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STUDY OF THE HETUS OF EK-KUSHTHA WITH SPECIAL REFERENCE TO PSORIASIS

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ABSTRACT

In *Ayurveda*, skin diseases are included under the heading of *Kushtha* and *Kshudra rogas*. Out of them *Kshudra Kushthas*, *Ek-kushtha* is co-related with psoriasis. It is a common, chronic and non-infectious skin disease of today's era. It is characterized by well defined slightly raised, dry erythematous macules with silvery and typical extensor distribution. In Ayurveda, it has been mentioned by *asvedana mahava* and *matsyasaklopama*. This disease is a burning problem of this era particularly in the treatment aspect. Hence this problem has been selected to know all *hetus* in detail so that can treat this *Ek-kushtha* (Psoriasis) by breaking its pathogenesis by avoiding its *hetus*.

KEYWARDS: *Ek-kushtha* (Psoriasis), *Hetu*.

INTRODUCTION

"*Ayurvedo Amrutanam*" because it is well known that the ayurveda is a science of life. This science of life explain us, how to maintain health and how to cure diseased condition. Hence to avoid diseases one should know *hetus* of that disease.

Hetus of specific disease will mostly affect on its *aashraya sthana*. In case of Ek-*kushtha* disease it is mostly affect *twacha* that is skin. In *Ayurveda* the word "*twacha*" or *"charma'* is used for skin (Ch. *Sha*. 7/16).

Skin is the first organ of the body interacting with the environmental agents like physical, chemical and biological. Skin is the mirror that reflects internal and external pathology thus helps in diagnosis of disease.

AIM AND OBJECTIVES

- **Aim**

To find out etiological factors of *Ek-kushtha vyadhi*.

- **Objectives**

1) To study *Ek-kushtha vyadhi* as per *Ayurveda* literature.
2) To study Psoriasis as per modern literature.
3) To find out *Aaharaj*, *Viharaj*, *manas* and other *hetu* of *Ek-kushtha vyadhi*.

MATERIALS

Patient with signs and symptoms of *Ek-Kushtha vyadhi* was randomly selected from the O.P.D and I.P.D of our institute.

METHODS

1. Study of total 50 patients was carried out after appropriate consulting and with written consent for participation in the project.
2. Special case paper Performa was prepared for clinical study.
3. Data was collected with the help of questionnaire.

➢ **Selection of Patients:** 50 diagnosed patients of *Ek-kushtha* were randomly selected from our institute.

A] Inclusion Criteria

1. Patient was selected between the ages of 15 to 50 years.
2. Patient of either sex, irrespective of caste, religion and socio-economic status were selected.
3. Patient having following sign and symptoms of *Ek-kushtha vyadhi* was selected.

- *Aswedanam*
- *Mahavastum*
- *Matsyashakalopam*
- *Krushna-Aruna Varna*

- Assessment of *hetu* of *Ek-kushtha* will be done with the help of questionnaire.

(For *viruddha Aahar hetu sevan* : total nine questions were asked and gradation given on the basis of number of hetu sevan. Nil for no *viruddha Ahar sevan*, mild grade for 1-2 out of nine, moderate for 3-5 out of nine and severe grade for more than 5 *hetu sevan*).

- Grading and scoring pattern for observation of sign & symptoms of *Ek-kushtha* are as follows:

0	Normal
1	Mild
2	Moderate
3	Severe

- ***Aswedanam*:** (dry & rough lesion)

0	Normal sweating
1	mild sweating after physical activity
2	Sweating after exercise
3	Sweating after seviour exercise

- ***Krushna-Aruna Varna*:** (Raised, erythematous, thick lesion become black in color)

0	Normal skin color
1	Reddish color lesion
2	Black reddish color lesion
3	Deep black reddish lesion

- ***Matsyashakalopam*:** (Raised maculae's, papules & plaques with silvery scales)

0	No scaling
1	Scaling by slight rubbing
2	Scaling without rubbing
3	Heavy Scaling

- ***Mahavastum*:** (lesions are all over body)

0	No lesion
1	2 to 5 lesions
2	5 to 10 lesion
3	More than 10 lesion

B] Exclusion Criteria

1. All types of *maha kushtha*.
2. *Kshudra kushtha* other than *Ek-kushtha vyadhi*
3. Patients suffering from any other systemic disorder.

OBSERVATIONS

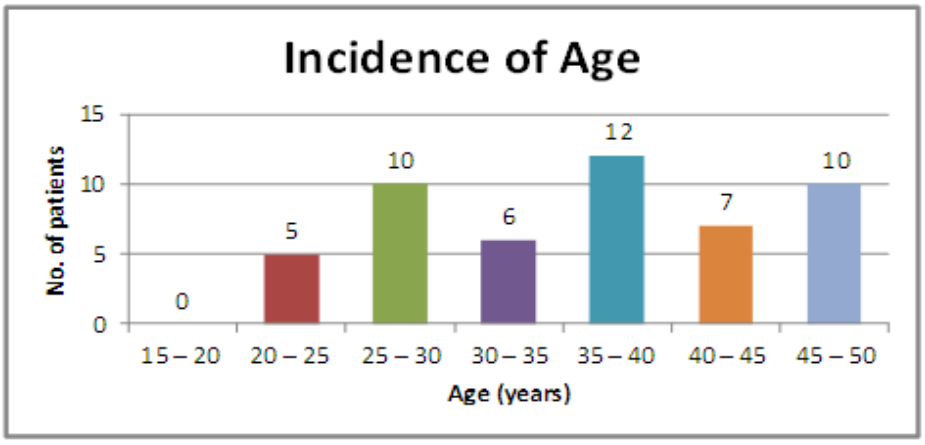
The details of the descriptive statistical analysis of 50 patients, which were studied under this subject as per age, sex, education, occupation, diet, economical status, *prakruti* etc. are as followed.

1. Incidence of Age

Table No. 9: Incidence of Age.

Sr. No.	Age Group	Count	%
1	15 – 20	00	00.00%
2	20 – 25	05	10.00%
3	25 – 30	10	20.00%
4	30 – 35	06	12.00%
5	35 – 40	12	24.00%
6	40 – 45	07	14.00%
7	45 – 50	10	20.00%
Total		**50**	**100%**

Out of 50 patients, 5 patients (10%) were with age between 20 – 25 years, 10 patients (20%) were with age between 25 -35 years, 6 patients (12%) were with age between 30 – 35 years, 12 patients (24%) were with age between 35 – 40 years, 7 patients (14%) were with age group 40 – 45 years while 10 patients (20%) were having age between 45 – 50 years.



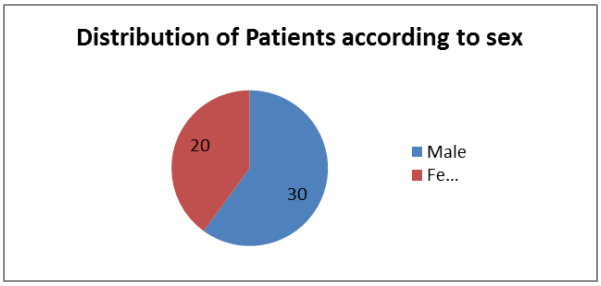
Graph 1: Incidence of Age.

2. Incidence of Sex

Table 10: Incidence of Sex.

Sr. No	Sex	Count	%
1	Male	30	60.00%
2	Female	20	40.00%
Total		**50**	**100.00%**

Out of 50 patients, 30 patients (60%) were male while remaining 20 patients (40%) were female.



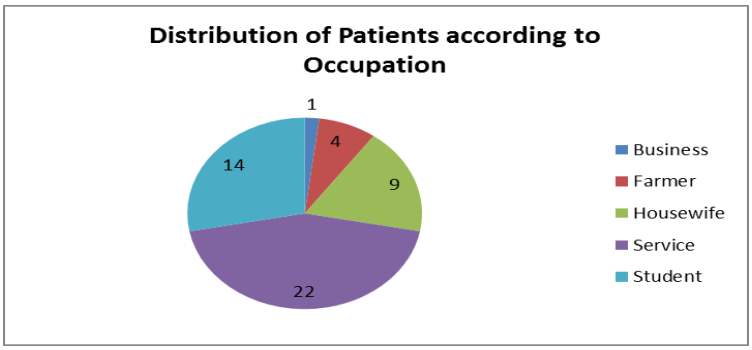
Graph 2: Incidence of Sex.

3. Incidence of Occupation

Table 11: Incidence of Occupation.

Sr. No	Occupation	Count	%
1	Business	01	02.00%
2	Farmer	04	08.00%
3	Housewife	09	18.00%
4	Service	22	44.00%
5	Student	14	28.00%
Total		**50**	**100.00%**

Out of 50 patients, 1 was in business (2%), 4 patients (8%) were farmer, 9 patients (18%) were housewife, 22 patients (44%) were in service while 14 patients (28%) were student.



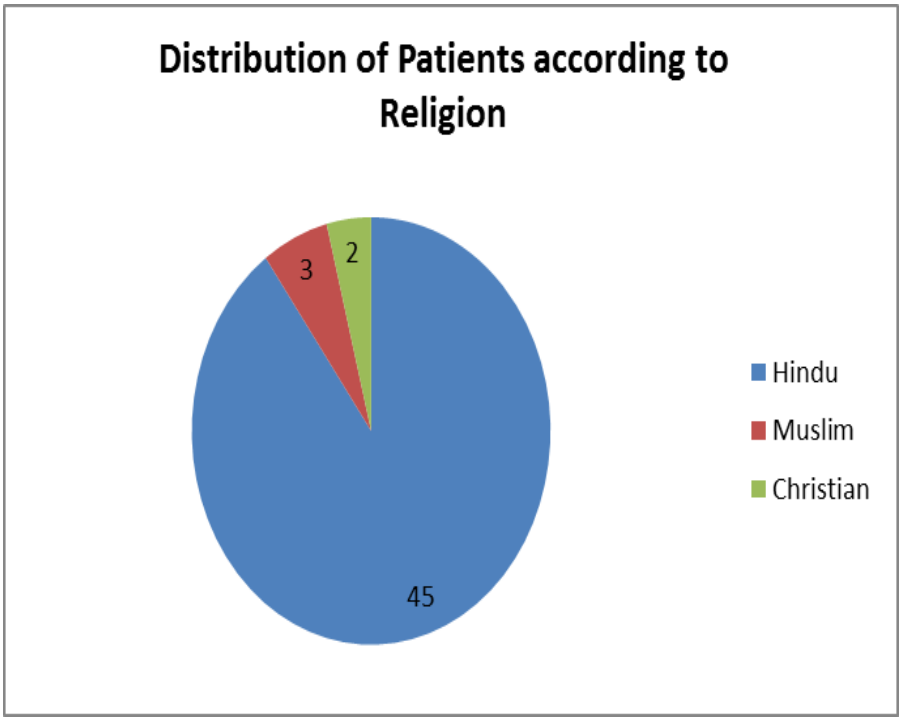
Graph 3: Incidence of Occupation.

4. Incidence of Religion

Table 12: Incidence of Religion.

Sr. No	Religion	Count	%
1	Hindu	45	90.00%
2	Muslim	03	06.00%
3	Christian	02	04.00%
Total		**50**	**100.00%**

Out of 50 patients, 45 patients (90%) were Hindu, 3 patients (6%) were Muslim while 2 patients (4%) were Christian.



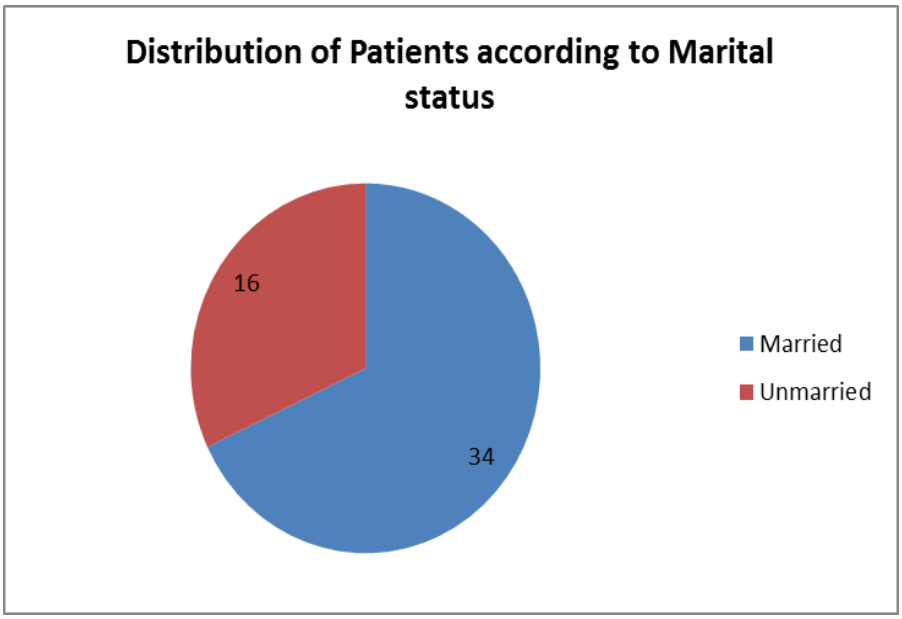
Graph 4: Incidence of Religion

5. Incidence of Marital status

Table 13: Incidence of Marital status.

Sr. No	Marital status	Count	%
1	Married	34	68.00%
2	Unmarried	16	32.00%
Total		**50**	**100.00%**

Out of 50 patients, 34 patients (68%) were married while remaining 16 patients (32%) were unmarried.



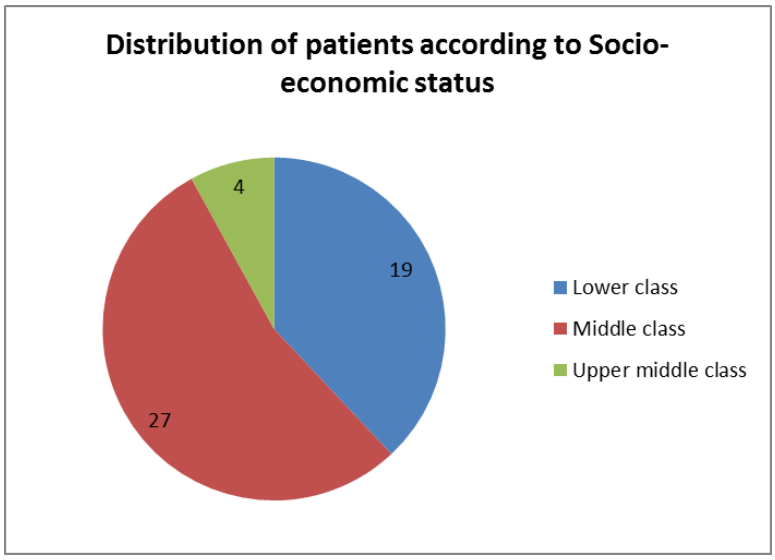
Graph 5: Incidence of Marital Status.

6. Incidence of Socio-economic status.

Table 14: Incidence of Socio-economic status.

Sr. No	Socio-economic status	Count	%
1	Lower class	19	38.00%
2	Middle class	27	54.00%
3	Upper middle class	04	08.00%
Total		**50**	**100.00%**

Out of 50 patients, 19 patients (38%) were from poor class, 27 patients (54%) were from middle class while remaining 4 patients (8%) were from upper middle class.



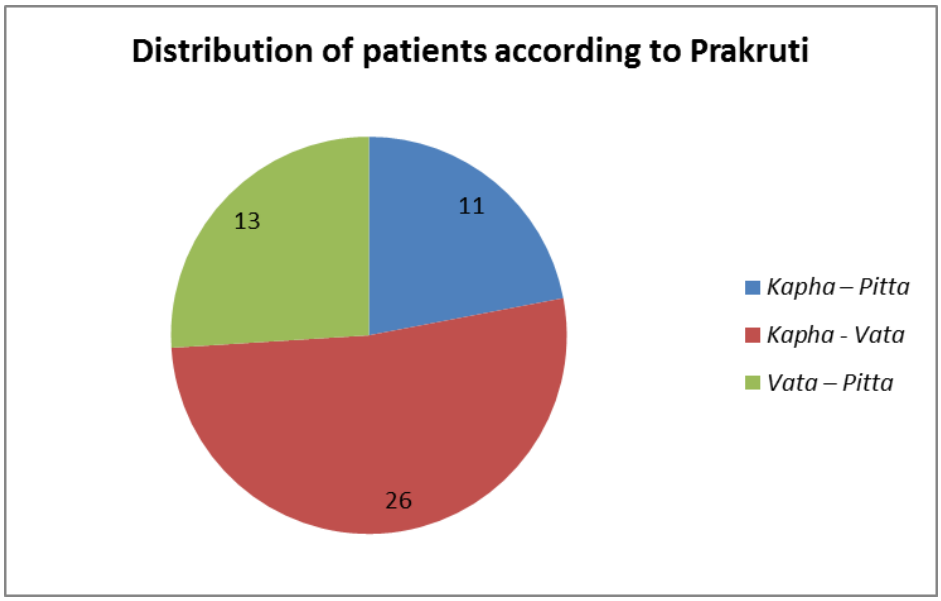
Graph 6: Incidence of Socio- economic Status.

7. Incidence of *Prakruti*.

Table 15: Incidence of *Prakruti*.

Sr. No	*Prakruti*	Count	%
1	*Kapha – Pitta*	11	22.00%
2	*Kapha - Vata*	26	52.00%
3	*Vata – Pitta*	13	26.00%
Total		**50**	**100.00%**

Out of 50 patients, 11 patients (22%) were observed with *kapha – pitta prakruti*, 26 patients (52%) were having *kapha – vata prakruti* while 13 patients (26%) were of *vata – pitta prakruti*.



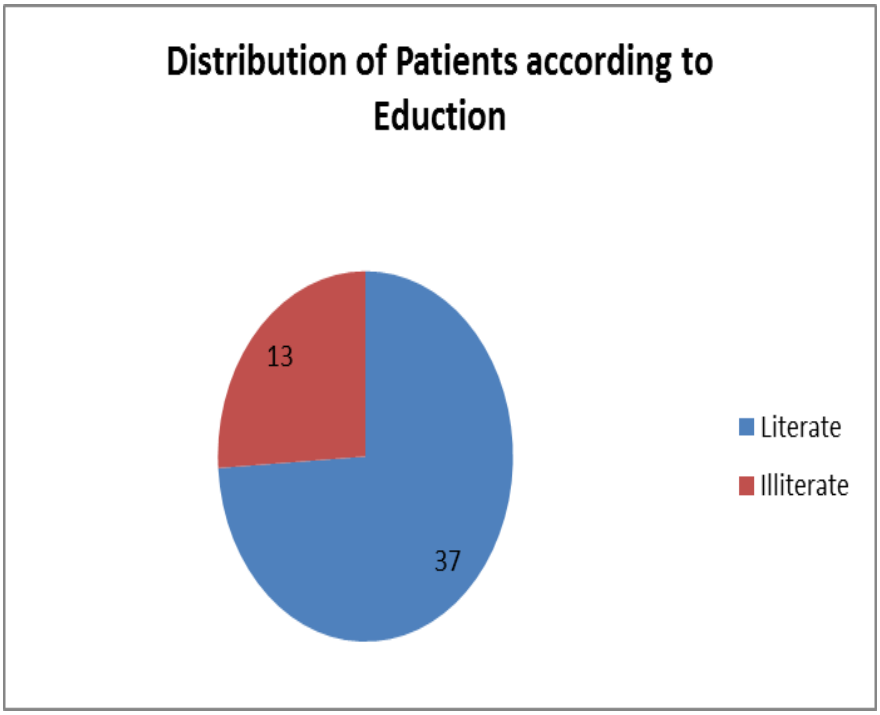
Graph 7: Incidence of *Prakruti*.

8. Incidence of Education

Table 16: Incidence of Education.

Sr. No	Education	Count	%
1	Literate	37	74.00%
2	Illiterate	13	26.00%
Total		**50**	**100.00%**

Out of 50 patients, 37 patients (74%) were literate while remaining 13 patients (26%) were illiterate.



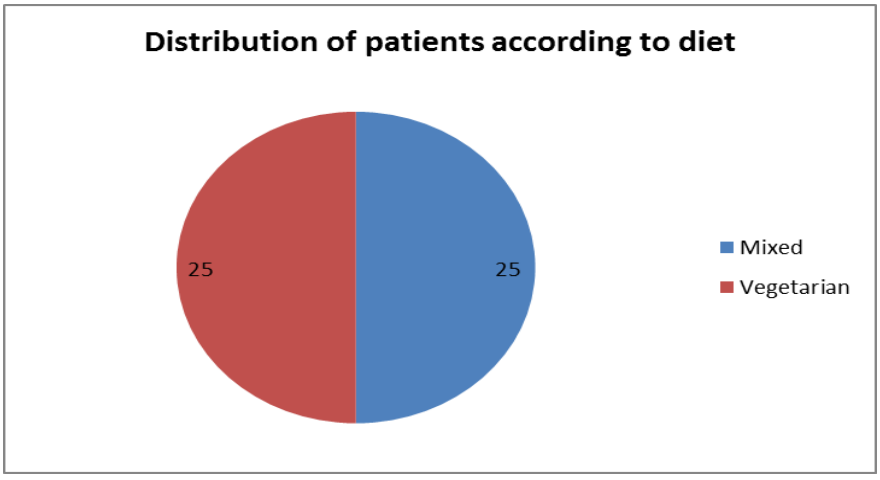
Graph 8: Incidence of Education.

9. Incidence of Diet

Table 17: Incidence of Diet.

Sr. No	Diet	Count	%
1	Mixed	25	50.00%
2	Vegetarian	25	50.00%
Total		**50**	**100.00%**

Out of 50 patients, 25 patients (50%) were having mixed diet while remaining 25 patients (50%) were vegetarian.



Graph 9: Incidence of Diet.

RESULTS

Statistical Analysis

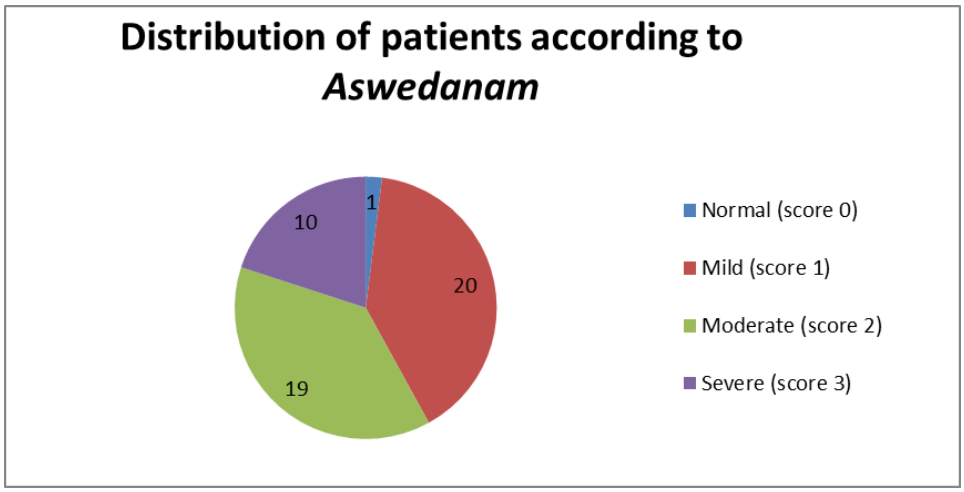
A) Assessment of signs and symptoms of *Ek – kushtha*

Table 18: Assessment of signs and symptoms of *Ek-kushtha.*

Signs and symptoms	Summary statistics						Wilcoxon signed rank statistic	P-value (one-tailed)
	Mean	S.D.	Q_1	Median	Q_3	n		
Aswedanam	1.760	0.797	1.00	2.00	2.00	50	1225	< 0.001
Krushna Aruna Varna	1.840	0.766	1.00	2.00	2.00	50	1225	< 0.001
Matsyashakalopam	2.140	0.756	2.00	2.00	3.00	50	1275	< 0.001
Mahavastum	2.240	0.625	2.00	2.00	3.00	50	1275	< 0.001

1) *Aswedanam*

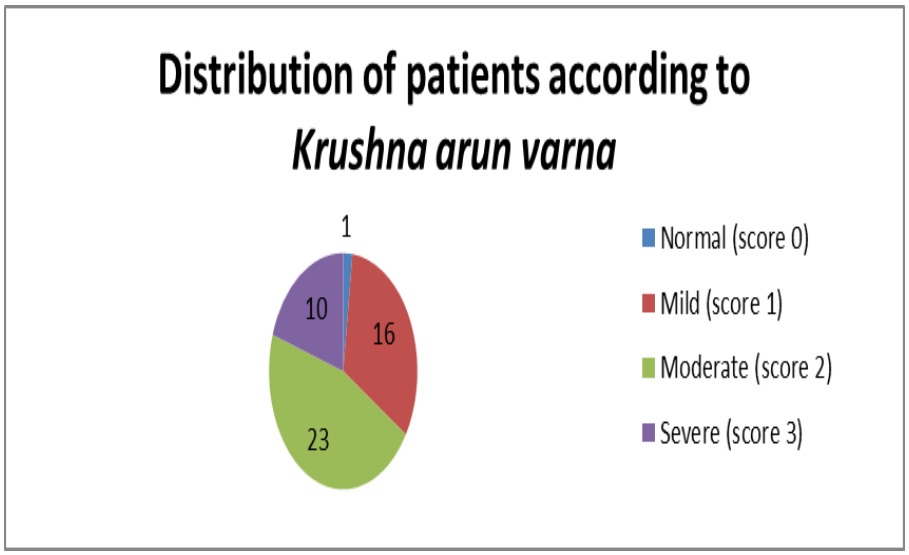
Median score of *aswedanam* was significantly higher than zero (P-value < 0.001) at 5% level of significance as suggested by Wilcoxon signed rank test. The median score of *aswedanam* was 2 and mean score was 1.76 with S.D. of 0.797. *i.e. there was significantly high incidence of aswedanam.*



Graph 10: Distribution of Patients According To *Aswedanam.*

2) *Krushna aruna varna*

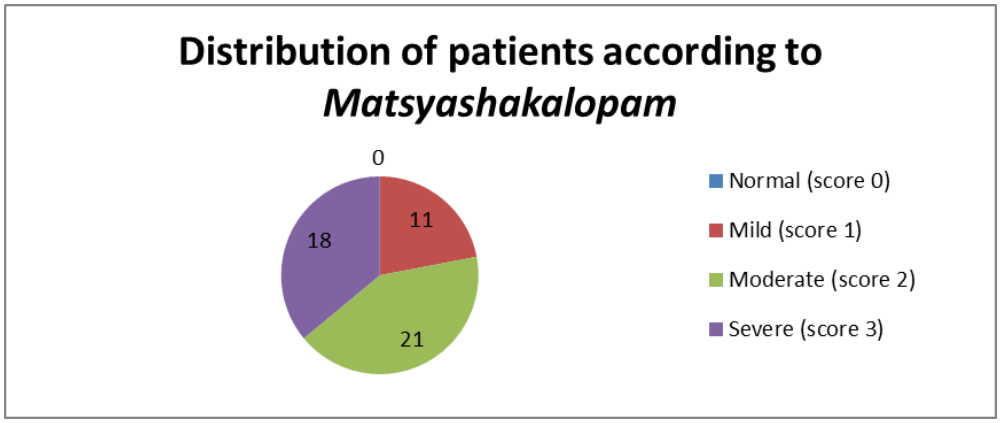
Median score of *krushna aruna varna* was significantly higher than zero (P-value < 0.001) at 5% level of significance as suggested by Wilcoxon signed rank test. The median score of *krushna aruna varna* 2 and mean score of was 1.840 with S.D. of 0.766. *i.e. there was significantly high incidence of krushna aruna varna.*



Graph 11: Distribution of Patients According To *Krushna Arun Varna.*

3) *Matsyashakalopam*

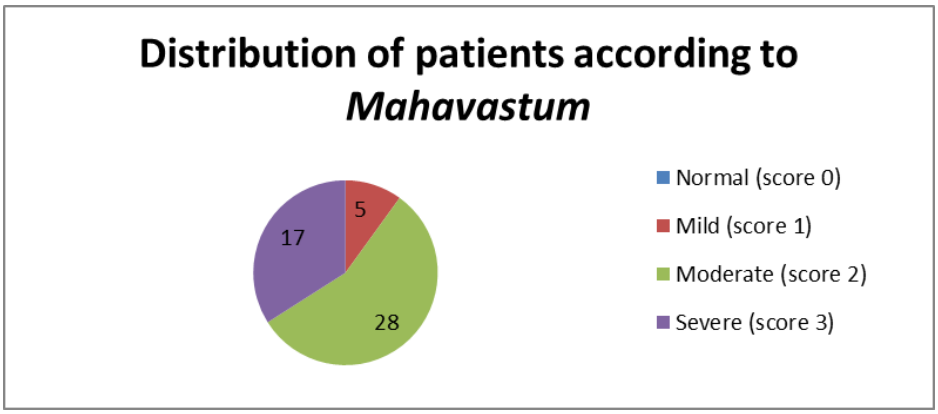
Median score of *matsyashakalopam* was significantly higher than zero (P-value < 0.001) at 5% level of significance as suggested by Wilcoxon signed rank test. The median score of *matsyashakalopam* was 2 and mean score of was 2.140 with S.D. of 0.756. *I.e. there was significantly high incidence of matsyashakalopam.*



Graph 12: Distribution of Patients According To *Matsyashkalopam*.

4) *Mahavastum*

Median score of *mahavastum* was significantly higher than zero (P-value < 0.001) at 5% level of significance as suggested by Wilcoxon signed rank test. The median score of *mahavastum* 2 and mean score of was 2.240 with S.D. of 0.625. *i.e. there was significantly high incidence of mahavastum.*



Graph 13: Distribution of Patients According To *Mahavastum*.

B) Incidence of *Hetus*

1) *Aaharaj Hetu*.

Table 19: Incidence of *Hetus*.

***Aaharaj Hetus* (*Rasa*)**	**Summary statistics**						**Wilcoxon signed rank statistic**	**P-value (one-tailed)**
	Mean	**S.D.**	**Q_1**	**Median**	**Q_3**	**n**		
Madhur	1.300	0.839	1.00	1.00	2.00	50	903	< 0.001
Amla	1.500	0.863	1.00	1.00	2.00	50	1035	< 0.001
Lavan	1.600	0.833	1.00	2.00	2.00	50	1035	< 0.001
Katu	1.780	0.840	1.00	2.00	2.00	50	1176	< 0.001
Tikta	1.260	0.803	1.00	1.00	2.00	50	946	< 0.001
Kashay	1.760	0.960	1.00	2.00	2.00	50	990	< 0.001

Hetu -madhur rasa was observed with mean score of 1.3 and median score of 1. The Wilcoxon signed rank test suggested that there was significant incidence of *Madhur rasa* in patients (P-value < 0.001).

Patients were having *amla rasa* consumption with mean score 1.5 and median score 1. The incidence of *amla rasa* consumption was observed to be significant (P-value < 0.001) as suggested by Wilcoxon signed rank test.

There was significant incidence of *Lavan rasa* consumption observed (P-value < 0.001) with mean score of 1.6 and median score of 2.

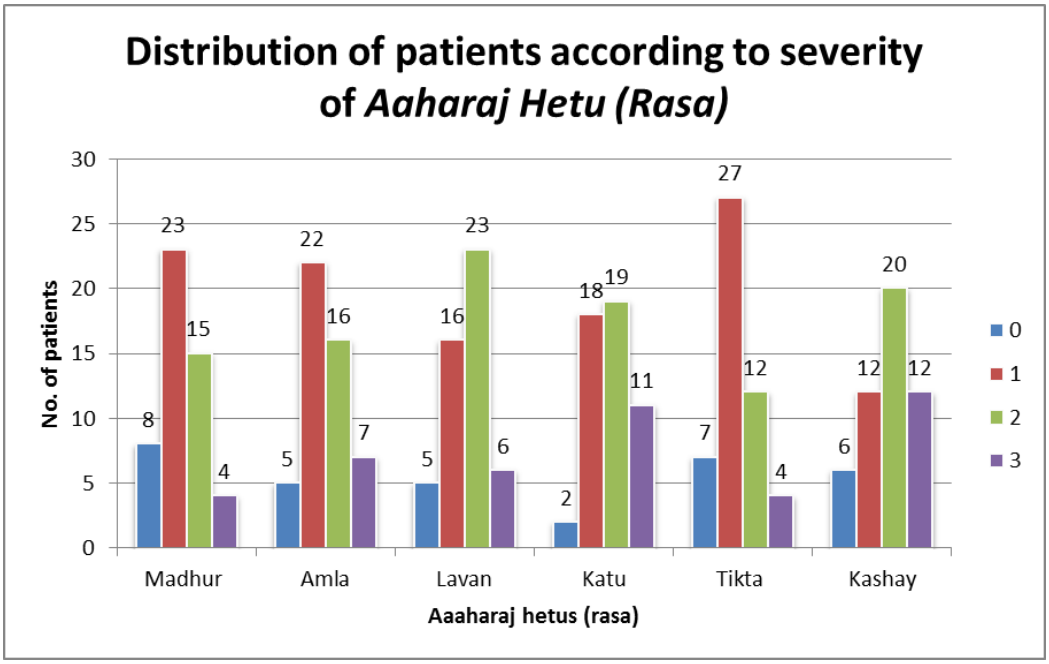
Mean score for *katu rasa* consumption was 1.78 and median score was 2, the incidence was suggested to be significant (P-value < 0.001) by Wilcoxon signed rank test.

Consumption of *tikta rasa* (Mean score=1.260, median score = 1) was significant as suggested by Wilcoxon signed rank test.

Patients were having *kashay rasa* consumption with mean score 1.760 and median score 2. The incidence of *amla rasa* consumption was observed to be significant (P-value < 0.001) as suggested by Wilcoxon signed rank test.

Table 20: Incidence of *Aahraj Hetus.*

Aaharaj Hetus	Summary statistics						Wilcoxon signed rank statistic	P-value (one-tailed)
	Mean	S.D.	Q_1	Median	Q_3	n		
Agni	1.340	0.872	1.00	1.00	1.00	50	1128	< 0.001
Dugdha/dugdha Janya Vastu	2.080	0.804	2.00	2.00	3.00	50	1176	< 0.001
Frequency of Non Veg	1.800	0.756	1.00	2.00	2.00	50	1225	< 0.001
Bhojan Kaal	0.540	0.503	0.00	1.00	1.00	50	378	< 0.001
Adhya Shan	0.640	0.485	0.00	1.00	1.00	50	528	< 0.001
Samashan	0.460	0.503	0.00	0.00	1.00	50	276	< 0.001
Vishamashan	0.760	0.431	1.00	1.00	1.00	50	741	< 0.001
Virudha Ahar	2.200	0.639	2.00	2.00	3.00	50	1225	< 0.001
Drava Ahar	1.560	0.501	1.00	2.00	2.00	50	1275	< 0.001
Snigdh	1.940	0.913	1.00	2.00	3.00	50	1128	< 0.001
Guru	1.940	0.843	1.25	2.00	2.75	50	1128	< 0.001
Abhishyandi	1.940	0.978	1.00	2.00	3.00	50	1035	< 0.001
Mashyukta Ahar	1.580	0.928	1.00	2.00	2.00	50	946	< 0.001
Mulak Sevan	1.540	0.994	1.00	2.00	2.00	50	861	< 0.001
Junk & Other food Product	2.020	0.869	2.00	2.00	3.00	50	1128	< 0.001
Tail Sevan	1.880	0.895	1.00	2.00	2.75	50	1081	< 0.001
Other *Virudha Anna*	1.840	0.842	1.00	2.00	2.00	50	1128	< 0.001



Graph 14: Incidence of *Hetus.*

Agni was observed with mean score of 1.340 and median score of 1. The Wilcoxon signed rank test suggested that there was significant incidence of *Agni* in patients (P-value < 0.001).

Patients were consuming *dugdha* or *dugdhajanya aahar* with mean score 2.08 and median score 2.00. The incidence of *dugdhajanya aahar* consumption was observed to be significant (P-value < 0.001) as suggested by Wilcoxon signed rank test.

There was significantly high frequency of non - veg consumption observed (P-value < 0.001) with mean score of 1.8 and median score of 2.

Mean score for *bhojan kaal* was 0.540 and median score was 1, the incidence was suggested to be significant (P-value < 0.001) by Wilcoxon signed rank test.

Adhyasana was observed with mean 0.640 and median 1 which was significant (P-value < 0.001) as suggested by wilcoxon signed rank test.

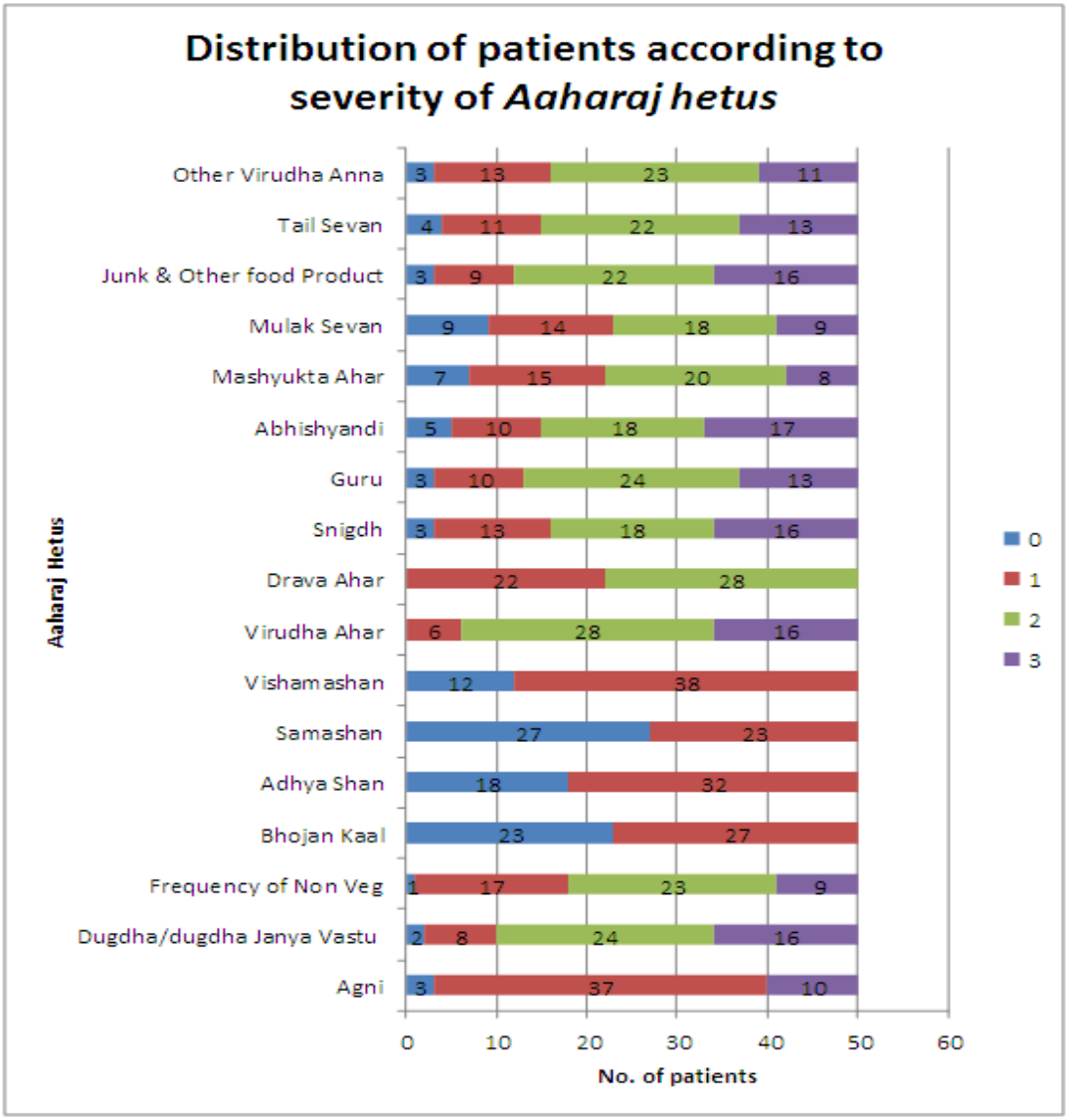
Patients reported *samashan* with mean score 0.460 and median score 0. The *samashan* was significant (P-value < 0.001) as suggested by Wilcoxon signed rank test.

There was significant incidence of *viruddha aahar* intake observed (P-value < 0.001) with mean score of 2.2 and median score of 2.

Mean score *dravya aahar* consumption was 1.560 and median score was 2, the incidence was suggested to be significant (P-value < 0.001) by Wilcoxon signed rank test.

Consumption of *snigdha aahar* (Mean score=1.940, median score = 2) was significant as suggested by Wilcoxon signed rank test.

Patients were having *guru aahar* consumption with mean score 1.940 and median score 2. The *guru aahar* consumption was observed to be significant (P-value < 0.001) as suggested by Wilcoxon signed rank test.



Graph 15: Incidence of *Aaharaj Hetus.*

2) *Viharaj Hetu*.

Table 21: Incidence of *Viharaj Hetus.*

Viharaj Hetus	Summary statistics						Wilcoxon signed rank statistic	P-value (one-tailed)
	Mean	S.D.	Q_1	Median	Q_3	n		
Aatap sevan	1.100	0.580	1.00	1.00	1.00	50	1035	< 0.001
Vegha dharan	1.320	0.683	1.00	1.00	2.00	50	1176	< 0.001
vyayam	1.000	0.571	1.00	1.00	1.00	50	946	< 0.001
shram kaal shitambu paan	1.140	0.833	1.00	1.00	1.75	50	820	< 0.001
Divaswap	1.200	0.670	1.00	1.00	1.75	50	1035	< 0.001
Snan	0.735	0.446	0.00	1.00	1.00	50	703	< 0.001
Exchange of cloths	0.420	0.499	0.00	0.00	1.00	50	231	< 0.001
Ajirna kale maithun	0.340	0.479	0.00	0.00	1.00	50	153	< 0.001
aopsargic hetu	0.340	0.479	0.00	0.00	1.00	50	153	< 0.001

The mean score for *aatap sevan* was 1.10 while median score was 1. The Wilcoxon signed rank test suggested that there was significant incidence of *aatap sevan* in patients (P-value < 0.001).

The mean score for *hetu vega dharan* was 1.32 while median score was 1. The Wilcoxon signed rank test suggested that there was significant incidence of *vega dharan* in patients (P-value < 0.001).

The mean score for *hetu vyayam* was 1 while median score was 1. The Wilcoxon signed rank test suggested that there was significant incidence of *vyayam* in patients (P-value = 0.005).

The mean score for *shram kaal shitambu paan* was 1.14 while median score was 1. The Wilcoxon signed rank test suggested that there was significant incidence of *shram kaal shitambu paan* in patients (P-value < 0.001).

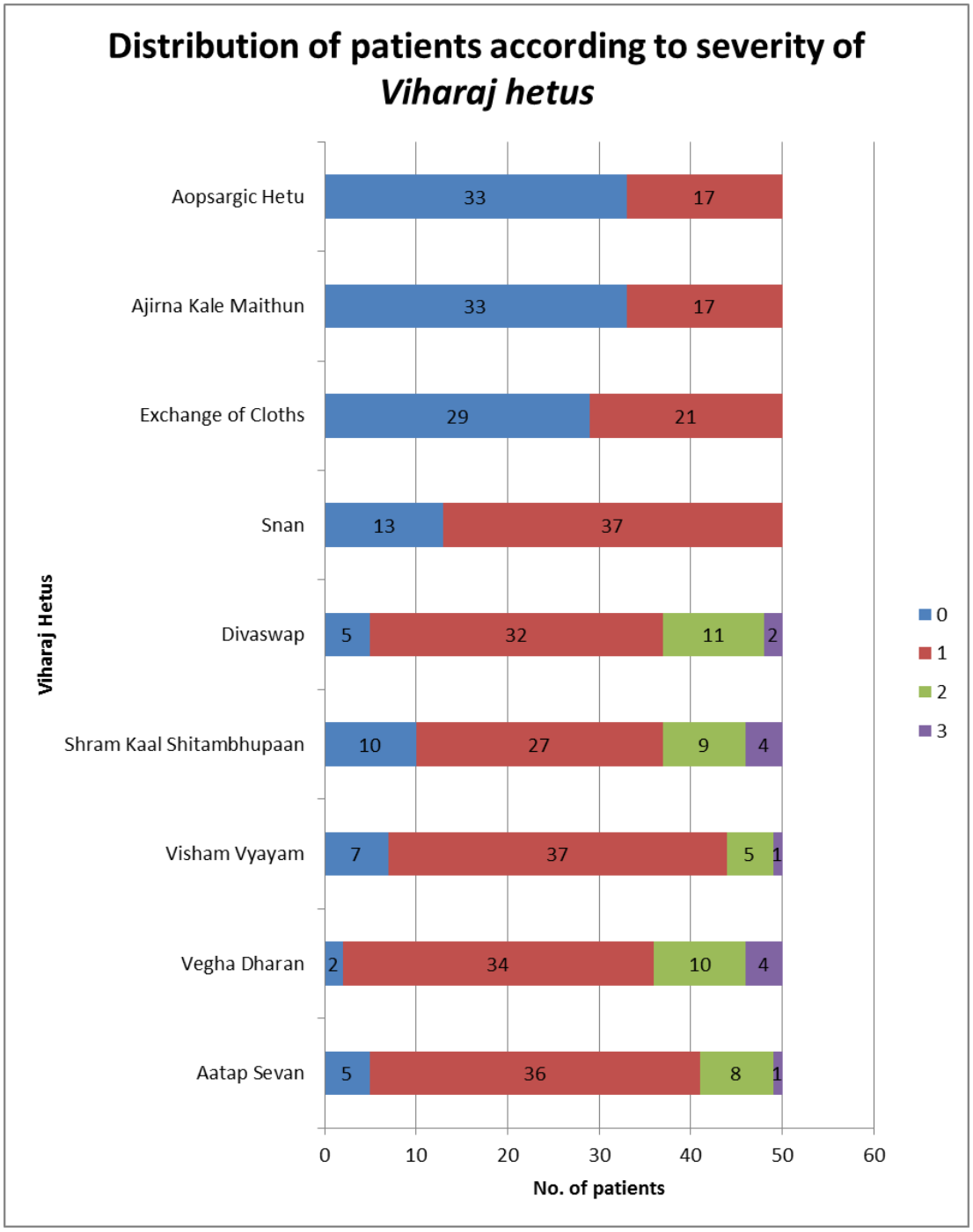
The mean score for *divaswap* was 1.2 while median score was 1. The Wilcoxon signed rank test suggested that there was significant incidence of *divaswap* in patients (P-value < 0.001).

The mean score for *snan* was 0.735 while median score was 1. The Wilcoxon signed rank test suggested that there was significant incidence of *snan* in patients (P-value < 0.001).

The mean score for exchange of cloths was 0.420 while median score was 0. The Wilcoxon signed rank test suggested that there was significant incidence of exchange of cloths in patients (P-value < 0.001).

Ajirna kale maithun was not observed with mean 0.34 and median 0. The Wilcoxon signed test showed significant incidence of *Ajirna kale maithun* (P-value < 0.001).

Aopsargic hetu was observed with mean score of 0.34 and median score of 0. This incidence of *aopsargic hetu* was significant (P-value < 0.001) as suggested by wilcoxon signed rank test.



Graph 16: Incidence of *Viharaj Hetus.*

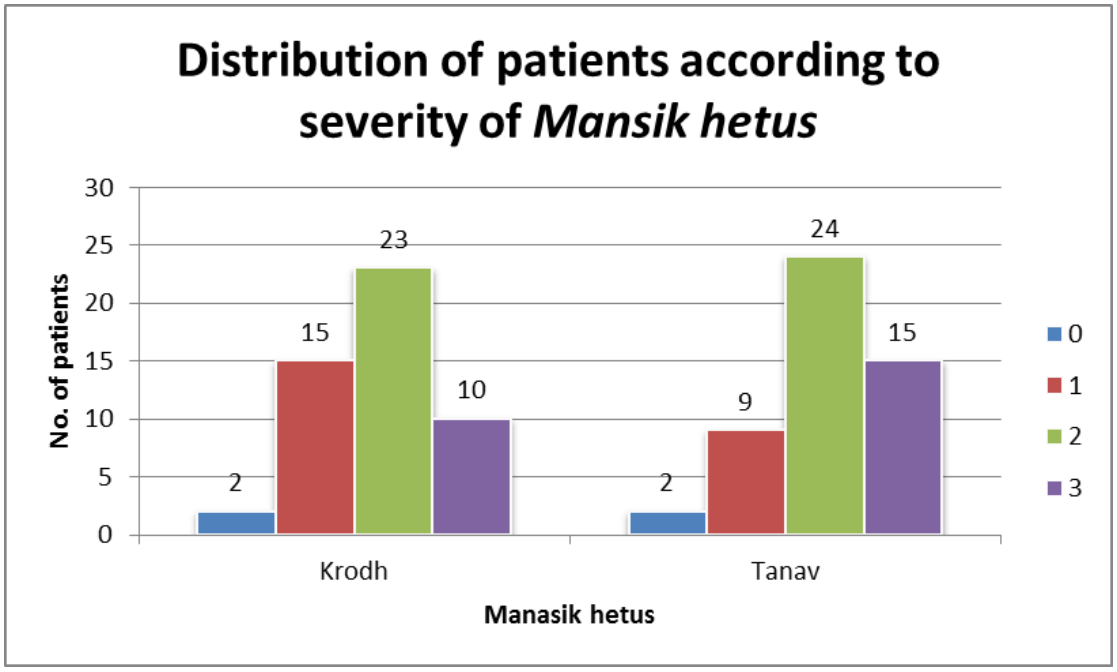
3) Mansik hetu

Table 22: Incidence of *Mansik Hetus.*

Mansik Hetus	Summary statistics						Wilcoxon signed rank statistic	P-value (one-tailed)
	Mean	S.D.	Q_1	Median	Q_3	n		
Krodha	1.820	0.800	1.00	2.00	2.00	50	1176	< 0.001
Tanav	2.040	0.807	2.00	2.00	3.00	50	1176	< 0.001

The mean score for *hetu krodha* was 1.82 while median score was 2. The Wilcoxon signed rank test suggested that there was significant incidence of *krodha* in patients (P-value < 0.001).

The mean score for *hetu tanav* was 2.04 while median score was 2. The Wilcoxon signed rank test suggested that there was significant incidence of *tanav* in patients (P-value < 0.001).



Graph 17: Incidence of *Mansik Hetus*.

Percentage of Incidence of *Lakshanas*

Table 23: Percentage of Incidence of *Lakshanas*.

Lakshanas	**No. of patients with Lakshanas**	**Total no. of patients**	**%**
Aswedanam	49	50	98.00%
Krushna Aruna Varna	49	50	98.00%
Matsyashakalopam	50	50	100.00%
Mahavastum	50	50	100.00%

Percentage of Incidence of *Hetu*

Table 24: Percentage of Incidence of *Hetu*.

Aaharaj Hetu	**No. of patients with Hetu**	**Total no. of patients**	**%**
Madhur	42	50	84.00%
Amla	45	50	90.00%
Lavan	45	50	90.00%
Katu	48	50	96.00%
Tikta	43	50	86.00%
Kashay	44	50	88.00%
Agni	47	50	94.00%
Dugdha/dugdha Janya Vastu	48	50	96.00%
Frequency of Non Veg	49	50	98.00%
Bhojan Kaal	27	50	54.00%
Adhya Shan	32	50	64.00%
Samashan	23	50	46.00%
Vishamashan	38	50	76.00%
Virudha Ahar	50	50	100.00%
Drava Ahar	50	50	100.00%
Snigdh	47	50	94.00%
Guru	47	50	94.00%
Abhishyandi	45	50	90.00%
Mashyukta Ahar	43	50	86.00%
Mulak Sevan	41	50	82.00%
Junk & Other food Product	47	50	94.00%
Tail Sevan	46	50	92.00%
Other *Virudha Anna*	47	50	94.00%

DISCUSSION

Science is the intellectual process for using all of the mental and physical resources available in order to better understand, explain and predict normal as well as unusual phenomena. Thus, the scientific approach to understand anything involves observation, measurement of entities that can be quantitated, the accumulation of data and analysis of the findings as distinguished from an intuitive approach. In other words, science is the light thrown on silent facts. Ayurveda as a science has lots of such silent or hidden facts. Discussion is a supreme important part where the scholar has to try and throw light on such type of hidden facts and break the silence of science.

As our *Aacharyaas* have clearly mentioned in the text that without the "*Tarka* and *Yukti*" one could not get the principle theme of the work. According to ancient research methodology, prior to establishing any theory, *Upanayana* (Discussion) is the step preceding *Nigamana* (Conclusion). Discussion is a process of re-examining one and forms the base for conclusion. Hence, discussion is a very crucial part of any scientific research work. Thus, the aim of

discussion should not be victory, but progress, thereby moving towards the future with the guidance from past and courage from the present. The discussion of this work has been catalogued under specific subtitles.

Discussion on Age

Maximum numbers of patients were found in the age group of 30-40 years although it occurs in all age group. Most peoples in this age are takes *vidahi aahar, virudha ahar* is very common in this age. Also most of peoples in this age get addicted to smoking, alcohol, *gutakha* which may be the contributing factor for the genesis of *ek-kushtha*.

Next to this age group maximum numbers of patients were found in 45-50 years in this age most of peoples get settle down and get more addicted to alcohol *and mithya aahar* which may be the contributing factor in the genesis of *ek-kushtha.*

Discussion on Sex

Majority of patients in the present study were males 60% although no relation has established between sex and *ek-kushtha* in classics, as number of male patients were having sitting work, eating *mithya aahar* and taking *divasvap* daily which may be the contributing in the genesis of *ek-kushtha.*

Discussion on Occupation

Maximum numbers of patients were having service. In the present study students, service, housewife and farmers also included. Reason being may be due to different occupational contact like housewife exposing their body to chemicals like detergent, caustic soda etc. and farmer exposing his body to metals and different kind of chemicals like pesticides etc. Study the *hetus* of *Ek-kushtha* in modern era with special reference to Psoriasis. (Page no.40).

Discussion on Religion

Out of 50 patients, 45 patients (90%) were Hindu, 3 patients (6%) were Muslim while 2 patients (4%) were Christian. But there is no any kind of relation of *Ek-kushtha* with religion.

Discussion on Marital status

Out of 50 patients, 34 patients (68%) were married while remaining 16 patients (32%) were unmarried. But in this condition also no relation between *ek-kushtha* and marital status.

Discussion on Socio-economic status

Out of 50 patients, 19 patients (38%) were from poor class, 27 patients (54%) were from middle class while remaining 4 patients (8%) were from upper middle class. This shows middle class people were more prone to *ek-kushtha*.

Discussion on *Prakruti*

Out of 50 patients, 11 patients (22%) were observed with *kapha – pitta prakruti*, 26 patients (52%) were having *kapha – vata prakruti* while 13 patients (26%) were of vata – *pitta prakruti*. This shows *kapha-vata prakruti* patients more infected by *ek-kushtha* also *vata-pitta prakruti* patients are more prone to *ek-kushtha*.

Discussion on Education

Out of 50 patients, 37 patients (74%) were literate while remaining 13 patients (26%) were illiterate. But there is no any relation between education and present disease.

Discussion on Diet

Out of 50 patients, 25 patients (50%) were having mixed diet while remaining 25 patients (50%) were vegetarian. In this case also there is no relationship between veg and mixed diet. But *kapha vardhak, abhishyandi (mithya aahar) aahar* and mainly non-veg food are predominant cause.

Discussion on *Aaharaj* and other *Hetus*

- The main causative factor of *Kushtha* is *Viruddha Ahara* and *Mithya Ahara*.
- The different factors related to *Viruddha Ahara* may be

Summarized in two major groups

(1) *Gunatah Viruddha*

(2) *Samyoga Viruddha*

- Mithya Ahara

Mithya Ahara means improper diet. According to *Vijayrakshita*, 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 *'Aharvidhi Visheshayatanani'*. They are *Prakruti, Karan, Samyoga, Rashi, Desha, Kala, Upyoga Samstha and Upayokta* (Ch.Vi 1/21).

- ***Achara Hetu***

This is a very important factor and has been mentionedby all the *Acharyas*. Behavioural misconduct, antisocial activities, sinful Activities and other punishable activities are considered under this heading. Due to *Raja* and *Tama Doshas* the *Manas* is always in search of materialistic pleasures and to satisfy its desires, it is always doing good and bad deeds (*Papakarma*). And as the after effects of such bad deeds he suffers from diseases like *Kushtha*. *Brihatrayi* have mentioned *Chinta, Bhaya, Krodha* as *Vata Prakopa Nidana* and *Bhaya, Krodha* and *Shoka* also cause *Dushti* of *Swedavaha Srotas* (Ch. Vi. 5/22). *Chinta* causes *Dushti* of *Rasavaha Srotas*.

- **Others Nidana**

A) *Samsargaja Hetu*

The kushtha spreads from one man to another due to *Prasanga, nihishwasat Gatrasamsparsha, Sahabhojanat* etc.

B) *Kulaja Nidana*

Kulaja Nidana is also known as *Aanuvanshika Nidana* i.e. due to *Beejadushti*. *Sushruta* has mentioned *Kushtha* as *Adibalapravritta Vyadhi* (Su. Ni. 5/27) i.e. the original cause of the disease is attributed to defects of *Shukra* and/or *Shonita.*

C) *Krimija Hetu*

Acharya Sushruta has mentioned that all types of *Kushtha* originate from *Vata, Pitta, Kapha* and *Krimi* (Su. NI.5/6). *Charaka* has also indicated that causative factors & treatement of *Raktaja Krimi* is as same as *Kushtha* (Ch.Vi. 7/11).

D) *Chikitsa Vibharamsajanya Hetu*

Stambhana in initial stage of disease like *Raktarsha* (Ch. Chi.14/179), *RaktaPitta* (Ch.Chi.4/27), *Amatisara* (Ch. Chi. 19/16) cause *Kushtha. Stambhana* may lead to *Tiryaggati* of *Doshas* and hence causes *Kushtha*. *Kushtha* has been mentioned as *Raktapradoshaja* and *Santarpanajanya Vyadhi*. So the *Raktaprakopaka* and *Santarpaka Nidana* can be attributed for the production of *Kushtha.*

- As per *rasa* of *aahar*

i) *Madhur rasa* was observed significant incidence of *Ek-kushtha* Patients.
ii) Patients were having *amla rasa* consumption also having dominant *rasa* for present disease.
iii) There was significant incidence of *Lavan rasa* consumption also.
iv) *katu rasa* and *tikta rasa* consumption also significant.

- Patients were consuming *dugdha* or *dugdhajanya aahar* consumption was observed to be significant.
- There was significantly high frequency of non-veg consumption observed.
- *Bhojan kaal* also plays an important role in disease production such as *adhyasana* a *samashan* also important.
- Person who were more prone to *guru, snigdha, dravya, abhishyandi* and *virudha aahar* were more affected by *ek-kushtha* disease.
- Persons who were more eating *taila* and *mulaka aahar* also more affected by this disease.
- One should follow the *Ahara* to avoid *kushtha* disease:

Laghu Anna, Tikta Shaka, Purana Dhanya, Jangala Mamsa, Mudga, Patola, Food and Ghee prepared by *Bhallataka, Triphala* & *Nimba, Purana Shali, Shashtika, Yava, Godhuma, Kordusha, Shyamaka, Udaalaka.*

- **Discussion On *Viharaj Hetu***

- Patients who were more prone to *aatap sevan veg dharan,* absence of exercise, *shram kaal shitambu paan, divaswap,* absence of *snan,* absence of clean cloth changing, *ajirna kaal maithun* are the some *viharaj* causes responsible for *ek-kushtha* disease.
- As per *mansik hetus krodha* and *tanav* are the some psychological causes responsible for *ek-kushtha vyadhi*.
- One should follow the *vihar* to avoid *kushtha* is:
- *Abhyanga* with *Karanja Taila, Utsadanam* with *Aaragvadhadi Kashaya, Pana, Parisheka, Avagaha* etc. with *Khadira Kashaya*.

SUMMARY

Summary provides a whole theme of the study and anything in Research needs to be summarized and put in a nutshell, so that a further progress in the subject or any part of the matter can be considered in future for the benefit of the similar patients.

A brief preface to the subject is given in the beginning of the article. Introduction gives the information and importance of the study, today's life style and how to change traditional life style. Aims and objectives in study are

1. To find out etiological factors of *Ek-kushtha vyadhi*.
2. To study *Ek-kushtha vyadhi* as per Ayurveda literature.
3. To study Psoriasis as per modern literature.
4. To find out *Aaharaj, Viharaj, manas* and other *hetu of Ek-kushtha vyadhi*.

Review of literature deals with brief collection of ayurvedic and modern literature available on *ek-kushtha*. Collection of *hetus* of *ek-kushtha* from ayurvedic literature and compare it with present era. Review of disease deals with historical review in ayurvedic and modern point of view, *vyutpatti, nirukti* of *ek-kushtha, nidana, purvaprupa, rupa* and *samprapti*. Study the *hetus* of *ek-kushtha* in modern era with special reference to psoriasis.

In materials and methods total 50 patients were carried out after appropriate consulting and with written consent for participation in the project. Method deals with inclusion criteria, exclusion criteria, and research methodology in with a standard case paper have prepared with detail clinical history for diagnosis of *ek-kushtha* with special emphasis on the *hetus* and *lakshanas* and a special questionnaire according to *aahar, vihar, manas hetus ek-kushtha* and total data analyzed for conclusion. Diagnostic phase and assessment phase.

Observation and results is an important part of the article described with the tables and graphs questionnaire gradation, showing the frequencies of the *aahar, vihar and manas hetus* of *ek-kushtha*.

CONCLUSIONS

The conclusions which can be drawn are as follows

i) Maximum patients are observed in the age of 30-40 years.
ii) People with *kapha-vataj* and *vata-pittaj Prakruti*, were observed more susceptible for suffering from *ek-kushtha*.
iii) Rasa and *raktavaha strotas* are the main *dushya* in the pathogenesis of *ek-kushtha*. Male populations are more suffering with *ek-kushtha*.
iv) From the observed data it, can be said that following are the major.

Causes for the occurrence of *ek-kushtha* and can be consider as *viprakrushta hetus*. They are-

a. Excess of *abhishyandi ahar sevan*
b. Excess of *madhur, lavan, amla* and *katu rasa sevan*
c. Excess of *guru ahar sevan*
d. Milk products (*kshirvikarani*)
e. *Virudha ahar*
f. Irregular meal timing
g. *Divaswap*
h. *krodha, tanav*

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