

**PSYCHOSOCIAL IMPACT OF COMMON SKIN DISORDERS – A REVIEW STUDY****[Manish Choudhari](#)¹, [Nikita Jamadari](#)², [Naresh Jain](#)³**

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<https://doi.org/10.46607/iamj2009072021>

(Published Online: July 2021)

Open Access

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Article Received: 20/06//2021 - **Peer Reviewed:** 24/06/2021 - **Accepted for Publication:** 25/06/2021

**ABSTRACT**

Objective - To increase awareness of the psychosocial impact of *Kushtha*, *Visarpa*, *Mukhadushika*, *Sheetpitta*, *Udarda* and *Kotha* in *Ayurveda* and Acne vulgaris, Urticaria, Various types of fungal infections, Atopic dermatitis, Psoriasis etc. in modern point of view. Quality Of Evidence - A literature review was based on a MEDLINE search (1966 to 2000). Selected articles from the dermatologic and psychiatric literature, as well as other relevant medical journals, were reviewed and used as the basis for discussion of how skin disease affects patients' lives and of appropriate management. Message - Dermatologic problems hurt patients' quality of life. skin disease can produce stress, anxiety, anger, depression, low self-esteem, embarrassment, and other psychological, personal, professional and social life problems that affect patients' lives in ways comparable to arthritis or other disabling illnesses, as well as showing a bidirectional relationship between skin disease and psychological distress. This review focuses on the effects of five common skin diseases seen by family physicians- Acne, Urticaria, Various types of fungal infections, Atopic dermatitis and Psoriasis. Conclusion - How skin disease affects psychosocial well-being is underappreciated. Increased understanding of the psychiatric comorbidity associated with skin disease and a biopsychosocial approach to management will ultimately improve patients' lives.

Keywords: Skin disease, Psychosocial Impact, Quality of life.

INTRODUCTION

The skin is the largest organ in the body, the skin covers just under 2 m² in the average adult. The outer layer is the epidermis, a stratified squamous epithelium consisting mainly of keratinocytes. The epidermis is attached to but separated from, the underlying dermis by the basement membrane. The dermis is less cellular and support blood vessels, nerve and epidermal-derived appendages (hair follicles and sweat glands). Below it is the subcutis, consisting of adipose tissue [1]. and skin serves many functions, including acting as a barrier, immune regulator, and endocrine organ, as well as also having an aesthetic role [2]. The prevalence of psychiatric morbidity in dermatological outpatients is reported to be 25% [3]. Skin disease can have a devastating effect on a person's physical and psychological wellbeing. Many chronic skin diseases such as chronic urticaria, hidradenitis suppurativa, and vitiligo have significant effects on quality of life. Chronic skin conditions have been well reported to

affect a patient's quality of life on multiple dimensions, including the psychosocial domain. Psychosocial is defined as the interrelation of social factors with an individual's thoughts and behaviour. Dermatological diseases can increase the risk of developing or worsening an existing psychiatric disorder. Skin diseases can have profound physical, psychological and social consequences for those who live with them, for careers and family members. Whilst the physical symptoms are diverse, all have the potential to impact one's mental wellbeing. It is for this reason that in 2003, the All-Party Parliamentary Group on Skin (APPGS) decided to conduct an enquiry into the psychological and social effects of skin diseases. In addition to assessing the extent to which skin diseases affected peoples' daily lives, the enquiry sought to produce several recommendations designed to influence the future planning and delivery of care.

Psychological and social problems related to skin conditions	
- Anger.	-Poor body image.
- Anxiety.	- Relationship issues.
- Avoidance.	- Resentment.
- Bullying	- Secretiveness.
- Depression	- Sexual problems.
- Embarrassment.	- Sleep deprivation/sleeplessness.
- Exhaustion.	- Social isolation.
- Frustration.	- Stress.
- Guilt.	- Suicidal thoughts.
- Helplessness.	- Suicide.
- Increased alcohol intake.	- Teasing.
- Irritability.	- Withdrawal.
- Low confidence.	- Performance Issues

Detailed description of some skin disorders like *Kushtha*, *Visarpa*, *Mukhadushika*, *Sheetpitta*, *Udarda* and *Kotha* in *Ayurveda* and acne, urticaria, various types of fungal infections, atopic dermatitis and psoriasis etc in modern point of view.

In Ayurveda

- ***Kushtha* (Leprosy):** “*Kushnati Vapu Iti Kushtham*” The disease in which the skin gets deformed is called *Kushtha*. “*Twachah Kurwanti Vaivarnaya Dushtah Kushthamushanti Tat*” [4].

The disease in which the skin discolouration and deformity is called *Kushtha*.

- ***Visarpa* (Erysipelas):** “*Vividham Sarpati Yato Visarpasten Sa Smrutah. Parisarpoathava Namna Sarvatah Parisarpanat*” [5]. The disease which travels from its many moves to all parts of the body, that disease called *Visarpa*.
- ***Mukhadushika* (Acne vulgaris):** “*Shalamalikan-takaprakhyah Kaphamarutashonitaih. Jayante Pidika Yunam Vaktre Ya Mukhadushikah*” [6]. Due to

the *Prakopa* of *Kapha*, *Vata*, and *Rakta Dosha* on the face of young people, there is a *Pidika* (Boil) like *Shalmali Kantaka* (Thorn), which is called *Mukhadushika*.

- **Sheetpitta (Urticaria):** “*Shitamarutasamsparshat Pradushto Kaphmautto. Piten Sah Sambhuya Bahiantarvisarpatah*”^[7]. Due to exposure to cold air, the *Kapha* and *Vata Doshas* get contaminated and mixed with *Pitta* causes deformity in the outer skin and in the *rakta* etc *Dhatu*s, which is called *Sheetpitta*.
- **Udarda (This is a slightly chronic stage of urticaria):** “*Varatidashtasansthana Shotha Sanjayate Bahih. Sakanduh Todabahulashchhardi Jwara Vidahawan. Udardamiti Tam Vidyatsheetapittamathapare. Vatadhikam Sheetpittam Udardastu Kaphadhikah*”^[8]. Inflammation similar to the swelling that arises due to the bite of “*Varati*” on the skin is called *Udarda*. There is itching, pricking pain, fever and burning sensation. Some *Aacharyas* call this *Sheetpitta*. The difference between these two is that *Vata Dosha* predominates in *Sheetpitta* and *Kapha Dosha* predominates in *Udarda*.
- **Kotha (This is more of a chronic stage than a urticaria):** “*Asamyakavamanoudirnapittashleshmaannigrahe Mandalani Sakanduni Ragvanti Bahuni Cha Utkothah Saanubandhshcha Kotha Itybhidhiyate*”^[9]. Itchy red rashes emerge on the skin due to excess or cessation of vomiting, or by stopping the flow of enlarged *Kapha-Pitta* or by stopping the release of *anna* along with passage vomitus. Due to frequent rashes, they are called *Kotha* or *Utkotha*.

FROM A MODERN POINT OF VIEW

Acne Vulgaris: Face is considered an important part of the body as beautiful, and look is concerned. Acne is a chronic inflammation of the pilosebaceous units. It is extremely common, generally starts during puberty and has been estimated to affect over 90% of adolescents^[10]. Acne is such a condition that disfigures the face from teenagers to younger age. Acne vulgaris is the most common skin disease of the pilosebaceous gland. It is characterized by the formation of open and

closed comedones (non-inflammatory lesions) papules, pustules and nodulocystic lesions (inflammatory lesions) generally affecting the face, arm and back region. Disease in the world affecting approximately 85% of teenagers^[11]. Acne change in the skin’s appearance may give rise to a changed body image that, in turn, is known to lead to anger, fear, shame, anxiety, depression, embarrassment, and stigmatization within peer groups. Its substantial influence is likely related to its typical appearance on the face and would also explain the increased unemployment rate of adults with acne^[12].

Urticaria: Urticaria (hives) are a red, raised, and an itchy skin rash that is sometimes triggered by an allergen. An allergen is something that produces an allergic reaction. It is also known as urticaria. Acute urticaria may be associated with angioedema of the lips, face, tongue, throat and, rarely, wheezing, abdominal pain, headaches and even anaphylaxis. Urticaria present for less than 6 weeks is acute, and chronic if it continues for more than 6 weeks^[13]. In urticaria, the examination may be unremarkable or weals may be evident and the skin should be stroked firmly with an orange stick to ascertain whether dermographism is present or not^[14].

Fungal Infections: Fungal skin infections can be superficial (dermatophytes and yeasts) or, less commonly, deep (chromomycosis or sporotrichosis); the latter is seen more often in tropical climates or the immunocompromised. Dermatophyte infections (ringworm) are extremely common and usually caused by fungi of the *Microsporum*, *Trichophyton* and *Epidermophyton* species and present with skin (tinea corporis), scalp (tinea capitis), groin (tinea cruris), foot (tinea pedis) and/or nail (onychomycosis) involvement^[15].

Atopic Dermatitis: Atopic dermatitis is a common inflammatory skin disease that takes the form of severe hardship for both the patient and the caregiver^[16,17,18]. When an infant is infected with atopic dermatitis, the sensitivity of the skin of infants is altered, which impairs the emotional development of infants as the skin serves both sensory perception and communication.

Psoriasis: Psoriasis is a long-lasting, noncontagious autoimmune disorder characterized by raised areas of

abnormal skin. These areas are purple, red and some people with darker skin, itchy, dry and scaly. Psoriasis is generally thought to be a genetic disease that is triggered by environmental factors. Symptoms often worsen during winter and with certain medications like β -blockers or NSAIDs and infections and psychological stress can also play a role [19,20].

THE IMPACT OF COMMON SKIN DISEASE-

Psychological Impact: Various types of skin diseases can be caused or aggravated by mental stress, personality traits and mental illnesses, these skin diseases can also cause secondary mental disorders. In dermatologic patients, depression and anxiety are commonly seen in up to 25%-43% [21-24]. Some skin conditions such as acne vulgaris occur predominantly in the adolescence period, a developmental period in which there is considerable focus on appearance. The impact of skin disease on teenagers' self-esteem during this period can be devastating. Evidence submitted to a recent APPG on Body Image enquiry showed appearance was the focus of bullying in 56% of cases. In situations where a child has experienced negative reactions towards their skin, there may be a risk of developing 'body-specific shame proneness that clinical experience suggests may become generalized to long-term appearance sensitivity.' Recent studies have indicated that the development of acne vulgaris later in life or having the condition continue into early adulthood can be associated in some cases with high levels of distress. October 1st marks the annual urticaria day; a day to spread awareness about this surprisingly common condition. Most of us probably know the physical symptoms of urticaria as you might call it. But there are can also be significant psychological effects of urticaria. When the problems persist, it can have a big impact on someone's mental wellbeing, causing embarrassment, anxiety, or being a distraction from daily life. Patients with fungal infections like ringworm, candida, onychomycosis, etc., suffer from depression, anxiety, and irritability. Patients with fungal infections like ringworm, candida, onychomycosis, etc., suffer from depression, anxiety, and irritability. Patients with severe atopic dermatitis have high levels of depression. Depression is often linked to decreased quality of

life due to insomnia deprivation because of the intense pruritus, this sleep deprivation can lead to emotional problems and impaired thinking. One study found that 20% of patients with severe psoriasis were on anti-depressant medication.

Social Impact: It has been suggested that patients with moderate-to-severe acne suffer from poor body image, low self-esteem and experience social isolation and constriction of activities. In this study, 68% of patients reported acne-affected their social activities. Negative influence on social/leisure activities showed a statistically significant correlation ($P<0.05$) to gender, site of lesions, and grade of acne. Patients responded that they especially avoided social gatherings during an episode of acute acne flare as they felt other people stared at their acne and this made them uncomfortable. The patient with urticaria does not like to go to different types of Gatherings or even if he goes, the people of the gathering look at him with disgust. Due to various types of fungal infections, the image of the patient gets spoiled in the society, he hesitates to go to the meeting due to which many patients also try to suicide. Atopic dermatitis is commonly seen in children, in this disease there is an interaction affects between families and patients. In atopic dermatitis, mainly children have behavioural problems like dependency, clinginess, and fearfulness. One study found that 20% of patients with psoriasis said that they had been rejected and stigmatised by the public because of their condition.

CONCLUSION

Although this article has divided the quality-of-life impact of common skin disease into psychological and social domains, there is inevitably overlap between these categories. Physicians should keep in mind the negative effects of common skin disorders because mere treatment according to the severity of the diseases does not give a complete solution to the suffering of the patient. Apart from this, the treatment should also be done keeping in mind the mentality, sociability, and quality of life of the patient. Doctors and society should not hatred, malice and discriminate the patients with such skin disorders, but should be loving with them so that their self-esteem is not hurt. By treating patients with love, their self-confidence increases, the patient confidently tells the doctor about his

diseases. By doing this, many skin patients can avoid mental diseases like depression, anxiety, suicidal tendencies, and their attachment to society and life does not end.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Manish Choudhari et al: Psychosocial Impact Of Common Skin Disorders – A Review Study. *International Ayurvedic Medical Journal* {online} 2021 {cited July 2021} Available from: http://www.iamj.in/posts/images/upload/1452_1456.pdf