



A naturopathic drug (Choornam) for Seborrheic Dermatitis Induced Stevens Johnson Syndrome - A Case Report

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ABSTRACT

Stevens Johnson syndrome is a serious life threatening skin disorder. It initially characterised by red or purple rashes, then turns into blisters and scaly patches. It mainly occurs when body adversely reacts with certain drugs. A type of skin disease that found in scalp is seborrheic dermatitis. In naturopathy there have certain treatment options for seborrheic dermatitis. From that one of the important treatment options is triphala choornam.

A 48 year old female patient took triphala choornam for seborrheic dermatitis. After 1 week she was admitted to a tertiary care hospital with the complaints of itching, rashes and scaly eruptions all over the body for 5 days. Her blood culture report shows the presence of *staphylococcus warneri* & *staphylococcus epidermidis*. Antinuclear antibody (ANA) profile shows Anti-smith antibody (Sm) at borderline and ds DNA positive. Her ESR and CRP levels were found to be elevated. The condition was diagnosed as Stevens Johnson syndrome. The patient was treated with antibiotics, corticosteroids, analgesics and topical agents. Here, we reporting the first case of Stevens Johnson syndrome induced by triphala choornam (a naturopathic drug) which was used to treat seborrheic dermatitis.

INTRODUCTION

Seborrheic dermatitis is an inflammatory skin condition that usually seen in all type of population. This mostly occurs in lipid rich skin areas especially scalp. This seborrheic dermatitis is commonly known as dandruff^[1]. This seborrheic dermatitis characterise as flaky skin, rashes sometimes ring shaped rashes, itching with or without pruritis. It usually known as fungal infection but sometimes it occurs immunologically^[3]. Thereby, antifungal agents are the major treatment of choice for seborrheic dermatitis. In naturopathic, choornam is used to treat seborrheic dermatitis. Choornam is a naturopathic medicine which is using from thousands of years. In Sanskrit; the meaning of choornam is powder^[4]. Choornam is the mixture of powdered herbs and minerals. Triphala choornam is

meant for skin disorders such as seborrheic dermatitis^[11]. Unfortunately, this naturopathic treatment causes another skin disease such as Stevens-Johnson syndrome (SJS). SJS affects the skin and result in the shedding off^[8]. It mainly characterized as rashes, blisters over skin and mucus membrane, painful lesions. This SJS sometimes occur due to hypersensitivity reaction with some drugs.

SJS is a rare and serious skin disorder. Around 1-6 cases per million people is reporting with drug induced Stevens Johnson syndrome per year^[5]. Also no case of choornam induced SJS is reported till now. It is a significant dermatological emergency, should recognise early and need appropriate management. The expert physicians suggest that it can be treat by reducing the symptoms, pain, skin destruction and improve regeneration of skin cells^[10]. Antibiotics, corticosteroids, analgesics are



Fig. 1



Fig. 2

considered as the first line agents for reducing the symptoms and improve patient condition^[5]. The prompt diagnosis and better treatment based on symptoms will be the right contribution to cure SJS^[14]. Here we are discussing a case of Stevens Johnson Syndrome that occurs due to adverse effect of triphala choornam.

CASE REPORT

A 48 years old female patient had the complaints of severe seborrheic dermatitis for a few days and she went to a naturopathy hospital for its treatment [Fig: 1]. The physician in naturopathic hospital done the physical examinations and prescribed to take triphala choornam. She started to take the drug as prescribed by the physician. After 1 week she started to experience rashes all over the body [Fig: 3]. She had generalised itching and scaly eruptions from rashes with discharge of fluids. Then she went to a homeopathy hospital for the treatment for this rashes and scaly eruptions. Still she was not well. She also started to experience fever and pain all over the body for 2 days. She was very sensitive to cold. Thus they referred to a tertiary care hospital for further treatment.

She admitted to a tertiary care hospital with the complaints of

rashes all over the body from 5 days, scaly eruptions and fever from 3 days. Scaly eruptions over face, vesicular eruptions over anterior and posterior aspects of neck (erythematous), ruptured vesicles over chest and upper back (erythematous) [Fig: 2]. She had regular bowel habits with mixed food habit and good appetite, her urine output were also normal. Generally patient was conscious and oriented with diffuse maculopapule, GIT was soft, but dermatology had scaly eruptions and vesicular eruptions all over the body.

During admission time her temperature - 102 °F, respiratory rate - 24 cycles/min, pulse -

110 beats/min, BP - 110/70 mmHg. Under laboratory investigation; CRP (140.7) level is elevated and ESR (30) level is slightly elevated. Her blood culture found the presence of staphylococcus warneri & staphylococcus epidermidis. ANA profile shows SM at borderline and Ds DNA positive. Dental consultation also referred as dental caries 36 and generalised mild chronic gingivitis. Patient's symptoms and laboratory parameters help to confirm that the patient was suffering with Stevens Johnson syndrome.



Fig. 3



Fig. 4



Fig. 5



Fig. 6

While the patient stayed in hospital, she was treated with Inj. Cefuroxime, T. Azithromycin for *staphylococcus epidermidis* as well as Cap. Doxycycline for *staphylococcus warneri*. Inj. Cefoperazone-Sulbactam was prescribed as broad spectrum antibiotic (it is sensitive for both *staphylococcus epidermidis* and *warneri*). The inflammatory responses were controlled with the help of corticosteroids like Inj. hydrocortisone, Inj. Dexamethasone and her pain was treated by Inj. Acetaminophen. Also she had itching and rashes that were treated with anti histamines like inj. Pheniramine, T. Hydroxyzine and topical agents such as Triamcinolone ointment, Betamethasone ointment and calamine lotion for skin care [Fig: 4,6]. The patient's condition was recovered after 10 days of treatment and the patient felt better during discharge [Fig: 5,7,8]. Here, the treatment for seborrheic dermatitis with naturopathic drug induced its adverse effect rather than pharmacological effect. So before prescribing triphala choornam conduct a sample test topically to identify whether patient have any allergy to that particular drug meant for topical application.

DISCUSSION

Chooranam is a naturopathic medicine. There have different types of choornam such as triphala choornam, kayam choornam, hinguvachadi choornam, eladi choornam and rasnadi choornam. Each type of choornam is meant for different purposes. Triphala

choornam consists of three fruits such as Amla, vibhitaki, and Haritaki. It is mainly applicable for seborrheic dermatitis which is characterised by scaly patches over the scalp. The choornam shows its better action towards seborrheic dermatitis and many got cured their skin condition with this triphala choornam. But unfortunately, as a coin has two sides, this choornam also shown its other side that result in an adverse event. This is a case report of Stevens Johnson syndrome that occurred by the adverse reaction of triphala choornam. When compared to other cases of Stevens Johnson syndrome, this is condition that the medicines for skin disease itself cause the severe skindisease. The use of choornam results in itching and scaly patches. The patient who took this triphala choornam was admitted to tertiary care hospital with scaly eruptions and vesicular eruptions all over the body. Under laboratory investigation her blood culture had shown presence of *staphylococcus epidermidis* and *staphylococcus warneri*. The condition was diagnosed as Stevens Johnson syndrome. By further investigations it was confirmed that this SJS is an adverse reaction of triphala choornam. These conditions were treated with antibiotics, corticosteroids, analgesics and topical agents. Her skin condition became almost normal during the end days of hospital stays. This case report will be useful for all physicians who prescribing triphala choornam for seborrheic dermatitis. It helps to be aware about this adverse skin reaction. But, the limitation of this condition is lack of proper treatment guidelines



Fig. 7



Fig. 8

and the lack of experience of physicians in treating this rare skin condition (SJS), that may provide a chance of making mistakes in diagnosis and treatment options.

CONCLUSION

As Stevens Johnson syndrome is a potentially fatal disease condition with a strong etiological connection to some medications. The proper diagnosis can reduce the patient's morbidity and mortality rate. Treatment with steroidal agents might be helpful, but this option is also remains controversial. In this case, a naturopathic drug triphala choornam for seborrheic dermatitis adversely reacted with the body. So whenever prescribes choornam for seborrheic dermatitis, conduct a sample test topically. If the patient having no hypersensitivity reactions then you can prescribe this drug, with advice that "whenever you feel any rashes over body suddenly consult your physician". That helps to provide better quality of treatment and better quality of life.

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CONFLICT OF INTEREST

Athira Mohan S collected the case from general medicine department during her internship; Glancy B Anand and Athira G H are responsible for the content in this study. Prof. Dr. Shaiju S Dharan provided the guidance for the completion of this manuscript.

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