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**‘A Details Study of Surshrutokta Twacha Sharer W.S.R. To
Hisopathological Study of Tamra Twacha’**

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Abstract

Ayurveda is the God's gift for wellbeing of human kind. The whole world is looking towards Ayurveda for better therapeutic measures in various skin diseases. Skin is largest and first site visible organ of our body. Twacha has various views & counterviews regarding its utpatti, star, vyadhi adhishthanas etc. Also Ayurveda emphasizes mainly on 'Darshan pariksha' for diagnosis, Twacha plays lead role in it. In modern era changes in life style, food habits, stress & environmental conditions leads to various skin diseases such as leukoderma, eczema, psoriasis etc. so an effort is made to study anatomical changes occurring in Twacha regarding kilas & kushtha.

Keywords: Twacha, Darshan Pariksha, Kailas, Kushtha, Psoriasis, Skin.

‘A details study of surshrutokta twacha sharer W.S.R. to hisopathological study of tamra Twacha’

Introduction

Acharya sushruta has given detail anatomy of skin in sushrut samhita in the absence of microscopic instruments, proper dissection technique. He also mentioned various skin diseases according to those 7 layers. Today it is of utmost importance to establish co-relation between vision of acharya sushrut and modern concept of skin layers.

Today prevalence of Leukoderma, psoriasis and eczema is increasing day by day. In clinical features bear nearest similarity Kilas and Kushtha. These diseases are demoralizing to the patient & is described in 'ogc&ve:' samhitas.

So detail study is planned to specify anatomical changes occurring in skin layers viz Tamra Twacha and find out exact location of Kilas & Kushtas in twacha star.

Aim & Objective

1. To study twacha Sharir described by acharya sushrut and modern science.
2. To study Tamra Twacha in relation to its site for diseases like kilas & Kushta
3. To study dhatugat avastha in Kushtha.

Materials and Methods

Study Design = Open

Place of study = GAM Patur

Selection of Patient

60 patients are selected & divided in 3 groups. Grp A, B,C (20 each)

CRF- To study clinical aspect of Kilas & Kushta records of all patients are documented.

Lab Investigations

Skin Biopsy – Punch biopsy method is used/Preferred.

Group A - Leukoderma/Vitiligo

Group B - Eczema

Group C - Psoriasis.

Observation & Result :-

When 60 Pts (Group A, Group B, Group C) are examined histopathologically by doing skin biopsy following anatomical changes are observed.

Group – A	Sr. No.	Finding	No. of pts.	%
Patches	1	Depigmented Patches	4	20%
	2	Hypopigmented Patches	13	65%
	3	Erythematous Patches	3	15%
Border	4	Hypopigmented Border	2	10%
	5	Hyperpigmented Border	6	30%

Group – B	Sr. No.	Finding	No. of pts.	%
Group – B	1	Parakeratosis	7	35%
	2	Spongiosis	4	20%
	3	Acanthosis	9	45%
	4	Hyperkeratosis	12	60%

Group – C	Sr. No.	Finding	No. of pts.	%
Group – C	1	Hyperkeratosis	15	75%
	2	Mound of parakeratosis	13	65%
	3	Acanthosis	16	80%
	4	Hyperkeratosis	12	60%
	5	Suprapillary Thinning Elongation Clubbing and fusion of rete ridges	13	65%

DHATUGAT ASTHA WISE SYMPTOMS AMONG GROUP

Group A – in this grp only Rasa dhatugar avastha is seen and its symptom is Twas vaivarnya only in all 20 pts.

Group B – This grp shows symptoms of Rasa & Rakta dhatugat avastha. 6 (30%) has alpa swed pravrutti, 5 (25%) have alpakandu, 20 (100%) have vaivarnya, 14 (70%) have rukshata. Whereas Rakta dhatugat avastha shows only one symptom Kandu in 15 (75%) pts.

Group C :- Rasdnatyent avastha lakshan seen in most pts. Vezz alpaswed pravruitti in 6 (30%) akoajabdy ub 12 (60%) vauvarbt ub 20 (100%) ryjsgata ub 14 (70%) pts..

Raktachatugat avasta lakshan seen as Kandu in 8(40%) Pts. & Pooyastrav in 4 (20%) pts.

Mukhashosh symptom of mamsadhatu gata avastha is seen in 4 (20%) pts.

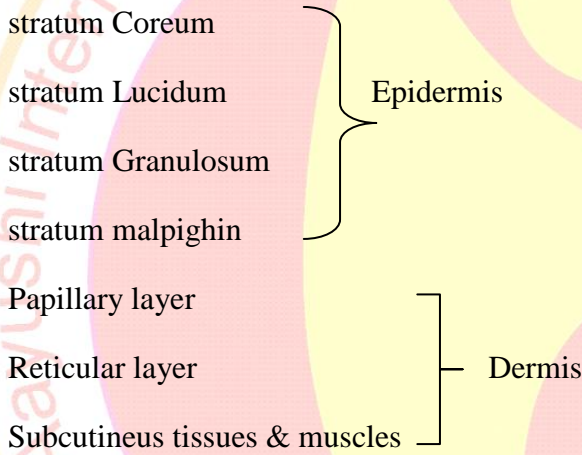
No. of symptoms of Med, Asthi, Majjadhatugat avastha is seen in any Pts.

In 4 (20%) pts. Symptons like angapida, chalankriyanash, angulivaikalya are suggestice of shukradhoalugat avastha.

Discussion

After details study of Twacha Sharir from shushrut samhita & modern concept, We may corctate them as follows as per dierections given by Dr. Ghanekar.

Modern skin layers.



From above Tamra Twacha is similar to Stratum malpighiII. After histopathological study two sublayers of it i.e. stratum spinosum & Stratum germinatiium are studied. Thereafter disease of Tamra Twacha (Kilas & Kushta) are studied in comparison c Modern science (vitiligol eczlna & psoriasis)

CONCUSION

1. Tamra Twacha descbered by sushrut is correlated to malpighian layer.
2. Kilas & Kushta are disease of Tamra Twacha descbered by Sushrut sushrut also mentioned Dhatagatavatha in Kushtha, but only in some specific type of kushtha shows phategator avastha.
3. Histopathology study shows that, in kilas & eozerna there is no deformity inheritea from stratum basale & stratum spinosum to papillary & reticular layer. But in psoriasis paprllry & reticular layer shows changes.
4. Hence some types of Kushtha dosent show sings of Dhatugat avastha.

Refernces:-

1. Susharut Samhita
2. Charak Samhita
3. Gray's Anotomy
4. Human Embreyology

5. An Introduction of functional Anotomy
6. Anotomy of Regional and Applied
7. Principles of Anotomy and Physiology
8. Skin disease and sexually transmitted

