



A single case study of treating Pityriasis rosea (Karappan pitham) with Siddha medicine

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Abstract

The Siddha system of medicine is mainly practiced in southern part of India. It is one of the earliest traditional medicine systems in the world which treats not only the body but also the mind and soul. Pityriasis rosea is relatively common skin condition that causes a temporary rash, manifests as an acute, self limiting, papulosquamous eruption with a duration of 6-8 weeks on the body, it is more common in older children and young adults. It may consider as karappan pitham in siddha literature, the signs and symptoms are related to the Pityriasis rosea, In siddha system it may due to increased of pitham among three doshas, Other conventional therapy are unsatisfied, this patient is treated with Sivanaramritham (siddha medicine) denoted in Siddha vaidya thirattu. The signs and symptoms are completely reduced and patient is followed for 6 months. There is no reoccurrence of the disease. The case of Pityriasis rosea, here which was intervened successfully with siddha medicine.

Keywords: Siddha, Pityriasis rosea, karappan pitham, Sivanaramritham

Introduction

Traditional Indian system of Siddha medicine practised over thousands of years has recently gained worldwide attention. Siddha medicine is the native medicinal system of Tamil Nadu. Pityriasis rosea, the name means “fine pink scale.” It is a common skin disorder, observed in healthy people, most frequently children and young adults.

Pityriasis rosea manifests as an acute, self-limiting, papulosquamous eruption with a duration of 6-8 weeks. It evolves rapidly, usually beginning with patch that heralds the eruption, the so-called “herald patch.”

Pathophysiology of Pityriasis rosea (PR) has often been considered to be a viral exanthem, a view supported by the condition's seasonal occurrence, its clinical course, the possibility of epidemic occurrence, the presence of occasional prodromal symptoms, and the low rate of recurrence. Oxidative stress may play a role too.

Pityriasis rosea has been linked to upper tract respiratory infections. An increased incidence is reported among groups with close physical contact (eg, families, students, and military personnel), though the condition does not appear to be highly contagious. Some immunologic data also suggest a viral etiology.

The primary plaque is seen on the skin in 50-90% of cases a week or more before the onset of the eruption of smaller lesions. This secondary eruption occurs 2-21 days later in crops following the lines of cleavage of the skin. On the back, this eruption produces a "Christmas tree" pattern.

Most common conventional treatments is citrazine, levocitrazine, antihistamine topical applications, its all reduces the symptoms temporarily. According to Siddha system of medicine it is consider as karappanpitham, the signs and symptoms of karappanpitham resembles the Pityriasis rosea. It is due increased level of pitham among three doshas.

A significant reduction in papules and itching, improvement in skin were observed a period 2 weeks regular treatment and follow-up for 6 months.

Case Report

A 45 year old male diagnosed with pityriasis rosea by the Sirappu maruthuvam department presented in Outpatient department (OPD) of

Government Siddha Medical College, Palayamkottai, Tirunelveli district, with complaints of itching, rashes, erythema on both legs and hip, indigestion and fatigue, these symptoms were occurring off and on for 2 weeks. No past history of bronchial asthma

Clinical Findings

General examination

The general condition of the patient was good and without alteration in vital signs. He had loss of appetite, bowel and bladder habit, and regular sleep pattern. His naadi is pitha-vatha dominant, There is no previous treatment taken, No past history of asthma and hypertension.

Local examination

No local tenderness or bleeding on manipulation was elicited, and no inguinal lymph nodes were involved. The mucous membranes were unaffected. Such lesion of pityriasis rosea were found on both legs, thigh and hip region.

Investigation

The patient is advised to Skin scraping test and the result is negative. And further blood investigation.

ESR is 30mm/hr on starting the treatment and after the treatment 18mm/hr.

Hb is 14g/dl remains same on before and after the treatment.

Date and Day of visit	Summaries and follow-up visits and description of skin lesions	Intervention
10 May 2018	Severe itching, redness, present in both legs, and hip, indigestion, loss of appetite, lack of sleep.	Purgation, Murukkan vithai tablet 1 with hot water od at early morning
11 May 2018	Severe itching, redness, present in both legs, and hip, indigestion, loss of appetite, lack of sleep.	Oil bath, arakku thylam external at Early morning.
14 May 2018	Itching reduced in both legs, itching absence in night.	Sivanaramritham 200mg with honey bd, Arugan thylam external application
21 May 2018	Itching completely reduced, rashes disappeared, improvement in skin condition	Sivanaramritham 200mg with honey bd, Arugan thylam external application





Discussion

Pityriasis rosea is the clinical condition which resembles the karappan pitham. Siddha perspective of particular case presenting with symptoms like as dry, rough, hot, acute were the characters of pitham and vatham qualities. On basis of symptomatology the disease can be related with Pitha vatha kutram. Etiology of pitham is intake of sour, alkali, salty taste and consumption of incompatible foods, stress, over exposure to sun, anxiety, loss of sleep. this disease is more occurs in tamil months of aavani, purattasi, iyapasi, karthigai and suppressed in markali, thaaai months. The case presents with symptoms like itching, papules, indigestion, fatigue are the characteristic of karappan pitham. The management in different stages of the skin disease includes eliminative procedures such as purgation and oil bath, local application and internal administration of drugs with dietary modifications and lifestyles, the drugs with action of maintain the pitham and vatham naadi along with Sivanaramritham and Arugan oil were chosen and prescribed in the case. The patient was advised to report at an interval of 1 week or report as when required for assessment.

Follow-up and outcomes

Pictures of affected skin was taken in the first visit of OP, and repeatedly taking picture on every visit. The consequent observation was noted, the

patient was advised to assess clinically on every night. The photos were taken after each follow-up visit when compared with before treatment status were able to exhibit the changes in the skin lesions. No adverse effect related to the prescribed drug was also reported. On follow-up for 6 months, there was no reoccurrence of the lesions.

Conclusion

Pityriasis rosea is rare and difficult to cure in days. It may be reoccurrence and develop into severe itching. Other conventional treatments like steroids are not satisfactory and produce side effects. This case is observed for 6 months.

No other re occurrence is occurred. This observation support toward siddha intervention in pityriasis rosea.

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