

Assessment of Age Factor in Patients of Ekakushtha W.R.T Psoriasis Through Observational Study

Vd. Vitthal Vasant Birajdar
BSDT's Ayurved College, Wagholi

Vd. Archana Kulkarni
Guide
BSDT's Ayurved College, Wagholi

Introduction

Ayurveda is an ancient science, the basics of which hold good in all the 'Trikalas'. The subject matter of Ayurveda told by our 'Devine Acharyas', is tough to understand in some aspects.

Vast research work is needed in 'Ashtanga Ayurveda' to clearly understand the subject and to prove it on scientific basis.

Every aspect of human life has been changed a lot compared to the period when our Ayurveda Acharyas lived. The kaala in relation to seasonal changes, the dehabala, life style, food habits, occupations and level of mental stress everything is different from that period. Apart from these changes, we are adding some pollutants to our nature like petroleum smoke, which are responsible for new set of diseases which were not observed during that period. So now it has been our great responsibility to study the current environment and the new disease, and to find out the way to come

Skin disorders are one of the burning problems of modern scientific era. The prevalence rate of Kushtha in India is 2.8. The protective ability of an individual is influenced by variety of factors which include genetic defects, nutritional deficiencies, poor hygiene, overcrowding, present diet schedule (*Viruddha Ahar*) co-existence of other diseases and intake of certain drugs.

Psoriasis is a noninfectious chronic inflammatory disease of skin characterized by well-defined erythematous plaques with silvery scale which have a predilection for extensor surface and scalp and by a chronic fluctuating course. The exact etiology is not known but many precipitating factors

like genetic, dietary, immunological and psychological has been found. Stress is most important to precipitate the disease.

Aim :

- Assesment of Age factor in Ekakushtha with respect to Psoriasis.

Materials

- *Charak Samhita* with *Charakrapani* commentary
- *Sushrut Samhita* with *Dalhan* commentary
- *Ashtang hrudhya* with *Arundatta* and *Hemadri* commentary
- *Madhav nidan* with *Madhukosh* commentary
- *Bhavprakash*
- *Sharangdhar Samhita*

Review of Literature

According to Acharya Sushruta the Kushtha, which makes blackish or reddish discoloration of skin is called Ekakushtha.⁸ AstangaHridaya has followed Charaka but has used the word Mahashrayam instead of Mahavastu.⁹ In Ekakushtha lesions are Chakrakara (round) and with scaling like Abhrakapatra i.e. mica¹⁰ also AcharyaKashyapa has mentioned that cause of EkaKushtha is visarpa¹¹; it is constantly spreading in the body & some discharge, pain, krimi are present in the lesion.

It is difficult to say what psoriasis is in terms of Ayurveda. There is no disease in Ayurveda which can exactly be correlated with Psoriasis. Many research workers have tried to attribute psoriasis with one or other type of Kushtha. All the workers included psoriasis under Kshudrakushtha, but while on co-relation with specific type they differed

i.e. some correlated it with Kitibha and others with Sidhma or Ekakushtha.

Here, Ekakushtha is accepted as Psoriasis because the description & characteristic features of it are co-inciding with description of Psoriasis than any other type of Kushtha.

In Kitibha the lesions are Sukshma & Sravi (exudation). But in Psoriasis the lesions are larger & dry. In Sidhma the lesion is mostly found in Urdhvakaya (Upper portion of body) but in Psoriasis the lesion is distributed all over the body. In Sidhma there is scaling which is like Raja (dust Particles) & Kandu also present but in Psoriasis there is scale formation & Kandu usually absent. Thus Kitibha & Sidhma are not correlated with Psoriasis. Description & Characteristic features of Ekakushtha very closely match the description of Psoriasis. Which are as follows:

Ekakushtha	Psoriasis
1) Aswedanam -	The lesions of this disease are dry & rough
2) Mahavastum-	Lesions are found all over the body.
3) Matsyashakalopama-	Well defined raised macules, papules & plaques of erythema found which are covered with silvery scales.
4) Krishna –Aruna Varna-	The lesions are raised & erythematous, thick lesion becomes black in colour,

The Lakshanas of Ekakushtha mentioned by Charaka are described here in detail in comparison with Psoriasis.

- (1) Asvednam: Asvednam menas no sweating from the skin. This may result from two mechanisms. (i) No production of Sveda & (ii) Obstruction in the Svedavaha Srotas.

No production of Sveda is less probable to occur. Sveda might be produced but it is in to be excreted upto the skin through the duct (Stotas). Obstruction in Sveavaha Srotas may be due to some solid matter in the Svedavaha Srotas causing “Sanga” or it may be due to ‘Sankocha’ (Vasoconstrictor) that may be due to Vata. In Ekakushtha, both Vata & Kapha are predominant, Vata causing

Sankocha & Kapha causing Sanga resulting in Asvedanam.

According to modern science, diminished or complete absence of Sweating is termed as anhidrosis. It leads to feeling of dryness of the integument of intolerance to heat by the patient. It may be either due to blocking of sweat ducts or destruction of sweatglands.

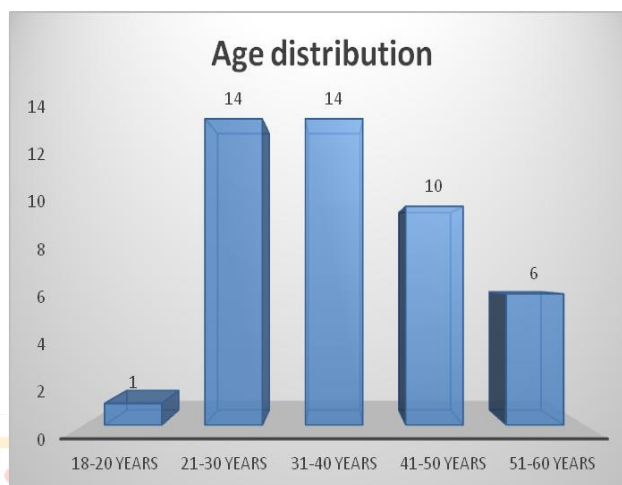
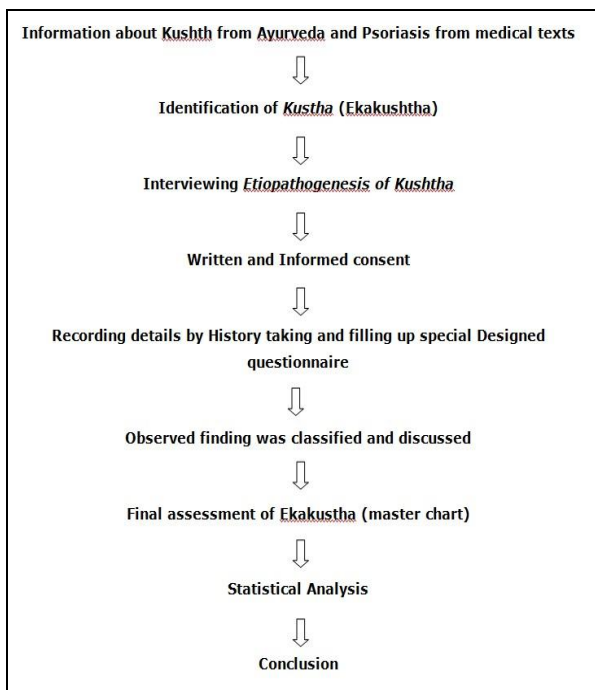
- (2) Matshyashakalopama: It means that the lesion is similar to the scale of fish. Scaling is chief complain in Psoriasis. This is due to hyperkeratinisation into the skin.
- (3) Mahavastum: It means that lesions are found all over the body or cover large area of the body. Charaka says that the Sapta Dravya lesions are produced where the Doshas settle (Ch.Ni. 5/6). It indicates that the uninvolved skin is also abnormal. It has been postulated & supported by some experimental evidence that the uninvolved normal appearing skin of psoriatic subjects is abnormal. Using the nude mice model to study psoriatic skin removed from a Psoriatic host, it was found that clinically involved Psoriatic epidermis maintained its high level of plasminogen activator activity & increased labeling index when grafted on nude mice (Fraki et al, 1983). Moreover, epidermis from clinically uninvolved normal appearing Psoriatic skin develops a significant increase in plasminogen activator activity to the level of involved epidermis after grafting & this is accompanied by a high thymidine labeling index. Normal control skin maintains its slow level of plasminogen activator & normal labeling index after grafting to the nude mice. The data suggest that skin from Psoriatic patients can manifest marker of Psoriasis, independent of Psoriasis host.

Methology

A survey study was conducted in Ayurved Hospital. Selection of patient of Ekakushtha of both gender Male/Female from OPD & IPD in Ayurveda Hospital had been selected for the study. Simple random sampling was done.

Sample size: Sample size was calculated by the Cochran’s formula and the prevalence rate of the disease is 2.8% . Hence sample size calculated was 45.

Study Design-



Discussion

The excessive consumption and improper consumption of food leads to diseases as most of people are unaware of rules of dietic. Also, now a day most of people are migrating to other places for occupational and educational purpose. Taking food from hotel, mess and companies are mandatory for them where they served common food items.

The percentage of patients ranging from 18-20 years were 2.2, for 21-30 years were 14, for 31-40 years were 14, for 41-50 years were 10 and for 51-60 were 6 percentage.

Hence it can be stated that the age group between 21 to 40 is most susceptible to Ekakushtha.

Observations:

Observations were drawn from the collected data of the patients through CRFs. Frequency distribution of the patients with respect to age group has been classified in the table and bar graph which is given below.

Age Group	Frequency	Percentage
18-20 Years	1	2.2
21-30 Years	14	31.1
31-40 Years	14	31.1
41-50 Years	10	22.2
51-60 Years	6	13.3
Total	45	100.0

Conclusion

- Ekakushtha(Psoriasis) is the disease caused in all of the age groups.
- From the survey study, 21-40 age group comprised of 28% which was the highest number of patients

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