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MANAGEMENT OF LICHEN AMYLOIDOSIS THROUGH AYURVEDA: A CASE STUDY

Madhurya¹, Bhagyesha.K²

¹PG Scholar, Department of Kayachikitsa, KVG Ayurveda Medical College and Hospital, Sullia, D.K. ²HOD, Professor, Department of Kayachikitsa, KVG Ayurveda Medical College and Hospital, Sullia, D.K.

Corresponding Author: madhuryamadhu03@gmail.com

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ABSTRACT

Lichen Amyloidosis is a chronic pruritic skin disorder of unknown origin characterized by Amyloid deposition in skin. Excessive scratching and consistent friction between skin can damage the epidermis of skin leading to extracellular protein accumulation which creates papules and rashes. A case of 74-year male patient presented with blackish papules associated with itching in bilateral shin region with no relevant family history and was diagnosed as Lichen Amyloidosis. As per *Ayurveda* on basis of *Dosha*, *Kaphavataja Kushta* i.e., *Kitibha Kusta* can be corelated to Lichen Amyloidosis. In conventional treatment as there is no known cure for amyloidosis, in the present case, treatment was planned based on the principles of *Kusta chikitsa* depending on *Dosha* dominence. *Snehana*, *Swedana*, *Virechana* and *Shamana* treatment was followed. Treatment shows marked improvement from symptoms which proves that *Dosha/Lakshana* based approach has good outcomes in chronic disorders of unknown origin also.

Key words: Lichen Amyloidosis, Kitibha Kusta, Snehana, Swedana, Virechana, Shamana

INTRODUCTION

Amyloidosis is an abnormal protein called Amyloid that builds up in tissues and organs¹. The site where amyloid protein gets collected tells the type of amy-

loidosis. When it appears on skin characterized by itchy lichenoid papules, typically on bilateral shin region is known as Lichen Amyloidosis². The con-

ventional treatment focus on relieving symptoms. But in *Ayurveda* it is known that one can cure the disease by treating it according to *Lakshana* and *Dosha* predominance. The same treatment principle has been applied in present case study. This condition of Lichen Amyloidosis can be correlated to *Kitibha Kushta* with predominance of *Kapha* and *Vata Dosha*.

REPORT OF CASE:

A 74-year-old male patient who works as concrete worker is a known case of Diabetes Mellitus for 4 years with a history of chronic alcoholism visited OPD of KVG Ayurveda Medical College and Hospital with complaints of multiple pruritic, firm, hyper-

pigmented, hyperkeratotic papules on the bilateral lower shins for 10 years was diagnosed as Lichen Amyloidosis with no family history of same. The patient stated that in the year 2012 he gradually developed small blackish papule, hard on touch over left lower limb in anterior aspect associated with itching. Later the rashes got spread gradually within a month over both lower limbs on shin region. Over the last 10 years, patients have visited various hospitals and found only partial relief of symptoms. So, for better management the patient opted for *Ayurveda*. The treatment principle of *Kushta* was followed.





ASSOCIATED COMPLAINT:

Patient complaints of Intense Itching on the affected site.

EXAMINATION:

SITE: anterior aspect of Bilateral lower limb below knee and above ankle region i.e. on shin

SIZE: 2mm raised from the surface and 1cm diame-

ter

INSPECTION: Colour – Blackish discoloration Uniformity – Uniformly spread in both lower limbs.

Discharge – Absent

PALPATION: Moisture – Absent

Temperature – Afebrile Texture – Rough and Hard Mobility – Immobile

COLOUR: Hyperpigmented

CONFIGURATION: Grouped, Confluent lesions PRIMARY SKIN LESION: Uniform Papules SECONDARY SKIN LESION: Lichenification INVESTIGATIONS: Urine analysis done

TREATMENT PLAN:

The treatment planned was Snehana, Swedana, Virechana, Raktamokshana and Lekhana along with Shamana Chikitsa.

TREATMENT	MEDICINE	NO. OF DAYS
Adhoshaka Abhyanga	Mahamarichadi Taila	Day 1- Day 7 (7 days)
Kashaya Dhaara	Siddarthaka Snana Churna	Day 1- Day 7 (7 days)
Virechana	Nimbamrutha Eranda Taila + Ushna Jala	3 rd day (1 day)
Raktamokshana	Jalaukavacharana	5 th day (1 day)
Lekhana	Lekhana done using blunt instrument	Day 2 – Day 7 (6 days)
Shamanoushadhi	Patolakaturohinyadi Kashaya 2tsp BID/AF	
	Tab. Nimbadi Guggulu 2 BID/AF	Day 1- Day 7 (7 days)
	Tab. R and H compound 1 BID/AF	

The same treatment protocal was followed in the second admission and there was further improvement in the condition.

DISCUSSION

In the manifestation of Kushta, the vitiated tridosha along with impaired Twak (skin), Rakta (blood), Mamsa (muscles) and Ambu (plasma) together constitute seven essential entities which play role in pathogenesis of Kushta3. Based on permutation and combination of dosha-dushya, skin disorders are innumerable. Type of Kushta is diagnosed based on Dosha dominant Lakshanas. In classics 18 types of Kushta are mentioned as a commonly manifested skin disorder which is further classified as 7 Mahakushta and 11 Kshudhra Kushta. Lichen Amyloidosis can be correlated to Kitibha Kushta which is a type of Kshudra Kushta with predominance of Kapha-Vata Dosha. The Lakshanas are Shyava (blackish discolouration), Kinakhara Sparsha(rough/hard to touch), Parusha(stiff/rough) and Ugra Kandu(severe itching)^{4,5}. Here, mainly there is involvement of *Kapha* Dosha in association with Vata. So, the medicine like Patolakaturohinyadi Kashaya which contains Patola, Katurohini, Chandana, Patha has the Kaphahara property. Murva and Guduchi have Tridosha-hara property. It does the Raktashodhana and possess Kushtahara quality. Nimbadi Guggulu contains Nimba, Triphala, Vasa, Patola and Guggulu with predominance of Tikta-Kashaya Rasa that pacifies Kapha and Vata Dosha. Guggulu has Lekhana property which does Kaphahara, and these drugs have Kushtahara action.

The main line of treatment mentioned by Sushrutha for Kushta is repeated Shodhana so the disease can be eradicated from its root. Virechana evacuates all morbid Doshas (tridoshahara) and depending on site (i.e., Adhoshakha)⁶ Virechana is selected as a line of treatment in this condition which helps in decreasing all symptoms of Skin disease. Abhyanga is done with Mahamarichadi Taila as it balances Vata-Kapha Dosha and helps in softening the lichenified skin. Swedana by Siddarthaka Snana Churna Kashaya Dhara will help in softening the thickened rough skin and ingredients of Snana Churna has Kaphahara, Kushtahara, Varnya and Twak Doshahara property. Rakta Dushti is one of the prime causes of skin diseases⁷, thus Raktamokshana done by Jalaukavacharana is considered as ideal method to expel vitiated blood out from the affected site8. Kushta is considered as Lekhana Sadhya Vyadhi9 and thus Lekhana Karma is done using the blunt instrument had added up for the better results in the treatment.

CONCLUSION

All types of *Kushta* have involvement of *Tridosha*¹⁰, thus treatment is done according to *Dosha* predominance. This shows that *Dosha/Lakshana* based approach has good outcomes in chronic disorders of unknown origin and with the help of *Ayurveda* treatment principles based on *Dosha* and *Lakshana* one can cure any disease.

DECLARATION OF PATIENT CONSENT:

Authors certify that they have obtained a patient consent form, where the patient/caretaker has given his/her consent for reporting the case along with the images and other clinical information in the journal. The patient/caretaker understands that his/her name and initials will not be published, and due efforts will be made to conceal his/her identity, but anonymity cannot be guaranteed. ("SIRVA (Shoulder Injury Related to Vaccine Administration) following ...")

REFERENCES

- 1. *rarediseases.info.nih.gov*. Genetic and Rare disease information center (GARD).
- 2. Andrews' diseases of the skin: clinical Dermatology. Saunders Elsevier.
- Vaidya Yadavji Trikamji Acharya edited Charaka Samhita, with Ayurveda Deepika Commentry of Chakrapani, Published by Chaukhamba Surbharati Prakashan, Varanasi, Reprint edition 2016, Charaka Samhita, Chikitsa Sthana, Chapter No.7, Shloka No.21
- Vaidya Yadavji Trikamji Acharya edited Charaka Samhita, with Ayurveda Deepika Commentry of Chakrapani, Published by Chaukhamba Surbharati Prakashan, Varanasi, Reprint edition 2016, Chikitsa Sthana, Chapter No.7, Shloka No.22
- Vaidya Yadavji Trikamji Acharya edited Sushruta Samhita, with Nibandhasangraha Commentry of Dalhanacharya, Published by Chaukhamba Surbharati

- Prakashan, Varanasi, Reprint edition 1994, Nidana Sthana, Chapter 5, Shloka No.14
- Pt. Hari Sadasiva Paradakara edited Ashtangahridaya, with Sarvangasundari commentary of Arunadatta, Published by Chaukhamba Surbharati Prakashan, Varanasi, Reprint edition 2010, Sutra Sthana, Chapter 13, Shloka No.21-22
- Vaidya Yadavji Trikamji Acharya edited Charaka Samhita, with Ayurveda Deepika Commentary of Chakrapani, Published by Chaukhamba Surbharati Prakashan, Varanasi, Reprint edition 2016, Sutra Sthana, Chapter No.24, Shloka No.12
- Vaidya Yadavji Trikamji Acharya edited Sushruta Samhita, with Nibandhasangraha Commentary of Dalhanacharya, Published by Chaukhamba Surbharati Prakashan, Varanasi, Reprint edition 1994, Sutra Sthana, Chapter 14, Shloka No.24
- Vaidya Yadavji Trikamji Acharya edited Charaka Samhita, with Ayurveda Deepika Commentary of Chakrapani, Published by Chaukhamba Surbharati Prakashan, Varanasi, Reprint edition 2016, Chikitsa Sthana, Chapter No.7, Shloka No.51
- 10. Vaidya Yadavji Trikamji Acharya edited Charaka Samhita, with Ayurveda Deepika Commentary of Chakrapani, Published by Chaukhamba Surbharati Prakashan, Varanasi, Reprint edition 2016, Chikitsa Sthana, Chapter No.7, Shloka No.31

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