‘A Details Study of Sursrutokta Twacha Sharer W.S.R. To Hisopathological Study of Tamra Twacha’

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Abstract

Ayurveda is the God’s gift for wellbeing of human kind. The whole world is looking towards Ayurveda for better therapeutic measures in various skin diseases. Skin is largest and first site visible organ of our body. Twacha has various views & counterviews regaradiry its utpatte, star, vyadhi adhishtanas etc. Also Ayurveda emphiasies mainly on ‘Darshan pariksha’ for diagnosis, Twacha plays lead role in it. In modern era changes in life style, food habits, stess & enviormental conditions leads to various skin diseases such as leukoerma, eczema, psoriasis etc. so an effort is made to study anatomical changes occurring in Twacha regarading kilas & krshtha.

Keywords: Twacha, Darshan Pariksha, Kailas, Kushtha, Psoriasis, Skin.

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Introduction

Acharya sushruta has given detailanatomy of skin in sushrut samhita in the absence of microscopic instruments, proper dissection technique. He also mentioned various skin diseases acdording to those 7 layers. Today it at utmost importance to establish co-relation between visionary of acharya sushrut and modern concept of skin layers.

Today prevalence of Leukoderma, psoriasis and eczema is increasing day by day. In clinical features bear nearest similarity Kilas and Kushtha. These deseases are demoralizing to the patient c is describe in ‘ogce&ve:’ samhitas.

So detail study is planned to specify anatomical changes occurring in skin layers viz Tamra Twacha and find out exact location of Kilas & Kushtas in twacha star.

Aim & Objective

1. To study twacha Sharir described by achary substarut and modern science.
2. To study Tamra Twacha in relation to its site for diseases like kilas & Kushta
3. To study dhatugat avastha in Kushtha.

Materials and Methods

Study Design = Open
Place of study = GAM Patur
Selection of Patient
60 patients are selected & divided in 3 groups. Grp A, B, C (20 each)
CRF- To study clinical aspect of Kilas & Kushta records of all patients are documented.

Lab Investigations

Skin Biopsy – Punch biopsy method is used/Preferred.
Group A - Leukoderma/Vitiligo
Group B - Eczema
Group C - Psoriasis.

Observation & Result :
When 60 Pts (Group A, Group B, Group C) are examined histopathologically by doing skin biopsy following anatomical changes are observed.

<table>
<thead>
<tr>
<th>Group – A Sr. No.</th>
<th>Finding</th>
<th>No. of pts.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Depigmented Patches</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td>2</td>
<td>Hypopigmented Patches</td>
<td>13</td>
<td>65%</td>
</tr>
<tr>
<td>3</td>
<td>Erythematous Patches</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>4</td>
<td>Hypopigmented Border</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>5</td>
<td>Hyperpigmented Border</td>
<td>6</td>
<td>30%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group – B Sr. No.</th>
<th>Finding</th>
<th>No. of pts.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Parakeratosis</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>2</td>
<td>Spongiosis</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td>3</td>
<td>Acanthosis</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>4</td>
<td>Hyperkeratosis</td>
<td>12</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group – C Sr. No.</th>
<th>Finding</th>
<th>No. of pts.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hyperkeratosis</td>
<td>15</td>
<td>75%</td>
</tr>
<tr>
<td>2</td>
<td>Mound of parakeratosis</td>
<td>13</td>
<td>65%</td>
</tr>
<tr>
<td>3</td>
<td>Acanthosis</td>
<td>16</td>
<td>80%</td>
</tr>
<tr>
<td>4</td>
<td>Hyperkeratosis</td>
<td>12</td>
<td>60%</td>
</tr>
<tr>
<td>5</td>
<td>Supraparillary Thining Elongation Clubbing and fusion of rete ridges</td>
<td>13</td>
<td>65%</td>
</tr>
</tbody>
</table>

Dhatugat Astha Wise Symptorrs Among Group

Group A – in this grp only Rasa dhatugar avastha is seen and its symptom is Twas vaivarnya only in all 20 pts.

Group B – This grp shows symptoms of Rasa & Rakta dhatugat avastha. 6 (30%) has alpa swed pravrutti, 5 (25%) have alpakndu, 20 (100%) have vaivarnya, 14 (70%) have ruksha. Whereas Rakta dhatugat avastha shows only one symptom Kandu in 15 (75%) pts.
Group C: Rasdnatyent avastha lakshan seen in most pts. Vezz alpaswed pravrultti in 6 (30%) akoajabdy ub 12 (60%) vauvarbt ub 20 (100%) ryjsngta ub 14 (70%) pts.
Raktachatugat avasta lakshan seen as Kandu in 8 (40%) Pts. & Pooyastraiv in 4 (20%) pts.
Mukhashosh symptom of mamsadhatu gata avastha is seen in 4 (20%) pts.
No. of symptoms of Med, Asthi, Majjadhatugat avastha is seen in any Pts.
In 4 (20%) pts. Symptoms like angapida, chalankriyanash, angulivaikalya are suggestice of shukradhoalugat avastha.

Discussion

After details study of Twacha Sharir from shushrut samhita & modern concept, We may corrcate them as follows as per dierctions given by Dr. Ghanekar.

Modern skin layers.

- stratum Coreum
- stratum Lucidum
- stratum Granulosum
- stratum malpighin
- Papillary layer
- Reticular layer
- Subcutineus tissues & muscles

Epidermis

Dermis

From above Tamra Twacha is similar to Stratum malpighiII. After histopathological study two sublayers of it i.e. stratum spinosum & Stratum germinatium are studied. Thereafter disease of Tamra Twacha (Kilas & Kushtha) are studied in comparison c Modern science (vitiligol eczlama & psoriasis)

CONCLUSION

1. Tamra Twacha descrbed by sushrut is correlated to malpighian layer.
2. Kilas & Kushtha are disease of Tamra Twacha described by Sushrut sushrut also mentioned Dhatagatavatha in Kushtha, but only in some specific type of kushtha shows phategator avastha.
3. Histopathology study shows that, in kilas & eozerma there is no deformity inheritea from stratum basale & stratum spinosum to papillary & reticular layer. But in psoriasis paprllry & reticular layer shows changes.
4. Hence some types of Kushtha dosent show sings of Dhatugat avastha.

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