

**PSORIASIS & KUSTHA****Dr. Pulak Kanti Kar\***

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**ABSTRACT**

**Objectives:** Psoriasis is one of the most common eruptive disorders of the skin. Psychological effect of this disorder is very much traumatising due to its social and cosmetic point of view. According to different popular Ayurvedic books though psoriasis has been compared with “*Ekkustha*”, but the different stages and varieties of this disease can be compared with major varieties of *Kustha* described in the classics of Ayurveda. Hence the main objective of this article is to find out the correlations of the above mentioned types of *kustha* with that of psoriasis. **Method:** Observational studies of the clinical findings in different patients have been noted. **Result & conclusion:** keen observation of the features of the skin lesions in different condition confirmed that psoriasis cannot be treated as a single disease variety according to Ayurveda, rather different varieties and stages of this disease should be treated as different types of *Kustha* mentioned in the classical text of Ayurveda.

**KEYWORDS:** Psoriasis, Kustha, Ekkustha.**INTRODUCTION**

Psoriasis is one of the papulosquamous eruptive disorders of the skin affecting the people all over the world. It affects people from less than 1% to as high as 3% of population.<sup>[1]</sup> It is also common in India affecting both male and female. Critically observing the clinical features of this disease it should be included under ‘Astadasha Kustha’ of Vata Kaphaja origin.

In Kustha all the three Doshas and four Dhatus (Twaka, Rakta, Mamsa & Ambu) are invariably vitiated and the dhatus are only vitiated by doshas, not by any external factor.<sup>[2]</sup> The variations of the Kusthas are due to the permutation & combination of the Doshas and their locations. In Kshudra Kusthas also the seven causative factors (Saptako dravyasamgraha- Vata, Pitta, Kapha, Twaka, Rakta, Mamsa and Ambu/ Lasika) are same – but the clinical manifestations are of milder form.<sup>[3]</sup> Psoriasis manifests in the human body sometime as Maha Kustha and sometimes as Kuhudra Kustha as per severity of the disease.

After proper Nidana sevana Vayu gets vitiated with Pitta & Kapha and lodges on Triyaka Shiras producing some pathological changes. Then Rakta, Mamsa and Ambu are also affected to produce ‘Kustha’.<sup>[4]</sup> In Psoriasis it is found that the dermal capillary loops of both the involved and uninvolved skin of patients are dilated and abnormally tortuous.<sup>[5]</sup>

It is seen by electronic microscope that there is significant gap in endothelial cells of the arterial capillary than venous capillary and pre capillary venule,<sup>[6]</sup> leading to escape of polymorphonuclear leukocytes (PMNL) and other enzymes into epidermis to produce psoriasis. It clearly shows the affection of ‘tiryaka shira’ as well as the vascular system (Raktabaha srotas).

Skin involvement (Twaka dusti) is the main phenomenon in any kind of Kustha. In Psoriasis, epidermal cell growth and nutrition are highly disturbed leading to papulo squamous eruptions and silvery scales. In normal skin the epidermal turn over rate is about 26-28 days where as in psoriasis it is 3-4 days.<sup>[7]</sup> It is seen that the mitosis rate of psoriasis is 27 times greater than uninvolved skin.<sup>[8]</sup> The PMNL migrates into the epidermis due to the vascular change (Raktabaha Srotodusti) in the individual causing Monro microabscesses (focal accumulation of PMNL in stratum corneum).<sup>[9]</sup>

Mamsa dhatu in Kustha contributes the clinical features with elevated lesion (Utsanna mamsata) and eruption.<sup>[10]</sup> (Papulo Squamous in case of Psoriasis; Pidokodgama), which is also seen in psoriasis.

Lasika dusti in Psoriasis is demonstrated by the secretion from lesion (Vrane Lasikasruti).<sup>[11]</sup> Lasika (Lymphatics) is affected in Psoriasis, which may be postulated, by the absence or malfunction of T suppressor leading to not

recognition of antigenic nuclear material by the immune system. This may be due to gene defect or viral infection.<sup>[12]</sup>

Other dhatu dusti may be possible in Psoriasis. In Psoriatic arthritis and Psoriatic nail, bone (Asthi dhatu) and nail (Upadhatu of Asthi) are affected.

Psoriasis has a pathogenetic importance of heredity (Kuluja) though the mechanism of inheritance is unclear.<sup>[13]</sup>

Role of Agnimandya and hence formation of Ama in Psoriasis is also clear now. In study, it is noted that there is altered carbohydrate metabolism in Psoriasis. High concentration of lipids and phospho lipids, acid mucopolysaccharides & aminoacids, sulphhydryl groups, high concentration of uric acid in urine etc are noted in Psoriatic patients.<sup>[14]</sup>

## TYPES

**Common Plaque or Nummular Psoriasis:**<sup>[15]</sup> This is the commonest form of the disease. It is round or oval, annular (mandalakara), thick (guru), inveterate (sthira), Sharp and definable bordered (pina paryanta), elevated (utsendhavanti), bright red coloured with silvery scale (shukla raktababhasani), intense itchy (bahu kandu yukta). It remains stationary for long periods of time (bilamba gati, bilamba bheda) after an insidious onset (bilamba samutthana).

All the symptoms clearly indicate that it is mandala Kustha. Profuse secretion from the lesion (bahula bahala shukla pichhhila srabini) and involvement of micro-organism (bahu krimini) as told in Mandala Kustha, are possible at the time of secondary infection. Microscopic studies have revealed the colonization of dermatitic skin by bacteria (Staphylococcus aureus mainly) in Psoriasis lesions.<sup>[16]</sup>

**Pastular Psoriasis:** It is of two types. A) Localized B) Generalized

- A) Localized Pastular Psoriasis: The pastular eruptions generally occurs in volar skin of hands or feet or both usually in the presence of Psoriatic lesions else where.<sup>[17]</sup> Upon remission there is a tendency to fissure.<sup>[18]</sup> which is itchy and painful (Rajyotikandvatiruja).<sup>[19]</sup> The Pastular Psoriasis of hands and feet is Vicharchika as per Sushruta. It should be distinguished from Palmer Psoriasis.
- B) Generalized Pastular Psoriasis: The Pastular lesions usually seen in and around old lesion. The pustules may coalesce to form large lakes of pus.<sup>[20]</sup> (bahu sraba). Pus containing old lesions appears dark (shyba) in colour. Itching (kandu) is variable. It is Vicharchika as told by Charaka.<sup>[21]</sup> Sometimes aura of burning may occur prior to appearance of pustules.<sup>[22]</sup> which demonstrates the Paitik involvement of the disease as told by Sushruta.

**Palmo Planter Psoriasis:** Localized scaling, fissuring (sphutanam) and severe pain (tivra vedanam) is seen more common in the volar surface of the fingers and palms and less common in soles. In Ayurveda Charaka names it as Vipadika where as in Sushruta this term only specifies the planter (padagateyamaba).<sup>[23]</sup> involvement ie. Planter Psoriasis.

**Guttate Psoriasis:** It is shower.<sup>[24]</sup> (bahu) of small droplike.<sup>[25]</sup> Psoriasis lesion (laghu samutthana). It is rough (parush), reddish (aruna) in outside and red coloured with silvery scale (shukla raktababhasa as in Mandala Kustha but smaller in size). It has less prominent scale than usual.<sup>[26]</sup> (tanu) which is loosely adherent.<sup>[27]</sup> (yat rajam ghristam vimunchati).<sup>[28]</sup> Itching, pain, burning, discharge or pus are much lesser than the usual types. According to Charaka it is Sidhma Maha Kustha.<sup>[29]</sup>

**Psoriasis Erythroderma:** It extends to entire body with generalized redness (sarag), oedema (swayathu), arthralgia malaise and burning (all leading to continuous physical and mental distress; sada arti). In Ayurveda it may be named as Raktavrita Vata.<sup>[30]</sup>

Psoriasis scalp that is having well demarcated plaques of erythema and silvery scales may also be named as Mandala Kustha. But if the erythema and scale is localized to the scalp only then it will be termed as Darunaka, which is characterized by extensive itching, dryness and fissuring in scalp (keshabhumi prapatyate).<sup>[31]</sup> It is also of Kapha Vata origin.

## DISCUSSION

Hundreds of words said in Ayurveda regarding Psoriasis are proven true by thousands of Research works made world wide in last 30-40 years. Much of the mysteries are answered, more are not yet understood. And it can be concluded that according to Ayurveda psoriasis is not a single disease entity rather a mixture of several variants of kustha, mentioned in the classics of Ayurveda.

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