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ANALYZING THE CORRELATION BETWEEN DEHA PRAKRITI AND PREVALENCE OF VICHARCHIKA: AN OBSERVATIONAL STUDY

Kanika Sharma[1] and Shashi Kant Tiwari[2]*

[1]M. D. Scholar, Final Year,
[2]Assistant Professor, Deptt. of Rog Nidan, Rishikul Campus, UAU, Haridwar.

***Corresponding Author: Shashi Kant Tiwari**

Assistant Professor, Deptt. of Rog Nidan, Rishikul Campus, UAU, Haridwar.

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ABSTRACT

The science of *Ayurveda* has two primordial goals- maintenance of the health of the healthy and treatment of the ailments of the diseased. This novel approach of *Ayurveda* marks its superiority over all the healthcare systems prevalent till date. The importance of diagnosis of is underlined by the ancient seers in the classical texts. "*Parikshya Karino hi Kushala bhawanti*" (*Ch. Su. 10/5*) and "*Rogamaado Pariksheta tato anantaram Aushadham*" (*Ch. Su. 20/20*) - these references highlight the importance of diagnosis prior to treatment initiation. *Prakriti* or *Deha Prakriti* is a commonly employed method for *Atura Pariksha*. It is one of the foremost determinants impacting an individual's susceptibility to various illnesses, as well as their prognosis, progression, and outcomes. Instances of severe illnesses arise when there is a resemblance in the *Dosha* composition between *Prakriti* and the *Samprapti*. Assessment of *Deha Prakriti* not only helps in knowing the *Dosha* involvement in a diseased condition but also aids in selection of line of treatment. The *Ayurvedic* system of personalized health management, based on *Prakriti*, encompasses the core idea of personalized health care.

INTRODUCTION

The disease, *Vicharchika* is one among the eleven types of *Kshudra Kusthas* described in the classical texts. *Kustha* itself is a chronic ailment, as told by *Acharya Charaka*, "*Kustham Dheergha Roganam*" (*Ch. Su.* 25/40). Keeping in mind its severity and recurrent nature; it is described as one among the *Asta Mahagadas.* Due to the communicable nature of the disease, *Acharya Sushruta* named it under the heading *Aupsargika Rogas.* According to *Acharya Charaka, Kustha* occurs due to vitiation of seven *Dravyas* ("*Saptako Dravya Samgraha*") namely the three *Doshas* and four *Doshyas* (*Twak*, *Rasa*, *Mamsa* and *Ambu* or *Lasika*). *Kustha* is also a *Rakta Pradoshaja Vikara*. On the basis of its clinical presentation, *Vicharchika* closely resembles Atopic Dermatitis of the contemporary medical science.

Vicharchika has two distinct patterns of presentation- *Adra* (wet) and *Sushka* (dry), or Acute and Chronic. The symptoms described by *Acharya Charaka*- "*Sakandu Pidika Shyava Bahusrava Vicharchika*" (*Ch. Chi.* 7/27) resembles the wet type of lesions while those described by *Acharya Sushruta*- "*Rajyo Atikandu Arti Ruja Saruksha bhavanti Gatresu Vicharchikayam*" (*Su. Ni.* 5/13) corresponds to dry lesions.

Atopic dermatitis usually has a strong genetic predisposition. Individuals with a defective FLG protein in stratum corneum have a weakened skin barrier function conferring them sensitive to various allergens. Flaggirin (filament aggregating protein) is a filament-associated protein that binds to keratin fibers in epithelial cells. Filaggrin is essential for the regulation of epidermal homeostasis. Within the stratum corneum, filaggrin monomers can become incorporated into the lipid envelope, which is responsible for the skin barrier function. Individuals with truncation mutations in the gene coding for filaggrin are strongly predisposed to conditions like atopic dermatitis and ichthyosis vulgaris. Since it tends to run in families, the onset is usually early childhood but adult onset of the condition is not uncommon.

AIMS AND OBJECTIVES

To assess the prevalence of *Vicharchika* (atopic dermatitis) in the *Saptavidha Deha Prakriti* using the PAS developed by the CCRAS.

MATERIALS AND METHODS

In this study, 100 patients with classical features of *Vicharchika* (atopic dermatitis) were registered. The *Prakriti* assessment was done using the standardized Prakriti Assessment Scale created by the CCRAS. (http://www.ccras.res.in/ccras_pas/)

DISCUSSION

A majority of the patients had *Kapha-Pittaja Prakriti* (65.0%), followed by 22.0% of *Vata-Kaphaja Prakriti*,

12.0% had *Vata-Pittaja Prakriti*; only 1.0% had a *Kapha Pradhana* constitution. None of the registered patients had a *Sama Prakriti*, *Vata Pradhana* or *Pitta Pradhana*. *Vicharchika* is *Pitta* dominant according to *Acharya Sushruta*, and *Acharya Charaka* and *Vagbhatta* opine that it has *Kapha* dominance. As per *Madhava*, involvement of *Kapha Dosha* causes *Kandu*, *Vata* causes *Shyavata* and *Pitta* causes *Bahusrava*, and hence it is a *Tridoshaja Vyadhi*.

Association between certain diseases with *Deha Prakriti* has been recognized in the recent times (**Dey S et al, 2014; Prasher B et al, 2008; Mahalle Namita P et al, 2012**). **Juyal R et al, 2012** found that oxidative stress pathway genes were more observed in *Pitta* and to some extent in *Kapha* subgroup of patients. The possible explanation of the prevalence of the *Vicharchika* among *Kapha-Pittaja Prakriti* individuals is that the ROS initiate desquamation of Statum corneum (**Thiele JJ et al, 1999**). The poor metabolizer (CYP2C19) genotype was found to be the highest in *Kapha Prakriti* (**Ghodke Y et al, 2011**) which plays an important role in the pathogenesis of immune mediated dermatoses (**Mariola Rychlik S et al, 2013**). **Udupa KN** and others reported that the normal persons with features of *Vata, Pitta and Kapha* constitutions exhibited a relative preponderance of Blood Cholinesterase, Monoamine oxidase and Histaminase activity, respectively. Cytokines and inflammatory markers IL-6, TNF-α and hsCRP were high in *Kapha Prakriti*.

As per the classical texts, *Vicharchika* has *Kapha-Pitta* dominance, and if *Deha Prakriti* and *Doshas* of the *Vyadhi* are identical, it becomes difficult to treat. (*Ch. Vi.* 8), which hold true as the condition is chronic, relapsing and difficult to treat.

CONCLUSION

The present study was a preliminary effort to assess the utility of *Prakrit Pariskhana* in analyzing the prevalence of *Vicharchika.* Hence, from the present study, it can be concluded that the disease *Vicharchika* is more prevalent among the individuals with *Kapha-Pitta Prakriti.*

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