Case Report

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ABSTRACT

Introduction: Psoriasis is a noninfectious chronic inflammatory skin disorder, characterized by well-defined erythematous plaques with silvery scales. In an ayurvedic perspective, we can compare this disease with Kitibha Kushta (a type of skin lesion) because most of its signs and symptoms mimic that of erythrodermic psoriasis.

Case Presentation: A 23-year-old patient diagnosed with psoriasis presented with erythematous overlapped plaques all over the body, Auspitz sign, and pain associated with occasional itching sensation. After assessing the dosha involvement, proper Shodhana (purification therapy), Shamana (paciifying therapy), and Rasayana (rejuvenation therapy) were adopted and a reduction in erythema, itching, scaling, pain, and lesions were seen, along with a swingin decrease of PASI, DLQI, and VAS scores from 37.4, 11, and 07 to absolute zero.

Conclusion: Even though erythrodermic psoriasis is very difficult to treat, a thorough assessment of pathogenesis, proper shodhana (purification) and rasayana (rejuvenation therapy) proves to be effective. This gives further scope, similar to a structured clinical trial in the disease.

INTRODUCTION

Psoriasis is a chronic inflammatory skin disease characterized by erythematous patches associated with silvery scales, itching, burnt skin appearance, and in some cases pustules or blisters. The disease not only causes physical deformity but can also cause severe social stigma to a person and affects one’s quality of life. Social exclusion, discrimination, and stigma are psychologically devastating for individuals suffering from psoriasis and their families. According to various data published so far, the prevalence of psoriasis varies between 0.09% and 11.43%, which makes this disease a serious problem, with at least 100 million individuals affected around the globe. There is no definite treatment available for psoriasis, but different treatment modalities, such as internal medications, topical creams, phototherapy, and biologics, are available. They are found to bring symptomatic relief, but the long-term use of these medications can cause systemic and local side effects as well as toxicity. According to Ayurvedic literature, psoriasis can be compared with either Ekakushta, Sidhma Kushta, or Kitibha Kushta, which are of Vata-Kapha in origin. For the elimination of doshas, repeated shodana (purification) is necessary, which is explained in classics as the main line of treatment and after shodana for enhancing the deteriorated dhatus (bodily tissues); rasayana prayoga is ineluctably explained. Different rasayana prayogas are mentioned for this purpose, but the complete efficacy of the drug is attained only if the medicine is consumed as explained in classics. Manibhadra Guda is a drug having both purgative as well as rasayana properties. According to the market need and to increase the shelf life of the drug, Manibhadra Guda is prepared either in Avaleha (linctus) form or in granules form.

CASE PRESENTATION

A 23-year-old male student presented with erythematous patches, scaling, pain, itching, and roughness of skin over the whole of trunk and the upper and lower limbs since 1 month. The patient was apparently normal before 3 years. In July he noticed small pimples on the dorsal aspect of the trunk. He ignored the condition, but, because there was an increase in the number of pimples, he consulted an allopathic physician and took medication for more than 1 month. Symptomatic relief was achieved as the pimples disappeared. By later November the condition reappeared with much more intensity. He consulted a homeopathic physician, took medication, and found temporary relief. By February 2016, the condition reappeared, but this time instead of pimples the patient experienced reddish skin patches with scaly lesions, cracked lips, severe itching, and bleeding spots when scales was removed. He consulted another allopathic physician who advised topical applications, but the condition spread from back to his hands, legs, end front of trunk. Unsatisfied with the treatment, he

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Abbreviations: PASI, Psoriasis Area and Severity Index; DLQI, Dermatological Life Quality Index; VAS, visual analogue scale
<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Formulation</th>
<th>Ingredients</th>
<th>Dose</th>
<th>Adjuvant</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Guduchyadi Kashayam</td>
<td>Decoction prepared of Tinospora cordifolia (WILLD.) HOOK.F. &amp; THOMS, Prunus pddum (WALL.) ROXB. EX BRANDIS, Azadirachta indica A. JUSS, Coriandrum sativum L, Pterocarpus santalinus L.F.</td>
<td>20 mL; thrice daily before food</td>
<td>60 mL boiled and cooled water</td>
<td>Day 0-2</td>
</tr>
<tr>
<td></td>
<td>Kaisora Guggulu</td>
<td>Hand-made pills prepared out of Emblica officinalis, Terminalia bellirica, Terminalia chebula, Commiphora mukul, etc.</td>
<td>1; thrice daily before food</td>
<td>With hot water</td>
<td>Day 0-2</td>
</tr>
<tr>
<td></td>
<td>Viwadi Gulika</td>
<td>Hand-made tablets prepared out of Aegle marmelos (L.) CORREA EX SCHULTZ, Ocimum sanctum, Pongamia pinata (L.), Valeriana walliche DC., etc.</td>
<td>1; thrice daily, after food</td>
<td></td>
<td>Day 12-13</td>
</tr>
<tr>
<td></td>
<td>Histantine tablet</td>
<td>Ayurvedic proprietary medicine in the form of tablet made out of Nardostachys jatamansi DC, Inula racemosa HOOK.F, Picrorhiza kurroa ROYLE EX BENTH, Acorus calamus L., Cucuma longa L., Cuminum cyminum L., etc. drugs</td>
<td>1; thrice daily after food</td>
<td></td>
<td>Day 12-13</td>
</tr>
<tr>
<td></td>
<td>External application of Jeevantyadi yamaka and thiktakam ghritam</td>
<td>Ghee prepared out of Leptadenia reticulate (REJTZ.) WIGHT &amp; ARN, Rubia cordifolia L, Berberis aristata DC, Mimus philippensis (LAM) MUCELL-ARG, Colicicum luteum BAKER, etc. drugs</td>
<td>Once a day</td>
<td></td>
<td>Day 15-24</td>
</tr>
<tr>
<td></td>
<td>Application of eladi gana choorna over head</td>
<td>Powdered drugs prepared out of Elettaria cardamomum MATON, Amomum subulatum ROXB., Hydrocarpus laurifolia (DENNST.) STEUM., Saussurea lappa C.B.CL., Callicarpa macrophylla VAHL, etc. drugs</td>
<td>Once a day</td>
<td></td>
<td>Day 15-24</td>
</tr>
<tr>
<td></td>
<td>Vajrakam Kashayam</td>
<td>Decoction of drugs made of Adhatoda vasica NEES, Tinospora cordifolia (WILLD.) HOOK.F &amp; THOMS, Trichosanthes dioica ROXB., Solanum xanthocapum SCHRAD &amp; WENDL, Pongamia pinata (L.) PIERRE etc. drugs</td>
<td>20 mL; thrice daily before food</td>
<td>60 mL boiled cooled water</td>
<td>Day 24-38</td>
</tr>
<tr>
<td></td>
<td>Manibhadra Guda (jaggery based herbal preparation)</td>
<td>Jaggery based preparation of powders of Embelia ribes BURM.F, Emblica officinalis GAERTN., Terminalia chebula RETZ. &amp; WILLD, Qercutina turpethum (L.) S. MANSO Etc</td>
<td>1 and half table spoon, at bedtime</td>
<td></td>
<td>Day 24-38</td>
</tr>
<tr>
<td></td>
<td>Liv 52</td>
<td>Ayurvedic proprietary medicine made of Capparis spinosa L., Cichorium intybus L., Solanum nigrum L., Terminalias arjuna (ROXB.) WIGHT &amp; ARN etc. drugs</td>
<td>1; twice daily after food</td>
<td></td>
<td>Day 24-38</td>
</tr>
<tr>
<td></td>
<td>Sarivadysavam</td>
<td>Self-fermented liquid made of Hemidesmus indicus (L.) SCHULT, Cyperm rotundus L., Symplocos racemosa ROXB, Ficus benghalensis L, Ficus religiosa L, Hedychium spicatum BUCH-HAM., Prunus cerasoides D.DON, Coleus vittiveroides K.C. JACOB etc. drugs</td>
<td>25 mL; thrice daily after food</td>
<td></td>
<td>Day 26-38</td>
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(continued on following page)
consulted another allopathic physician, who diagnosed the condition as Erythematous psoriasis via skin biopsy. Medications were prescribed for 1 month, and the patient achieved a complete remission of the disease for a year. In January 2018, the symptoms started to reappear, so he came to our hospital for a better and permanent cure. Detailed examination revealed that the symptoms were aggravated on exposure to sunlight, and the patient was unable to do his daily routine. The personal history of the patient reveals regular intake of red meat, maida products, and excessive intake of sour and spicy food, which may have attributed to the condition. No other specific causative factor was found relevant in the present condition.

**PRESENTING CONCERNS/CLINICAL FINDINGS**

**Clinical Findings**

- Lesion type: scaly raised patches (Kinavat Sparsham)
- Configuration: irregular
- Color: red (Arunna Varnam)
- Texture: rough (Khara Sparsham)
- Symmetry: symmetrically distributed
- Distribution: ventral and dorsal aspect of trunk, hands, and legs (Sarva Shareeram)
- Nails: unaffected
- Mucosa: unaffected
- Swelling: absent

**Investigations**

Blood routine and liver function test results were within the normal limits.

**Skin Biopsy**

Biopsy was taken prior to the visit to our hospital, which confirmed the case as psoriasis.

**Assessment**

**Parameters**

Parameters such as the Psoriasis Area Severity Index (PASI), Dermatological Life Quality Index (DLQI), and visual analogue scale (VAS) score to assess pain were also evaluated prior to admission. Primary findings were: PASI, 37.4; DLQI, 11; VAS, 0.7. Based on the manifested symptoms and clinical findings, the case was diagnosed as Kitibha Kushta, which is characterized by reddish patches, indurated, itching, and scaling. The lesions showed remission and relapsing time intervals comparable to those of Kitibha Kushta.

**THERAPEUTIC INTERVENTION**

The interventions were done after ascertaining the dosha involved. The involved dosha were Vata and Kapha. It is
<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Procedure</th>
<th>Medication</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kashaya dhara (pouring of medicated decoction over the body)</td>
<td>Decotion made of <em>Cassia fistula</em> L., <em>Curcuma longa</em> L., <em>Hemidesmus indicus</em> (L.) SCHULT; Decotion made of <em>Emblica officinalis</em> GAERTN., <em>Terminalia bellerica</em> ROXB., <em>Terminalia chebula</em> RETZ. &amp; WILLD.; Decotion made of <em>Cassia fistula</em> L., <em>Curcuma longa</em> L., <em>Hemidesmus indicus</em> (L.) SCHULT; Decotion made of <em>Ficus racemosa</em> L., <em>Ficus religiosa</em> L., <em>Ficus bengalensis</em> L., <em>Santalum album</em> L.</td>
<td>Approx. 5 L/d</td>
<td>Day 0-2</td>
</tr>
<tr>
<td>2</td>
<td>Snehapana (internal administration of medicated ghee in increasing dose)</td>
<td>Ghee prepared out of <em>Tribulus terrestris</em> L., <em>Solanum melongena</em> L., <em>Desmodium gangeticum</em> (L.) DC., <em>Aegle marmelos</em> (L.), <em>CORREA</em> EX. SCHULTZ <em>Cedrus deodara</em> (ROXB.) LOUD, etc.</td>
<td>Starting with 30 mL on first day and increased to 230 mL on the fifth day.</td>
<td>Day 3-7</td>
</tr>
<tr>
<td>3</td>
<td>Abhyanga (whole body oil massage) and steam fomentation</td>
<td><em>Terminalia chebula</em> RETZ. &amp; WILLD., <em>Emblica officinalis</em> GAERTN., <em>Correa</em> EX. SCHULTZ <em>Cedrus deodara</em> (ROXB.) LOUD, etc.; Ghee prepared out of juice of <em>Emblica officinalis</em> GAERTN., <em>Cassia fistula</em> L., <em>Curcuma longa</em> L., etc.</td>
<td>Starting with 30 mL on first day and increased up to 210 mL on the fifth day.</td>
<td>Day 14-18</td>
</tr>
<tr>
<td>4</td>
<td>Vamana (emesis therapy)</td>
<td>Medicine mix with paste of purified <em>Randia dumetorum</em> LAM, <em>Acorus calamus</em> L., rock salt, honey, etc.</td>
<td>Approx. 15 g in a single dose made to drink</td>
<td>Day 9</td>
</tr>
<tr>
<td>5</td>
<td>Raktamoksham (bloodletting)</td>
<td>Siravadhra (venesection) using syringe needle</td>
<td>60 mL blood was removed</td>
<td>Day 14</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>50 mL blood was removed</td>
<td>Day 23</td>
</tr>
<tr>
<td>6</td>
<td>Utsadana (powder massage)</td>
<td>Ghee prepared of juice of <em>Emblica officinalis</em> GAERTN., <em>Cassia fistula</em> L., etc. mixed with powder of <em>Curcuma longa</em>; <em>Rubia cordifolia</em> L., <em>Vateria indica</em> L., <em>Hemidesmus indicus</em> (L.), SCHULT, bee’s wax, oil, etc.</td>
<td>Day 19-20</td>
<td>Day 23-25</td>
</tr>
<tr>
<td>7</td>
<td>Virechana (purgation therapy)</td>
<td>Manibhdara Guda prepared of <em>Embelia ribes</em> BURM.F, <em>Emblica officinalis</em> GAERTN., <em>Terminalia chebula</em> RETZ. &amp; WILLD.; Jaggery, etc.</td>
<td>50 g of Manibhdara Guda mixed with 50 mL of juice of <em>Vitis vinifera</em> L.</td>
<td>Day 21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Manibhdara Guda prepared of <em>Embelia ribes</em> BURM.F, <em>Emblica officinalis</em> GAERTN., <em>Terminalia chebula</em> RETZ. &amp; WILLD.; Jaggery, etc.</td>
<td>30 g</td>
<td>Day 33</td>
</tr>
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<td></td>
<td></td>
<td>Manibhdara Guda prepared of <em>Embelia ribes</em> BURM.F, <em>Emblica officinalis</em> GAERTN., <em>Terminalia chebula</em> RETZ. &amp; WILLD.; Jaggery, etc.</td>
<td>60 g of Manibhdara Guda mixed with 50 mL of juice of <em>Vitis vinifera</em> L.</td>
<td>Day 45</td>
</tr>
</tbody>
</table>
elicited based on the presenting complaints like severe itching, pain, scaling, and dryness. The treatment was accomplished in 3 different phases:

1. Shamana (pacifying treatment; Table 1)
2. Shodana (purification treatment; Table 2)
3. Shodana Rasayana (rejuvenation treatment; Table 3)

First Phase: Shamana Chikitsa (Pacifying Treatment)

The internal and external medications administered in order to bring a pacifying action are listed in Table 1. The patient was advised to avoid curd, fish, black gram, brinjal, ladies’ finger, sour, spicy food, fried items, etc. in the diet.

Second Phase: External Therapies and Shodhana Chikitsa (Purification Therapy)

Vamana (emesis), Virechana (purgation), and Raktamokshana (bloodletting) was planned for the purification of the body. As a part of the preoperative procedure, pachana (carminative therapy) using kashaya dhara (pouring of medicated decoction over the body), oleation therapy (both internal and external), and sudation therapy were performed. The entire course of the treatment is listed in Table 2.

Third Phase: Rasayana Prayoga of Manibhadra Guda (Rejuvenation)

In skin disorders, shodana for elimination of vitiated doshas and rasayana chikitsa for retaining the normalcy of doshas and dhatus is necessary. Manibhadra Guda is an excellent combination of herbs for purgation in skin diseases having rasayana guna; hence, it acts as shodana rasayana (Table 3). In classics the quantity of the drugs and the time period for the consumption of the medicine is explained. One pala (48 g) each of powdered Vidanga sara (de-husked Beeja), Amalaki, Hareetaki, 3 pala (144 g) of powdered Trivrut should be mixed with 12 pala (576 g) of Guda. According to Sahasrayoga, the medicines should be pounded for a period of 5 Nazhika (120 minutes).

For the treatment of this case, Manibhadra Guda was prepared according to classical reference. In the market, the ingredients Amalaki and Hareetaki are available as dried phala, Vidanga as Beeja and Trivrut as dried moola. Dehusking of the Vidanga Beeja was done in order to obtain the sara (essential part) that was needed for the preparation. After that all the ingredients were separately powdered and filtered using a sieve of appropriate mesh size. The solidified Guda was powdered and mixed with other drugs. This sample was then pounded for about 4 hours until it became a homogenous mixture. The mixture of medicine thus prepared was in a wet powder consistency that possessed a blend taste of sour and sweet. The total mixture was then weighed and divided for 30 days, which gave a measurement of approximately 28 g per day. It
was then packed in 30 different sachets and was given to the patient to be consumed for a period of 1 month on an empty stomach.

Follow-Up and Outcomes

There was arrest in the progression of erythematous patches, scaling, and itching during the time of discharge itself. On the first follow-up there was complete absence of scales, and occasional itching was present. By the second follow-up the patient was completely cured of the condition with no patches, scales, or itching. During the time of shodana, factors such as scaling, itching, and number of patches increased, but all these parameters showed marked reduction after shodana karma. The PASI score and the DLQI score explain this stupendous change. Photographs were taken during and after the treatment for records.

Outcome measures (Assessment before and after treatment)

- Itching: severe to subsided
- Scaling: severe to subsided
- Thickness: severe to subsided
- Redness: moderate to subsided.
- PASI: 37.4 to 00.
- DLQI: 11 to 00.
- VAS: 07 to 00.

DISCUSSION AND CONCLUSION

The disease Kushta (skin diseases) is one among the Ashta-mahagada (8 great disorders) and santarpanajanya vyadhī (diseases of over nutrition). The vitiation of the tridoshas and saptha dhatu (bodily tissues) occurs in kushta. Ayurveda explains mainly 18 types of skin diseases under 2 categories named Maha Kushta (major skin diseases) and Kshudra Kushta.
(minor skin diseases), based on severity in their manifestations. Each one among the major categories is further explained in detail with the dosha involvement and skin appearances. Because of the prolonged nature of the disease along with the involvement of the deeper dhatus and predominance of doshas, Shodhana is the first and foremost line of treatment in Kushta. Repeated Shodana, depending on the predominance of doshas and strength of the patient, is to be done, as
per the advice put forward by acharyas. The disease psoriasis is mainly compared with either Eka kushta, Sidhma Kushta, or Kitibha Kushta, which are of Vata-Kapha in origin. The scaly, rough, erythematous patches associated with severe itching are the characteristic features of Kitibha Kushta, and the case was diagnosed as it is.

In this present case the dosha involvement was assessed by specific features of dosha involvement that is Vata and Kapha, which produces severe itching, scaling, and erythematous patches. In the contemporary system of medicine this is referred to as erythrodermic psoriasis. Because the person has already done skin biopsy, no further investigations other than blood investigation were done in terms of western biomedicine.

The treatments adopted were purely based on the Ayurvedic principles. In bahudosha avasta (excessively aggravated doshas) Shodhana is the main line of treatment. Because kushta is a bahu dosha avasta vyadhi and repeated shodana is the treatment principle told in classics, we have adopted the same here also. For the elimination of Vata dosha, sarpi pana (ghee intake) was done, Kapha dosha was eliminated through emesis, and purgation was done for the elimination of the same. Also, during the course of treatment patient complained of pain over the flanks, which was managed with the application of unctuous drugs. It indicated that the pain was due to vata dosha, which might have been vitiated due to continuous shodana.

After the shodana procedure, to remove the excess doshas and to bring about a rejuvenating effect to body shodana rasayana was administered with Manibhadra Guda prayoga. This case highlights the importance of assessments of doshas, and the measures to be adopted accordingly will help us to manage the diseases, irrespective of however chronic it is.

In Ashtanga Hridaya, kushta chikitsa chapter, rejuvenation is explained after purification therapy. From this it is easily understood that Shodana karma is very much essential before Rasayana prayoga. The samshodana karma produces an effect of detoxification of the body and the mind. Acharya compares this detoxified body and the healthy mind to a clean cloth that is ready to absorb the color in which it is been dipped, unlike a soiled cloth, which looks soiled even after coloring with the best colors. Therefore, the use of Manibhadra Guda helps in imparting the maximum effect of the formulation over the patient.

As per the current practice, Manibhadra Guda is manufactured in the form of lehya (linctus), which is contrary to its preparation, as explained in the classics. During the preparation of lehya, the drugs come in constant contact with fire. Properties such as sara (to flow) guna and the drava (liquidity) guna of Guda are lost because of the action of agni. Therefore, the lehya does not yield the desired effect of shodana. According to acharya susruta, sara guna is one of the inevitable properties of a purgative
drug. This is mainly done in order to increase the shelf life of the preparation.

In the classical preparation of Manibhadra Guda, the medicine does not encounter with agni (fire); therefore, the inherent qualities of the drugs such as sara guna and drava guna are preserved. Therefore, the administration of this rasayana helps in the repeated Shodana without hampering the strength of the patient. This medicine is said to be consumed for a period of 1 month for its full action to take place, making the medicine satmya to the patient. Therefore, along with rasayana guna of the dravyas, an added benefit of shodhana is also obtained. Thus, it is possible that a new concept of Shodana rasayana is explained.

While looking into the drugs used in the preparation of Manibhadra Guda, it is possible to classify the drugs into 2 essential groups: those drugs having the shodana effect (which are kushtahara); and those that are rasayana in nature. While considering the drug Vidanga, Acharya Susruta has explained this as an inevitable drug for the preparation of various medicines for Kushta. Amalaki and Hareeta are both drugs having kushtahara effect. These 2 drugs are also considered to be good rasayana dravyas. Drug Trivrit is considered as an excellent virechana (purgative) drug according to classics. In Charaka kalpa stana acharya explains that trivrit can be used along with many other drugs in order to cure a lot of diseases. This can be correlated to the rasayana effect of the drug. Therefore, while summarizing all the above facts it can be concluded that Manibhadra Guda can act as a very good Kushtahara and rasayana medicine.

In this diagnosed case of kitibha kushta, based on the dosha analysis, vata kapha hara line of treatment was adopted. Both internal and external purification along with wholesome diet and rasayana therapy were found to be effective in the termination of the disease. The adopted treatment modalities were completely based on Ayurvedic principles. All other associated signs and symptoms resolved completely with no signs of relapse.

The entire course of treatment for the patient was up to 45 days of hospital treatment and 1 month of rasayana prayoga. When the patient started to consume Manibhadra Guda, he was having an increased bowel activity of about 8-9 vegas (bout), which was loose in nature, for about 1 week. As days passed, the bowel urge kept on reducing, and during the final days of having Manibhadra Guda, his bowel activity was reduced to 2 per day (morning and at night), and the nature of bowel was normal. The patient has attained precisely 82.67% of relief during the time of discharge. The silvery scales, redness, itching was reduced. When the patient came for his first follow-up visit, there was complete remission of the disease. Parameters such as PASI, DLQI, and VAS Score was calculated to be 0.

Here we can say that the shodana effect of the medicine helped to expel the residual morbid doshas from the body, whereas the rasayana effect helped to bring back the normalcy of the doshas.

PHOTOGRAPHS

The photographs of lateral aspect of the body (Figure 1), anterior trunk (Figure 2), and anterior aspect of the lower limbs (Figure 3) of the patient were collected at the time of admission, at the time of discharge and at the first follow up.

Disclosure Statement

The author(s) have no conflicts of interest to disclose.

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None.

Author Contributions

V.S.A. participated in patient care, drafting, literature review and submission of the final manuscript; P.V.S.A. participated in direct patient care, review and editing of the manuscript; C.K.B.P. participated in review and editing of the manuscript; all authors have given final approval of the manuscript.

Informed and Photographic Consent

Written consent was obtained from the patient for publication of this case report.

References