



MANAGEMENT OF SEBORRHOEIC DERMATITIS-AN AYURVEDIC APPROACH - A CASE REPORT

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INTRODUCTION

Seborrheic dermatitis is a common chronic or relapsing form of eczema or dermatitis that mainly affects the scalp and face. It is also called as Saborrhic eczema. The causes of saborrhic dermatitis are not completely understood. Adult seborrheic dermatitis tends to begin in late adolescence. Prevalence is greatest in young adults than in elderly. It is more common in males than in females. It is often associated with increased sebum production of the scalp and the sebaceous follicle rich areas of the face and the trunk. Various genetic factors, hormonal factors and increased colonization of *Malassezia* may play a role in the causation and perpetuation. The following factors are sometimes associated with sever adult seborrheic dermatitis; 1. Oily skin 2. Familial tendency to seborrheic dermatitis or a family history of psoriasis 3. HIV infection 4. Neurological and psychiatric diseases like Parkinson disease, depression.

Clinical Features- Clinically adult patients develop erythema and greasy scale often associated with puritus on the scalp, paranasal areas, eyebrows, nasolabial folds. Dandruff is usually the earliest manifestation of seborrheic dermatitis.

CASE HISTORY

A male patient aged 20years came to Panchakarma OPD, JSS Ayurveda Hospital, Mysuru, Karnataka, India, with the history of red, itchy rash with pastules associated with oozing over the scalp and paranasal areas associated with itching since 3 years which tends to more during winter. Patient took allopathic medicines but not found any relief.

Skin examination done which revealed the presence of pastules all over the scalp, presence of redness around the postules and oozing from the postules.

After going through the history and skin examination this case is diagnosed as Saborrhic dermatitis which is having similar lakshanas of vicharchika. Vicharchika which is a type of kshudra kusta where there is a presence of kandu and sravayukta pidakas present.

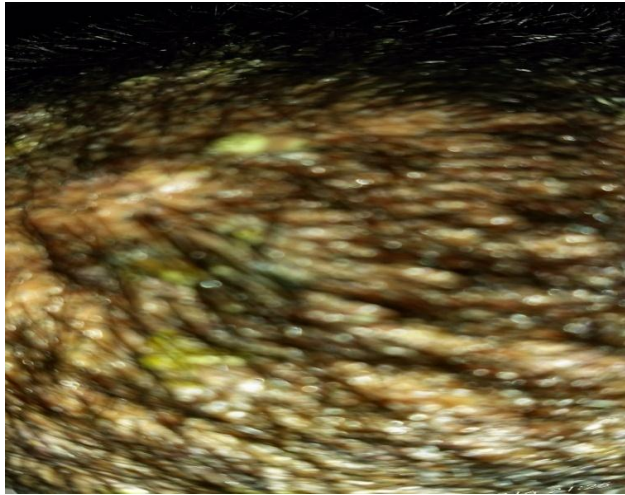
Treatment adopted

1. Amapachana done with Jeerakadi churna 3gms tid before food for 4days.
2. Snehapana in arohana karma with guggulu tikta ghrita for 5 days, started with 30ml on 1st day,

50ml on 2nd day, 70ml on 3rd day, 90ml on 4th day and 110ml on 5th day.

3. 3days vishrama kala- Abhyanga with yashtimadhu taila and bashpa sweda done for 3 days.
4. Virechanartha trivruth lehya 30gms given and patient had 12 vegas.
5. Patient is advised to wash the head with triphala Kashaya daily.
6. Samsarjana karma is advised for 5 days.
7. Shamanoushadhis advised are-1. Mahamanjishtadi Kashaya 15ml bd with equal quantity of water. 2. Haridra khanda 1tsp bd with milk.

Patient is advised to come for routine check up once in 15days to Panchakarma OPD to assess improvement. At the end of 3 months patient is completely cured of the complaints and there is no occurrence of pidakas which are completely disappeared after virechana.



Before treatment



After treatment

DISCUSSION

As virechana is the line of treatment for kushta and for vicharchika it is selected. Guggulu tikta ghrta which is indicated in kushta and by considering anti-inflammatory action of guggulu which helps in reducing the inflammation of pidakas it is selected. To reduce srava and kandu patient is advised to wash the head with triphala Kwatha. Kandu reduced by third day of snehapana. Before patient complaining of appearance of new pidakas daily on scalp, by the fourth day of snehapana no new pidakas were appeared. After virechana, size of the big pidakas reduced, small pidakas disappeared, skin inflammation reduced. After samsarjana karma when the patient came for follow-up there were no pidakas and no kandu. Now shamanoushadhis are started and follow-up done once in 15days for 3 months.

REFERENCES

1. Agnivesha, Charaka Samhitha with Ayurveda Deepika and Jalpakalpatharu commentary, edited by Yadavji Trikamji Acharya , Nidana sthana, 5th Chapter, Chaukambha Prakashana, Varanasi, 2013; 216-219.
2. Agnivesha, Charaka Samhitha with Ayurveda Deepika and Jalpakalpatharu commentary, edited by Yadavji Trikamji Acharya , Chikitsa Stana, 7th Chapter, Chaukambha Prakashana, Varanasi, 2013; 450-459
3. Acharya Sushruta, Sushruta Samhita, Nibandhasamgraha commentary, edited by Yadavji Trikamji Acharya ,Nidana Sthana, 5th Chapter, Chaukambha Orientalia, 6th edition, 1997; 282-289.
4. Acharya Sushruta, Sushruta Samhita, Nibandhasamgraha commentary, edited by Yadavji Trikamji Acharya ,Chikitsa Sthana, 9th Chapter, Chaukambha Orientalia, 6th edition, 1997; 442-448.
5. Acharya Vagbhata, Astanga Hridaya, Sarvangasundara & Ayurveda Rasayana Commentary, edited by Pt. Harisadashiva Shastri,Nidana Sthana,14 Chapter, Chaubmha

Sanskrit Sansthana, Varanasi,3rd edition, 2012; 524-529.

6. Acharya Vagbhata, Astanga Hridaya, Sarvangasundara & Ayurveda Rasayana Commentary, edited by Pt. Harisadashiva Shastri,Chikitsa Sthana,19th Chapter Chaubmha Sanskrit Sansthana, Varanasi,3rd edition, 2012; 711-718.
7. Dan L.Lengo et al, Harrison's principles of Internal Medicine18th edition, 398.
8. Thoppa Devendru.M, Essentials of Dermatology, jaypee Brothers Medical publishers, 2nd edition, 2009; 103-105.