AYURVEDIC MANAGEMENT OF VATA-KAFAJ KUSHTA W.S.R. CONTACT ALLERGIC DERMATITIS- A CASE STUDY

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Abstract

In Ayurveda, all skin diseases have been described under the term of *kushtha*. All skin diseases come under *kushtha* but not all *kushtha* not come under skin diseases. *kushtha* classified into *Maha-kushtha* and *Kshudra Kushtha*. *Acharyas* have described that all *kushtha* have *Tridoshic* involvement but the type of *kushtha* depends on the predominance of particular *doshas*. Contact allergic dermatitis (*CAD*) is an occupational disease.it is hypersensitivity reaction to plethora of antigen in the environments.

The present case study is successful Ayurvedic management of a case of vata-*kaphaj kushata*. A 48 year old female patient came to us with chief compliant of *ubhay hasat twakvaivrya*, *kandu* since 1 month. She get relief within 7 days. Ayurvedic management involving *sukshma trifala*, *gandharva haritaki*, *stanik snehan* followed by *Awagaha*.

**Keywords**: Vata-Kafaj Kusha; Contact Allergic Dermatitis; Ayurvedic Management.


1. Introduction

*kushta* is group of skin disorders. All skin diseases come under *kushtha* but all *kushtha* not come under skin diseases. Vitiated *doshas* cause abnormal colour of skin and produced degeneration of skin, this condition called as *kushtha twakvaivrya* (discoloration), *kandu* (icing), *strav*(bleeding), *puy uttpati* (pus formation) are common symptoms found in the *kushtha*. Kushta is produced invariably by the vitiation of the seven factors i.e. 3 *Doshas* and 4 *Dushyas*. *Acharyas* have described that all *kushtha* have *Tridoshic* involvement but the type of *kushtha* depends on the...
predominance of particular doshas. Changing life style invited many life style disease. Changing life style like eating ice cream at night, consumption of undigested & heavy food, unhealthy diet, stress enhance the cases of kushta.

Contact allergic dermatitis is common in occupations that involve repeated hand washing or repeated exposure of the skin to water, food materials, and other irritants. High-risk occupations include cleaning, hospital care, food preparation, and hairdressing. The hands are the most important sites of contact allergic dermatitis. Repeated workplace exposure of the hands to soaps, cleansers, and solvents is the source of most occupational skin disorders.

Most cases found on contact dermatitis concern allergic contact dermatitis. Almost any material may be cause cutaneous allergic, if the exposure is sufficiently prolonged and/or the concentration of the substance sufficiently high. Environmental factors may enhance the effect of other irritants.

Contact allergic dermatitis affects women almost twice as often as men, Due to greater role in housecleaning and the care of small children at home. The definitive treatment of Contact allergic dermatitis is the identification and removal of any potential causal agents.

1.1. A case report as follow

A 48 year old Female patient came to us with chief compliant of –
1) ubhay hasat twakvaivrya
2) kandu

Patient had above complaints since 1 month.

1.2. History of personal illness

The patient was normal 1 month back. Since then patient have been suffering from ubhay hasat twakvaivrya, kandu. For this patient took treatment from different Allopathy doctors but got no relief, then he came to our opd for Ayurvedic treatment.

1.3. Personal History

Occupation: House wiife (before 2 year ago she had house cleaning work as job).

O/E:
Nadi (pulse) = 64/min.
Mala (stool) = MalaVibandha
Mutra (urine) = Normal.
Jeeva (tounge) = Eshatha saam.
Agni = Kshudhamandya.
Shabda (speech) = Normal.
Sparsha (skin) = Khar, twakvaivrya.
Druka (eyes) = Drushtimandya.
Akruti = Madhyama.
2. Material & Methods

2.1. Material

<p>| INTERNAL MEDICINE |
|--------------------|---------|--------|--------------|---------------|</p>
<table>
<thead>
<tr>
<th>SR.NO</th>
<th>DRUG</th>
<th>DOSE</th>
<th>DURATION</th>
<th>ANUPAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sukshma trifala</td>
<td>250 mg</td>
<td>1 BD</td>
<td>Luck warm water</td>
</tr>
<tr>
<td>2</td>
<td>Gandharva haritaki</td>
<td>500 mg</td>
<td>2 HS</td>
<td>Luck warm water</td>
</tr>
</tbody>
</table>

| PANCHAKRMA    |
|---------------|---------|--------|--------------|---------------|
| KARMA         | DRUG                             | DURATION                   |
| Stanik snehan | Karanja tail + nimba tail         | With Koshana tail for 10 min |
| pradeshi      |                                  |                            |
| Avagahana     | Choorna of (Trifala + khadir + nimba) | For 15-20 min             |
| Local application of Cream  | Pentaphye p5 cream. | twice in days |

2.2. Methods

- Centre of study: Nakshatra Ayurved clinic & Research canter.
- Type of study: Simple random single case study.

3. Discussion

3.1. Discussion on vyadhii

Hetu of vata-kaphaj kushata as \(^{(4)}\) -

1) Ahar:
- Improper and irregular diet causes the disturbance of vatadosha.
- Abhisandhi food product like Dadhi in daily diet.
- Grains: Navadhanyak. (Daily plenty of rice in diet)

2) Vihar:
- Working in water with different types of soap & detergent powder.
- Suppression of natural urge (Mala-muta vega dharan).
- Divaswap.

3) Manasika nidan- Chinta and vegavrodha causes vata vrudhi.

<table>
<thead>
<tr>
<th>SANPRAPTI GHATAK:</th>
</tr>
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<tbody>
<tr>
<td>Dosh</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Dushya</td>
</tr>
<tr>
<td>Adhishtana</td>
</tr>
</tbody>
</table>
**SANPRAPTI**

<table>
<thead>
<tr>
<th>Hetu sevan</th>
<th>Rakta dushti</th>
<th>Vata-kafa prakop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jala sampark (prolonge work in water)</td>
<td>hastapradeshi khavaigunya</td>
<td>hastapradeshi prakrupit Dosha stansanshrya</td>
</tr>
<tr>
<td>sheet guna of Jala cause Vata-kafa prakop</td>
<td>ubhay hasat twakvaivrya, kandu</td>
<td>vata-kaphaj kushata</td>
</tr>
</tbody>
</table>

**Causes of Contact allergic dermatitis (CAD) as –**

Common causes of Contact allergic dermatitis (CAD) are Dry air and temperature variation, Solvents, water, Metalworking fluids, Micro trauma, Mechanical trauma, Rubber gloves, Sodium lauryl sulphate, Hydrofluoric acid, Alkalis. In this case study main cause of disease are water & solvents.

**Pathophysiology of Contact allergic dermatitis (CAD) as** \(^{(5)}\)

Contact allergic dermatitis (CAD) is the clinical result of sufficient inflammation arising from the release of pro-inflammatory cytokines from skin cells (principally keratinocytes), usually in response to chemical stimuli. Different clinical forms may arise. The three main pathophysiological changes are skin barrier disruption, epidermal cellular changes, and cytokine release.

Solvents cause cutaneous irritation because they remove essential fats and oils from the skin, which increases trans-epidermal water loss and renders the skin susceptible to the increased direct toxic effects of other previously well-tolerated cutaneous exposures. The alcohol propanol is less irritating to the skin than the detergent sodium lauryl sulphate.

p Ka, an acid dissociation constant, is a quantitative measure of the strength of an acid in solution. p K a has been shown to be highly predictive of acute skin irritation for acids and bases: acids with a p K a of less than 4 and bases with a p Ka of less than 8 are highly irritative.
3.2. Discussion on Medicine (Sampraptibhnga)

- **Sukshma trifala**: it consist of medicinal plant namely terminalia chebula, terminalia beleria and emblica officinalis with that small quantity of kajjali. It has been used extensively as drug against number of diseases. \(^{(6)}\) *Trifala* strengthen the different tissue of body. Prevent ageing, promotes health and immunity. *Kajjali* is *yogavahi* and it claimed to improve the activity of *trifala*. Its correct constipation, cleanses and detoxifies the whole body. Improve digestion \(^{(7)}\). Ultimately its removes *aam* from body which is root of most of skin disease. It exhibits anti-viral, anti-bacterial, anti-fungal, anti-allergic properties. \(^{(8)}\) *trifala* show immunomodulatory properties and helps in improving the body’s defence system. \(^{(9)}\)

- **Gandharva haritaki\(^{(10)}\)**: *Gandharva haritaki* is polyherbal ayurvedic medicine. It contains erand tail, bal haritaki, sunthi, sandhav and savarchal lawana. It has purgative and laxative action. *Gandharva haritaki* evacuates bowel and removes toxins from body. Main cause of this disease is *vata-kafa prakop* & *raktadushti*. *Rakat dusthi* present in this disease. *Rakat-pitta* have closed relation. *virechana* is best treatment for pitta. There are two types of *virechan* as ruksha & sasneha, as there is *vataprakop* so *Gandharva haritaki* is given as sasneha *virechan*.

- **Stanik snehan**: *Stanik snehan* is done with mixture of *Karanja tail\(^{(11)}\)* & *nimba tail\(^{(12)}\)*. Mixture of this two tail taken as warm & applied on both hand & kept for 15 min. Its act as Vata shaman, kandughna, Decreases dryness.

- **Avagahana**: In *avagahana* we use *triphala, khadir, nimba kwatha* which is *kandughna, tridoshaginha, vranya, raktashodhaka*. \(^{(13)}\) This procedure brings sweat on the skin through hair follicle by opening the pores of the skin. Due to *Avagahana agni* is incesses & the fatty tissue get mobilised. While throwing out waste as *Ama* (toxin) through the skin it also helps liquefy aggravated *doshas*, dilating all body channels for cleaning.

- **For Local application pentaphyte p5 cream is advised. Which contains panchwalkal. This help for heeling skin.**

4. Observations and Result

<table>
<thead>
<tr>
<th>Twakvaivrya</th>
<th>18.2.2017</th>
<th>25.2.2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>++</td>
<td></td>
<td>++</td>
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<table>
<thead>
<tr>
<th>Kandu</th>
<th>18.2.2017</th>
<th>25.2.2017</th>
</tr>
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<tbody>
<tr>
<td>+++</td>
<td></td>
<td>0</td>
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Clinical examination of the patients revealed regression of symptom due to our Ayurvedic management.
5. Conclusion

Since the therapy for vatakafaj kushta (CAD) has limitation in other pathies, Ayurvedic management can be effective therapy.

References


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