

Sec-i

DERMATOLOGY

Section -(I)

* Dermatology →

(આત્મ રોગશીલ્પ)

• Syllabus →

1) Psoriasis.



• Psoriasis ત્રાસ- Autoimmune
chronic (long-lasting) disease
દીર્ઘ ઈ/

સ્ક્રિન દિસાઇઝ ઈ/ epidermal cells
આત્મ production normal state

ઈ/ 6 થો ગ તિમ્સ ફાસ્ટ ઈ/ ઈ/

• આત્મ salivary "scales, itchy, dry

Pharmacotherapeutics || D Pharm 2nd Year

Section - (I)

* Dermatology →

(रोग 1951-1)

• Syllabus →

- 1) Psoriasis.
- 2) Scabies.
- 3) Eczema.

① Psoriasis — (क्षीरयक्ष्म)

* Definition →

• Psoriasis रोग- Autoimmune chronic (long-lasting) disease है।

• रोग disease की epidermal cells का production normal state की 6 to 9 times faster है।

• नीं salivary "scales, itchy dry and red patches forming करती है।

* etiology →

- Genetic है।
- skin injury है।

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- Infection (संक्रमण)
- overactive immune system (अति सक्रिय प्रतिरक्षा प्रणाली)
- Emotional stress (भावनात्मक तनाव)
- cold weather.
- climate change (जलवायु परिवर्तन)

* Pathogenesis →

Autoimmune disorder



Activation of T-cells.



movement of T-cells to dermis.

stimulate the release of cytokines.



Inflammation and excessive formation and growth of skin cells.



Red patches



Psoriasis (सर्दिरोग)

* Clinical Manifestations →

→ Thick, pitted nails (सख्त, छिद्रयुक्त नाखून)

→ Joints in pain (जोड़ों में दर्द)

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- Dry skin हैना।
- Red patches हैना।
- Patches के around soreness हैना।
etc-----
- Use कर्नाट चिल्लैर।
- Severe condition / cases में।
→ Use cyclosporine.
→ Methotaxate.
- Navaan immunotherapy medicat.
-ion की चिल्लैर।
- Vitamin D₃ ointment use
कर्नाट चिल्लैर।
etc-----
- * Non-Pharmacological Management →
 - skin पर one day में 3 to 4 times smallants use। Apply कर्नाट चिल्लैर beneficial effect की है।
चिल्लैर हैना।
- * Pharmacological Management →
 - dry skin पर moisturisers कर्नाट

② Scabies →

* Definition →

- scabies is an itchy skin condition caused by tiny burrowing mite called scabies and skin has small red bumps and severe itching cause skin itchy

* Etiology → (contact)

- scabies disease humans is obligate human parasite is caused by → "Sarcoptes scabiei"

* Pathogenesis →

- scabies one person to another person if easily in contact with close contact

Sarcoptes scabiei

↓
move to skin

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↓
formation tunnel beneath
th skin

↓
Scabies

* clinical Manifestations →

- itchy bumps (ಶೃಗಲ)
- Red bumps (ಶೃಗಲ)
- skin ur-ted or gnatyish rash (ಶೃಗಲ)

* Non-Pharmacological Management →

- Hygiene maintain (ಶೃಗಲ)

• Pain relieve or (ಶೃಗಲ) calamine lotion apply (ಶೃಗಲ)

- close contact or avoid (ಶೃಗಲ)

* Pharmacological Management →

1) Topical creams

eg - Permethrin cream.

2) Topical lotions.

eg - calamine lotion.

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- 3) Use OTC Medications
eg- Anti-histamines.
- 4) Use home remedies
• to relieve pain, itching.
- 5) Anti-parasitic Medications.
etc-----

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* Pathogenesis →

Any aetiological factor

(Genetic, Environmental, Immunologic)

↓

Activation of immune

↓

Release of T. cells

↓

stimulates the release of cytokines

↓

Inflammation (eryth)

↓

Eczema (symptoms)

* Clinical Manifestations →

1) Swelling. (एडिमा)

2) Crusting skin. (कस्टिंग)

3) Red patches. (रेड प्याच)

4) itchy, dry skin

5) Bumps on the skin

etc....

* Non-Pharmacological Management

1) Maintain Hygiene. (कमरेकिया)

2) avoid close contact

3) counselling. (कंसलिंग)

4) Bathing. (बैथिंग)

5) Allergens should be avoided.

etc---

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..* Pharmacological Management →

1) OTC Anti-histamines -

eg- cetirizine, diphenhydramine,
loratadine etc...

2) Moisturisers →

eg- to reduce dryness of skin.

3) A humidifier -

. if dry air makes the skin dry.

4) Topical steroids creams -

eg. mometasone

etc.....

complete

Thank you 😊

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THANK YOU.

By Dr Firoz khan

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