



# PROBABLE MODE OF NASYA KARMA IN PSORIASIS VIS-A-VIS EKAKUSTHA: A REVIEW ARTICLE

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## ABSTRACT

Skin is the largest organ of our body. *Panchakarma* consists special *Ayurvedic* treatments which attract attention due to their effective treatment of a variety of chronic, autoimmune, degenerative, hormonal and metabolic disorders. Psoriasis is a chronic inflammatory autoimmune disorder. In the *Ayurvedic* texts, both *Kitibha* and *Eka- Kustha* involves *Vata* and *Kapha doshas* clinically presents the symptoms which can be correlated with Psoriasis. But clinical presentations of Psoriasis are mainly same as that of *Eka- Kustha*. According to the *Ayurveda*, *Shodhana Chikitsa* should be carried out at frequent intervals in *Kustha*. *Nasya* is one of the *Shodhana Chikitsa* specially advised in the *Vata* and *Kapha pradhana* disorders and is very effective in various skin diseases. So, Current study is to reveal effect of Virechana Karma in Psoriasis granting it as *Eka- Kustha*.

**KEYWORDS:** Psoriasis, *Eka-kustha*, *Shodhana Chikitsa*, *Nasya*.

## INTRODUCTION:

Healthy skin is a reflection of our internal health and balance. It plays an important role in our panoramic wellness. Psoriasis is an immune-mediated chronic proliferative and inflammatory papulosquamous disorder of the skin. It is clinically expressed as erythematous plaques covered with silvery scales, particularly over the extensor surfaces, scalp, and lumbosacral region.<sup>1</sup> Psoriasis is triggered by climate, stress, infection, trauma and specially guttate psoriasis is often triggered by streptococcal infection.<sup>2</sup>

There is extensive and wide description of skin diseases in *Ayurveda*. Different skin related disorder has been explained in *Ayurveda* under the heading of *Kustha roga*. There are eighteen types of *Kustha* which are divided into *Mahakustha* and *Kshudra kustha*. *Mahakustha* are further divided into 8 subtypes and *Kshudra kustha* are into 11 subtypes.<sup>3</sup> Among them, symptoms of *Eka-Kustha* and *Kitibha kustha* are closely related with clinical presentation of Psoriasis. However, most of the presentations are similar to *Eka-kustha* and as a result of this, Psoriasis is primarily associated with *Eka-kustha* in *Ayurveda*.

This disease has not any definite known cure in contemporary medicine. The interventions that are currently available to treat this condition are toxic and have both systemic and local side effects, making them ineffective for long-term use. So, here is a need of *Ayurvedic* intervention. A huge number of drugs are described in *Ayurveda* which are safe and being practiced since thousands of years.

For better understanding of *Kushtha Chikitsa*, it is essential to study the fundamentals of *Ayurvedic* management, as outlined in *Krimi Chikitsa* i.e. *Shodhana, Shamana and Nidana Parivarjana*. *Nasya* is one of the *Shodhana Chikitsa* mainly done in the Vata and Kapha dosha *pradhan* disorders acts by both *Srotovishudhhi* and *Brinhan* of body<sup>4</sup>. The *Dravya* administered by *Nasya Karma* enters in to the head and extract out the morbid matter as the path is taken out after removing the fibrous coating of *Munja* adhered to it.<sup>5</sup>

## **PREVALENCE:**

People of all ages and nations are impacted by psoriasis. The reported prevalence of psoriasis in countries ranges between 0.09% and 11.43%, making psoriasis a serious global problem with at least 100 million individuals affected worldwide. On the basis of current evidence derived from hospital-based studies, mostly from North India, the prevalence of psoriasis in adults varies from 0.44 to 2.8%.<sup>6</sup>

## **ETIO-PATHOLOGY:**

Psoriasis is considered as a multifactorial immune-mediated dermatitis with a varied frequency across geographic and ethnic groups. Generally, psoriasis was thought to be an epidermal keratinocyte disorder i.e., abnormally excessive and rapid growth of epidermal layer of skin take place where replacement of Skin cells take place in every 3-5 days rather than usual 28-30 days.<sup>7</sup> But nowadays, it is regarded to be a disorder due to imbalance among genetic, environmental and immunological factors.

- Genetic factors: HLA-B13, -B17, HLA-B27 and Cw6 all are associated with plaque psoriasis.<sup>8</sup>
- Activation of T cells leads to production of several pro-inflammatory cytokines, including interleukins, tumor necrosis factor alpha (TNF $\alpha$ ), and interferon gamma (IFN $\gamma$ ) etc. resulting rapid migration of new cells the skin's outermost layer. Accumulation of dead skin cells on the skin's surface cause thick and scaly patches of Psoriasis (Desquamation).<sup>9</sup>
- Disturbance of intestinal bacteria called intestinal dysbiosis leads to production of neurotransmitters such as dopamine, GABA and serotonin etc. resulting growth of pro-inflammatory Th17 cells, allowing it to modulate inflammation in diseases and affection of vagus nerve function.<sup>10</sup>

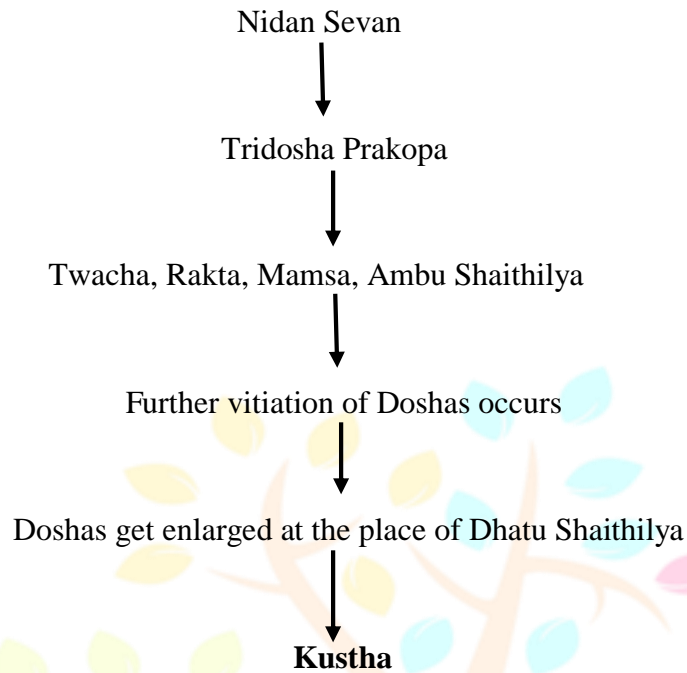
## **Co-relation of Psoriasis with Eka-kustha:**

Psoriasis is clinically expressed as erythematous plaques covered with silvery scales particularly over the extensor surfaces, scalp, and lumbosacral region. The scaly patches of psoriasis, called psoriatic plaques, are areas of inflammation and excessive skin production.

*Acharya Charaka* mentions the signs and symptoms of *Eka-kustha*<sup>11</sup> which are almost identical with sign & symptoms of Psoriasis-

- Psoriatic lesions are dry and rough (*Aswedanama*).
- Lesions are spreaded over large area of body (*Mahavastu*).
- Lesions are covered with silvery scales which resembles skin of fish (*Matsyashakalopamama*).
- Lesions are erythematous and blackish in colour (*Krishnaaruna varnata*).

### **SAMPRAPTI OF EKA-KUSTHA:**



### **SAMPRAPTI GHATAKA:**

Dosha :Vata(Vyana vata),Pitta(Brajaka pitta )Kapha.

Dhatu : Rasa, Rakta,Mamsa.

Agni : Jataragni, dhatwagni mandya (Rasa,rakta,mamsa)

Srotas : Rasa, rakta, mamsa

Udbhava sthana : Amashaya,Pakvashaya

Adhithana : Twak, rakta, mamsa, lasika

Roga marga : Bahya

Swabhava : Chirakari

Sadhyasadhyata : krichsadhya.

### **Role of Nasya in Psoriasis:**

Acharya Charaka described *Pradhamana Nasya* for *Kushtha*<sup>12</sup> as it is *Bahudoshaj Vyadhi*.

*Nasya* is performed in three steps:

1. Pre-operative: a) *Snehapana* b) *Swedana*
2. Operative: *Nasya karma*
3. Post-operative: *Sansarjan krama*

### **Process of Snehana and its role:**

Before *Nasya karma*, *Mridu Abhyanga* should be done on forehead, face and neck for 3 to 5 minutes by medicated oil like *Ksheerbala taila*, *Bala taila* etc. *Tapa Sweda* /*Mridu Sweda* should be given.

*Snehana-swedan* helps in loosening of Dosh-Dushya bonding and thus liquification and elimination of *Doshas*.

**Drugs used for *Nasya Karma*:**

Certain drugs used for the process of *Nasya karma* are *Vidanga*, *Saindhava*, *Guduchi*, *Danti*, *Tulsi Beeja*, *Maricha* etc.<sup>13</sup> These drugs are used in the form of *Pradhmana Nasya*.

**Mode of action of *Nasya* Drugs:**

- The ocular and maxillary branches of the trigeminal nerves, the vascular system, and the olfactory nerve plexus connect the nose to the brain. So, the drugs administered through nose stimulate the higher centers of brain showing regulation of endocrine and nervous system functions.
- The nasal mucosa's cell walls are more receptive to passive absorption of lipid-soluble substances. Their absorption can also be enhanced by local massage and fomentation.
- As per *Ayurvedic* texts, *Murdha* (Shira) is considered to be a place of all types of *Gyanendriya* and *Karmendriya*. As *Nasa* is the *Dwara* of *Shira*, so the drug administered through nose helps in regulation of function of skin (*Sparshnendriya*).<sup>14</sup>
- According to *Acharya Charka*, *Murdha* is the place of *Prana Vayu*.<sup>15</sup> So, the drugs administered through nasal passage regulates function of *Prana Vayu* which in turn regulate other types of *Vata* like *Samana Vata*. Regulation of *Samana Vayu* helps in digestion and can modulate intestinal dysbiosis.

**CONCLUSION:**

Today, Psoriasis is the most prevalent dermatological condition. Its autoimmune nature means that there is no satisfactory management available in modern medicine. So, the *Nasya therapy* can be the new hope in the management of Psoriasis especially through the modulation of intestinal dysbiosis so as to avoid complications and betterment of patients.

**REFERENCES:**

1. API Textbook of Medicine Volume-2, section 22 Dermatology, chapter 12- Papulosquamous Disorders by K. Pavithran, clinical features; pg.1400, published by The Association of Physicians of India, Mumbai, 8th Edition 2008.
2. Saleh D, Tanner LS. Guttate Psoriasis. [Updated 2023 Jul 31]. In: StatPearls [Internet]. TreasureIsland FL): StatPearls Publishing;2023Jan-.Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482498>
3. Charak Samhita (Hindi) Volume-1, Edited with Vaidyamanorama Hindi Commentary by Acharya Vidyadhar Shukla and Prof.Ravi Dutt Tripathi, (Vyadhitrupiy Vimanadhyay Ch.Vi.7/30; pg.613) published by Chaukhamba Sanskrit Pratisthan.
4. Charak Samhita (Hindi) Volume-2, Edited with Vaidyamanorama Hindi Commentary by Acharya Vidyadhar Shukla and Prof.Ravi Dutt Tripathi, (Kalpanasiddhi- Ch.Si.1/21) published by Chaukhamba Sanskrit Pratisthan, Delhi
5. Charak Samhita (Hindi) Volume-2, Edited with Vaidyamanorama Hindi Commentary by Acharya Vidyadhar Shukla and Prof.Ravi Dutt Tripathi, (Kalpanasiddhi- Ch.Si.1/22) published by Chaukhamba Sanskrit Pratisthan, Delhi
6. Dogra S, Mahajan R. Psoriasis: Epidemiology, clinical features, co-morbidities, and clinical scoring. Indian Dermatol Online J. 2016 Nov-Dec;7(6):471-480. doi: 10.4103/2229-5178.193906. PMID: 27990381; PMCID: PMC5134160.
7. Zhang H, Hou W, Henrot L, Schnebert S, Dumas M, Heusèle C, Yang J. Modelling epidermis homeostasis and psoriasis pathogenesis. J R Soc Interface. 2015 Feb 6;12(103):20141071. doi: 10.1098/rsif.2014.1071. PMID: 25566881; PMCID: PMC4305409.



8. Gupta R, Debbaneh MG, Liao W. Genetic Epidemiology of Psoriasis. *Curr Dermatol Rep*. 2014 Mar;3(1):61-78. doi: 10.1007/s13671-013-0066-6. PMID: 25580373; PMCID: PMC4285384.
9. Sebbag M, Parry SL, Brennan FM, Feldmann M. Cytokine stimulation of T lymphocytes regulates their capacity to induce monocyte production of tumor necrosis factor-alpha, but not interleukin-10: possible relevance to pathophysiology of rheumatoid arthritis. *Eur J Immunol*. 1997 Mar;27(3):624-32. doi: 10.1002/eji.1830270308. PMID: 9079801.
10. Chen Y, Xu J, Chen Y. Regulation of Neurotransmitters by the Gut Microbiota and Effects on Cognition in Neurological Disorders. *Nutrients*. 2021 Jun 19;13(6):2099. doi: 10.3390/nu13062099. PMID: 34205336; PMCID: PMC8234057.
11. Charak Samhita (Hindi) Volume-1, Edited with Vaidyamanorama Hindi Commentary by Acharya Vidyadhar Shukla and Prof.Ravi Dutt Tripathi, (Kushthanidanam- Ch.Ni.5/3; pg.513) published by Chaukhamba Sanskrit Pratisthan, Delhi
12. Charak Samhita (Hindi) Volume-2, Edited with Vaidyamanorama Hindi Commentary by Acharya Vidyadhar Shukla and Prof.Ravi Dutt Tripathi, (Kalpanasiddhi- Ch.chi.7/32) published by Chaukhamba Sanskrit Pratisthan, Delhi
13. Charak Samhita (Hindi) Volume-2, Edited with Vaidyamanorama Hindi Commentary by Acharya Vidyadhar Shukla and Prof.Ravi Dutt Tripathi, (Kalpanasiddhi- Ch.chi.7/35) published by Chaukhamba Sanskrit Pratisthan, Delhi
14. Charak Samhita (Hindi) Volume-1, Edited with Vaidyamanorama Hindi Commentary by Acharya Vidyadhar Shukla and Prof.Ravi Dutt Tripathi, (Kushthanidanam- Ch.su.17/3; pg.332) published by Chaukhamba Sanskrit Pratisthan, Delhi
15. Charak Samhita (Hindi) Volume-2, Edited with Vaidyamanorama Hindi Commentary by Acharya Vidyadhar Shukla and Prof.Ravi Dutt Tripathi, (Kalpanasiddhi- Ch.chi.28/6; pg.775) published by Chaukhamba Sanskrit Pratisthan, Delhi

