

Critical Review On Kushta In View Of Nidanpanchak



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Abstract:

In Ayurveda mention that healthy skin is a result of overall condition of individual. So skin is the important organ of body because it protects the internal organs from the deleterious environmental influences. At present century, fast food and fast hectic life of man is being challenges with variety of disease. Improper dietary habits, less sleep, stress, pollution, accelerate the disturbance in the body. Changes in skin colour may indicates homeostatic imbalance in body, therefore skin plays vital role. At present era the skin disease become a major hazard for mental health more than physical because it disturbs the cosmetic harmony. In Ayurveda, the word twacha is used for skin. All the skin diseases have been discussed under the broad heading of KUSHTHA. The lakshanas of kushtha, include Aswedanam, Mahavastum, Matsyashaklopam⁵, Krushnarnunam. Symptoms of psoriasis are more similar to kushtha. So it can be co-related with kushtha because of similar and identical properties. study of skin disease is important factor in practice, this review article helps to study the kushta as per nidanpanchak.

Key words - kushtha, twacha, skin disease.

Introduction:

In sushruta samhita, described that kushtha is found in Tamra and Vediti layer of skin. There are two types of kushtha described in ayurvedic classics, i.e. Mahakushtha and Kshudrakushtha into seven & eleven types respectively. Continued practice of apathy aaharvihara And manasvikar, the doshas and dhatus are vitiated causes kushtha, In kushtha vatakapah doshas are predominantly involved. In Ayurveda, the word twacha is used for skin. All the skin diseases have been discussed under the broad heading of KUSHTHA. The lakshanas of kushtha, include Aswedanam, Mahavastum, Matsyashaklopam⁵, Krushnarnunam, symptoms of psoriasis are more similar to Kushta. So it can be co-related with kushtha because of similar and identical properties. Psoriasis may appear anywhere on the body though some areas are favoured like scalp, ears, face, trunk, extremities, genital region and nails. Careful examination must be done on scalp, fingernails and tonsils for reddening and scaling

skin that is characterized by erythematous, sharply demarcated papules and silvery micaceous scales, which is easily removed and may accumulate in the patients clothing of bed in folded areas of skin, sometime the scales do not form, but the lesion remain red and sharply defined. The distribution, colour, and typical silvery scaling of lesion in chronic plaque psoriasis are characteristic. Classically the lesions are distributed symmetrically over the areas of bony prominence such as elbows and knees. The lesions are also commonly occur on the trunk and scalp and in the interglutal cleft sometimes scalp lesions may be mistaken for seborrheic dermatitis. Palms and soles may be involved with diffuse redness and scaly. The skin lesions of psoriasis are variably pruritic. Nail involvement occurs in up to 50% of patients.

Material Methods:

Data collect from various classical text, allopathy books & searching on various engine.

Definition:

तृक् क, कन्ति वरणम्, तृक् क, पृष्ठम्
रि. १। २८ अ.ह.नि.१४/३

Acharya Vagbhata has defined the kushtaroga as that which causes vitiation as well as discolouration of skin.

Synonyms of Kushtha :

- ❖ Kutsitam
- ❖ Kakalam
- ❖ Vajirajam
- ❖ Jaranam

Nidana:

Exact etiology is still unknown. According to most workers, it is a heredo-familial disease brought on by stress. For long, it was believed to be primarily a disorder of keratinization. However, the successful use of traditional immunosuppressants and newer immunomodulatory agents in the treatment of psoriasis led to the belief that psoriasis is primarily a disease of Thi cell immune dysregulation. Psoriasis is now considered a multifactorial disorder that has several factors like genetic predisposition, environmental and immunologically mediated inflammation.

Aharaja Nidana :

- 1) Atisevan and Atyasan
 - 2) Adhyasana and Ajirnasana
 - 3) Vishamashana
 - 4) Viruddha Ahara
- Atisevana and Atyashana Atimatra
 - Amotpatti
 - Kushthautpatti

Taking excessive Guru and Snigdha Ahara produces Dushti in Rasavaha Srotas. Acharya Charak has also described – Gurubhojanam Durvipakakarana. Guru Ahara also causes Dusti of Mamsavaha Srotas Excessive Drava causes Dushti of Raktavaha Srotas Adhyashana and Ajirnasana Taking food during incomplete digestion state is called Adhyashana. Intake of food in state of indigestion is Ajirnasana.

According to Acharya Charak, taking food in state of indigestion is best known to cause Grahani Dushti. This leads to impairment in normal

physiological functions of Grahani as well. Ajirna Adhyasana causes Agnimandya and Dushti in Malavaha Srotas. Both are cause of Agnimandhya so ultimately produce disease. Both of them also vitiate Rakta. If this pathology continues for long time, it may produces Kushtha Roga. Vishamashana Taking food at irregular time and in irregular quantity is termed as Vishamashana. Vishamashana is best known to produce Vishama Agni. In present day life, Hurry, Worry and Curry are becoming universal. In today's life, no one has time to even eat properly.

Purvarupa:

Aswedanam, atiswednam, kandu, parushya, nistoda etc

Rupa:

Acharya Charaka has described:

आवद रिहासिम् तम् शूल पम्दिक
पृष्ठम् । मम

Aswedanam:

Absence of sweating around the lesion that which does not Perspire

Mahavastum:

Mahavastum means mahasthanam i.e. the area of involvement of the lesions are vast.

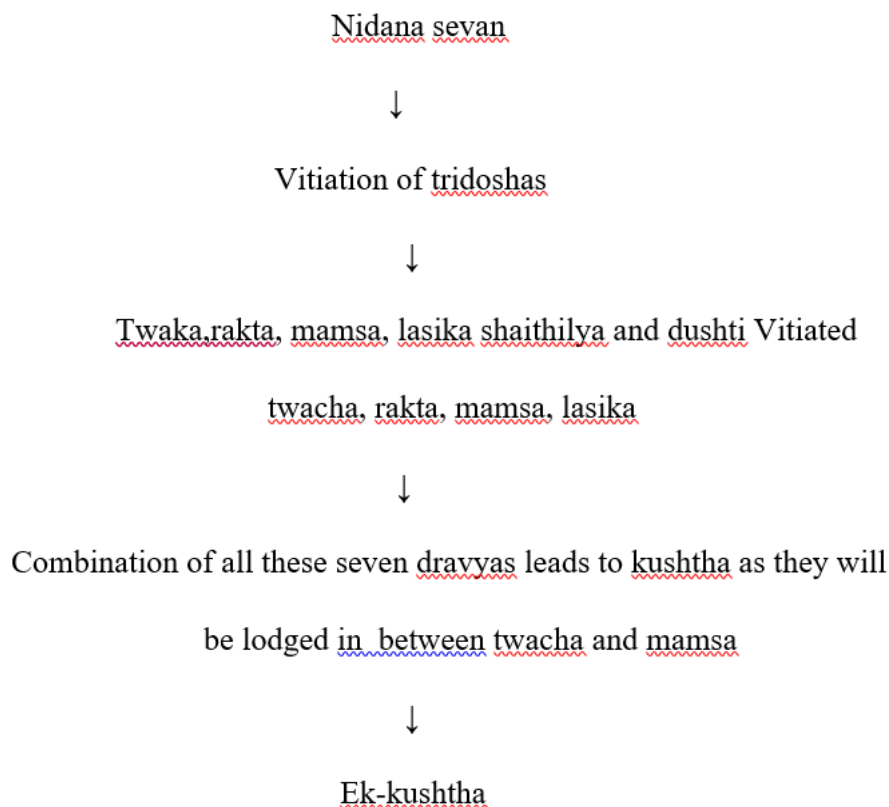
Mastyashaklopam:

Large lesions resembling the skin of fish in appearance and contour appears scaly. Scaling is the chief complain in psoriasis, this termed as hyper-keratinisation.

Samprapti of Kushtha :

वािदस दपुसिदस मसम । दप पुषिक क
सु । अिः क, पृष्ठि ति सपुचिकादश्व ।
चिकदपुचिकमपु लु ॥ चव ७/७६१

According to Acharya Charak, nidansevana leads to prakopa of tridosha and thus vitiated doshas will get ashraya in twak, rakt, mamsa, Ambu causing shaithilyata in these dhatus leading to the manifestation of kushtharoga. Further in Chikitsasthana, he has been explained that the vatadi dosh as get prakopa and does dushana of twak, rakta, mamsa and ambu leading to seven or eleven types of mahakushtha and kshudrakushtha respectively.



Acharya Sushruta described that due to Doshaja and Karmaja Hetus, aggravation of Pitta and Kapha takes place which produce Avarana of Vata which in turn aggravates Vata. Vitiating Vata enters in the Tiryaka Sira with two other vitiating Doshas and their spread leads to further vitiation. After this it reaches to Bahya Rogamarga (Tvak, Rakta, Mamsa, Lasika) and spread throughout the body, producing Mandala at the gathering site of Doshas. If these Doshas are not treated properly. After that they enter into the deeper Dhatus of the body. Psoriasis is characterized by hyper proliferation and abnormal differentiation of epidermal keratinocytes, lymphocyte infiltration consisting mostly of T lymphocytes and various endothelial vascular changes in the dermal layer, such as angiogenesis, dilatation and high endothelial venule (HEV) formation. The pathogenesis of psoriasis can be summarised in four stages: Abnormal keratinocyte differentiation and hyper proliferation, Infiltration of inflammatory elements, Role of genetic factors and Role of immunological factors.

Upadrava:

Upadravas occurs either after the complete manifestation of the disease or during the course of the diseases. Kushta upadravas are as following – Prasravana, Angabheda, Patana anyangavayavanam, Trushna, Jwara, Atisara, Daha,

Dourbalya, Arochaka, Avipak.

Chikitsa:

Acharya Charaka states that, in vata dosha pradhana kushta, one should first administer virechana and then give niruhabasti with madhuphaladi siddha taila. Kushta is tridoshajanya vyadhi, therefore first predominant doshas should be treated and then anubandha doshas. Periodical advice of panchakarma procedures indicates the extent of the dosha involvement in the kushtaroga. Shodhana karmas are indicated in bahudosha avastha. Vamana karma is indicated for kaphapradhana and doshotklesha kushta in Charaka Chikitsa sthana. For this purpose raktamokshana is done at every six months, virechana is to be done at every one month and vamana is to be given every 15 days. Shamana therapy is very useful in treatment of kushta.

After completing the shodhana karma, shamana chikitsa is indicated to pacify the remaining doshas. In present life style when people do not have enough time from their busy schedule for shodhana therapy in such cases shamana therapy is to be advised. Charaka has described shamana therapy with tikta and Kashaya Dravyas. Shamana aushadhi is more effective, when it is administered after samshodhana. The use of external therapy is also important in kushtaroga since the

sthanasamasraya and vyaktasthana is twacha. The importance of external therapy can be understood by the references of much different lepa yoga in the classics.

Discussion:

Psoriasis is now considered an example of an autoimmune disease mediated by a T helper type 1 cell (TH1-type immune) response. T helper (Th) 17 cells, a novel T-cell subset, have been implicated in the pathogenesis of psoriasis and other autoimmune inflammatory diseases. T lymphocytes are key pathogenic contributors in psoriasis. Resolution of skin disease has been induced by agents that target activated T cells or T cell co-stimulation, and by administration of cytokines that decrease type 1 T cell activation⁴⁴. Both innate and acquired immune changes are thought to be responsible for the development of psoriatic plaques. Different types of helper T subsets, dendritic cells, plasmacytoid dendritic cells as well as Langerhans cells have been found to play a role in psoriasis.

Conclusion:

- Considerable clinical evidence exists for the role of psychogenic factors in onset and exacerbation of disease. Seville reported consistent links between major stressful life events and disease manifestation.
- Patients of the skin disorder always experience physical, mental and socio-economic embarrassment in the society. This embarrassment leads to mental stress which further causes aggravation of pre existing disease. In this way here an attempt has been made to present a collective knowledge on etiopathogenesis
- Psoriasis is independently associated with depression and the risk of psychiatric comorbidity increases with the severity of psoriasis. Successful management of psoriasis patients depends on clinician's understanding of the various treatment options as well as their recognition of associated adverse reactions. In Ayurveda kushtha roga is also considered as a Papakarmaja Vyadhi

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