

A Critical Appraisal of Santarpan Hetu in Ekakushtha (Psoriasis) with respect to Metabolic Disorders

Dr. Kalyani K. Gathe¹, Dr. Ratna V. Damle²

1.MD Scholar, Department of Rognidan Avum Vikruti Vigyan, Govt. Ayurved College, Nagpur

2.Assistant Professor, Department of Rognidan Avum Vikruti Vigyan, Govt. Ayurved College, Nagpur

Date of Submission: 05-03-2025

Date of Acceptance: 15-03-2025

ABSTRACT:

Background: Ekakushtha(psoriasis), is not only one of the Kushtharogabutalso a Santarpanjanya Vyadhi.Still, it is looked as a dermatological condition only and associated metabolic abnormalities are ignored often. Excessive consumption of SantarpanHetualong with a sedentary lifestyle is leading increased prevalence of metabolic disorders.Food items in today's era like processed, high-calorie food need to be categorised as a Santarpan Hetu on the basis of their Guna.Besides, Ayurvedic texts lack detailed Samprapti of Ekakushtha. Thus, this review is intended to study the link between Santarpan Hetu, Ekakushtha SampraptiandApatarpanChikitsafor effective management of disease and associated complications. **Objectives:** This review is intended to study diet and lifestyle described asSantarpan Hetu in present context,association of Santarpana Hetu and Ekakushtha Lakshana, Sampraptiof Ekakushtha and role of ApatarpanChikitsa in Samprapti-Vighatana.**Method:**The information was collected and structured in a narrative style with the help of four steps described by Demiris et al. **Conclusion:**Understanding the impact of Santarpan Hetu in Ekakushtha pathogenesis and conducting clinical trials on Apatarpanchikitsa can not only help in quick amelioration of the disease but also in reducing its relapse and complications.

KEYWORDS: Ekakushtha, Kushtha, Metabolic disorders, Psoriasis, Santarpan.

I. INTRODUCTION:

Ekakushtha(psoriasis) is a multi-factorialautoimmune disease involving metabolic abnormalities like dyslipidemia, obesity, non-alcoholic fatty liver disease, increased insulin resistance along with papulosquamous skin lesions.Ithas increased risk of cardiovascular diseases.The course of its relapse and remissions is unpredictable but is associated with dietary habits and lifestyle. Thus, it is not justKushtharoga but a SantarpanjanyaVyadhi.Still,it is looked as a

dermatological condition only and associated metabolic abnormalities are ignored often.

Term Santarpana stands for an act of satiating or refreshing with a luscious diet and sedentary lifestyle. Santarpana Hetu includes excessive consumption of unctuous, sweet, heavy, slimy substances, newly harvested rice, fresh wine, the meat of marshy and aquatic animals, dairy products, food preparations made of sugars along with lack of physical exertion, daytime sleep and lying on the bed or sitting at ease all time. Thus, it focuses on dietary as well as lifestyle components.Santarpanjanya Vyadhi are metabolic disorders caused by Ati-Santarpan with Hetu described above.Quantity and frequency of Hetusewana decide severity of disease.

Ayurveda has described principles of diet and lifestyle like Ashthavidha Ahar VidhiVisheshayatana, Dincharya, Ritucharya, etc. for the avoidance of Hetu.Inability to follow these principles is leading to non-communicable diseases in today's era. Excessive consumption of processed, high-calorie food along with a sedentary lifestyle has increased the prevalence of metabolic disorders like psoriasis which can be correlated with Santarpanjanya Vyadhi.

Prevalence of psoriasis in India is 0.44-2.8%. According to a Global report on psoriasis, it is a serious global problem with at least 100 million people affected worldwide. It is often associated with a feeling of stigmatization, shame and disgust. It impairs quality of life and can cause mental depression. Though a lot of work is done on psoriasis and histopathological changes occurring in it, there is no curative and satisfactory treatment for it in modern science. Besides, the cause behind metabolic syndromes occurring in psoriasis is not clearly understood.Also, Ayurvedic texts lack detailed explanation of Ekakushtha Samprapti. Thus, this review is intended to study the link between Santarpan Hetu, Ekakushtha SampraptiandApatarpanChikitsafor effective management of disease and associated complications.

AIMS AND OBJECTIVES:

1. To study diet and lifestyle described in Santarpan Hetu in present context.
2. To study association of Santarpana Hetu and Ekakushtha Lakshana.
3. To study Samprapti of Ekakushtha.
4. To study role of ApatarpanChikitsa in Samprapti-Vighatana.

MATERIALS AND METHODS:

Methodology:

The information was collected and structured in a narrative style with the help of four steps described by Demiriset al.

1. **Identifying Keywords:** Various keywords used for the search are – Ekakushtha(AND)Psoriasis, Santarpan (AND)Kushtha, Psoriasis(AND) Ayurveda, Psoriasis(AND)Diet, Psoriasis(AND)Nutrition, Psoriasis (AND)Metabolic disorders.
2. **Search Procedure:** Manual search for various aspects of Kushtha was done through Ayurvedic texts including Charak Samhita, Sushrut Samhita, Ashtang Hridaya. Search was supplemented by electronic databases like Google scholar, PubMed. Articles in English language searched with no restriction on type of article.
3. **Review of abstracts and titles:** Appropriate literature was selected and reviewed to collect the data.
4. **Results documentation:** After reviewing the collected data, main text was structured in various subsections. New evidence-based

points were summarized and scope for future research defined in the conclusion section.

II. REVIEW AND DISCUSSION:

I. Concept of Santarpanand its relevance in today’s era:

The word “Santarpan” means overnutrition. It is also known as Brihan.SantarpanHetu are the causes responsible for overnutrition. Various Santarpan Hetu described in Samhita are as follows:

Snigdha (Oily):Guna performing Kledana Karma (moisturization),**Madhur (Sweet):**Rasa having Guru, Snigdha property. It nourishes Saptadhatu, Stanya and Oja., **Guru (Heavy to digest):** Guna by the virtue of which Dravya can perform Brihan activity, **Pichhil (Slimy):**Guna by the virtue of which Dravya have Balya property., **Nawanna (Newly harvested grains):** Grains, if used within one year after their harvesting, increase Kledain Dosh, Dhatu, Mala and Srotas due to their Abhishyandi property. (12), **Nawamadya (Newly formed alcohol):** Newly formed alcohol cause Doshaprakopadue to its Abhishyandi, Guru, Vidahiproperty, **Anup/ Warija Mamsa (Meat of marshy, aquatic animals):** It has Balya and Kaphavardhak Guna, **Gorasa:** Milk and milk products,**Gaudika (Jaggery and its recipes):** It causes Meda and Kapha Vriddhi, **Paishtik:** Recipes made from flour of Yawa, Godhuma, **Cheshtadwesh (Laziness), Diwaswapa (Daytime sleeping):** Regular practice of Diwaswapacause KaphajVikara., **Shayyasana -Sukhe:** Sedentary lifestyle

Table 1: Food products in today’s era can be categorise into following SantarpanHetuon the basis of their Guna:

Snigdha	Madhur	Guru	Snigdha-Guru	Madhur -Guru	Pichhil-Guru	Gorasa	Anup Warij Mamsa
Ghee, Oil	Honey, Chocolate, Jelly, Jam, Ice-cream	Chhole, Rajma, Eggs, Protein powder, Mushroom, Sprouts, Suji	Puri, Paratha, Samosa, Curd, French fries, Dry Fruits, Udad Dal, Sesame seeds, Curries	Laddu, Barfi, Muffins, Cookies, Halwa, Potato, Fruits like Mango, Banana, Chickoo, Milk shakes	Noodles, Pizza, Pasta	Milk, Milk-powder, Curd, Butter, Cheese, Cream, Yogurt	Fish, Pork, Beef

Santarpanjanya Vyadhi: These are group of metabolic disorders caused by excessive nourishing diet. Charak has described following Santarpanjanya Vyadhi:

Prameha, Pramehapidaka, Kotha, Kandu, Pandu, Diseases caused by Aama(Visuchika, Alasaka,Vilambika),Jwara, Kushtha, Mutrakrichha, Arochaka, Tandra, Klaibya, Atisthaulya, Alasya, Gurugatrata, Indriyasrotas Lepa, Buddhi-Moha, Pramilaka, Shopha.

II. Different opinions about EkakushthaLakshanaand their progression:

There is variation in Lakshana of Ekakushthaat different times in the same patient and also in different patients at the same time. Thus, some difference is observed in its explanation in various Ayurvedic texts.

Table 2: Lakshana of Ekakushtha according to various Ayurvedic texts:

Sr. no.	Rupa	Charak	Sushrut	Vagbhat	Madha v Nidan	Bhavprak ash	Kashyap
1.	Aswedan (absence of sweating)	+	-	+	+	-	-
2.	Mahavastu (present over large area)	+		+	+	-	-
3.	Matsyashakal opam (appearance like fish scales)	+		+	+	-	-
4.	Krishna Arun Varna (Black-brown discoloration)	-	+	-	-	-	-
5.	Mandala (circular lesion)	-	-	-	-	+	-
6.	Abhrakpatrasa ma (appearance like mica-sheet)	-	-	-	-	+	-
7.	Vaisarpodbhavam	-	-	-	-	-	+
8.	Twakjadya (elevated skin)	-	-	-	-	-	-
9.	Kandu	-	-	-	-	-	-

Reasoning behind the progression of Ekakushtha Lakshana:

a) Aswedan:

In Ekakushtha, AswedanLakshana is present either at the site of lesion or all over the body. It is caused by Sanga due to Kapha Dosha or Sankocha caused by Vata Dosha. This leads to Twak-Parushyadue to anhydrosis.

b) Mahavastu:

It means presence of lesion over large area. Thus, it denotes severity of the disease.

c) Matsyashakalopam/ Abhrakpatrasama:

Excessive scaling at the site of lesion leads to appearance like fish scales or mica sheets. It is caused by hyperkeratinisation. Increased rate of cell division denotes Chala Guna and the symptom is relieved by Abhyanga. This proves the relevance of Vata Dosha with hyperkeratinisation.

d) Krushna Aruna Varna:

Vata Prakopa caused by Margawarodha leads to Krushna Aruna Varna.

Reddish black discoloration or erythema at the site of lesion is caused by vasodilatation as a result of inflammation.

e) Mandala:

In psoriasis, Lesion is sharply demarcated and circular, annular or geographic in shape. Sthiratwa is the property of Kapha Dosha by the virtue of which specific shape can be maintained.

f) Twak-jadya:

The symptom is not explained in texts.

It is local skin thickening at the site of lesion. Though there is continuous scaling of hyper keratinised skin, increased skin thickness is observed at the site of lesion. Guru and SthiraGuna of KaphaDoshare responsible for it.

g) Kandu:

Alpa Kandu is present at the site of lesion due to Kapha Dosha.

III. Association of Santarpan Hetu and Ekakushtha (psoriasis):

1.1. Ahar Hetu:

a) Snigdha Ahar:

Rasavaha Srotas Dushti causing Agnimandya, Srotorodhaand Vataprakopadue to obstruction and contribute to Lakshana like Aswedan, Matsyashakalopam and Mandala.

Besides, Pittaprakopacused by Snigdha Ahar leads to Raktadushti which is root cause of all skin diseases.

Oil and ghee contain saturated fatty acids, monounsaturated fatty acids and polyunsaturated fatty acids. Saturated fatty acids can cause obesity which can trigger or aggravate psoriasis.^[73]

b) Madhur Ahar:

It causes Kaphavridhhi thus aggravates Kandu.

Excessive consumption of sugars leads to dysbiosis of gut microbiota and increased production of inflammatory mediators involved in psoriasis (like interleukin). This results in exacerbation of psoriasis.

c) Guru Ahar:

It causes Rasavaha Srotas Dushti leading to Agnimandya, Srotorodhaand Vataprakopadue Margavarodha, Kapha Prakopadue to similarity in properties, Mamsavaha SrotasDushti and creates Kha-Vaigunya in its Mulasthan- Twacha. It also causes Raktavaha Srotas Dushti. Thus, excessive consumption of Guru Ahar can lead to VatakaphajTwacharoga like Ekakushtha.

Guru Ahar includes food products like chhole, rajma, eggs, protein powder, mushroom, sprouts, suji, etc. These foods are either high in calories or proteins. Excessive consumption of high calorie or protein rich diet observed to increase oxidative stress and inflammation in psoriasis.

d) Pichhil Ahar:

It includes substances which are slimy and sticky in nature. It can cause Kaphaprakopa. Thus, can aggravate Ekakushtha.

e) Nawanna:

Grains, if used within one year after their harvesting, increase Kledain Dosha, Dhatu, Mala and Srotas due to their Abhishyandi property.^[17] Kleda is Aapyabhava and can cause Srotorodha in body due to vitiation of Jala Mahabhuta.

f) Nawamadya:

Newly formed alcohol (like Taadi) cause Kaphaprakopaand Raktadushti due to its Abhishyandi, Guru, Vidahiproperty.⁽¹⁸⁾ Liqueur is considered as a shelf stable and gets better with age thus market preparations of alcohol cannot be included in this category.

g) Anup/Warija Mamsa:

Anup/Warija Mamsa like beef, pork and fish is Kaphavardhak. So, can exacerbate Ekakushtha. Red meat is found to exacerbate psoriasis.

h) Gorasa:

Food products like milk-powder, curd, butter, cheese, cream, yogurt, etc. in excess. causes Kaphaprakopaand Agnimandya leading to Aamotpatti. This can lead to skin diseases like Ekakushtha.

According to study conducted on dietary habits in psoriasis patients, more consumption of dairy products was observed in patients than healthy individuals.

i) Gaudika Ahar:

It causes Raktadushthi and Kaphaprakopadue to its Ushna and Madhur Guna.

j) Paishtik Ahar:

Food products made from flour of Yawa andGodhuma are included in this category. Such foods are rich in gluten. Higher intake of gluten is found to be associated with higher risk of psoriasis.

In India, Paishtik Ahar is the major and unavoidable portion of diet and people are Satmya to it. Everyone is consuming this diet from years; thus, no interpretation can be drawn from this.

1.2. Vihar Hetu:

Santarpan Hetu like Diwaswap, Cheshtadweshand Shayyasana Sukhe indicate lack of physical exercise leading to Kaphaprakopa, Agnimandya and Amotpatti. All these factors are responsible for Kushtharoga.

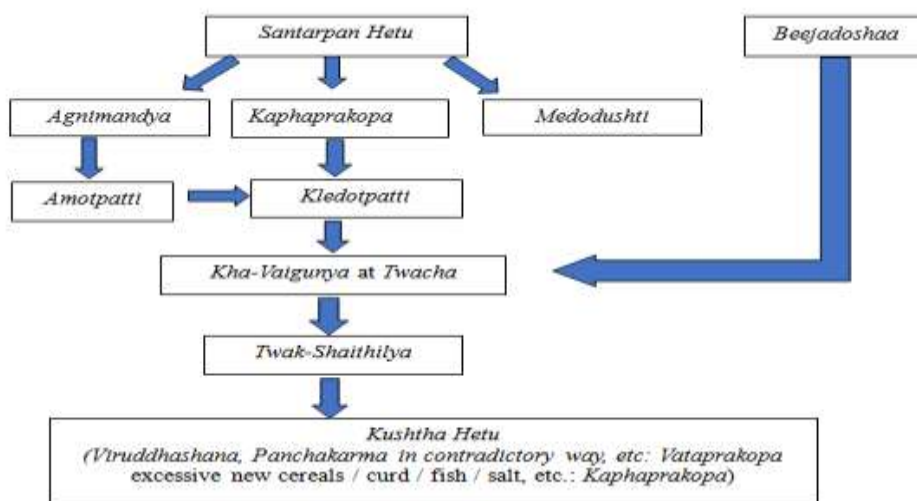
Sedentary lifestyle leads to abnormal adipocytes. These cells act as endocrine glands and release adipo-cytokines like leptin and resistin and proinflammatory cytokines like TNF- α , IL-1, IL-6, IL-8, IL-23 and IL-17. This promotes or worsens psoriasis by increased inflammation, angiogenesis and keratinocyte proliferation.

Diet and lifestyle mentioned in SantarpanHetu can exacerbate psoriasis by:

- i) Increasing oxidative stress.
- ii) Promoting production of inflammatory mediators like TNF- α , IL-6, etc.
- iii) Causing obesity which contribute to psoriasis through increased adipokines and pro-inflammatory cytokines developed from abnormal adipose tissue.

IV. Samprapti of Ekakushtha:

Ati Santarpan leads to Agnimandya - Amotpatti, KaphaprakopaandMedodushti. All these factors are Kledapradhana thus increase Kleda in body. This increased Kleda and Beejadosha create Kha-Vaigunya at Twacha and cause TwakShaithilya. Consumption ofVata and Kapha Dosha Prakopak Kushtha Hetu like Viruddhashana, indulgence in Panchakarma in contradictory way, excessive intake of Guru, Snigdha, Drava substances, Sneha, Adhyashana, etc. leads to Rasavaha, Raktavaha, MamsavahaandSwedavaha Srotas Dushti and Dosha-Dushya Samurchhana which results in manifestation of symptoms of Ekakushtha. Aswedan, Mahavastuand Mandala Lakshana are due to Kaphaprakopawhile LakshanaMatsyashakalopam and Krushna Aruna Varna are due to Vataprakopa.



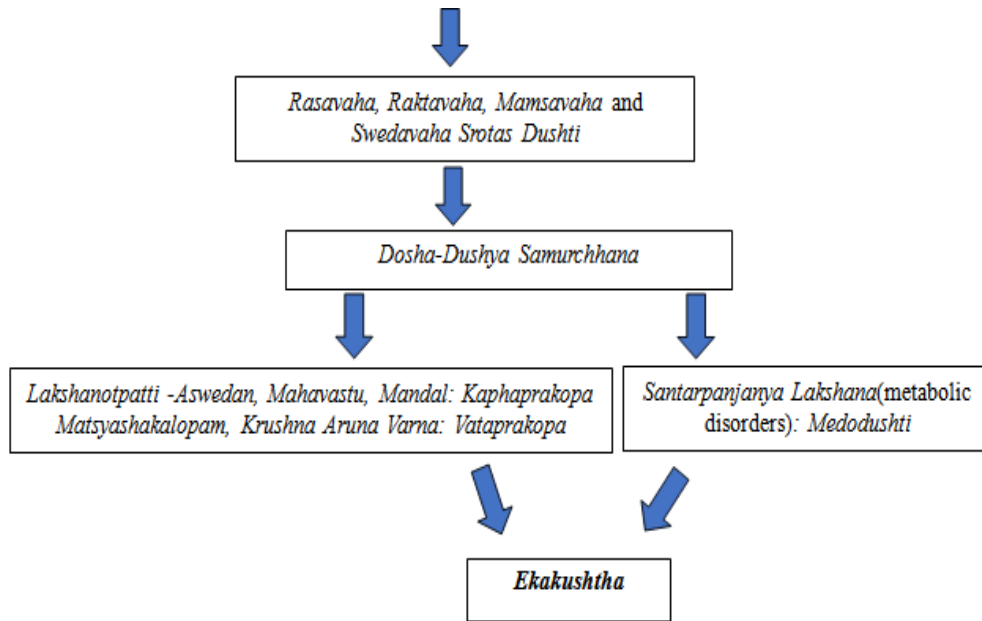


Fig 1: Schematic Presentation of Samprapti of Ekakushtha:

From above discussion, it is clear that Ati-Santarpan is Viprakrushta Hetu of Kushtha. But it plays a major role in multifactorial skin diseases like Ekakushtha. It causes Kha-Vaigunya along with Beejadosha creating an add on effect. Therefore,

though psoriasis has genetic association, expression of disease depends on external factors like diet and lifestyle. Thus, everyone having genetic susceptibility do not develop the disease

Table 3: Role Apatarpan Chikitsa in Samprapti-Vighatana:

Sr. No.	Lakshana	Dosha	Samprapti	Chikitsa
1.	Aswedana	Kapha/ Vata	Sangat Swedawaha Srotas / Sankoch of Swedawahi Sira	Vaman
2.	Mahavastu	Kapha	Atipravrutti at Twacha	Vyayam, Upawas, Vaman, Raktamokshan
3.	Matsyashakalopam/ Abhrakpatrasama	Vata	Avarodhajanya Vaat Prakopa	Vaman
4.	Mandala	Kapha	Sang at Twacha	Vyayam, Upawas, Vaman
5.	Twakjadya	Kapha	Atipravritti at Twacha	Vyayam, Upawas, Vaman
6.	Kandu	Kapha/ Kleda	Sang at Twacha	Swedan, Vyayam, Upawas Vaman, Raktamokshan

- a) **Vyayama, Upawasa:** It prevents/ cures Kaphaprakopa and Agnimandya breaking the Samprapti at Chaya and Prakopa Awastha. It also helps in Doshapaka.
- b) **Swedan:** It helps in Kaphavilayanathus breaks Samprapti at Prakopa Awastha.

- c) **Shodan Chikitsa:** Vaman, Virechan, Raktamokshan described in Apatarpan Chikitsa remove excessive Kleda from body. Thus, it can prevent Khavaigunya (Sthanasamshraya Awastha) breaking further pathogenesis of disease.

d) Apatarpan Kalpa: Laghu, Ruksha, Ushna Gunatmak Dravya like Madhu, Haritakitreat Kaphaprapakopa, remove excessive Kleda thus preventing Kha-Vaigunya.

Besides, one with family history of psoriasis can maintain healthy skin by preventing Twakshailthilya with the help of ApatarpanChikitsa.

Thus, ApatarpanChikitsa can be used as prevention as well as Vyadhi PratyaynikChikitsa.

III. CONCLUSION:

It is well established that psoriasis is a multifactorial disease highly affected by diet and lifestyle. But, understanding the impact of Santarpan Hetu in its pathogenesis and conducting clinical trials on Apatarpanchikitsa can not only help in quick amelioration of the disease but also in reducing its recurrence and complications.

REFERENCES

- [1]. Wu JJ, Kavanaugh A, Lebwohl MG, Gniadecki R, Merola JF. Psoriasis and metabolic syndrome: implications for the management and treatment of psoriasis. *J Eur Acad Dermatol Venereol.* 2022 Jun;36(6):797-806. doi: 10.1111/jdv.18044. Epub 2022 Mar 14. PMID: 35238067; PMCID: PMC9313585.
- [2]. Tripathi R. *Charaka Samhita of Agnivesh.* 1st edition. Delhi; Chaukhamba Sanskrit Pratishthan; 2013. 316p.
- [3]. Dogra S, Mahajan R. Psoriasis: Epidemiology, clinical features, comorbidities, and clinical scoring. *Indian Dermatol Online J.* 2016 Nov-Dec;7(6):471-480. doi: 10.4103/2229-5178.193906. PMID: 27990381; PMCID: PMC5134160.
- [4]. <https://www.sciencedirect.com/topics/psychology/narrative-review#:~:text=A%20narrative%20review%20is%20a,own%20experience%20and%20existing%20theories.dated%2023-10-1023%20time%2004:50%20IST>
- [5]. Tripathi B. *Ashtang Hridaya of Vagbhat.* 1st edition. Delhi; Chaukhamba Sanskrit Pratishthan; 2019. 191p.
- [6]. Tripathi R. *Charaka Samhita of Agnivesh.* 1st edition. Delhi; Chaukhamba Sanskrit Pratishthan; 2013. 316p.
- [7]. Shastri A. *Sushruta Samhita of Sushrut.* 1st edition. Varanasi; Chaukhamba Sanskrit Sansthan; 2014. 245p.
- [8]. Shastri A. *Sushruta Samhita of Sushrut.* 1st edition. Varanasi; Chaukhamba Sanskrit Sansthan. 2014. 133p.
- [9]. Tripathi B. *Ashtang Hridaya of Vagbhat.* 1st edition. Delhi; Chaukhamba Sanskrit Pratishthan. 2019. 15p.
- [10]. Tripathi B. *Ashtang Hridaya of Vagbhat.* 1st edition. Delhi; Chaukhamba Sanskrit Pratishthan. 2019. 156p.
- [11]. Tripathi R. *Charaka Samhita of Charak.* 1st edition. Delhi; Chaukhamba Sanskrit Pratishthan. 2013. 368p.
- [12]. Shastri A. *Sushruta Samhita of Sushrut.* 1st edition. Varanasi; Chaukhamba Sanskrit Sansthan. 2014. 246p.
- [13]. Shastri A. *Sushruta Samhita of Sushrut.* 1st edition. Varanasi; Chaukhamba Sanskrit Sansthan. 2014. 289p.
- [14]. Shastri A. *Sushruta Samhita of Sushrut.* 1st edition. Varanasi; Chaukhamba Sanskrit Sansthan. 2014. 238p.
- [15]. Shastri A. *Sushruta Samhita of Sushrut.* 1st edition. Varanasi; Chaukhamba Sanskrit Sansthan. 2014. 251p.
- [16]. Tripathi R. *Charaka Samhita of Charak.* 1st edition. Delhi; Chaukhamba Sanskrit Pratishthan. 2013. 410-12p.
- [17]. Shastri A. *Sushruta Samhita of Sushrut.* 1st edition. Varanasi; Chaukhamba Sanskrit Sansthan. 2014. 235p.
- [18]. Tripathi B. *Ashtang Hridaya of Vagbhat.* 1st edition. Delhi; Chaukhamba Sanskrit Pratishthan. 2019. 185p.
- [19]. Tripathi R. *Charaka Samhita of Charak.* 1st edition. Delhi; Chaukhamba Sanskrit Pratishthan. 2013. 306p.
- [20]. Ma X, Nan F, Liang H, Shu P, Fan X, Song X, Hou Y, Zhang D. Excessive intake of sugar: An accomplice of inflammation. *Front Immunol.* 2022 Aug 31;13:988481. doi: 10.3389/fimmu.2022.988481. PMID: 36119103; PMCID: PMC9471313.
- [21]. Kanda N, Hoashi T, Saeki H. Nutrition and Psoriasis. *Int J Mol Sci.* 2020 Jul 29;21(15):5405. doi: 10.3390/ijms21155405. PMID: 32751360; PMCID: PMC7432353.
- [22]. Ingkapiroj K, Chularojanamontri L, Chaiyabutr C, Silpa-Archa N, Wongpraparut C, Bunyaratavej S. Dietary habits and perceptions of psoriatic



- patients: Mediterranean versus Asian diets. *J Dermatolog Treat.* 2022 Jun;33(4):2290-2296. doi: 10.1080/09546634.2021.1959500. Epub 2021 Aug 9. PMID: 34289800.
- [23]. Passali M, Josefsen K, Frederiksen JL, Antvorskov JC. Current Evidence on the Efficacy of Gluten-Free Diets in Multiple Sclerosis, Psoriasis, Type 1 Diabetes and Autoimmune Thyroid Diseases. *Nutrients.* 2020 Aug 1;12(8):2316. doi: 10.3390/nu12082316. PMID: 32752175; PMCID: PMC7468712.
- [24]. Kamiya K, Kishimoto M, Sugai J, Komine M, Ohtsuki M. Risk Factors for the Development of Psoriasis. *Int J Mol Sci.* 2019 Sep 5;20(18):4347. doi: 10.3390/ijms20184347. PMID: 31491865; PMCID: PMC6769762.