Margins:

Lesions are oval to irregular in shape, with sharp, well-defined margins.

Surface Characteristics: The plaques are covered with thick, dry, micaceous (silvery-white) scales that may shed on rubbing (positive Auspitz sign on scraping).

Special tests

1) Candle grease sign – Positive

2) Auspitz sign - Positive

3) Koebner's phenomenon – Positive

Colour: Underlying skin is erythematous (reddish-pink), and scales are silvery-white.

Size: Lesions range from 1–10 cm in diameter, with some confluent areas forming larger plaques.

Other Findings

Scalp shows thick plaques extending beyond the hairline (corona psoriatica).

No signs of secondary infection.

No vesicles, bullae, or pustules.

Nail involvement: Pitting, onycholysis, or subungual hyperkeratosis

No lymphadenopathy.

Treatment

Table 1: Treatment was given at the IPD level

Day	Treatment	Medicines used	Review
3 days	*Rukshana*	1. *Pacanamrtam Kashaya*[3] as *Panam* 2. *Murvadi Gulika*[4] twice daily before food.	*Samyak rukshana lakshana* attained
After attaining *Rukshana*			
6 days	*Snehapana*	*Accha Snehapana* with *Sushrtokta kalyanaka ghrta*[5] starting dose is 30ml ends in 150ml.	

After attaining *Samyak snigdha lakshanas*			
3 days	*Abhyanga* and *Ushna snana*	*Eladikēratailam* [6]	
1 day	*Virecana*	*Avipati curnam*[7]	
8 days	*Takradhara*	*Aaragwadhadi gana*[8]	

After *Takradhara*, the patient was discharged. For *Sesha dosha nirharana Aaragwadhamrtadi Kashaya* [9] was given before food twice daily along with *Kaisora guggulu*[10] *Candraprabha Gulika* [11] was given for *Rasayana* purpose and for external application, *Eladi taila* was given. At the time of discharge, almost 70 percentage of symptom reduced and hyper thickening of the skin and itching were completely relieved.

Before treatment

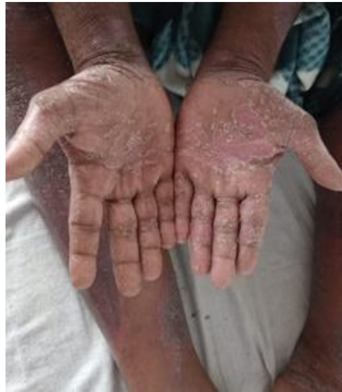

Fig. 1: Palmar aspect of both arms

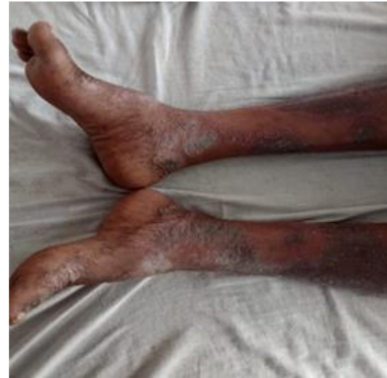

Fig. 2: Anterior aspect of bilateral lower limb

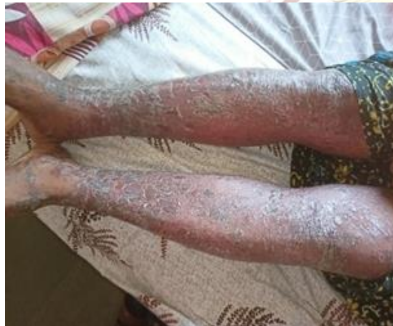

Fig. 3: Anterior bilateral lower limb including knee joint

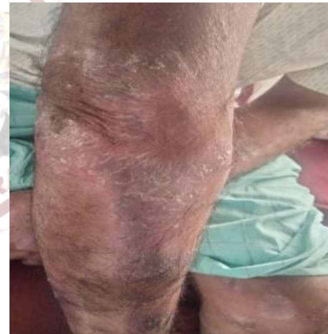

Fig. 4: Anterior aspect of Left upper limb

After Treatment

Fig. 5. Anterior aspects of both arms after treatment

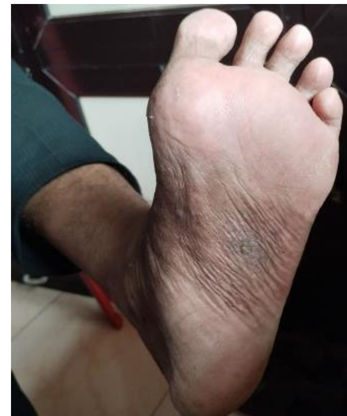

Fig. 6. Anterior aspect of plantar surface of rt foot& lower limb

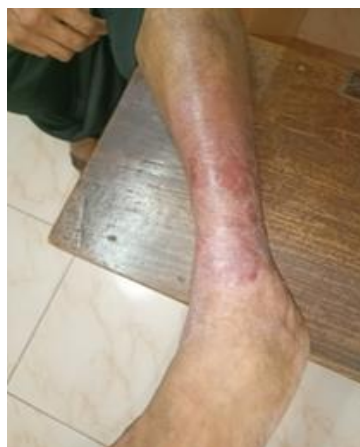

Fig. 7: Anterior aspects of Right lower limb

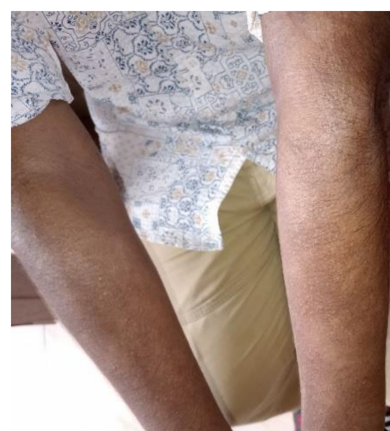

Fig. 8: Anterior aspects of both upper limb

RESULT AND DISCUSSION

Psoriasis area severity index (PASI SCORE) [12]

Table 2: PASI Score before treatment

Body parts	% of area covered	Severity score			
		Itching	Erythema	Scaling	Skin thickness
Head and neck	50% (4)	2	2	3	3
Upper extremity	60% (4)	2	2	3	3
Body	40% (3)	2	2	3	3
Lower extremity	70% (5)	2	2	3	3

Score for head and neck: (Itching + Erythema+ Scaling +Thickness) ×Area × 0.1 = 4

Score for total upper extremities: (Itching + Erythema+ Scaling +Thickness) × Area × 0.2 =8

Score for total body: (Itching + Erythema+ Scaling +Thickness) × Area × 0.3 = 9

Score for total lower extremities: (Itching + Erythema+ Scaling +Thickness) × Area × 0.4 = 28

Total score

Total of Head and Neck + Upper extremities + Body + Lower extremities = 49

Table 3: PASI score after treatment

Body parts	% of area covered	Severity score			
		Itching	Erythema	Scaling	Skin thickness
Head and neck	20% (2)	0	1	1	1
Upper extremity	40% (3)	0	1	1	1
Body	10% (2)	0	1	1	1
Lower extremity	40% (3)	0	1	1	1

Score for head and neck: (Itching + Erythema+ Scaling +Thickness) ×Area × 0.1 = 0.6

Score for total upper extremities: (Itching + Erythema+ Scaling +Thickness) × Area ×0.2 = 1.8

Score for total body: (Itching + Erythema+ Scaling +Thickness) × Area × 0.3 = 1.8

Score for total lower extremities: (Itching + Erythema+ Scaling +Thickness) × Area ×0.4 = 3.6

Total score:

Total of Head and Neck + Upper extremities + Body + Lower extremities = 7.8

The effective management of *Sidhma Roga(psoariasis)* requires a judicious combination of *SHodhana* (purificatory therapies), *Shamana* (palliative treatments), and *Bahirparimarjana* (external applications), along with strict adherence to appropriate *Pathya Ahara* (wholesome diet) and *Vihara* (lifestyle practices).[13] The treatment approach is fundamentally based on understanding the

involvement of *Dosha* (biological humours) and *Dushya* (affected body tissue in skin) disorders like *Sidhma*,[14] vitiated doshas predominantly localize in *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle), and *Lasika* (lymphatic system). *Shodhana* therapy helps in breaking this pathological complex, thereby cleansing and rejuvenating the *Srotas*. Most dermatological conditions have their root in *Mandagni* (diminished digestive fire), leading to the accumulation of *Ama* (toxins). *Shodhana* therapy corrects *Agni*, reduces *Ama*, and thereby addresses the underlying cause of skin lesions. Among *Shodhana* procedures, *Virecana* (therapeutic purgation) is particularly effective in eliminating toxins, purifying the blood, and enhancing overall skin health. Here *Dipana* and *Pacana (*igniting digestive fire*)* done with *Pacanamrtam* and *Murvadi Gulika* it is well known for improving *Agni. Pacanamrtam kashaya* aimed at resolving basic metabolic imbalance and thereby resolving the inflammatory pathogenesis. While analysing the indication of *Murvadi Gulika* the term *'garopahata pavaka" (*indicate its specific action on *Agni*, which got vitiated by *Garavisha).* After attaining *Rukshana Accha Snehapana* (oral administration of medicated ghee in its pure form) is carried out using *Kalyanaka Ghrita*, which is renowned for its multifaceted therapeutic actions. *Kalyanaka Ghrita* contain 28 drugs along with *gritha* and acts as a *Vishaghna* (detoxifying) and *Kushthaghna* (anti-dermatotic). Most of the drugs having *Ushṇa virya.* It also exhibits *Tridoshghna* (pacifies all three *doshas*) properties. The drugs of *ghrita* have *Kushthaghna, Vishaghna* and *Rakta Shodhana* (blood purificatory) properties, making it highly effective in the preparatory phase of *Shodhana* for skin disorders. *Sneha* administered for 6 days. After attaining *Samyak snigdha lakshana Abhyanga* and *Ushṇa snana* was done. For the purpose of *Abhyanga*, *Eladi keram* was prescribed. *Eladi Keram* is known for its *Vata-Kapha Samana* (balancing *Vata* and *Kapha* doshas) properties. It exhibits potent anti-inflammatory action and is beneficial in managing skin conditions. Additionally, it acts as a *Vishaghna* (detoxifying), *Kandughna* (anti-pruritic), and *Kothaghna* (anti-scaling/crusting) agent. *Virecana* (medicated purgation) was done with *Avipatti curna.* Here the symptoms, erythema, scaling, hyper-keratinisation suggest the *Pitta* and *Vata* vitiation. So *Avipatti curna.* act as a *Pitta recaka* (removing bile) and *Vatanulomaka* (pacifier of *Vata dosha)* after that *Takradhara* (pouring medicated buttermilk*)* done with *Aaragwadhadi gana* which is very effective in *Sidhma* due to its *kapha* and *Kandü Shamaka* (anti-pruritic) properties. It helps to cool the body and reduce body heat restore the functionality of the skin and also helps to reduce *Vata kapha* symptoms. After that *Shamana* line of treatment was employed, for that, *Aaragwadhamrtadi Kashaya* was administered. *The Kashaya* contains 4 ingredients, *Aaragwadha*, *Amrita*, *Haritaki* and *Khadira*. *Khadira* is known for its *Kushthaghna* property along with *Kandushamaka*, *Kledopashoshana* (reducing excess moisture) and *Ropana* (enhance healing). Along with *Guduci* it helps in *Rakta shodhana* (blood purifier*)*. *Kashaya* was given before food twice daily along with *Kaisora guggulu, Candraprabha Gulika*. Here both *Gulika* were given as *Rasayana* (rejuvenating property), and for external application, *Eladi kera taila* was given. Which helps to reduce the hyperpigmentation along with itching,

CONCLUSION

The present case highlights the importance of a personalized Ayurvedic approach in the management of chronic conditions like plaque psoriasis by carefully assessing the patient's *Prakriti,* identifying the vitiated *Doshas* and *Dushyas*, and evaluating the state of *Agni*. A holistic treatment strategy was formulated. The patient's history of *Viruddhahara* (consumption of incompatible foods) appeared to be a significant etiological factor contributing to the disease pathogenesis. Tailored interventions including *Dipana pacana, Shodhana* (purificatory therapies), *Shamana, Rasayana* and a strict adherence to *Pathya-Apathya* (wholesome regiments) led to marked clinical improvement. This case underscores the relevance of classical Ayurvedic principles in managing complex dermatological disorders and emphasizes the need for *Aahara-Vihara* regulation in long-term disease control.

REFERENCES

1. Badri T, Kumar P, Oakley AM. Plaque Psoriasis. [Updated 2023 Aug 8]. In: Stat Pearls [Internet]. Treasure Island (FL): Stat Pearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK430879/
2. Agnivesha In: Charaka, Dridhabala, Charaka Samhita, Sutrasthana, 26/81. Reprint. Vaidya Jadavaji Trikamaji Acharya., editor. Varanasi: Krishnadas Academy; 2000. p. 149.
3. Krisha Vaidyan K.V, Gopala Pillai S, Sahasrayogam, 31st ed. Alappuzha; Vidyarambham Publishers; 2012, P –36
4. Pandit Hari sastry bhishakacharya. Ashtanga Hridayam, Varanasi, Choukambha Krishnadas academy, 2006; pg.no:906/58
5. K.R Sikanta Murthy, Susruta Samhita, Choukamba Orientalia, second edition, p.465
6. Krishna Vaidyan K V, Gopalapillai S. Sahasrayogam, 31st ed. Alappuzha; Vidyarambham Publishers; 2012, p-275

7. Krishna Vaidyan K V, Gopalapillai S. Sahasrayogam, 31st ed. Alappuzha; Vidyarambham Publishers; 2012, p-165
8. Sreekumar T, Ashtangahridaya,19th ed. Thrissur; Hrisree Publivations,2023; p-339-40
9. Krishnan K.V, Gopalapilla S. Sahasrayogam,31st ed. Alappuzha; Vidyarambham Publishers;2012, p-117
10. Dsa G. Bhaishajya Ratnavali, Shahtri A, editor.18th ed. Varanasi; Choukamba Surabharati Prakashan; 2007, P-598
11. Srikantha Murthy KR, Sangadhara Samhitha, Gutika kalpana, Chaukambha, Verses 40-49, p105-106
12. Badri T, Kumar P, Oakley AM. Plaque Psoriasis. [Updated 2023 Aug 8]. In: Stat Pearls [Internet]. Treasure Island (FL): Stat Pearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK430879/
13. Kunte AM, Navre KR, Parada kara HSS, editors. Astangahrdaya: A Compendium of the Ayurvedic System of Vaghbata with the Commentaries: 'Sarvanga sundara of Aruna Datta' and 'Ayurveda rasayana' of Hemadri. Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2016. p.525
14. Srikanthamurthy K.R, Vagbhata's Ashtanga hridayam, Vol-2, Varanasi; Chowkhamba Krishnadas Academy, Reprint 2010; p-139

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