A CROSS-SECTIONAL SURVEY STUDY TO ASSESS THE PREVALENCE OF PALITYA IN YOUTH WSR TO PRAKRITI

Temani Rashmi[1], Sharma Surendra Kumar[2]

[1]Lecturer Rog Nidana, Shekawati Ayurved College, Pilani, Rajasthan, India
[2]Professor Department of Rog Nidana, National institute of Ayurved Jaipur, Rajasthan

Corresponding Author: Rashmitemani@gmail.com

Check for updates

ABSTRACT

Ayurveda is a science of vast knowledge of *Ahar, Vihar* and *Prakriti*. In this modern era due to stress, lifestyle changes, eating habits and many psychological and environmental factors are responsible for premature greying of hair. The present cross-sectional survey study was planned to know about etiological factors of *Palitya* in youth and the prevalence of *Prakriti* also. Total 500 patients of premature canities fulfilling the criteria of inclusion as per GSS[1] were selected from O.P.D. of department *Rog Nidana* and *Vikriti Vigyana*, National Institute of *Ayurved*, Jaipur. A structured questionnaire will be administered to each subject of *Nidanatmaka* survey to collect data on *Prakriti*, Socio-demographic profile, Dietary patterns and other *Ayurvedic* variables. Results: Max. 37% have *Akala bhojana*,36.4% having *Vishmagni*,35 and 32% habituated to *Katu* and *Lavan Rasa*,42% consuming *Amla Rasa*, and max.36.4% were having *Vata -Pitta Prakriti*. Overall, it was observed that in youth diet, dietary habits were prone to vitiate *Pitta dosha*. especially in the *Pitta Prakriti* persons. The faulty dietary habits like *Vishamashana, Adhyashana, Ajeernashana, Amla-Lavana Rasa Atisevana* can accelerate the process of greying hair.

Keywords: Premature canities, *Prakriti*

INTRODUCTION

In present days because of altered lifestyle and stressful occupation signs of ageing are seen much earlier.

Increasing urbanization and industrialization has posed a greater danger, due to pollution and

contamination of water and air, with variable both exogenous and endogenous factors, there is a definite increase in the incidence of Premature Greying of Hairs, especially in tropical and developing countries Incidence as per W.H.O[2] is largely between the age group of 20-30 years. Accordingly, '*Akala Palitya[3]*' is such condition, which is prevailing more and increases more in day-to-day clinical practice. Unfortunately, contemporary medical science has some nutritional supplements for the treatment of premature greying of hair, but it does not offer satisfactory treatment, only temporary treatment is artificial dyeing with a chemical substance. Later on, it gets worse condition after going away for dyeing. This regular dyeing will lead to many adverse effects like hair fall and other scalp diseases. Understanding hair and related problems are not merely a cosmetic claim, but it reflects the psychological and pathological conditions of the whole-body system. But, when we look at Ayurveda for this problem, we have the best choice, because Ayurveda the 'Science of Longevity' promotes positive health, natural beauty, and long life.

Aim and Objective: This survey study was done to bring out etiological factors of *Palitya* into light, with the help of a questionnaire.

Material and Methods: Patients: A cross-sectional survey of 500 subjects of Premature Canities was taken from the OPD of *Rog Nidana and Vikrati Vigyana* in the National Institute of Ayurved Jaipur. The proper consent form was taken by the participants. A comprehensive survey incorporating the *Ayurvedic Nidanatmaka* factors with special reference to *Prakaṛti* as well as modern medical parameters will be conducted to find out the Prevalence of *Palitya* in youth (age 16- <40 years). A structured questionnaire will be administered to each subject of *Nidanatmaka* survey to collect data on *Prakaṛti*, Socio-demographic profile, *Ahara Satmya* (Dietary Pattern) and *Sattva* (Mental status) and other *Ayurvedic* variables.

Inclusion Criteria: The individuals having the age group between 16- <40.Patients with at least 25 -50 grey hairs in a particular area or in widespread in the scalp.

Exclusion Criteria: Individuals with any hormonal imbalance problems, any kind of fungal or other infection of the scalp. Individuals that having any major systemic disorder not included Pregnant and lactating ladies. Other skin disorders like Psoriasis, Eczema, Leukoderma etc.

Study Design: - Diagnosed patients of *Palitya* were included in the survey study. The diagnostic criteria of *Palitya* are as follows: Greying assessment in *Palitya* (Premature canities)- GSS (greying scoring system) evaluate the extent of greying taking into five representative sites from the scalp by 2 independent investigators and analyze for agreement. In this process the entire scalp surface divides into 5 zones, that is a frontal region, vertex, right and left temporal regions and the occipital. A 1 cm^2 area mark with a skin marker and the hair within this square crop to approximately 1mm above the scalp surface. Based on hair count, a score will be assigned to each zone according to the percentage of grey hairs in each square. This is calculated as score as Score 1 (assign to under 10% grey hairs/cm^2)**,** Score 2 (10-30% grey hairs/cm^2), Score 3 (more than 30% grey hairs/cm^2)

Observations and Results: 500 patients were registered for the present study. The data showed that most of the patients 30% patients belonged to the age group 31-35 years followed by 24% belonged to 26-30 years. Maximum patients were female that is 63.6%, maximum 71% of patients were Hindu, maximum of 56% patients were married, the maximum numbers of patients 56% belonged to upper-middle class, among dietary habits of 64% patients were Vegetarian, 37% were having *Akala Bhojana,* 36.4% patients were having *Viṣamagni*, maximum 63.6% patients had addicted to tea, majority of patients i.e. 35.6% were habituated to *Katu Rasa,* 32% patients to *Lavana Rasa*, 26%,42% were found to take *Amla Rasa* sometimes, 52% were found to take *Katu* sometimes, 56.8% were found to take *Ati lavana* sometimes, The maximum no. of patients was found to be *Vata-Pitta Prakṛti* i.e. 36.4%., Among a total of 500 patients, 35.2% were found to take junk food Rarely while 28.4%% were found Sometimes consumers, 58.8% were found doing

excessive *Krodha*, 41.2% were found doing excessive tension sometimes.

Observation of Chief Complaints:

Chief complaints	No. of patients	percentage
1. *Kesha Varṇa* (colour of the hair)	500	
i.*Krishna Varna* ii. Ash coloured iii. Off-white iv. White hairs	0 100 150 250	0 20 30 50
2.*Kapaldaha*[4] (*Burning sensation in the scalp*) :	170	34
3. *Swedapravṛti on forehead and scalp* (*sweating*)	155	31
4. *Ruksha Sphutita Kesha* (dry and split hair)	234	46.8

DISCUSSION

At the time of *the Samgraha* period cosmetic consciousness might have increased. *Acharya Sarangdhara* of that period quotes the perfect definition of *Akala Palitya*. Selection of *Palitya* disease is taken because of in this *Vyadhi* characteristic symptom is whitening or greying of hair by the *Paka* process of *Pitta* commenced especially by its *Uṣṇa and Tikṣhṇa Guṇa* The etiological factor for *Akala Palitya* is categorized basically into three types *Aharaja, Viharaja, Manasika Nidana*. *Aharaja Nidana* i.e excess use of *Pittavardhaka Ahara*, *Viharaja Nidana* are suppression of natural urges, *Aatapa Sevana, Ratri Jagaraṇa* etc and *manasika Nidana* like excessive *Krodha Shoka Bhaya Manasika Srama* etc, all these factors provoke body heat and vitiated *Pitta Doṣha* is carried to the *Sirahpradesha* by *vitiated Vata* where it performs *Paka* of hair hence the colour of hairs turn white. *Palitya* is a very common disease with a great prevalence rate. It affects the Hairs. *Palitya* is categorized under a different type of disease by various *Acharya*. It is explained as *Kapalaroga* by *Sharangahara Kṣhudra Roga* by *Bhavaprakash*[5], *Madhava Nidana*[6] *& Chakradatta*[7] and *Shiroroga* by *Vagbhaṭṭa*. The description of *Palitya* in *Ayurveda* corresponds well with the clinical picture of premature canities i.e. premature greying of hairs. Modern literature describes premature Canities may occur alone as an autosomal dominant condition or in association with the various autoimmune or premature ageing syndrome. Reduction in melanogenically active melanocytes in the hair bulb of grey anagen hair follicles with resultant pigment loss is central to the pathogenesis of greying. The *Dravya* which are having *Madhura, Tikta, Kaṣhaya Rasa Sitata, Rukṣa, Guru Guṇa and Dipana Pachana and Vata Pitta-Shamaka* properties and also having *Keshranjana* and *Keshya Guṇa*, are choice of drugs for the treatment of *Palitya*. The *Ayurvedic Samprapti Prakriya* of *Nija Rog* is based on six different *kriya kala* and efforts were made to sketch *Palitya Samprapti* in its accordance. *Tridoṣha Samchya Prakopa and Prasara* gets the *Sthanasamsraya* with the association of specific *Duṣhya* in specific *Srotasa* and finally manifest the disease by unloading of *Dhatu Mala* on the two *kala* of *Twacha Udakadhara* and *Asṛgdhara,* especially on *Sirahaḥ Kapala*.

Acharya Sushruta[8] in *Nidana Sthana* 13/36 given a specific *Samprapti* of *Palitya* and said that pitta is the dominant *dosh*a in *Palitya.* due to causative factors like *Krodha, Shoka* and *Srama, Pitta Doṣha* is aggravated and thereby increases *Pittoṣma* and *Sariroṣma. Vata* which is also aggravated by *Shoka* and *Srama* carries this *Pittoṣma* to the *Shiras. Sthanika Kapha* is also get vitiated as the *Shiras* is the important location of *Kapha*. Thus, vitiated *Tridoṣha* settled in the *Romakupa (Sthnasamsraya).* Locally settled *Tridoṣha* further vitiate locally *Bhrajaka Pitta,* which gives colour to the hair. In this way, the natural colour of the hair is affected and *Akala Palitya* is caused. *Acharya Vagbhaṭṭa* has been quoted *Palitya Vataja, Pittaja, Kaphaja, Dvandaja & Tridoṣh* which having symptoms according to *dosha*. All the three *Brihattrayi Grantha* which are the most prestigious

texts in *Ayurveda* have given almost similar etiopathology about *Palitya. In* the first chapter, we revised the literature about *Palitya* in all available *Ayurvedic* texts and then formulated *Nidana* according to the *Lakṣaṇa* of the disease with the help of the concept given in *Nidana Sthana*. The data was collected on *Prakṛti*, Socio-demographic profile, *Ahara Satmya* (Dietary Pattern) and *Sattva* (Mental status) and other *Ayurvedic* variables in the form of a Questionnaire.

CONCLUSION

It can be concluded from the etiopathological study that most of the etiological factors for *Palitya* are very much prevalent in the society like the use of *Atiguru Aahara*, *Dugdha, Dahi, Rukṣa, Shita, Vidahi, Snigdha, Dhūma, Diwaswapna, Ratrijagrana, Adhyayan, Chinta, Shoka, Krodha, bhaya, shitta-Uṣṇa -Akrama Sevana*, are mainly related to today's lifestyle, hygiene-related issues, and circumstances.

REFERENCES

1. Singal A, Daulatabad D, Grover C. Greying Severity Score: A useful tool for evaluation of premature canities. Indian Dermatol OnlineJ 2016; 77:164-7
2. Krishna M, G Sivaram, S[3] Malini, A Review of Ayurvedic herbs with Keshranjan Property in the Management of Canities (*Paliya*) International Journal of Ayurvedic Medicine,2018,9(1),9-12
3. Bramhanand Tripathi, Sarangdhara Samhita, Purv Khand 7th chapter, Shloka number 152; Chaukhamba Surbharti Prakashan, Varanasi 2010 Edition, page number-114
4. Bramhanand Tripathi, Astanga Hridaya, Uttar Sthana 23rd chapter, Shloka number 1-2; Chaukhamba Sanskrit Pratishthan, Varanasi 2014 Edition, page number-1050
5. Shri Brahma Sankara Mishra, Bhavprakash, Uttarardha 61-chapter, Shloka number 1; Chaukhamba Sanskrit Bhawan, Varanasi-2001 Edition, page number-585
6. Shri Vijayrakshit and Kanthdatta, Madhav Nidana 55th chapter, Shloka number 32; Chaukhamba Sanskrit Sansthan, Varanasi-2014 Edition, page number-306
7. PT. Bhramshankar Mishra, Chakradatta,55th Chapter, Shloka number 125-126; Chaukhamba Sanskrit Series office, Varanasi-2010 Edition, page number-435
8. Shri Gayadaash Sushruta Samhita, Nidanasthana Kshudrarognidana 13th chapter, Shloka number37; Chaukamba Orientalia Varanasi-2010 Edition, page number-855