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## A dietetic approach in the management of *Ekakushtha* (Psoriasis)

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### **Abstract:**

With the surface area of 2 sq. meters and accounting for 07 % of the total body weight, "skin" is the largest and first site visible organ of the body<sup>1</sup>, which plays a key role to determine the beauty and personality of an individual. Such an important organ is destroyed in the dermatological disease. It is well acknowledged that most of the dermatological disorders are auto immune; chronic inflammatory and psychosomatic in nature like psoriasis. In Ayurveda a variety of skin diseases are collectively explained under the heading of *Kushtha*. *Ekakushtha* is a variety of skin disease placed under the heading of *Kshudra Kushtha*. The clinical features of *Ekakushtha* are analogous to that of psoriasis. Even though *Kushtha* is considered as a disease of Bahya Roga Marga, the initiation of pathogenesis is from the *Koshtha*. The endogenous factors (*Tri-dosha* & *Tvaka, Rakta, Mamsa* and *Svedavaha Srotas*) which obviously afflicted by exogenous factors like *Viruddhahar, Adhyasana, Shitoshna vyatyasam*<sup>2</sup>, etc - make an avenue for the pathogenesis as well as manifestation of the disease. So main aims and object to treat the disease and to avoid the exogenous factors (*Nidana Parivarjana*) and as well as to prepare a dietetic regimen. The study was conducted at Govt. Ayurved College, Junagadh. Total 89 registered and diagnosed patients of *Ekakushtha*, were screened for the *Nidana (Aharaj)* which have mentioned in Ayurved Samhitas.

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*Aharaj Nidana*

## INTRODUCTION:

In Ayurveda almost all the skin diseases are explained under *Kushtha Rogadhikara* and classified as 7 *Mahakushtha* and 11 *Kshudra Kushtha*. *Ekakushtha* is one among 11 varieties of *Kshudra Kushtha* described in Ayurvedic classics.<sup>3</sup>

All *Kushtha* are always *Tridoshaja* in origin and a dominance of a particular *Dosha* leads to a specific symptom complex. It is produced invariably by the vitiation of the seven factors viz. three *Dosha* and four *Dushya*. But different types of pain, colour etc. is found in *Kushtha* because of *Amshamshakalpana* of the *Dosha* and *Samkhyavikalpa*. Our Ancient *Acharyas* mainly focused on the *Nidana* (etiological factors) & described the detailed description of *Nidana* for all the diseases. *Acharya Sushruta* has emphasized that the simple baseline of treatment is to exclude the *Nidana* factor.<sup>4</sup>

Hence, the knowledge about etiological factors is useful to provide proper guidance for therapy, as well as in the prevention of the disease because while treating diseases the highest importance should be given to avoidance of causes responsible for the vitiation of *Doshas* because it will be helpful in breaking the *Samprapti* of disease. All these things will become possible only if there is a perfect knowledge about the etiological factors i.e. *Nidana*. In day to day life, person consumes an incompatible diet and faulty food habits which leads to most of the diseases among which skin diseases are prime. Skin diseases are difficult to cure because relapsing nature of diseases makes it much harassment for patient and troubles some for physician too. Modern medical science treats skin diseases with systemic steroids and other therapeutics to give symptomatic relief. No doubt, the use of steroids suppresses the symptoms, but it costs deeply in the severe long-term toxicity, including osteoporosis, skin fragility, susceptibility to infection and pituitary-adrenal axis suppression etc. Therefore, the whole world is looking towards other system of medicine specially *Ayurveda* for this problem. As *Ayurveda* aims to protect the health of healthy individual and later to cure the diseased ones. So, the diet and regimen is such most important field of life. This study enlists about etiological factors (faulty dietary habits & lifestyle) of *Ekakushtha* and also details the non-pharmacological therapy for skin diseases. Hence it will be contribution to society, making them aware about faulty dietary habits & lifestyle and also for non-pharmacological dietetics regimen.

## AIMS & OBJECTIVES

- To study the etiological factors especially *Aharaj Hetu* in the manifestation of *Ekakushtha* (Psoriasis)

## MATERIALS & METHODS

- The diagnosed cases of *Ekakushtha* (Psoriasis) who were attended the OPD & IPD of Dept. of Panchakarma of Govt. Ayurved Hospital, Junagadh, were selected for present study.
- Random sampling method was adopted for the selection of patients.
- Total 89 patients were screened for the present study.

## INCLUSION CRITERIA

1. Diagnosed cases of *Ekakushtha*.
2. Patients of both sexes will be selected for study.
3. 20 – 60 years age group will be included.

## EXCLUSION CRITERIA

1. Age below 20 years and above 60 years.
2. Patients with other systemic disorders.
3. Patients involved with allergic skin disorders.

## OBSERVATIONS

**Age:** In this study out of 89 patients, maximum numbers of patients (29.11%) were found in the age group of 31-40 years. The next age group was 41 to 50 years and 51 to 60 years (both were 22.47%) followed by 15.73% patients in the age group of 21 to 30 years. Rest 10.11% patients were from 61 to 70 years of age group.

**Gender:** This distribution revealed that 53.93% patients were female followed by 46.06% patients were male.

**Religion:** Distribution of Religion in 89 patients of *Ekakushtha* showed that maximum 66.29% patients were Hindu, 24.71% patients were Muslim.

**Marital Status:** In this study out of 89 patients 71.91% patients were married and 20.22% patients were unmarried and 7.86% patients were widow.

**Occupation:** Out of 89 patients, maximum numbers of patients were housewife i.e. 32.58%. 19.10% were businessman, 17.97% were service class, 16.85% were labor and 6.74% were students and retired persons.

**Chief Complain:** Chief complains wise distribution of the patients revealed that 100% patients were having *Mahavastu*, *Mastyashakalopam*, *Krishna-Arun Varna* and *Mandal*. While 89.88% patients were having *Kandu*, 88.76% patients were having *Rukshtha*, and 71.91%, 66.29%, 33.70%, 22.47% patients were having *Daha*, *Srava*, *Sweda*, *Vedana* respectively.

**Diet:** Diet wise distribution of the data showed 66.29% patients were vegetarian and 33.71% were having mixed diet.

**Dietary Habit:** Dietary habit wise distribution of the patients revealed that 42.69% patients were doing *Adhyashana*, 35.95% were doing *Vishamashan* and 21.34% were doing *Samshana*.

**Dominant Rasa in the diet:** Out of 89 patients, 59.55% patient were taking *Amla Rasa* dominant diet, 55.05% patients were having *Lavan Rasa*, while 43.82% patients were having *Katu* and 34.83%, 12.35%, 2.24% patients having *Madhur*, *Tikta*, *Kashay* rasa dominant diet respectively.

**Dominant Guna in the diet:** This distribution showed that 62.92% patients were having *Ushna guna* dominant food in their diet, 51.68%, 44.94%, 42.69%, 34.83% and 31.46% patients were having *Guru*, *Snigdha*, *Laghu*, *Ruksha*, *Shita Guna* dominant food in their diet respectively.

**Ahara:** Out of 89 patients, 77.52% patients were taking *Viruddha Ahara*, 55.05% patients were doing *Adhyashana*, 32.58% were doing *Atyashana* and 6.74% were taking *Asatmya Ahara*.

**Viruddhahar:** 74.15% patients were taking *Sanyog* and *Virya Viruddha Ahara*, 51.68% were taking *Krama viruddha Ahara*, 32.58%, 31.46%, 23.59% patients were taking *Matra*, *Sanskara* and *Avastha Viruddha Ahara* respectively.

**Mithya Ahara:** This distribution revealed that 56.17% patients were having *Ushan & Tikshna Ahara*, *Ati Dahi* was consumed by 53.93% of patients. *Pickle*, *Mulak* and *Vidahi Ahara* was taken by 47.19%, 42.69% and 41.57% of patients respectively. While Fast food, *Udad*, *Ati Snigdha*, *Ati Amla Ahara* was taken by 40.44%, 37.07%, 23.59%, 22.47% of patients respectively.

## DISCUSSION

In present study maximum patients i.e. 29.11% were from age group of 31 to 40 years. In this fast and competitive era middle age persons are busy with work and also having irregular and faulty food habits which is one of the causes for manifestation of the disease.

Maximum 53.93% patients were female in this study. Gender has no direct relation with the *Ekakustha*(Psoriasis). Probable reason for it is most of female patients were housewife. In Saurashtra, housewives have a tendency of *Adhyashana*, *Vishamashana* and *Diwaswapa* which causes *Agnimandya* and *Tridosha Prakopa* leading to psoriasis.

Dietary Habit wise distribution shows that maximum patients were doing *Adhyashana* and *Vishamashana* which ultimately leads to *Agnimandya* and *Ama* formation which is the root cause of *Kusthauttpati*.

Dominant *Rasa* in the Diet of patients in this series, *Amla*, *Lavan*, *Katu* was taken by maximum number of patients. *Lavana* and *Amla Rasa* are *Kapha Pittakaraka* while *Katu* is leading *Vatakaraka*. Also *Amla* and *Lavana Rasa* provoke *Pitta* which in turn to vitiate *Rakta* leading to *Ekakushtha*.

Dominant *Guna* in Diet wise distribution of the data shows that maximum patients were taken the diet which having *Ushna Guna*. Due to *Ati Ushna Ahara* can lead to vitiation of *Pitta* and in turn to lead *Raktapradosha*. Also *Guru & Snigdha Ahara* can lead to *Agnimandya* and delayed *Aharapaka Prakriya* causing *Ama* formation and ultimately *Kushtha*.

In present study maximum number of patient were taking *Viruddhahara* followed by *Adhyashana* and *Atyashana*.

**Viruddhahara:** *Viruddhahar* creat *Agnimandya* in the body. According to Acharya Charak, *Agnimanya* leading to *Amavisha*,<sup>5</sup> *Utklesha* of *Tridosha* but do not expel them out of the body.<sup>6</sup> *Deha Dhatubhi Virodhmapadhyante*. On this context Chakrapani said it *Dusti* of *Dosha* and *Dhatu* while *Gangadhara* said that It causes *Nash* (destruction) of *Dhatu*. Further it creates *Srotorodha* in different *Srotas* of the body.<sup>7</sup> And ultimately arisen the *Kushtha*.

In modern science, also consider the Food incompatibilities some of them are Milk and yoghurt interaction. As you know consuming both together can precipitate milk inside the stomach that may irritate and induce vomiting. So avoid milk and yoghurt together.

Tea and garlic - Tea contains anticoagulant compounds called coumarins. When combined with garlic (that also has anticlotting properties), they may increase the risk of bleeding. So, better to avoid tea and garlic together.<sup>8</sup>

Deep frying of potatoes can develop toxic substances, such as acrylamide, which can prove to be carcinogenic.<sup>9</sup> Eating potato chips regularly is *Sanskara viruddha*. It is also mentioned in Ayurved text that heating honey is *Sanskar Viruddha*. Honey that is available in the market is *Agmark* honey and this honey is strongly heated before packaging. It is very important to find the relevance about why we must not heat honey.

**Adhyashana:** According to Astang Samgrah 4 Yaam is the time of food digestion<sup>10</sup>. According to classical definition, eating before 12 hours of previous meal is Adhyashana. As defined by Hemadri, eating before 4 hours of previous meal is Adhyashana.<sup>11</sup> In this study maximum patients were taken the food before the previous meal digestion. This leads to Agnimandya and formation of Ama and Rasa dusti.

**Atyashana:** Taking excessive amount of diet is called Atyashana. Acharya charak said that Atimatra Ashan is, "Amapradoshahetu",<sup>12</sup> Ahita bhojana when taking in excess (Atimatra) and at improper time leads to dusti of Annavaha Srotas and also disturb the Pakaprakriya which is format the Ama and Rasadusti and ultimately Kushtha.

**Mithya Ahara:** Mithya Ahara consumption was seen in maximum number of patients in this study. According to Vijayarakshita, the diet opposite to 'Ashta Ahara Vidhi Visheshayatanani' is designated as 'Mithya Ahara'. Charaka has described eight factors determining the utility of food they are called as 'Aharavidhi Visheshayatanani'. They are Prakruti, Karana, Samyoga, Rashi, Desha, Kala, Upyoga Samstha and Upayokta.<sup>13</sup> These eight factors give rise to beneficial or harmful effects. Habitual intake of things in proper way may more useful but in improper way they are always harmful. So they should be avoided. Mithya Ahara deranged the digestive power of Jatharagni and cause Dushti of Grahani. Thus the food doesn't get digested properly leading to production of Ama. As grahani is also dushita, Ama undergoes purification, Amavisha is produced.<sup>14</sup> So along with Kustha other diseases which can be formed due to Ama, Amavisha and Grahnidusti etc. may coexist psoriasis, psoriatic arthritis, crohn's disease, ulcerative colitis, dematological enteropathy have been reported.

## CONCLUSION

From the above discussion it is concluded that, due to faulty dietary habits and lifestyle many diseases is arisen one of them is *Ekakushtha* (Psoriasis). Majority of people are not aware about these faulty diets. If people avoid these faulty dietary intakes and follow the dietetics regimen and lifestyle then prevalence of skin disease (Psoriasis) will be controlled up to some extent.

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