

ROLE OF RAKTAJA KRIMI IN THE PATHOGENESIS OF KUSHTHA W.S.R. TO PSORIASIS-A CONCEPTUAL STUDY

Vipin Kumar

Assistant Professor, Department of *Panchakarma*, BMU, Rohtak, Haryana, India

Email: vipinwhynot@gmail.com

ABSTRACT

Ayurveda is fundamentally the science of life. Description of *Krimi* is abundantly found in *Veda* and *Ayurveda*. The *Ayurvedic* texts describe a range of diseases produced by *Krimis* such as *Kushtha*, *Yakshma*, *Atisara*, *Pandu*, *Grahani* and *Hridroga*. Authentic *Ayurvedic* classical text claimed that the *Raktaja Krimi* are one of the internal etiological factor for *Kushtha* and after proper analyzing of external *Nidana* of *Kushtha* and *Raktaja Krimi*, it may infer that *Raktaja Krimi* is the midway pathological event in course of intake of *Nidana* and formation of *Kushtha*. *Kushtha* is one of the most important and peculiar among all the skin diseases. In modern science it can be correlated with Psoriasis, which affects the skin and joints, commonly represented by red scaly patches to appear on the skin. It is a papulo-squamous disorder of the skin, characterized by sharply defined erythematous-squamous lesions. So, if we search a midway between pathogens and counteract resume than it will be easy to control and give proper management to the disease *Kushtha*.

Keywords: *Raktaja Krimi*, *Kushtha*, Psoriasis, *Ayurveda*

INTRODUCTION

Ayurveda is essentially the science of life. It embraces in itself perfect principles for leading a healthy life. Description of *Krimi* is abundantly found in *Veda* and *Ayurveda*. The vivid description of diseases caused by *Krimis* and their treatment are also described in ritual text as well as *Ayurveda*. The *Ayurvedic* texts describe a range of diseases produced by *Krimis* such as *Kushtha*, *Yakshma*, *Atisara*,

Pandu, *Grahani* and *Hridroga*. *Atharvaveda* presents 23 kinds of visible, 41 kinds of invisible *Krimis* and describes richly meaningful hymns and *Mantras* for protection of the mankind from the *Krimis* prevalent in the humid hills and forests and similar other habitats. *Rigveda* states that there are two categories of *Krimi* such as *Sunama* (Nonpathogenic) and *Durnama* (pathogenic). *Acharya Charaka*

classified *Krimi* into two broad groups i.e. *Sahaja* and *Vaikarika*.

Sahaja Krimis are those which live in human body right from birth until death. They are not harmful but helpful to the body. *Vaikarika Krimis* are exactly opposite to the above mentioned *Sahaja Krimi*, because they are harmful or causing disease or deformity in the body. According to *Acharya Charaka* under *Vaikarika Krimi* two sub groups are there named *Bahya Krimi* and *Abhyantara Krimi*, which literally means external and internal respectively. Those *Krimi* which live on the skin outside the body are *Bahya Krimi* and those live inside the body are *Abhyantara Krimi*. *Acharya Sushruta* has named 20 number of *Abhayantar Krimi* and classified them into two groups *Drishya* and *Adrishya*. According to him, *Sleshmaja* and *Purishaja Krimi* are *Drishya* (visible) and *Raktaja Krimis* are *Adriashya* (invisible).

In the modern science, the invisible *Krimis* may consider as microbes; thus it may be bacteria, virus, protozoa, or other subtle organisms. But they can be seen with the help of modern technology.

Authentic *Ayurvedic* classical texts claimed that the *Raktaja Krimi* is one of the internal etiological factor for *Kushtha* and after proper analyzing of external *Nidana* of *Kushtha* and *Raktaja Krimi*, it may infer that *Raktaja Krimi* is the midway pathological event in course of intake of *Nidana* and formation of *Kushtha*.

Kushtha is one of the most important and peculiar among the all skin diseases. *Kushtha* is considered to be *Dirgharoga* as mentioned in *Charaka Samhita*. It means it is difficult to treat because of its chronicity. Due to variation

of its pathological elements (*Saptadravya*) the disease often change its character, that is why slow progression, relapse, misprotocol are most common. Psoriasis is one of the most common dermatologic diseases, affecting up to 1 to 2 % of the world's population. India has an incidence approaching 1% which is less than European countries. It occurs in all age groups and about equally in men and women. Psoriasis is a disease which affects the skin and joints, commonly represented by red scaly patches to appear on the skin. It is a papulo-squamous 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. The scaly patches caused by psoriasis, called psoriatic plaques, are areas of inflammation and excessive skin production. Skin rapidly accumulates at these sites and takes a silvery-white appearance. The eruption is usually symmetrical and most commonly affects elbows, knees, scalp, nails and the sacral regions.¹

So, if we search a midway pathogen and counteract resume than it will be easy to control and give proper management to the disease *Kushtha*. So, it is a humble attempt to discover the exact correlation of these two.

Though the disease psoriasis is not exactly correlated with any type of *Vyadhi* in *Ayurveda* but probably it may come under *Kushtha* due to its ugly nature, after a vigorous argument by the various *Ayurvedic* researchers.

DISEASE REVIEW

In *Ayurveda* term *Kushtha* is using as a very broad spectrum disease; it is not a single dis-

ease entity at all but it covers all the aspects of skin disorders. *Sushruta* has termed it as 'Tvagamaya'. *Acharya Sushruta* has mentioned *Kushtha* under *Upasargika* or *Sankramaka Roga*.² *Acharya Vagabhatta* included *Kushtha* under *Sapta Mahavyadhi*.

The disease is described in *Charak Samhita* after *Prameha*. *Acharya Charak* has quoted, "Havi Prashanamehakushthayoh"³ indicates that *Kushtha* is a *Santarpanajanya Vyadhi*. Thus, it is understood that the etiology and pathogenesis of *Kushtha* is that of *Santarpanajanya Vyadhi*. Also in *Sutrasthana* it is ideally said that –"Kushtha Dirgharoganam".⁴ It clearly shows the chronic nature of the disease.

Nidana

Ayurvedic texts have described *Samanya Nidana* for all types of *Kushtha* instead of specific *Nidana* for any particular type of *Kushtha*. Thus *Nidana* can be categorized as follows:-

1. *Aharaja* – diet and dietetic pattern
2. *Viharaja* – faulty lifestyle
3. *Miscellaneous* –
 - *Sansargaja Hetu*
 - *Kulaja Nidana*

- *Krimija Hetu*
- *Chikitsa Vibhramsajanya Hetu*
- *Kushtha* has been mentioned as *Rakta Pradoshaja Vyadhi* and *Santarpanajanya Vyadhi*. Thus *Raktadushti* and *Santarpaka Nidana* may cause *Kushtha*.
- *Dushivisha* is another causative factor of *Kushtha*.

Classification

In *Charaka Samhita*, *Kushtha* is divided into two categories viz. *Mahakushtha* and *Kshudrakushtha*.

Basis of classification of Kushtha

Acharya Charaka has stated that there is involvement of all the three *Dosha* and 4 *Dushyas* namely- *Twaka*, *Mamsa*, *Rakta*, *Lasika*. These together are known as *Sapta Dravya Sangraha* and are responsible for *Kushtha* formation. Then *Kushtha* spreads to the entire body by its *Prabhava*. There may be 7, 18 or Innumerable (*Aparisankhyey*) types of *Kushtha*.⁵ They may be based on *Amsamsa Bhedha*, *Anubandha Bhedha*, *Sthanaanusara Vedana*, *Varna*, *Samsthana/Akruti*, *Prabhavija*, *Nomenclature* and its treatment.

Dosha Dushti Lakshana

Table 1: Showing the *Dosha Dushti Lakshana*

Dosha	Dushti Lakshana	
	Purvarupa	Rupa
Kapha	Atislakshanata (Slakshana guna), Kandu (Karma), Gaurava (Guru guna), Svayathu (Srotorodha)	Kandu (Karma), Utsedha/ Pidika (Rupataha), Mahavastum (Rupatah)
Pitta	Paridaha/Ushmayanam (Ushna guna)	Daha (Ushna Guna), Raktabh pidika (Swarupatah)

Vata	Aswedanam/Atiswedanam (Chala Guna), Parushya /Kharatva (Khara Guna), Atimatravedana/ Nistoda/Klama/Shrama (Karmataha), Pariharsha/ Loma Harsha (Karma)	Mahavastum, Krishnaarunavarna, Vedna (Sukshma Guna) Twak Rukshata (Ruksha Guna)
Vata-kapha	Suptata (Sheeta Guna)	Aswedanam

Table 2: Showing Dhatu Dushti Lakshana

Dhatu	Dushti Lakshana
Rasa	Twak Dushti, Sparshahani, Kandu, Rukshata, Vedana
Rakta	Vaivarnya, Rakta Mandala, Vrana, Rakta-puya Srava
Mamsa	Utsanna Mamsata, Pidikodgama, Bahalata, Vedana
Lasika	Vrana, Lasika Srava (discharge)

Relation between Raktaja krimi & Kushtha

Raktaja Krimis are assumed to be invisible in Ayurveda classics as they cannot be seen by naked eyes due to their subtle nature.⁶ Now it is possible to see them with the help of modern technology. Authentic Ayurvedic classical text claimed that the Raktaja Krimis are one of internal etiological factor for Kushtha, after proper analyzing of external Nidana of Kushtha & Raktaja Krimi it may infer that Raktaja Krimi is the midway pathological event, in course of intake of Nidana and formation of Kushtha. But till date phenomenon is undiscovered. For Raktaja Krimi, Charaka and other Samhitas are of the same view as they refer to shape and colour of these Krimis, invisible by naked eye. But he has described them broad (Prithu) and viscid (Snigdha) with red and black colors. Some of the Samhitas describe about the few Sukshma Krimis which are minute and cannot be seen without compound microscope (few with electron microscope only e.g. viruses, Bacteria, protozoa or other subtle organism.). Some Samhitas have described

them minute, round and footless. Among them few are so minute that they cannot be visible. The colour of these has been described as coppery. The description of Raktaja Krimis made by the Acharyas with their high intellectual power and also based on their minute clinical observation. That is why Ayurveda mentioned other types of Pramana apart from Pratyakshya. So those things are not visible may proved by inference (Anumana Pramana) or rationality (Yukti Pramana) etc. Raktaja Krimis are considered as a middle phase of the disease where initial stage is intake of Kushtha Nidanas and terminal stage is the disease Kushtha. Though Kushtha may occur without the middle phase i.e. formation of Raktaja Krimi. But it is clear that some of the Nidanas of Kushtha are responsible for formation of Raktaja Krimi those are subtle in nature and circulate abundantly in the Raktavahi Shira and in the time being it from the different type of Kushtha or ugly clinical features in the skin and its appendages.

Table 3: Showing clinical features of psoriasis⁷

No.	Common clinical features of Psoriasis	Equivalent terminology in Ayurveda
1	Anhydrosis	(Asvedanam)
2	Extent of lesion	(Mahavastum)
3	Scaling	(Matshyashakalopama)
4	Deep black reddish / reddish / pinkish discoloration	(Vaivarnya)
5	Circular skin lesion, Coin shaped patches	(Mandala)
6	Erythma	(Raktabha Pidika)
7	Itching	(Kandu)
8	Pain	(Vedana)
9	thickening in skin lesion	(Bahalata)
10	Dryness	(Twak Parushya)
11	Deformity of nails, Nail pitting	(Nakhdusti)
12	Elevation in skin lesion	Unnati
13	Relapsing	(Vaisarpodbhavam)
14	Burning	(Daha)

Samprapti

According to Acharya Charaka, Kushtha is a Bahudoshha condition and Kleda Pradhana Vikara. He also emphasized on the important of Sapt Dravya (because Saptadravya are playing as Sannikrishta Hetu for Kushtha) i.e.

Tridosha and Twak, Rakta, Mamsa, Ambu. Whenever the Dosha-Dushya Sammurshana occurs in Twak, then Kushtha will be produced.

Samprapti Ghataka

Table 4: Showing the apparent Samprapti Ghataka

Dosha:	Vata	Vyana, Samana, Udana
Kapha (Ch. & Vagh.)	Pitta	Bhrajaka, Pachaka.
Pitta (Sushruta)	Kapha	Avalambaka, Kledaka.
Dushya	Twaka, Rakta, Mamsa, Lasika	
Agni	Jatharagni and Dhatvagnimandya	
Srotasa	Rasavaha, Raktavaha, Mamsavaha, Swedavaha	
Srotodushti	Sanga and Vimargagamana	
Marga	Bahyaroga Marga	
Udabhavasthana	Amashaya	
Sancharasthana	Triyaka-gami sira	
Adhithana	Twacha	
Swabhava	Chirakari	

Chikitsa

Acharya Charaka has mentioned that all the Kushthas are caused by Tridosha⁸, so the

treatment is to be carried out according to the predominance of Dosha. The predominately vitiated Dosha should be treated first and the

treatment of the other subordinate *Dosha* should be undertaken afterwards. The first line of treatment for all diseases is *Nidana Parivarjana*. In our classical text, detail description is available regarding the treatment of *Kushtha*. The principles line of treatment of *Kushtha* has been classified into two groups;

- *Samshodhana Chikitsa*
- *Samshamana Chikitsa*

Samshodhana Chikitsa

The therapy which expels out the morbid *Doshas* from the body is known as *Shodhana*. According to *Acharya Charaka*, In *Kushtha Chikitsa*, *Shodhana* is given prior importance according to *Doshic* predominance. By nature, *Kushtha* is difficult to cure disease, so it is called as '*Dushchikitsya*'. But with *Shodhana* therapy, the disease becomes easily cure due to removal of the root cause, hence *Shodhana* has great importance.

Table 5: Showing the type of *Shodhana* according to *Dosha* predominance: ⁹

<i>Vata Pradhana</i>	<i>Sarpipana</i>
<i>Pitta Pradhana</i>	<i>Virechana and Raktamokshana</i>
<i>Kapha Pradhana</i>	<i>Vamana</i>

According to *Charaka & Vagbhata*, *Shodhana* should be carried out according to predominance of vitiated *Dosha*. In excessive morbidity of the *Dosha* repeated *Shodhana* should be performed at regular intervals. *Maharshi Su-*

shruta has advised to carry out '*Ubhayato Samsodhana*' even at the *Purvarupa* condition of *Kushtha*. *Sushruta* also advised *Samsodhana* in the treatment of *Rasagata, Raktagata, Mamsagata and Medogata Kushtha*.¹⁰

Table 6: Showing the Periodicity wise *Shodhana Karma* in *Kushtha Chikitsa*:

Procedure	Periodicity
<i>Vamana</i>	Once in fortnight(15 Days)
<i>Virechana</i>	Once in month(30 Days)
<i>Nasya</i>	Once in three Days
<i>Raktamokshana</i>	Once in six month

The reason behind periodic *Shodhana* may be based on the formation of *Kleda*. According to *Sushruta* *Shodhana* should be done even in

Purvarupa, the following treatments are to be carried out.¹¹

Table 7: Showing the treatment according to *Dhatu* involved

<i>Dhatu</i> involved	<i>Treatment</i> advised
<i>Twakgata (Rasagata)</i>	<i>Lepa of Sanshodhana Dravya</i>
<i>Rakta</i>	<i>Sanshodhana, Aalepana, Kashaya Pana, Raktamokshana</i>
<i>Mamsa</i>	<i>Raktagata management +Aristha, Manth, Prash</i>
<i>Chaturtha-Karma-Guna</i>	<i>Yapya in Amtawan and Samvidhan yukta person, after Sanshodhana and Rakta-</i>

Prapta(Meda)	mokshana different medicine are advised like Bhallataka, etc.
Asthi	Asadhaya

Ashtanga Hridaya prescribed *Snehapana* for all varieties of *Kushtha* for the purpose of *Shareera Pushti*. He also explained *Doshanusara Shodhana* to be followed after *Snehapana*.¹²

Samshamana Chikitsa

Shamana therapy is also an important part of the treatment. After completing the *Shodhana Karma*, *Shamana Chikitsa* is used to pacify the remaining *Doshas*. It is also indicated in those patients who are contraindicated for *Shodhana*. In our classical text detailed description of various single and compound preparations in the form of internal and external application are mentioned. *Charaka* has advised *Tikta & Kashaya Dravyas* after *Shodhana*.¹³

CONCLUSION

The world *Krimi* has very much potential in *Ayurvedic* literature and reflects them in vast dimensions. Visible or invisible minute organism (bacteria, virus, protozoa and parasites) that affect on living and non living things of biosphere are described very efficiently in *Ayurveda* science. *Raktaja Krimi* are one of the internal etiological factor for *Kushtha* and after proper analyzing of external *Nidana* of *Kushtha & Raktaja Krimi*, it may infer that *Raktaja Krimi* is the midway pathological event in course of intake of *Nidana* and formation of *Kushtha*. Psoriasis is not exactly correlated with any type of *Vyadhi* in the *Ayurvedic* classical text but probably as per the clinical features it may come under *Kush-*

tha due to its ugly nature. There is no exact disease in *Ayurveda*, which can be correlated with exact clinical features of psoriasis. Though *Acharyas* mentioned as per variation of *Dosha* and *Dushyas Kushtha* may be numerous in number. Though many research workers have tried to attribute psoriasis with one or other type of *Kushtha*. Maximum correlated it with *Kitibha*, *Ekakushtha*, *Sidhma*, and *Mandala Kushtha*

REFERENCES

1. Editor- Christopher Haslett, Davidson's principle & practice of medicine, Edition: eighteenth, Harcourt publisher Limited 2000, Chapter 13, page no.-900.
2. Sushruta, Sushruta Samhita, Hindi commentary by Kaviraj Ambika Datta Shastri, Nidana Sthana 5/3, Reprint edition 2009, Chaukhambha Sanskrita Sansthana, Varanasi.
3. Agnivesha, Charaka Samhita, Vidyotini Hindi commentary by Shri Satyanarayana Shastri, Nidana Sthana 8/11, Reprint edition 2009, Chaukhambha Visvabharati, Varanasi.
4. Agnivesha, Charaka Samhita, Vidyotini Hindi commentary by Shri Satyanarayana Shastri, Sutra Sthana 25/40, Reprint edition 2009, Chaukhambha Visvabharati, Varanasi.
5. Agnivesha, Charaka Samhita, Vidyotini Hindi commentary by Shri Satyanarayana Shastri, Nidana Sthana 5/4, Reprint edition

- 2009, Chaukhambha Visvabharati, Varanasi.
6. Sushruta, Sushruta Samhita, Hindi commentary by Kaviraj Ambika Datta Shastri, Uttara Tantra 54/20, Reprint edition 2009, Chaukhambha Sanskrita Sansthana, Varanasi.
 7. Agnivesha, Charaka Samhita, Vidyotini Hindi commentary by Shri Satyanarayana Shastri, Chikitsa Sthana 7/21, Reprint edition 2009, Chaukhambha Visvabharati, Varanasi.
 8. Agnivesha, Charaka Samhita, Vidyotini Hindi commentary by Shri Satyanarayana Shastri, Chikitsa Sthana 7/31, Reprint edition 2009, Chaukhambha Visvabharati, Varanasi.
 9. Vagbhata, Ashtanga Hridayam, Vidyotini Hindi commentary by Kaviraja Atrideva Gupta, Chikitsa Sthana 19/92, Chaukhambha Prakashan, Varanasi.
 10. Agnivesha, Charaka Samhita, Vidyotini Hindi commentary by Shri Satyanarayana Shastri, Chikitsa Sthana 7/39, Reprint edition 2009, Chaukhambha Visvabharati, Varanasi.
 11. Sushruta, Sushruta Samhita, Hindi commentary by Kaviraj Ambika Datta Shastri, Chikitsa Sthana 9/6, Reprint edition 2009, Chaukhambha Sanskrita Sansthana, Varanasi.
 12. Vagbhata, Ashtanga Hridayam, Vidyotini Hindi commentary by Kaviraja Atrideva Gupta, Chikitsa Sthana 19/1, Chaukhambha Prakashan, Varanasi.
 13. Agnivesha, Charaka Samhita, Vidyotini Hindi commentary by Shri Satyanarayana Shastri, Chikitsa Sthana 7/58, Reprint edi-

tion 2009, Chaukhambha Visvabharati, Varanasi.

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Vipin Kumar: Role Of Raktaja Krimi In The Pathogenesis Of Kushtha W.S.R. To Psoriasis-A Conceptual Study. International Ayurvedic Medical Journal {online} 2017 {cited August, 2017} Available from: http://www.iamj.in/posts/images/upload/2976_2983.pdf