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A *Nidānātmaka* (Epidemiological) Study of *Kuṣṭha* (Skin diseases) among local community of Jaipur

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ABSTRACT: -

Āyurveda is an oldest system of medicine practiced in various parts of India and Indian sub continents. In today's era due to lack of physical activity, altered food habits, pollution, chemical exposure, number of skin disease has increased. In *Āyurveda* classics skin diseases are described under one broad term called *kuṣṭha*, which is further categorized into two major groups i.e. *Mahākuṣṭha* and *Kṣudrakuṣṭha*. The study aimed to find out the prevalence and *nidāna* of *Kuṣṭha* (Skin diseases) in the local community. A survey study was conducted at NIA O.P.D, I.P.D., Bombaywala hospital, Satellite hospital, and various camps in Jaipur. For this survey total 200 skin disease patients were taken and diagnosed as per *Āyurvedika* perspective and Psoriasis criteria. Observations of the study are presented in graph 1 to 12 according to various profile. *Kuṣṭha* mainly affects in middle age group as the busy schedule and faulty dietary habits might contribute in the pathogenesis of disease. The disease is chronic in nature and bear strong family history and is affected by mental stress. *Vāta-Kapha Prakṛti* is more prone to be affected by the disease and intake of excessive amount of *lavaṇa ras* may contribute in the disease formation or aggravation.

Key words: *Āyurveda*, *Mahākuṣṭha*, *Kṣudrakuṣṭha*, *Prakṛti*.



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INTRODUCTION

Āyurveda is an oldest system of medicine which is practiced in different regions of our country. Due to lack of physical activity, faulty lifestyle habits, pollution & chemical exposure, number of skin disease has increased in people of our country. In *Āyurveda* texts, skin diseases are described under one common term *kuṣṭha*, which is further categorized into two major groups i.e. *Mahākuṣṭha* and *Kṣudrakuṣṭha*. All the *Āyurvedika* scriptures have described *kuṣṭha* according to its morphological form, predominance of *doṣa* and severity of disease. Our ancient *Ācārya*'s mainly focused on the *nidāna* (etiological factors) & give the detailed description of *nidāna* for *kuṣṭha*. According to *Ācārya Suśruta* avoidance of *nidāna* or etiological factors is considered as *Kriyā* or *Cikitsā* (treatment)^[1]

In contemporary medical science almost similar condition of skin can be explained as Psoriasis. It is quite common, chronic, inflammatory, disfiguring and proliferative condition of the skin. Its main characteristic lesions are redness, scaling, demarcation, induration of plaque, situated mainly over limbs and scalp. 29th October is declared as 'World Psoriasis day' and August month is celebrated as 'National Psoriasis month' in which different awareness programmes are conducted^[2]. Its prevalence is 2 to 3% in the world^[3] and approximately 0.44 to 2.8% in Indian population.^[4]

AIMS AND OBJECTIVE:

- a) To conduct a *Nidānātmaka* (Epidemiological) survey of *Kuṣṭha* (Skin diseases)
- b) To find out the prevalence of *Kuṣṭha* (Skin diseases) in the local community.

MATERIALS & METHODS

To evaluate the *nidāna* of *Kuṣṭha* in patients, a duly prepared proforma was made. Total 52 questions were made on to evaluate *nidāna* of *Kuṣṭha*^[5] and 23 types of *viruddha āhāra*^[6]. A survey study was conducted at NIA O.P.D, I.P.D., Bombaywala hospital, Satellite hospital and various camps in Jaipur. For this survey total 200 skin disease patients were taken and diagnosed as per *Āyurvedika* perspective and Psoriasis criteria.

CRITERIA OF ASSESSMENT

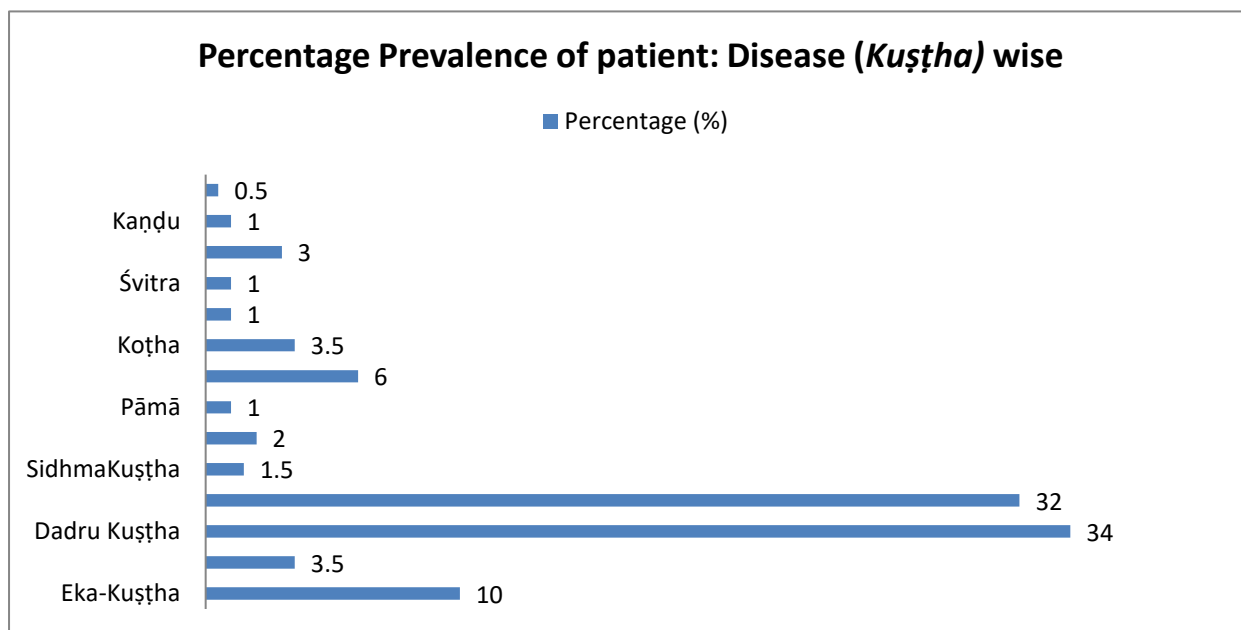
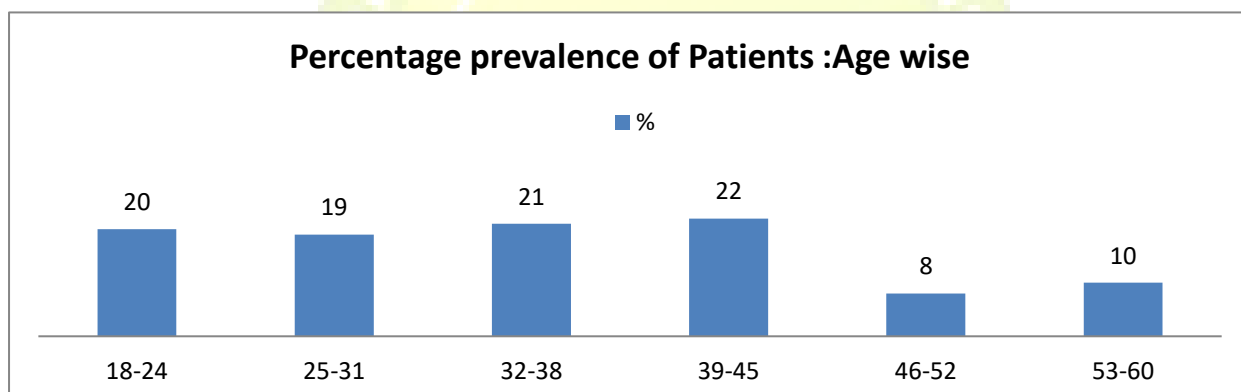
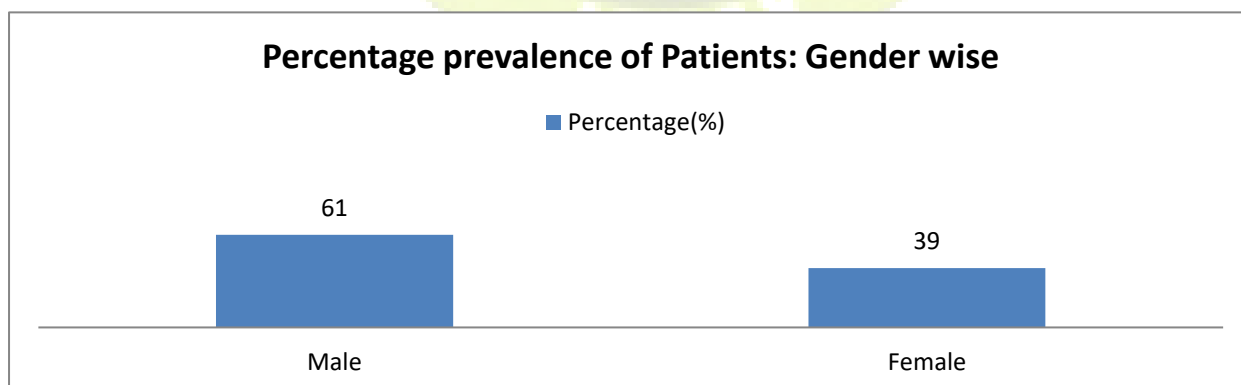
In Epidemiological study population was assessed on the basis of subjective parameters, the classical sign and symptoms of *Kuṣṭha*.

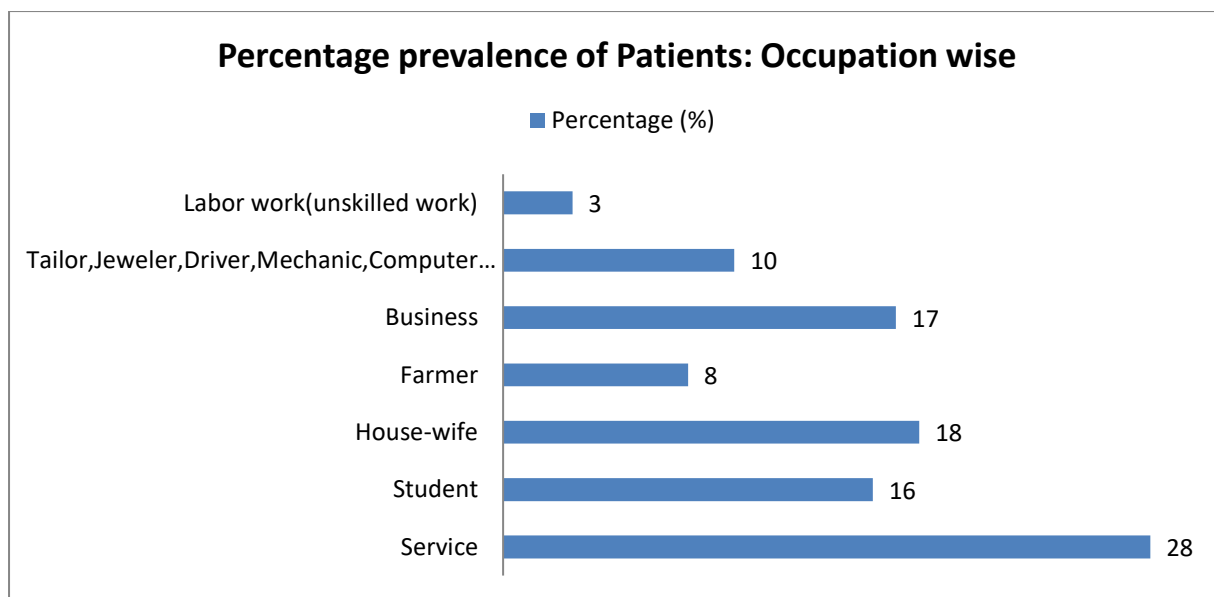
Inclusion Criteria:

- a. Patients age between 18 years to 60 years of both sexes.
- b. The patients with the classical sign and symptoms of *Kuṣṭha* (Skin diseases)

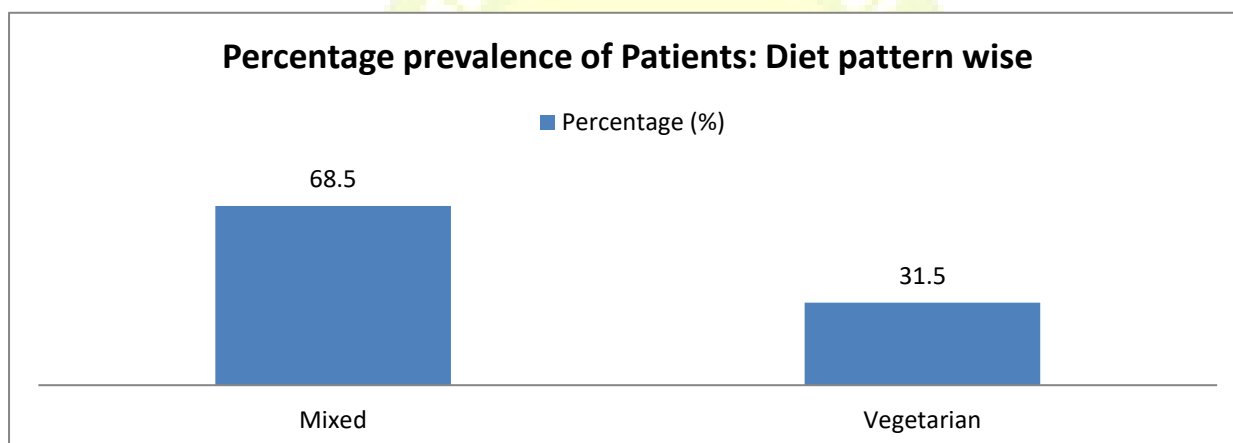
OBSERVATIONS

Observations of the study are presented in graph 1 to 12 according to disease, age, gender, occupation, dietary habits, *prakṛti*, *mānasika prakṛti*, habitat, *viruddha āhāra*, *Kuṣṭha nidāna* (*vihāraj*), *Kuṣṭha nidāna* (*āhāraj*) & *Kuṣṭhanidāna* (others) wise distribution of the screened population.

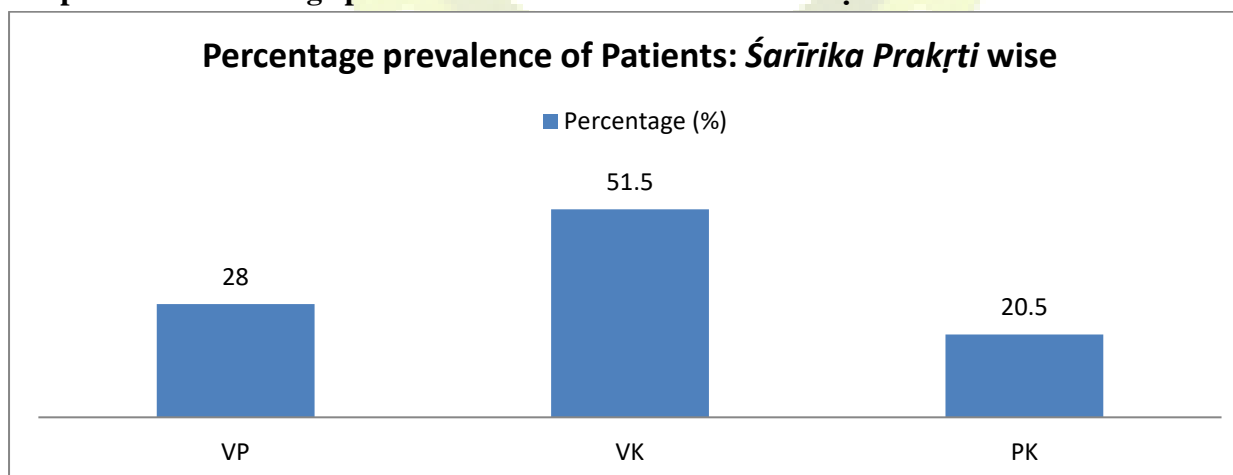
Graph no. 1 Percentage Prevalence of patient: Disease (*Kuṣṭha*) wise**Graph No.2- Percentage prevalence of Patients : Age wise****Graph No. 3: Percentage prevalence of Patients: Gender wise****Graph No. 4: Percentage prevalence of Patients: Occupation wise**



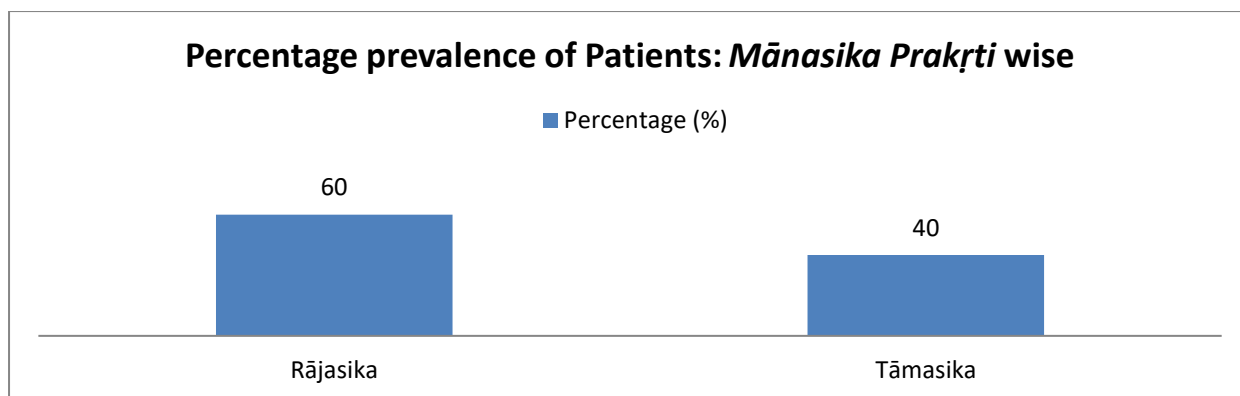
Graph No. 5: Percentage prevalence of Patients: Diet pattern wise



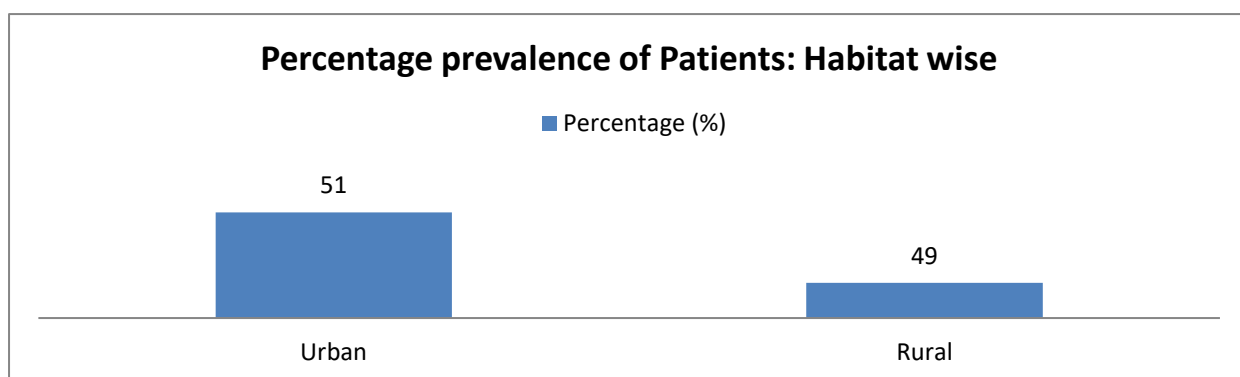
Graph No.6: Percentage prevalence of Patients: Śarīrika Prakṛti wise



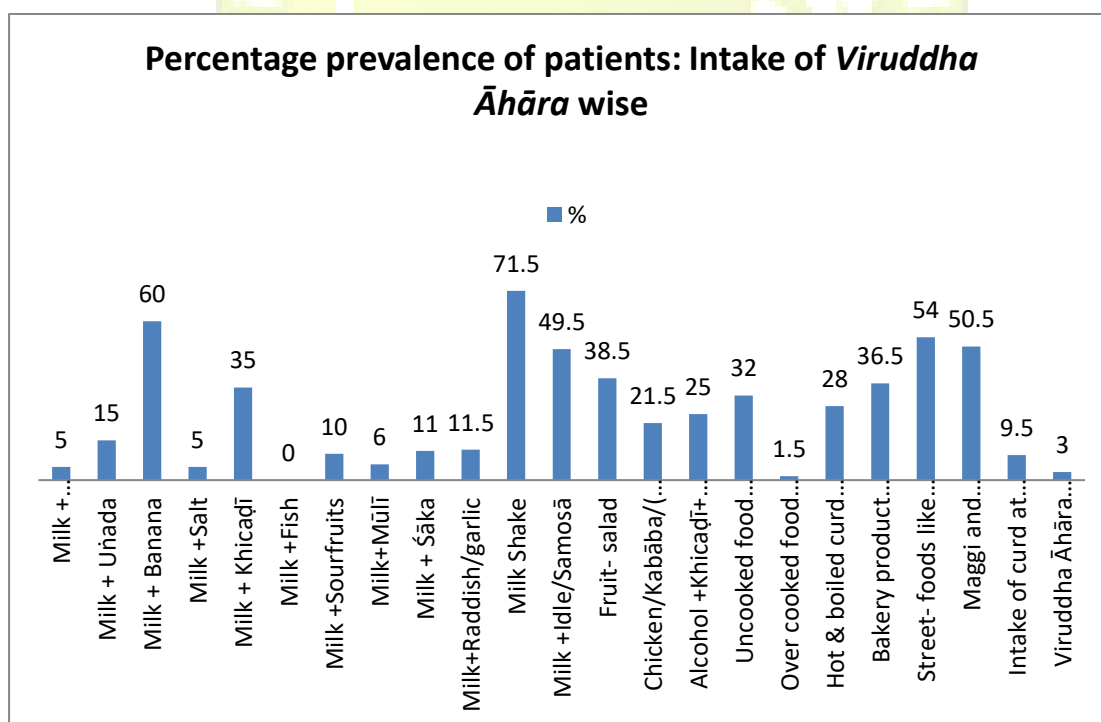
Graph No.7: Percentage prevalence of Patients: Mānasika Prakṛti wise



Graph No. 8: Percentage prevalence of Patients: Habitat wise

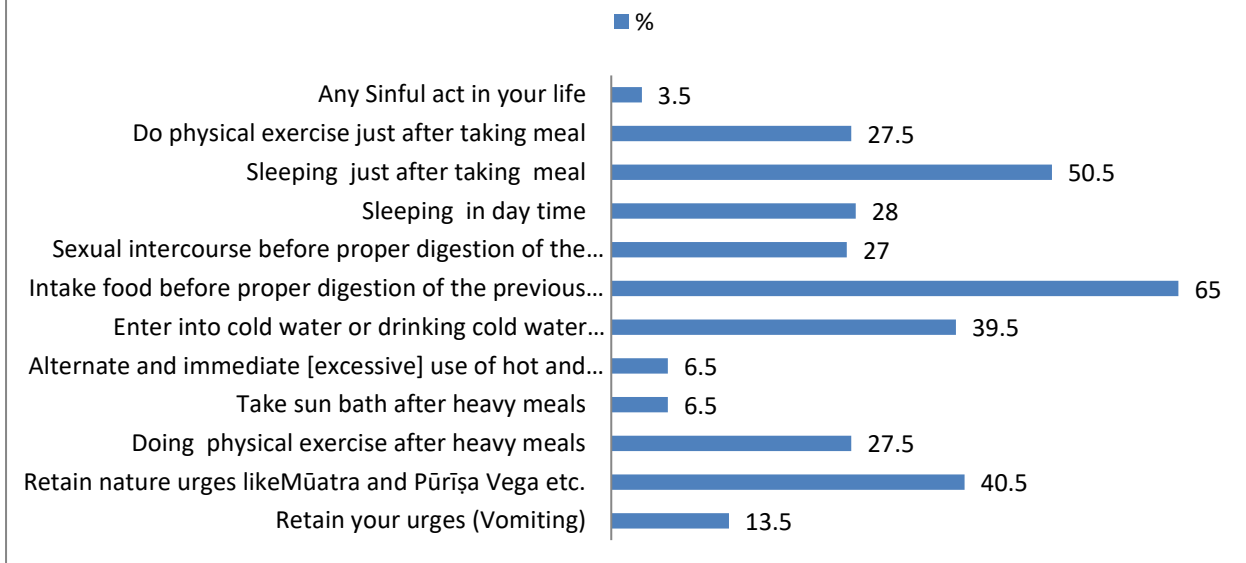


Graph No.9: Percentage prevalence of patients: Intake of *Viruddha Āhāra* wise



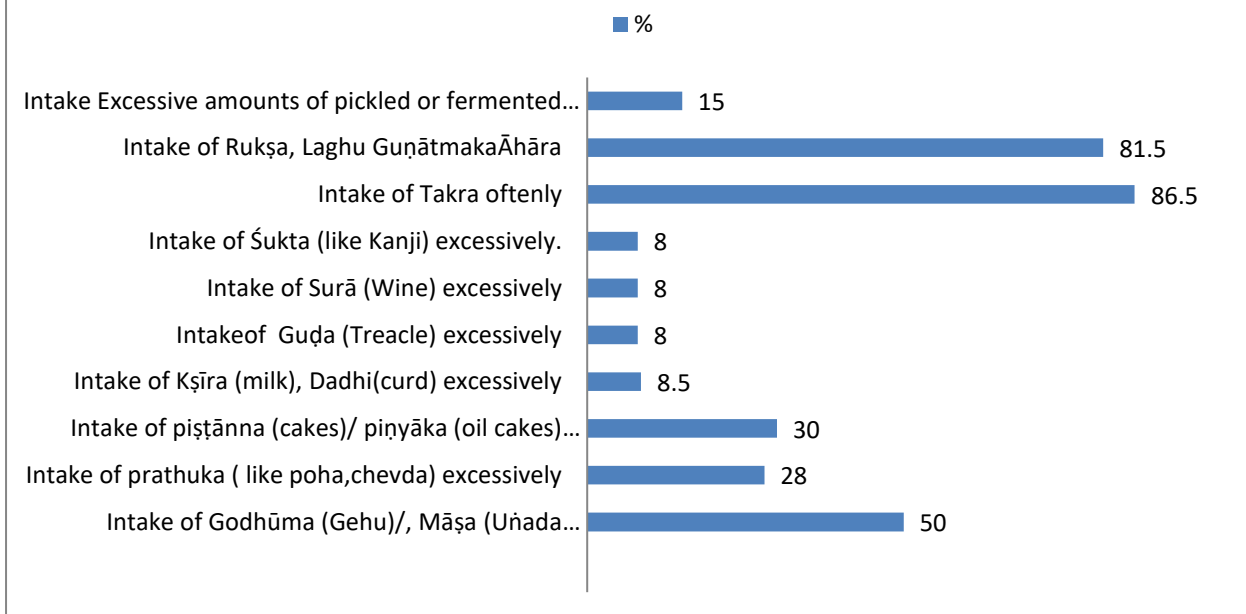
Graph No.10: Percentage prevalence of Skin diseases patients according to *Kuṣṭha Nidāna* (*Vihāra* wise)

Percentage prevalence of Skin diseases patients according to *Kuṣṭha Nidāna* (Vihāra wise)



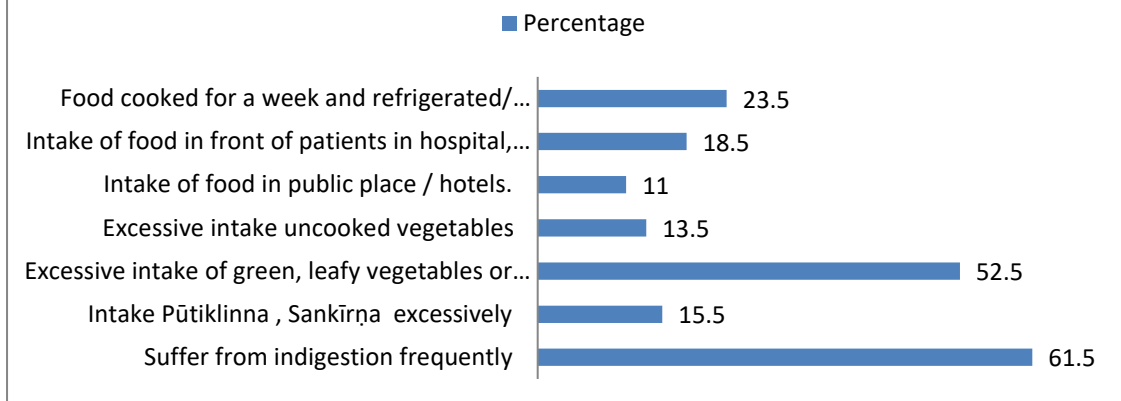
Graph No.11: Percentage prevalence of Skin diseases patients according to *Kuṣṭha Nidāna* (*Āhāra* wise).

Percentage prevalence of Skin diseases patients according to *Kuṣṭha Nidāna* (*Āhāra* wise)



Graph No.12: Percentage prevalence of Skin diseases patients according to *Kuṣṭha Nidāna*.

Percentage prevalence of Skin diseases patients according to *KuṣṭhaNidāna*.



DISCUSSION

Age: Out of 200 patients, maximum number of patients (44%) was found in the age group of 39-45 years. The next number of patients (42%) was found in the age group of 32-38 years. Followed by (40%) patients in age group of 18-24 years, (38%) patients in age group of 25-31 and (20%) patients were in age group of 53-60 years. Rest (16%) patient in age group of 46-52 yrs. Majority of the patients suffering from the disease were of middle age group (18 to 45 yrs of age). Hence it can be said that the disease mainly affect this age group or may be it gets aggravated at this age. This age group is usually busy in their own duty/service schedule and does not follow proper dietary and other daily routines (*āhāra -vihāra*) leading to aggravation of *doṣas*. (Graph no.2)

Gender: Distribution of Gender in 200 patients revealed that (61%) were male and (39%) of patients were female. (Graph no.3)

Occupation: Out of 200 patients, maximum patients (28%) were belonging to service class, (18%) patients were house wife followed by business class, (17%), (16%) patients were students. (10%) patients were tailor, jeweler, driver, mechanic etc. (8%) patients were farmer

and (3%) patients were unskilled. (Graph no.4)

Incidence of dietary habits: Dietary habit wise observations showed that maximum patients (68.5%) were on mixed diet and (31.5%) of patients were taking vegetarian diet. Hence, the mixed diet habit is prone for the disease. Hence it can be said that wrong time and wrong quantity of food intake takes part in the pathogenesis of the disease. (Graph no.5)

Prakṛti: Out of 200 patients, maximum (51.5%) patients had *vāta-kapha prakṛti*, (28%) had *vāta-pitta prakṛti* and (20.5%) patients had *pitta-kapha prakṛti*. Hence, *vāta-kaphaja prakṛti* is more prone to the disease *Kuṣṭha*. (Graph No.6)

Mānasika Prakṛti: On considering the data of *Mānasika Prakṛti* maximum (60%) patients had *rājasika prakṛti*, (40%) had *tāmasika prakṛti*. (Graph No.7)

Habitat wise: In this study (51%) patients were from urban population and (49%) patients were belonging to rural areas. Hence it can be said that urban people are more prone to the disease *Kuṣṭha*. (Graph No.8)

Viruddha Āhāra wise: On considering data of *viruddha āhāra* in 200 patients of *Kuṣṭha* habit

of taking milk shake was found in (71.5%) patients. Intake of fruit- salad was found in (38.5%) patients. (49.5%) & (60%) patients were taking milk+*idli/samosā* & milk+ banana respectively. Milk+egg/fruits/legumes & milk+*khicaḍī* consumption was found in (5%) & (35%) patients respectively whereas intake of hot & boiled curd –*kaḍhi /gaṭṭe kī sabajī* & intake of curd at night in (28%) & (9.5%) patients respectively. (10%) & (21.5%) patients were taking milk+sourfruits & chicken/*kabāba*/(heated meat)+curd respectively. Intake of milk+*śāka* was found in (11%) patients. (36.5%) & (50.5%) patients were taking bakery product like cake, pastries, biscuit, cookies etc. & maggi and chinese items respectively. Intake of milk+*muli*, street- foods like *samosā*, *cāṭa*, *pānīpūrī*, *dahīpūrī* were found in (6%) & (54%) patients respectively. (15%), patients were taking milk+*uṇada*. Intake of uncooked food e.g. uncooked rice & vegetables, *kaccī roḍī*, salad etc.,milk+salt, alcohol+*khicaḍī*+ milk, over cooked food eg.burnt toast, burned *roṭi* etc., *viruddha āhāra non* consumer & milk+fish were found in (32%), (5%), (25%), (1.5%), (3%) & (0%) patients respectively. (Graph no.9)

Kuṣṭha Nidāna (vihāra wise): On considering data of *kuṣṭha nidāna* in 200 patients of *kuṣṭha*, taking sleep in day time were found in (28%) patients. Intake *drava*, *snigdha*, *guru āhāra*, entering into cold water or drinking cold water immediately after one is affected with fear , exhaustion and sunlight & intake of food before proper digestion of the previous food were found in (39.5%), (65%) respectively. (50.5%),(13.5%), (40.5%) and (27.5%) patients were habitual of sleeping just after taking meal, retain nature urges like *mūtra and pūrīṣa vega* & doing physical exercise after heavy meals respectively. (27%), (6.5%), (6.5%), (3.5%) & (13.5%), patients were habitual of having sexual intercourse before

proper digestion of the previous food, alternate, immediate & excessive use of hot and cold, performing physical exercise just after taking meal, taking sun bath after heavy meals , sinful act in their life & retaining their urges, specially vomiting respectively. (Graph no.10)

Kuṣṭha Nidāna (āhāra wise): On considering data of *Kuṣṭha Nidāna*, (81.5%), (8.5%), (86.5%), (30%) patients were found of taking *rukṣa*, *laghu*, *guṇatmak āhāra*, itaking of *kṣīra* (milk), *dadhi*(curd) excessively, *takra* oftenly & *snigdha*, *guru*, *picchila guṇatmak*, *madura*, *amla rastamaka*, *āhāra* respectively. (15%) patients were found of taking of *sukta*, excessive amounts of pickled or fermented foods & (30%) of *piṣṭāna* excessively. (28%), (50%), (8%) & (8%) of patients were found of taking *prathuka* excessively, *godhūma*, *masha*, *vidāla* excessively, intake of *surā* excessively & intake of *guṇa* respectively. (Graph no.11)

Kuṣṭha Nidāna: Maximum (61.5%) of patients were suffering from indigestion frequently. (52.5%), (11%) & (23.5%) patients were habitual of excessive intake of green, leafy vegetables, Intake of food in public place / hotels & food cooked for a week and refrigerated/ preserved /tinned foods respectively. (13.5%), (15.5%) & (18.5%) patients were habitual of excessive intake of uncooked vegetables, Intake of *Pūtiklinna* (*durgandha-miśrit*, *ārḍra-āhāra dravya*), *Samkṛṇa* (*ghrṇa Viṣaymaladi miśritaāhāradravya*) excessively & Intake of food in front of patients in hospital, accidental place etc. respectively. (Graph no.12)

Above data reveals that there were significant numbers of patients those were consuming *Kuṣṭha Nidāna*. On considering the *āhāra factors*, it has been observed that intake of *takra* oftenly is seen in around (87%) of patients whereas intake of *vātaj āhāra vihāra* is seen in around (82%) and where of *sukta*, *kanji*, *milk*,

dahi & fermented food is also seen in many patients where as certain *vihāra* factors like *adhyashana* (65%), sleeping just after meal (50%), retaining natural urges (40.5%) & entering into cold water or drinking cold water immediately after one is affected with fear and sunlight is seen in (39.5%) patients.

From the major findings which have been mentioned above, it can be said that milk & other dairy products, fermented food, *vāta* aggravating factors, indigestion and immediate temperature changing conditions are the certain factors which acts as the cause of the disease.

CONCLUSION

It is concluded from the *Nidānātmaka* study that *Kuṣṭha* mainly affects in middle age group as the busy schedule and faulty dietary habits might contribute in the pathogenesis of disease. The disease is chronic in nature and bear strong family history and is affected by mental stress. *Vāta-Kapha Prakṛti* is more prone to be affected by the disease and intake of excessive amount of *lavaṇa ras* may contribute in the disease formation or aggravation.

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Conflict of Interest: Nil

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