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Study of Annavahasrotas Dushti in Psoriasis

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Purpose-

Psorasis is not considered as fully skin disease and have negative impact on many systems of the body as well as mind and social well being .This disease has affected 3% of the world. Many research and clinical trials are going on as well as completed but still it's a topic of study. According modern science this has been associated with increased risk of cancers, CVD, ulcerative colitis and many more.

According to *ayurveda* it considered as kustha and mainly involves *dushti* of *rakta,lasika,twak,mansa* and three *doshas. Aama* is one of the important focusing factor for every *dushti* in *Annavaha srotas* as well as it is the root cause of all diseases explained by *ayurveda*. The concept of *Ama* differs and having its own outstanding pattern and causative factors for every diseases as a root cause.

Study of factors involved and exact pattern of Annavaha srotas dushti in etiopathogenesis of psoriasis ,may help to prevent the further spread and to control of this disease.

Aims and objects-

We have mainly focused on the pattern of *Annavahasrotas dushti* in psoriais and for this we have studied the concepts of *annavahasrotas dushti* by *Ayurvedic* classical text as well as the complete pattern of psoriasis as a disease from modern text.

Materials and methods-

The study was conducted at Dr. G.D. Pol Foundation's YMT Ayurvedic Medical college, Kharghar Navi Mumbai, a special camp for psoriasis patient was conducted for this study. We designed the special proforma for the patients of psoriasis with the help of Ayurvedic as well as modern text. Annavaha srotas dushti hetu, lakshan were specially elaborated in that CRF.

Out of 5 types of psoriasis, 30 patients of age group 25-45 with plaque psoriasis more than one year were recruited for this study. Guttate, inverse, pustular and erythrodermic psoriasis, hereditary psorais, crohn's disease,

patients of CVD and malignancies were excluded.

The history, current complaints and the pattern of psoriasis in each case recorded carefully. Blood samples for CBC, ESR and Urine routine and microscopic of all recruited were collected and all test performed in the central pathology lab of the same hospital for this study. All results were recorded very carefully.

Results -

Patients reported psoriasis itself is the source of stress and the act of trying to control the possible and well known causes of psoriasis leads to more symptoms and the way it was completely disturbed their self confidence.

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92% of the total patients were noted that have never bothered regarding the food pattern, nutritional valuation with respect to health in their early life before the onset of disease.

Out of 30 patients, 28 patients i.e.98.33% patients were having the more than one year history as well as different patterns of sympotoms of annavaha srotas dushti.

Aruchi, avipaka, annanabhilasha and chardi was the expected pattern by classical text, but mainly pittaja agnimandya and vidagdhajeerna was the more common pattern of annavaha srotas dushti in 98.33% (28) patients

These patients were having annavaha srotas dushti more than 1 year, vidagdhajirna is found in 76.66%(23) Annannabhilasha consistently more than 15 days in 43.33%(13) patients. Avipaka also in all 98.33% (28) patients

Microcytic hypochronmic anemia was seen in all annavaha srotas dushti psoriatic patients.

Eosinophillia in CBC was in 19patients, wbc always on higher side (more than 9500).

The prakruti of 21 patients of 30 was vatapradhgan pittanaubandhi

Epithelial cells in urine seen noticeably in pittapradhan prakruti , 100% protenuria present in all psoriatic patients

Conclusion-

The rules for the health of *annavaha srotas* are always play important role in etiopathogenesis of every type of psoriasis.

Samavastha of alternate or combine dosha for more than one year with Ruksha, vidahi and virrudha ahaarvihaar will lead to twak, mamsa and rakta dushti to start in the direction of formation of psoriasis

Klinna, Paryushit, atisnigdha aahar irrespective of Agni will certainly lead to plaque psoriasis.

Refrences-

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