

STUDY OF ASSOCIATION BETWEEN TWAK DUSHTI AND SHARAD RITU

Dr. Madhuri Giri*¹, Dr. R. S. Dhimdhome², Dr. M. C. Kirte³

¹PG Scholar, Dept. of Kriya Sharir, GAC Osmanabad.

²Prof. and H.O.D Dept. of Kriya Sharir, GAC Osmanabad.

³Asso. Professor, Dept. of Kriya Sharir, GAC Osmanabad.

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***Corresponding Author**

Dr. Madhuri Giri

PG Scholar, Dept. of Kriya
Sharir, GAC Osmanabad.

ABSTRACT

Ayurveda the age-vintage technology of life, has continually emphasised at keeping fitness and stopping illnesses instead of laying overall awareness over the remedy aspect. It has highlighted diverse regulations and routine concerning *Ahara* (diet), *Vihara* (routine), *Achara* (conduct), and *Vichara* (thought). In *sharad ritu* we've *pitta prakopa* which altimetry reasons *rakt dusti* as *pitta* and *rakt* have *aashrayashri bhaav* and ends in *twaka dusti*. *Sanchaya*, *Prakopa* and *Prashman* are called '*Ritu Kriya Kala*' due to the fact they certainly

arise in seasons and because of seasonal changes. In *varsha ritu* because of *shita* and *tiksha guna pitta* begin accumulates in *sharad ritu* because of *tiksha* and *ushna guna pitta* aviates and does diverse *pitta vikara*. If seasonal routine isn't followed *pitta* aggravation progresses closer to *Prasara* (*Koshtha* to *Shakhagata Gati*) etc. these pathogenic conditions causes *pitta* problems needed to be pacified. In *Ayurveda* Skin ailment are concerned in *Bahya Rogmarga* (*Shakhagata Rogmarga*). Most of the pores and skin problems are advanced from bizarre functioning of the *Agni*. Improper nutritional conduct like unsuited food (junk food, fermented food) abnormal meal patterns (*Vishamashan*) inflicting life-style associated pores and skin illnesses. Here we point out the instances of *Kshudra Kushtha*, there's, *Twak Vaivarnya* (Discoloration) at the site of *Kandu* (Itching) and *Twak daha*.

KEYWORDS: *Twak dushti*, *Agni*, *Kriya Kala*.

INTRODUCTION

Sharad ritu falls below *adankala*, which incorporates *Ashwina* and *Kartika masa*. The foremost functions of this *kala* is that the sunrays and wind may be greater *Tikshna* and

Ushna in nature, which eat all of the unctuous homes of earth, as a consequence diminishing the *Bala* (strength) of a person. The season is main of *Pitta dosha* in its *Prakopavstha*, that's the primary purpose for the diminishing of *Agni* inside frame.

1. Different kinds of *nidana* (etiological factor) results in vitiation of *Doshas*, which unfold during the frame and vitiate *Dhatu*s and as a consequence assist withinside the manifestation of *Kushtha Roga* (all sort of pores and skin diseases).

वर्षाशीतोचिताङ्गानां सहसैवार्करश्मिभिः।

तप्तानामाचितं पित्तं प्रायः शरदि कुप्यति॥

Srotodushti Hetu

आहारश्च विहारश्च यः स्याद्दोषगुणैः समः।

धातुभिर्विगुणश्चापि स्रोतसां स प्रदूषकः॥

The food and regimen which are similar to the qualities of *Dosha* and which are opposite to the qualities of *Dhatu* are the causes of *Srotodushti*.

2. *Srotodushti* Lakshana

अतिप्रवृत्तिः सङ्गो वा सिराणां ग्रन्थयोऽपि वा।

विमार्गगमनं चापि स्रोतसां दुष्टिलक्षणम्॥

Atipravrutti means excessive flow, when the *srotas* get vitiated due to *dosha*. It may lead to functional deformity which causes *atipravrutti*.

3. *Sanga - Sanga* means obstruction.

4. *Vimargagamana* - Due to some pathology, at the level of *srotas*, there is flow of fluid in the affected area through channels other than its own.

Pathological thing of *Rogmarga*, *Rogmarga* approach *dosha* regarding in *roga* travels through it. *Samprapti* additionally approach manner of *Dosha sanchaya* to *Vyadhi Utpatti*. Thus *rogmarga* are very associated with *samprapti* of a sickness. After *Dosha dushti* how *doshas* journey at exceptional elements of frame is through *rogmarga*. Thus real position of *rogmarga* begins offevolved from *Prasara avstha*. Here the *marga* aren't vitiated however the vitiated *dosha* can unfold through channels.

In *Sthansanshraya avstha khavaigunya* takes area in *rogmarga* and is vital for the pathogenesis to occur. It is the ignition factor from in which the path of sickness pathology is decided. *Marga* approach Pathway. The Pathway of sickness taken into consideration to be as

Rogmarga (sickness pathway) is thought nicely and pathology may be judged at its preliminary stage.

त्रयो रोगमार्गा इति- शाखा, मर्मास्थिसन्धयः, कोष्ठश्च।

Trividha rogarga is the important entities involved in the process of disease.

5. Understanding of *Rogmarga* which involved in manifestation of disease guides us about *Roga Vinishchya*, *Sadhya-Asadhya* and *Chikitsa* in disease. *Bahya* or *Shakhagata Roga Marga*

त्रयो रोगमार्गा इति- शाखा, मर्मास्थिसन्धयः, कोष्ठश्च।

तत्र शाखा रक्तादयो धातवस्त्वक् च, स बाह्यो रोगमार्गः॥

In the frame, this pertains to the peripheral device comprising blood, tissues and pores and skin, that's unfold all through the frame like branches of a tree. The diseases, or condition, that comply with this direction are tumors, pores and skin diseases, erysipelas. This also can be termed because the outside direction of the disease.

6. Diseases in *Bahya Rogmarga*

तत्र, गण्डपिडकालज्यपचीचर्मकीलाधिमांसमषककुष्ठव्यङ्गादयो विकारा बहिर्मागजाश्च

विसर्पश्वयथुगुल्मार्शोविद्रध्यादयः शाखानुसारिणो भवन्ति रोगाः॥

7. *Doshagati* For the disease to take place, *Dosha* has to do *visarpana* after getting vitiated. The *trividha Gati* of the *Dosha* is explained by *Acharya Charaka*. They are, *Shakha*, *Koshtha* and *Marmasthi Sandhi*.

Koshtha - Shakha Gati

व्यायामादूष्मणस्तैक्ष्ण्याद्धितस्यानवचारणात्।

कोष्ठाच्छाखा मला यान्ति द्रुतत्वान्मारुतस्य च॥

तत्रस्थाश्च विलम्बन्ते कदाचिन्न समीरिताः।

नादेशकाले कुप्यन्ति भूयो हेतुप्रतीक्षिणः॥

Vyayam (exercise) - Exercise produces *Ushma*, *Koshtha* withinside the body. Which results in *Vata vriddhi*, this *Vata* has a tendency to take the *doshas* from *koshtha* to *Shakha* or *marmasthi* or both. *Ushmana Taikshnyat - Ushman* and *Taikshnyat* results in *srotomukha Vikruti* and *vilayana* of consolidated *doshas* i.e. *prasara*. While passing they come across at a sure vicinity an obstruction (*khavaigunya*). Thus, last there, a particular pathogenesis is

shaped and precise sickness is shaped. *Ahita Acharan* - *Acharan* is action, *Ahita* way which isn't useful or beneficial. Those things, which aren't most effective vain however are difficult too. *Druttwat Marutasya* - *Maruta* is known as *Vata* and *Druttwat* phrases for the assets of movement, due to the diffused essence of the *vayu* and it's rapidly. *Doshas* are taken to the alternative *rogmarga* from *koshtha*. Thus, in pathological backgrounds, the tour of *Dosha* from *Koshtha* to *Shakha* may be associated with three ranges of *Chaya*, *Prakopa* and *Prasara avstha*.^[7] The *Chaya* takes vicinity via way of means of *Ahita achronat*, which allows in boom of attention of *Doshas*. *Vyayamat* and *Ushman*, *Taikshnyat* creates the liquefaction (*Vilayana*), that is *Prakopa*. *Prasara* take vicinity via way of means of *Druttwat marutasya* and subsequently *Dosha* tour from *Koshtha* to *Shakha*.

Twak

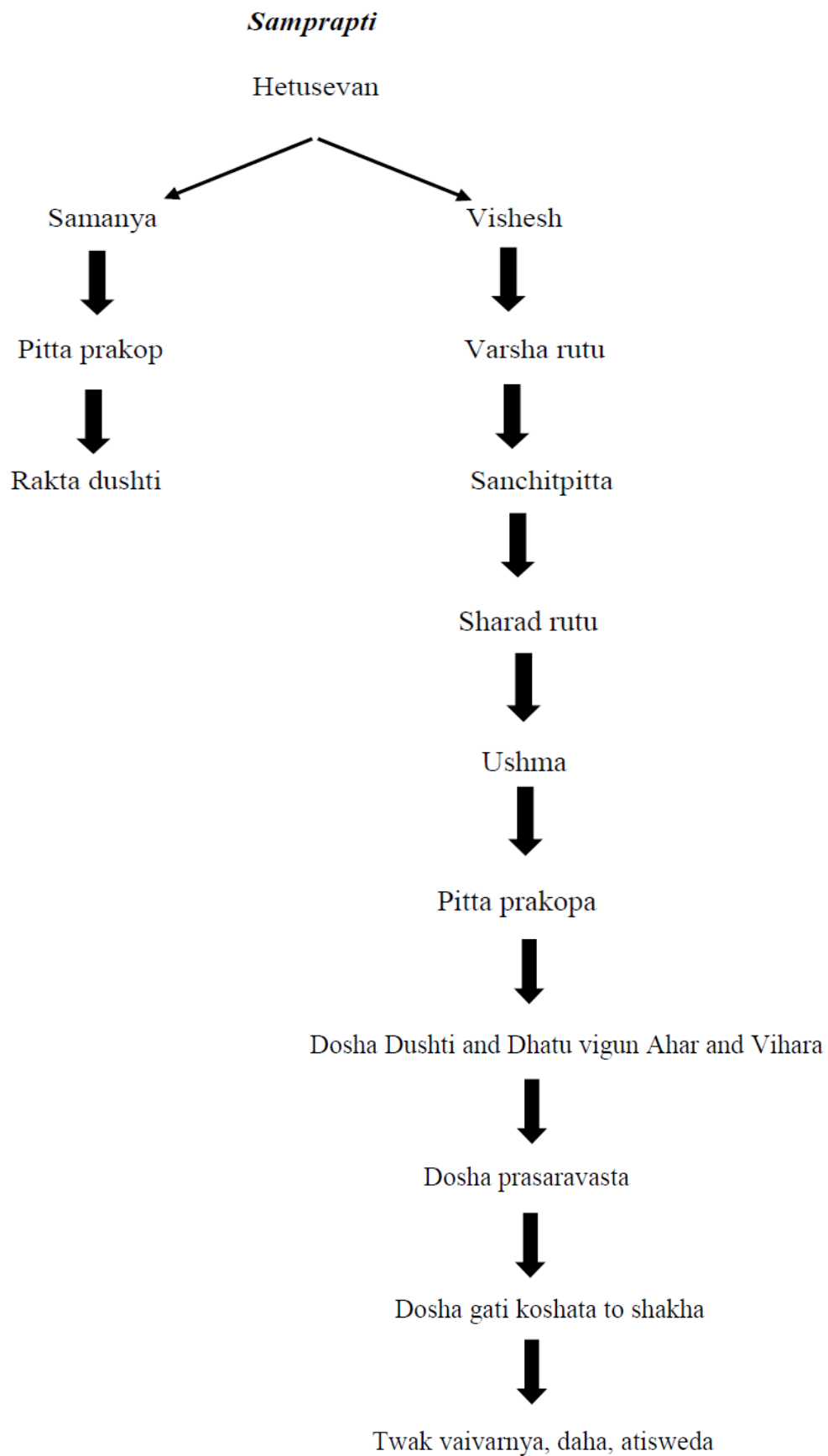
After the formation of *garbha* [fetus] from *shukra shonita* [combination of sperm and ovum, zygote] the impregnated matter undergoes metabolism [transformation *abhipachyamana*] and forms 7 layers of *twacha* as the cream form on the surface of milk after heating.

Layer of skin

1. *Avabhasini*
2. *Lohita*
3. *Shweta*
4. *Tamra*
5. *Vedini*
6. *Rohini*
7. *Mamsadhara*

Dhosha and Skin

Vata skin type is dry, uneven toned, prone to fine lines & wrinkles. It is likely to have a thin texture with fine pores because of the *vata guna* i.e. *Ruksha*, *Laghu*, *Sukshama*, *Khar*. *Pitta* skin type is sensitive, soft, warm and of medium thickness because of *pitta guna* i.e. *Ushana*, *Tikshana*, *Snigdha*. *Kapha* skin type is oily, dull, thick, has a tendency of enlarged pores because of *Sigdha*, *Guru*, *Shalshna guna*. This is a normal skin of person according to their *prakruti* and the changes are seen in skin when the imbalance of *dosha* occurs.

Samprapti

MATERIAL AND METHOD OBJECTIVE

Study design - Retrospective Observational

Sampling frame - Patient selected from OPD of Government *Ayurved* Hospital, Osmanabad

Sample size – 10

Aim - To Study The Association Between *Twak Dushti* and *Sharad Ritu*.

Objective - To Study *Twak Dushti* in Detail from *Ayurvedic Text*.

- To Study *Sharad Ritu* in Detail from *Ayurvedic Text*

Inclusion criteria - Patient aged between 20-50 years of either sex.

Patient have symptoms - *Twak Vaivarnya*, *Kandu*, *Atisweda*, *Twak Daha*, *Puya strsava*

Exclusion criteria - Lactating mother. Major Metabolic illness. Immunocompromised person.

Table 1: No. of patient in which found *lakshnas* of *twak dushti*.

Pt. Sr.no	<i>Twak vaivarnya</i>	<i>Kandu</i>	<i>Atisweda</i>	<i>Twak daha</i>	<i>Puya strsava</i>
1	✓			✓	
2	✓	✓	✓		
3	✓	✓	✓	✓	✓
4	✓		✓	✓	
5	✓	✓	✓	✓	✓
6	✓			✓	
7	✓		✓		✓
8	✓			✓	✓
9	✓	✓		✓	
10	✓				✓

Table 2: No. of patient in which found *hetus* of *Kushtha* and *Raktavaha srotodushti*.

Pt. Sr.no	<i>Mansahar</i>	<i>Dahi (curd)</i>	<i>Lavana Rasa Sevan</i>	<i>Vishamashan</i>	<i>Diwaswap</i>	<i>Atap Sewan</i>
1		✓		✓		✓
2	✓		✓			✓
3	✓	✓		✓		✓
4	✓			✓		
5		✓	✓		✓	✓
6	✓					
7	✓	✓	✓	✓	✓	✓
8	✓	✓			✓	
9	✓	✓	✓	✓	✓	✓
10		✓		✓		✓

We found other *Hetu* like - 1. *Atyambupana* 2. Non- veg food 3. Spicy food (*Katu rasa ahar*) 4. *Toor Dala* 5. Pickle (*Amla, Lavana rasa*)

History of *hetusevan* (as mention in *Kushtha Vyadhi* and *Raktavaha Srotodushti Hetu*). We were found that, there is predominance of *Hetusevan* is *Dahi*, *Pickle*, Buttermilk, *Vishamashan* and in *Vihara* there is *Diwaswap* and *Atapsevan*. In 3-4 patient, we were found that other *Hetu* like *Atyambupana* (3-4 lit/ Day), spicy food, fermented food, non-veg (chicken and fish).

Table 3: *Dosha dushti sama Ahar-Vihar.*

<i>Dosha dushti sam ahar</i>	<i>Dosha dushti sam vihara</i>
<i>Vishmashana</i> <i>Adhyashan</i> <i>Dahi (curd)</i> <i>Lavana Rasa</i>	<i>Diwaswap</i>

Table 4: *Dhatu viguna Ahar-Vihara.*

<i>Dhatu vigun ahar</i>	<i>Dhatu vigun vihara</i>
<i>Dahi (Amla rasa - Raktam dushayati, Mamsa vidahati)^[12]</i> <i>Pickle (Lavana rasa - Raktam vardhayati, Pragalayati kushthani)^[13]</i> <i>Spicy food Fermented food (Idali, Dosa etc)</i>	<i>Diwaswap Atapsevan</i>



Lakshnas of twakdushti

1. Twakvaivarnya [Lalima]
2. Atisweda
3. Daha



Lakshnas of twakdushti

1. Kandu
2. Atisweda
3. Twakvaivarnya

DISCUSSION

In Ayurveda, the understanding of *ritucharya* is a primary hand manual to the idea of *Kriya-Kala* (*Sanchaya, Prakopa* and *Prasham*), which describes the modes and levels of the improvement of diseases, on the subject of the kingdom of various *Doshas* - *Vata, Pitta* and *Kapha* according with the modifications of time. A precise information of it's miles very an awful lot vital for early prognosis and analysis for adopting preventive and healing measures. '*Ritu* acts as *Vyanjana* or *Nimittakarana* withinside the aggravation and manifestation of disease.' In *Sharad Ritu*, there's predominance of *Pitta dosha* in its *Prakopavstha*, The *Prakopit Pitta* vitiates the *Dosha* and *Dhatu* specifically *Rakta* and as a consequence facilitates in manifestation of *Kushtha roga* (*Kshudra kushtha*). In this study, we accumulated Detail data approximately *Hetu* (etiological factor) and *Lakshanas* (symptoms) in 10 Patients, that having *lakshanas* like *Twak Vaivarnya, Daha* and *Kandu, Atisweada* in *shakhagata Bhava*. As we point out above *Prakopavstha* condition, affected person taking *Ahara* (food) and *Vihara* (regimen) that are just like the traits of *Dosha* i.e. *Pitta prakopa ahara-vihara* (*Mansahara, curd, Lavana Rasa, Diwaswap, Atapsevan,*) and *Agnidushtikar* i.e. abnormal meal patterns (*Vishamashan, Adhyashan*) which results in *Twak dushti* in *Sharad Ritu*, in accordance to say above *Samprapti*.

CONCLUSION

1. There is significant association in between *Twak Dushti* and *Sharad Ritu*
2. *Srotodushti Samanya Hetu* (*Dosha dushti sam AharVihar* and *Dhatu vigun Ahar-Vihar*) *Kushtha hetu* described in *samhitas* are found exactly same in *Twak dushti* patient.

REFERENCES

1. Acharya Charak, Dr. Bramhanand Tripathi, Charak Samhita, Chaukhamba Surbharati Prakashan, Varanasi, Sutrasthana, 2015; 41: 6 – 1.
2. Acharya Charak, Dr. Bramhanand Tripathi, Charak Samhita, Chaukhamba Surbharati Prakashan Varanasi, Vimanasthana, Sroto Vimana, 2015; 23: 5 – 1.
3. Acharya Charak, Dr. Bramhanand Tripathi, Charak Samhita, Chaukhamba Surbharati Prakashan, Varanasi, Vimanasthana, Sroto Vimana, 2015; 24: 5 – 1.
4. Acharya Charak, Dr. Bramhanand Tripathi, Charak Samhita, Chaukhamba Surbharati Prakashan, Varanasi, Sutrasthana, Tistraishaniya Adhyaya, 2015; 48: 11 – 1.
5. Acharya Charak, Dr. Bramhanand Tripathi, Charak Samhita, Chaukhamba Surbharati Prakashan, Varanasi, Sutrasthana, Tistraishaniya Adhyaya, 2015; 48: 11 – 1.

6. Acharya Charak, Dr. Bramhanand Tripathi, Charak Samhita, Chaukhamba Surbharati Prakashan, Varanasi, Sutrasthana, Tistraishaniya Adhyaya, 2015; 49: 11 – 1.
7. Acharya Charak, Dr. Bramhanand Tripathi, Charak Samhita, Chaukhamba Surbharati Prakashan, Varanasi, Sutrasthana, Vividhashitpitiya Adhyaya, 2015; 28: 31 –32.
8. Acharya Sushrut, Kaviraj Dr. Ambikadatta Shashtri, Sushrut Samhita, Ayurvedtatwa Sandeepika, Chaukhamba Sanskrit Sansthan, Varanasi, Adhyay, Sutrasthan, 2018; 36: 21.
9. Acharya Charak, Dr. Bramhanand Tripathi, Charak Samhita, Chaukhamba Surbharati Prakashan, Varanasi, Nidana sthana, Kushtha Adhyaya, 2015; 7: 5 – 1.
10. Acharya Charak, Dr. Bramhanand Tripathi, Charaksamhita, Chaukhamba Surbharati Prakashan, Varanasi, Nidana Sthana, Kushtha Adhyaya, 2015; 6: 5 – 1.
11. Acharya Charak, Dr. Bramhanand Tripathi, Charak Samhita, Chaukhamba Surbharati Prakashan, Varanasi, Sutrasthana, Tasyashitiya Adhyaya, 2015; 23: 6 – 1.
12. Acharya Charak, Dr. Bramhanand Tripathi, Charak Samhita, Chaukhamba Surbharati Prakashan, Varanasi Sutrasthana Atreyabhadrakapiya Adhyaya, 2015; 43: 26 – 6.
13. Acharya Charak, Dr. Bramhanand Tripathi, Charak Samhita, Chaukhamba Surbharati Prakashan, Varanasi, Sutrasthana, Atreyabhadrakapiya Adhyaya, 2015; 26: 1.