



PRURIGO NODULARIS: ANUKTA VYADHI VIVECHANA

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ABSTRACT

Ayurveda deals with many concepts in relation to *Swastha* and *Aatura*. The *atidesha tantrayukti* is used to describe the concept of *Anukta*. *Anukta* is one such concept described in *Ayurveda* which is of a great purpose to understand and adopt unsaid principles for *Vyadhi*, *Aushadha* and *Chikitsa siddhanta*. It is supportive to the researcher to interpret the new and emerging diseases on the grounds of *Ayurvedic* principles. *Ayurveda* exerts a massive dominance regarding the management of chronic skin ailments, with an equally impressive cure rate since ancient times. Chronicity of any disease has a profound impact on the psychosocial well-being of the sufferer. In such cases, *Ayurveda* promises healing in the most holistic manner which can even hold true to a refractory disease like prurigo nodularis. Prurigo nodularis is one such condition that remains as an enigma in the modern dermatology. The effects of this disease, on the body as well as the psyche of the patient has disastrous outcomes. The current management of this disease in the modern medicine is purely symptomatic and comes with all its demerits. Drugs used for relief are mere rescue drugs, as withdrawal symptoms and toxicity in the long run are well documented. In this paper, prurigo nodularis will be described as one among the *aparisankeyeya kushtha prakara* along with its elaboration with respect to the systematic presentation of the disease in the light of *Ayurvedokta Roganidanam* and *Vikriti Vigyanam*.

KEYWORDS: *Anukta, Prurigo nodularis, Kushtha, Roganidanam, Vikriti Vigyanam.*

INTRODUCTION

'Pruritus' is a medical term for itching. 'Prurigo' is a related word, which describes the changes that appear in the skin after it has itched and been scratched for a long time. In 1909, Hyde and Montgomery first described prurigo nodularis as pruritic nodules on the extensor surfaces of lower extremities of middle-aged women. It is a most severe form of prurigo. Prurigo nodularis can occur at all ages but mainly in adults aged 20-60 years old. Both sexes are equally affected. Also known as 'picker's nodules', 'nodular prurigo', 'atypical nodular form of neurodermatitis circumscripta', 'lichen corneus obtusus'; prurigo nodularis is a chronic dermatological disorder characterised by multiple verrucous and discrete, intensely itchy nodules. It rarely affects the pediatric population and may affect the trunk. The individual prurigo nodule is a firm lump, 1-3 cms in diameter, often with a raised warty surface. The early

lesion may start as a smaller red itchy papule. Crusting and scaling may cover recently scratched lesions. Older skin lesions may be darker or paler than the surrounding skin. The skin in between the nodules is often dry. The itch is often very intense, often for hours on end, leading to vigorous scratching and sometimes secondary infection. Nodular prurigo lesions are usually grouped and numerous but may vary in number from 2-200. It tends to be symmetrically distributed. They usually start on lower arms and legs and are worse on the outer aspects. The trunk, face and palms can also be affected. Sometimes the prurigo nodules are most obvious on the cape area (neck, shoulders and upper arms). New nodules may appear from time to time, but existing nodules may regress spontaneously to leave scars. Nodular prurigo often runs a long course and can lead to significant stress and depression.





The cause of nodular prurigo is unknown. It is uncertain whether scratching leads to lumps or if the lumps appear before they are scratched. The reason for the lumps, the inflammation and the increased activity and size of nerves in the skin is under investigation but remains obscure. Lesional biopsy of the skin shows that the skin is excessively thickened and may appear quite abnormal, sometimes resembling squamous cell carcinoma. The nerve fibres and nerve endings are markedly increased in size. Thalidomide, an immunomodulatory drug, used for treating malignancies, has been found to be effective, but the mechanism of its effect is still unclear. Other drugs used are those used in the treatment of neuropathic pain. Thalidomide can itself cause an array of adverse outcomes in the long run along with peripheral neuropathy which can complicate the disease even more.

Owing to the above mentioned uncertainties regarding the etiology, classification, pathogenesis, treatment and overall disease picture, the study of prurigo nodularis can be considered as a window in *Ayurvedic* system of medicine, for research and for deduction of an accurate treatment protocol. Clinical features and morphological attributes of prurigo nodularis simulate a number of skin diseases explained in *Ayurveda*. *Kushtha* has been described extensively in all major treatises of *Ayurveda*, systematically elaborating its causative factors, prodromal features, clinical features, pathogenesis, mechanism, morphological description of lesions, complications, their stages in different tissues, prognosis, treatment, etc. The only part that comes in the way is the part of disease nomenclature. References from *Charaka Samhita* claims that all pathological conditions cannot be

labelled and it also states that the types of *kushtha* are *aparisankeyaya* i.e. innumerable. Thus, a disease can be understood by knowing the *tridosha vaishmya*, *dhatudushti*, *rogamarga*, *roga prakriti*, *adhishtana*, *samutthana* etc. that constitute the pillars of *Ayurvedic Roganidana* and aid to formulating an effective *chikitsa sootra*.

AIM AND OBJECTIVES

AIM- To study and elaborate the *Nidanapanchaka* of an *Anukta vyadhi* prurigo nodularis from an *Ayurvedic* perspective.

OBJECTIVES

To gain a logical insight in the etiopathogenesis of prurigo nodularis from the point of view of *Ayurvedic Roganidanam*. And to aid to an appropriate management for the same by means of proper understanding of the disease.

MATERIALS AND METHODS

This conceptual study was carried out by literary review and all the references of prurigo nodularis were studied from modern medical text books and related websites. Interpretation of the clinical findings of prurigo nodularis is attempted according to *Ayurvedic* principles.

REVIEW AND DISCUSSION

According to *Charaka*, it is not necessary to know each and every disease by its name (*Cha.Su.18/44*). The methodology of understanding an unknown or lesser known disease has been described in *Charaka Samhita*, based on *Aptopadesha Pramana*. The key points like-

prakopanam, yonim, utthanam, atmana, adhishtana, vedanam, samsthana, shabda, sparsha, roopa, rasa, gandha, upadrava, vridhhi, sthana, kshaya, udarka, nama, yoga and *pratikartha pravritti* and *nivritti*(Cha.Chi.15/28) should be considered to form a diagnosis and to formulate a suitable regimen for the cure of this disease, prurigo nodularis. By taking into consideration the following points, it can be efficient to produce a diagnostic picture of any *Anukta vyadhi-*

1. *Paribhasha.*
2. *Vyadhi swabhava.*
3. *Rogamarga.*
4. *Prakara.*
5. *Hetu.*
6. *Samprapti.*
7. *Purvarupa.*
8. *Rupa.*
9. *Upashaya/anupashaya.*
10. *Upadrava.*
11. *Udarka.*
12. *Arishta.*
13. *Sadhyaasadyatva.*
14. *Pareekshana.*
15. *Vyadhi vyavachhedaka nidana.*

1. PARIBHASHA

Prurigo nodularis is a *kapha-vata* predominant *twak vikara*, confined to the layers of the *shattwacha*, with probable involvement of all the layers upto the *vedini*

a)Nava- <i>Kapha-pitta pradhana</i> , initially and
b)Jeerna- <i>Kapha-vata pradhana</i> , later when the disease fully manifests.

According to the age-group(vayah-kaala) it can be,

<i>Balyawastha janita</i>	<i>Madhyamawastha janita</i>
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5. VYADHI HETU

- a) *Kapha prakopaka nidana.*
- b) *Vata prakopaka nidana.*
- c) *Rasa-Rakta dushthikaraka hetu.*
- d) *Kushtha rogotpadaka hetu.*
- e) *Dooshivisha sevana.*
- f) *Shookadosha nidana.*

While looking into the causative factors of prurigo nodularis, due consideration should be given to the above

6. SAMPRAPTI

- a) *Dosha* -according to *Vyadhi awastha:*

<i>Nava prurigo nodularis</i>	<i>Kapha-Pitta pradhana</i>
<i>Jeerna prurigo nodularis</i>	<i>Kapha-Vata pradhana</i>

- b) *Dushya*

<i>Rasa</i>	<i>Twak dushti</i> (desquamation and rukshata)
<i>Rakta</i>	<i>Pitika utpatti</i>
<i>Mamsa</i>	<i>Twacha</i> being the seat of <i>mamsavaha srotasa</i>
<i>Meda</i>	<i>Kapha</i> and <i>Medas</i> having <i>ashraya-ashrayi</i> association
<i>Majja</i>	Excessive proliferation of nerve endings seen on biopsy
<i>Shukra,Artava</i>	The disease being predominantly found in sexually active age group

layer, with minimal systemic involvement but causing a profound emotional disturbance to the sufferer. '*Kandu*' is the *pratyatmika linga* and the disease affects those in the middle-aged group more and is rarely found in children.

2. VYADHI SWABHAWA

Prurigo nodularis is a chronic skin disease (*chirakari swabhava*), initially presenting as a single *sakandu pitika* limited to the *shakha*. Chronicity and intense pruritus ultimately leads to emotional upset and irritability to the patient (*manas* involvement).

3. ROGAMARGA

Of the three *rogamarga*, viz. *shakha, koshtha* and *marmasthisandhi*, prurigo nodularis belongs to the category of *shakhagata vikara*. This is because, the symptoms as well as complications of this disease are limited to the *twacha* only, even in the long run.

4. VYADHI BHEDA

Classifying a disease into types, grades, stages is helpful. It makes diagnoses simpler along with an effective planning of treatment strategies for an uneventful outcome. It also serves to have a proper prognostic significance. *Charakacharya* has considered *Kushtha roga* as *aparisanakhyeya* while explaining its classification. According to *vyadhi awastha*, prurigo nodularis can be

nidana. Attention must also be paid to the sexual hygiene and other *Shukra-Artavavaha srotodushti karana*.

**NOTE: As thalidomide has been used in the treatment of prurigo nodularis, which results in remissions but does not cause complete resolution in its occurrence, studying the hetu of Kaphaja arbuda can suppose to be of interest for contemplating a different diagnostic approach.*

c) Agnisthiti

Dhatwagnimandya is more pronounced in prurigo nodularis. Constitutional features of *Jatharagnimandya* are rare, which points towards some kind of *margavarodha*. On the contrary, the patient may have an increased appetite owing to the increased basal metabolic rate because of the disease activity or it may be due to depression.

d) Srotodushti

Mamsavaha srotodushti is primarily seen as the *twacha* is a seat of this *srotasa*. Attention must also be favoured to *Rasavaha* and *Raktavaha srotas* while interpreting the findings.

e) Srotodushti prakara

Atipravritti- Excessive proliferation of nerve endings in the nodular lesions, multiplicity of lesions and the spreading nature to extremities can be attributed to *prasaransheela vridhdha vayu*.

Sanga- Aggravated *Kapha* poses as an obstacle to the aggravated *Vayu* leading to its *margavarodha* which further ensures chronicity to the disease process.

Siragranthi- Aggravated *Kapha* and *Vayu* cause swelling, nodule formation, desquamation and intense pruritus at the lesion. This can be called as *tiryakgami sirapavesha*.

f) Shatkriyakala

As prurigo nodularis has an insidious onset and being a skin disease (*Kushtha*), *Sanchaya*, *Prakopa* and *Prasara* stages can be considered similar to *Kushtha*. It is the *Sthanasanshraya* which is peculiar and the specificity of the disease reaches to its maximum in the later stages of *Vyakti* and *Bheda awastha*.

Sthanasanshraya awastha- Vitiated *dosha* travel along in the *Rasa-Rakta samvahana* to all over the body with predilection towards extremities. The already weakened *Mamsavaha srotasa* due to *nidana sewana* and its seat, the *twacha* are favourable for the lesions of prurigo nodularis to manifest.

Vyakti awastha- An itchy, papular lesion develops which progresses in weeks to months into nodular forms all over the body but mostly on the extremities.

Bheda awastha- The nodules are extremely pruritic with variable sizes and difference in morphological evolution. Some may desquamate, others may erupt on the normal looking skin.

g) Samprapti prakara

Sankhya samprapti-2 types, *balya awasthajanita* and *madhyama awastha janita*, also *Nava* and *Jeerna*.

Vikalpa samprapti

Gunatah - sheeta, guru, ruksha, manda, chala guna vridhdhi.

Anshamsha kalpana

Vata	Vyana, Udana, Samana
Pitta	Bhrajaka
Kapha	Kledaka, Tarpaka

Pradhanya samprapti – Kapha-vata pradhana.

7. PURVARUPA

Clinical features that manifest during the *Sthanasanshraya awastha* are called *purvarupa* of the disease. The insidious and benign course of prurigo nodularis makes the diagnosis in the *purvarupa awastha* difficult, as these may be often neglected by the patient. The *purvarupa* mentioned by Charaka like *sparshadnyatwam, vaivarnya, shighrotpatti chirasthiti, lomaharsha, kandu*, etc. should be sought in the patient suffering from any skin disease which applies to prurigo nodularis also.

8. RUPA

Kandu is the cardinal symptom. *Rakta-aruna-shyava varna pitika utpatti, twak roukshya* and *parushta* are observed. The patient is restless and exhausted. *Nidranasha* can be attributed to the intensity of pruritus. *Arati, anutsaha* are frequent findings. Psychosomatic features prevail once the disease manifests itself overtly. *Deenata, udwignata* due to no relief by any measure is marked so much so that the patient may be inclined towards suicidal tendency. The social stigma that this disease carries in itself is debilitating.

9. UPASHAYA/ANUPASHAYA

Ahara, vihara or *aushadha*, when on administration for a disease, brings about alleviation of symptoms of that disease, transiently, is called *Upashaya*. *Anupashaya* is contrary to *Upashaya*. These modalities are useful for diagnosis of any obscure disease. *Nidana sewana* causes aggravation of symptoms, whereas *nidanaparivarjana* alleviates the symptoms. *Sheetala ritu* and *vihara, ruksha ahara sewana, ashuchi, paryushita klinna anna sewana*, etc. bring about an acceleration in severity.

10. UPADRAVA

Although the appearance of prurigo nodularis is suspicious of squamous cell carcinoma, it is a benign disease. Usually, the complications, if any, are limited to the lesions. *Paka, puya srava, visarpa* may be caused due to secondary infections. It may gain access to *gambheera dhatus* causing *majjapaka* and ultimately *asthivinashta*. The *upadravas* are often *manasika*. *Shosha* or *sthoullya* due to depression. *Marana* may be attributed to suicidal tendencies due to *rogapunaravartana* even after multiple therapies.

11. UDARKA

These are the remnants of a resolved disease. Stigmas that *Kushtha* carries can be called as *Udarka*. Prurigo nodularis lesion when active are unpleasant to sight. Even after remission of a lesion, it leaves behind *vaivarnya* in the form of hypopigmentation or hyperpigmentation of the involved skin. *Angabhanga*, *angapatana* are rare but may become evident due to secondary infections in presence of comorbidities like diabetes mellitus.

12. ARISHTA

Appeared symptoms which indicate definite death of the patient is called *Arishta*. In *Charaka Samhita Indriyasthanas* 13/4 *Arishta* that can be defined by *sparsha* have been stated. *Swapna Arishta* have been stated in context of *Kushtha* in *Sushruta Samhita Sutrasthanas* 29/70. These references need to be put to test

14. DIAGNOSTIC TESTS AND INVESTIGATIONS TO RULE OUT THE FOLLOWING

Actinic keratosis	Molluscum contagiosum
Sarcoidosis	Xanthomas
Mastocytosis	Lichen simplex chronicus
Pemphigoid nodularis	Dermatological manifestations of gastrointestinal diseases.
Squamous cell carcinoma	Dermatological manifestations of renal diseases
Hematological diseases	Amyloidosis
Insect bites	Cutaneous T-cell lymphoma

15. VYADHI VYAVACHHEDA

<i>Kitibha</i>
<i>Visphota</i>
<i>Dadru</i>
<i>Pama</i>
<i>Sthularushaka</i>
<i>Sidhma</i>

CONCLUSION

Prurigo nodularis is a *Kapha-Vata pradhana twakvikara* with *manas doshas*, *Rajah* and *Tamah*, playing a dominant role in the later stage of the disease. It is a *chirakari, shakhgata roga* with symptoms suggestive of *margavarodha*. *Agnisthiti* is variable. In the initial stage, the disease exhibits *Kapha-Pitta pradhanya* while the later stage is *Kapha-Vata* dominant. Age of onset is in the *aparipakwadhatu awastha kala* and *madhyama vayah*. It is rarely seen during *Balyawastha*. From a prognostic point view of modern science, prurigo nodularis has been said to be a highly refractory disease and cure rate is not impressive at all, and spontaneous resolution is the only thing one could wish for. Whereas from *Ayurvedic* perspective, *Kapha-Vataja Kushtha(twacharoga)* carries a good prognosis (*sukhasadhya*). *Shodhana* and *Shamana* measures along with *swasthavritta palana*, which are a mainstay of *Ayurvedic* medicine, can be formulated along the lines of the clinical picture of prurigo nodularis presented in this paper.

in view of prurigo nodularis. Also, there is some evidence of presence of prurigo nodularis present in HIV infected individuals.

13. SADHYA-ASADHYATWA

As prurigo nodularis is a *Kapha-Vata* predominant skin disorder, it is a *sukhasadhya* type of *Kushtha*. On complications like *Paka* due to *pitta* involvement at the site of lesion the disease becomes *krichhrasadhya*. Complicated disease with involvement of *Majja dhatu* is said to be *varjya*.

There is no definite investigation of choice for diagnosing prurigo nodularis. Although skin biopsy of the lesion may help differentiating it from other malignant skin lesions. Thus, prurigo nodularis is a diagnosis of exclusion.

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