DISCUSSION

Psoriasis is a papulosquamous disorder of the skin, characterized by sharply defined erythematous squamous lesions. They vary in size from pinpoint to large plaques. At times, it may manifest as localized or generalized pustular eruption. Psoriasis has been shown to affect health-related quality of life to an extent similar to the effects of other chronic diseases such as depression, myocardial infarction, hypertension, congestive heart failure or type II diabetes. Depending on the severity and location of outbreaks, individuals may experience significant physical discomfort and some disability. Itching and pain can interfere with basic functions, such as self-care, walking, and sleep. Plaques on hands and feet can prevent individuals from working at certain occupations, playing some sports, and caring for family members. The frequency of medical care is costly and can interfere with an employment or school schedule.

Individuals with psoriasis may also feel self-conscious about their appearance and have a poor self-image that stems from fear of public rejection and psychological concerns. Psychological distress can lead to significant depression and social isolation.

Looking at the impact of psoriasis in society, it is necessary to find out effective, safe and cheap medication in Ayurveda. In Ayurveda, all Skin diseases have been classified under the umbrella of Kushtha. It is difficult to say what psoriasis is in terms of Ayurveda. There is no disease in Ayurveda which can exactly be correlated with Psoriasis. Many research workers have tried to attribute psoriasis with one or other type of Kushtha. Some authors are of the opinion that Ekakustha bears close resemblance because of its clinical feature “matsyasakala” which literally means “Fish like scales” which is one of the clinical features of Psoriasis.

Concept of Kitibha vis a vis “Psoriasis”

The characteristic feature of Kitibh is a blackish coloured, dry wound, like lesions, rough and hard to touch (Carak, Vagbhata and Madhav).

But according to Sushruta Samhita, the “Kitibha” is black coloured, excessively itchy and exudative eruption.

The disease entity, which is having these different features, can be found in various dermatological disorders. Such few conditions are exfoliative dermatitis, seborrhic dermatitis and psoriasis. The classical picture of “Kitibha” is difficult to find in single disease entity. Psoriasis is considered as an entity more close to “Kitibha”
Some other Ksudrakustha like Ekakustha and Sidhma may also be taken under consideration. Ek-kustha has been described as a disease having fish like scales.

Although the psoriasis is diagnosed by scaling but the scaling present in Exfoliative dermatitis is more likely near to Ekakustha, Sidhmakustha (carak) and psoriasis may be co-related to some extent because of reddish colour of lesion and releasing dust like powder on rubbing (candle wax sign). It seems that the correlation of psoriasis with single disease like Kitibha, Sidhma and Ek-kustha cannot be established, exactly due variation in symptoms but for a moment the Kitibha can be taken for psoriasis.

### CLINICAL FEATURE OF KITIBHA AND EKA KUSTHA

<table>
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<tr>
<th>Ekakustha (Vata-Kapha)</th>
<th>Kitibha(Vata-kapha)</th>
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<tr>
<td>1. Aswedana- devoid of swedana.</td>
<td>2. Shyava- Darkish brown or blackish discolouration of Skin.</td>
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<td>5. Vritta/Ghanam- lesions are solid and firm.</td>
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<td>6. Prashanti cha punarutptyante- subsides and relapses</td>
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Thus it is difficult to find an exactly equivalent term to psoriasis in Ayurveda, however, concept, distributions and treatment is available. Kitibh, which come under ksudrakustha according to Brihattrayi, it is curable. Carak mentioned that this disease is due to predominance of vata-kapha while Sushruta mentioned that this fall under pitta predominant category.
DISCUSSION ON MATERIAL AND METHOD:

Cases have been selected on the basis of the inclusion criteria and on the basis of certain subjective criteria like scaling, itching, erythema etc.

A laboratory investigation does not play an important role in case of psoriasis because it is mainly based on some clinical features and signs.

The trial drugs i.e. Kustaghna Mahakasaya kwath was given 40 ml twice daily orally and the result was taken after 45 days of treatment undergoing three consecutive follow up. In another group a traditional therapy used to treat psoriasis Takradhara was applied for 15 minutes over the effected part continuously for 45 days to the patient along with Kustaghna Mahakasaya kwath.

Discussion on Observation and Result:

Age of Onset:

The age wise incidence of psoriasis is shown in Fig. has been observed that the highest incidence of psoriasis in the age group 31-40 years (40%) followed by 41-50 years (25%).

Sex Ratio:

No significance differences have been observed in incidence of psoriasis as far sex is concerned, though slight higher incidence of psoriasis has been seen male, which constitutes (68%) as compared to female (32%). Farber, E.M and Nell M.L (1974) reported the incidence of sex equal in both sexes. But here it should be taken into consideration that the sample size in our study is very less to comment regarding the sex ratio.

Incidence of Religion:

Regarding the incidence of religion in 100 patients of Kitibha (Psoriasis) 76 patients i.e. 76%. Belonged to Hinduism and 24 patients i.e. 24% were Muslims. But psoriasis does not seem to be related to particular community.

Incidence of Occupation:

Majority of the patients registered for the study were Servicemen 40 patients i.e. 40%, followed by Businessman 20 patients i.e. 20% and housewives 15 patients i.e. 15%. After that students 8 patient, i.e. 8% and Farmer 7 patient i.e. 7%. Retired servicemen were found in decreasing number. The higher incidence found among the
Servicemen and Businessman may be due to mithyaahara – vihara-dietary and regimental improper activities as a causative factor of producing Skin disease

**Economic status:**

In the study maximum no. of patients were from middle class family i.e. 69% followed by lower class (20%) and upper class i.e. 11%.

**Relationship of Personal Hygiene:**

This study shows that there is an incidence of Psoriasis in 59 i.e. 59% and 26 i.e.26% patients having moderate and poor hygiene respectively. However, there is a good no.15 i.e. 15% of patients who are having good personal hygiene. It was advised to all patients, irrespective of their present Hygienic status, to always remain hygienic to avoid any secondary infection.

**Incidence of Habitat:**

Out of 100 no. of patients studied 75 patients were from urban area while 25 patients were from rural area. Urban society has higher incidence of Psoriasis .This could be due to so many factors like stressful life style, junk food habit, and environmental pollution. It has been reported that many stressful events of daily life may exacerbate psoriasis.

**Dietary Habit:**

It has been observed from the clinical study that incidence of psoriasis is significant in Non-vegetarian group (86%) than in Vegetarian group (14%). The reason that Non-vegetarian found in this study are more victim of this disease is probably that all are regularly used to take the meals with unsuitable combinations (Virudha Ahara) for example, fish with milk, excessive intake of Khara etc.

**Addiction:**

Regarding addiction of the patient maximum numbers of patients, i.e. 40(40%) found to be addicted to betel nut chewing, followed by Tobacco chewing 21 patients i.e. (21%).Some patients had multiple addictions like betel nut chewing with tobacco chewing. This type of addiction can be correlated with virudha ahara as explained in Ayurveda. Improper activities, many stressful events as a causative factor of producing Skin disease
Incidence of Duration:

Regarding duration of illness in 100 patients of Kitibha (Psoriasis). 40 patients i.e. 40% had chronicity for more than 5 years, 30 patients i.e. 30% had duration of illness within 3-5 year, 22 patients i.e. 22% had duration of illness between 1-3 years. This particular trend of duration of illness indicates the relapsing mode of the disease.

Influence of Triggering Factors:

Physical trauma and Psychogenic factor was found more common as triggering factor in initiating Psoriasis while in good no. of cases i.e. in around 33% of cases no triggering factor could be detected in the study. Among triggering factors, emotional stress or psychological stress was also a main factor aggravating the incidence of Psoriasis 30% of total case. Psoriasis is considered to be more stress sensitive than many other skin diseases. This is because stress might induce alterations in the psoriatic lesions by increasing the neuropeptide content with a concomitant decrease in activity of neuropeptide degrading enzymes especially mast cell chymase (Harvima et al,1992).

Seasonal Variation:

Out of the 100 chronic patients of psoriasis studied, 71 patients i.e.(71%) had onset or aggravation of disease in winter season. The reason why psoriasis is usually worse during winter season is not known (Pasricha, 2000).

However, this could be because in winter season there might have been Interplay of numerous factors, like enzymes, local metabolites etc. which trigger the psoriatic eruptions in the form of increased itching, scaling and erythema. Or in other words, in winter there is dominancy of kapha and vata which causes increase pattern of Vatakapha Pradhana Vyadhi like psoriasis.

Hereditary Involvement:


The present study shows that 95 patients i.e. 95% are not having any history of this disease in their families. Only 5, i.e. 5% patients presented with family history of the disease.
PRESENTING CLINICAL FEATURES:

Among the patients taken for the study it was found that the clinical features viz. itching, scaling, dryness and erythema are present in all the cases. The presence of Auspitz Sign among 93 cases was an important aspect. Candle grease sign was positive in 63 numbers of patient i.e. 63%. A less no. of patients i.e. 22 (22%) have the Köebner’s phenomenon and only 8 (8%) patients complains of suffering from pain in joints.

Regional Variation:

Limbs (69%) and Chest/Back (53%), was found almost common side affected by lesion of psoriasis. After these incidence in the area of scalp (39%), Flexures (26%), Lumbosacral (13%), Palmo-plantar area (11%) and in nail (3%). From the present study, the three major disease symptoms Scaling, Itching and Erythema were graded and used as criteria for the purpose of assessment of the extent and severity of disease and treatment of the same. The patterns of response of patients for the treatment were obtained through scoring technique. In this way statistical evaluation was done to know the significance of effect of trial drugs. Significance of the efficacy of Kusthaghna Mahakasaya kwath orally in group “A” and Kusthaghna Mahakasaya kwath along with Takradhara externally in group “B” was tested by “Z” test and significant efficacy of different itching, scaling and erythema before and after treatment in group A and group B were tested by “Z” test.

Assessing the improvement in the itching factor after the administration of drug it was observed that the initial i.e. before the treatment the mean 2.1 of group A after treatment for 45 days came down to 1.2. Thus the total mean reduction was BT-AT mean was 0.9. The “Z” value was statistically significant with z=7.377(p<0.01).

Regarding the improvement in itching in group B it was observed that initial mean was 1.9 which after 45 days of treatment came down to .9. Thus the total mean reduction i.e. BT-AT mean was 1. The “Z” value was statistically significant with z=10.638(p<0.01).

Regarding the improvement in erythema in group A it was observed that initial mean was 2.4 which after 45 days of treatment came down to 1.4. Thus the total mean reduction i.e. BT-AT mean was 1. The “Z” value was statistically highly significant with z=11.28 (p<0.01). In group B the initial mean was 2.4 before treatment which came
down to 1.1 after 45 days of treatment. Thus total mean reduction was 1.3. The Z value was statistically highly significant with $z = 13.8$ ($p<0.01$).

Regarding the control of scaling in group A it was observed that initial mean was 2.2 which after 45 days of treatment came down to 1.2. Thus the total mean reduction i.e. BT-AT mean was 1. The “Z” value was statistically significant with $z=3.27$ ($p<0.01$). In group B the initial mean was 2.3 before treatment which came down to 1.1 after 45 days of treatment. Thus total mean reduction was 1.2. The z value was statistically highly significant with $z= 4.09$ ($p<0.01$).

As more differences have been observed in group “B”, the effect of drug Kustaghna Mahakasaya orally and Takradhara externally is better than only Kustaghna Mahakasaya orally alone in group A, statistically as far as itching, scaling and erythema is concerned.