

CRITICAL STUDY OF *DAHA* AND *UPASHAYATMAK* EFFECT OF *GHRITA* ON IT

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ABSTRACT

Skin is the outer covering and vast organ of the integumentary system of the body. *Twak Daha* is cardinal feature of almost all of the skin diseases. *Hast-Pada Tala Daha* is one of the very common symptoms faced by the people in tropical areas. *Daha* can be categorized in to two groups depending on *Dosha* involvement and their vitiating *Guna* as *Vata-Pittaja daha* and *Kapha-Pittaja daha*. Single random case study of *Daha* with body constitution of *Vata Pradhan pittanubandhi*, treated with plain *Goghrita* orally. It has *Nirvapana* property which combats *daha*. It is the best remedy for *vata-pittaja* diseases.

KEYWORDS: *Daha, Vata-Pittaja Daha, Goghrita.*

INTRODUCTION

Skin is the outer covering and vast organ of the integumentary system of the body. It is one of the five *Gynendriyas* which is a site of *Vata* and *Pitta Dosha*. Because skin interfaces with the environment, it performs functions such as perceptions of touch, protection of body against physical, chemical, mechanical and biological injuries, thermoregulation etc. *Twak Daha* is cardinal feature of almost all of the skin diseases. *Hast-Pada Tala Daha* is one of the very common symptoms faced by the people in tropical areas. Due to global warming, increasing dryness in the environment and changing lifestyle and food habits all contribute to the pathological conditions which manifest as *Daha*.

Daha can be categorized in to two groups depending on *Dosha* involvement and their vitiating *Guna* as *Vata-Pittaja daha* in which *Ruksha, Ushna guna* predominancy present and *Kapha-Pittaja daha* in which *Snigdha, Ushna, Drava guna* predominancy is there.

By emphasizing on *Dosha* responsible and their *Guna*, give clues to deal with such conditions. In spite of advancement in field of diagnostic techniques, treatment modalities, modern medicines are either inadequately effective or are associated with lots of side effects. Therefore understanding the etio-pathological nature of *Daha* as per *Ayurvedic* perspective so that its effective management can be elaborately ascertained.

CASE REPORT

Name of the patient: XYZ

Gender: Male

Age: 17 years

Date of Examination: 28/08/2018

Chief Complaints

A 17 years old male patient presenting with complaints of both palms and both soles burning sensation, hyper aesthesia, causalgia- burning disagreeable sensation, back burning sensation since 2 years.

Past history

No h/o any medical or surgical illness present.

Personal history

Ahar: Laghu Ruksh, Katu rasa Pradhan, Anashan

Vihar: Shram

Vyvasay: student, paper distribution

Vyasan: not specific history

On Examination

On Inspection: No redness, no swelling, no sweating

On Palpation: hyper aesthesia present, palms and soles warmness present

Nadi (pulse) - 80/min

Mala (stool) – *samyak*

Mutra (Urine) – *samyak*

Jivha (tongue) – *Niram*

Shabda (speech) – *Prakrut*

Sparsh (skin touch) – *Ushna* (warm)

Druk (eyes) – *Shwet* (clear)

Akruti (Built) – *Krisham* (thin)

Agni (Digestion) – *Visham* (altered metabolism)

Blood pressure – 120/78 mmhg

Systemic Examination

CNS: conscious and oriented

CVS: S1 S2 normal, normal rate and rhythm

RS: air entry bilaterally clear

Investigations

HB%: 13.6 gm%

BSL (Random): 102 gm/dl

Vitamin B12 / B3: WNL

Urine: Albumin- nil

Sugar- nil

ECG: WNL

Nerve conduction study: date- 18/11/2017

Normal distal motor latencies CMAP amplitude and conduction velocity in both median, ulnar and tibial nerve.

Normal both median, ulnar and sural SNAPs.

Normal H-reflexes.

MRI Brain and whole Spine: date- 29/06/2018

No focal brain parenchymal abnormality detected.

Screening of whole spine reveals no abnormality.

MATERIALS AND METHODS

Method

1. Centre of study: Government Ayurveda Hospital, Nanded
2. Single Random case study

Material

Sneha Pana Therapy- *Goghruta* (cow ghee).

Type

Goghruta Accha Pana^[1] (Plain ghee) in *Shamana Snehana* type.

Matra (Dose)

Hraswa matra^[2], starting from 30ml on first day and gradual increasing of dose by 30ml on each successive days up to 7 days.

Total dose: 750 ml.

Indication^[3]

Patients of *Vata-Pitta Prakruti*, *Vata-Pitta Vikara* and *Daha*.

Method of *Snehapana****Purva karma***^{[4] [5]}

Rukshana, has been done with *Triphala churna*, *Musta churna*, *Shunthi churna* each 500mg with lukewarm water (*Apane*) before meal for first 3 days followed by regular diet.

Pradhan Karma

Snehana, has been done with *Ghruta Accha Pana* (Plain ghee) in *Shamana Snehana* type in *Hraswa matra*, starting from 30ml on first day and gradual increasing of dose by 30ml on each successive days up to 7 days early morning empty stomach with lukewarm water followed by regular diet after urge for appetite.

Duration of *Snehapana*: For 7 days.

Gradations: (According to WHO)^[6]

Table 1: *Hasta-Pada-Tala Daha*.

1.	No <i>Daha</i>	0
2.	<i>Hasta-Pada-Tala Daha</i> found occasionally, mild, bearable	1
3.	<i>Hasta-Pada-Tala Daha</i> continuous but bearable & not severe	2
4.	<i>Hasta-Pada-Tala Daha</i> continuous & unbearable & severe	3

Table 2: Observations.

Day	Date	Gradation
Day 0	28/08/18	3
Day 1	04/09/18	3
Day 7	10/09/18	2
Day 15	18/09/18	0

RESULT AND DISCUSSION**1. On presented case**

With *Ghrita* administration in proper and gradual increasing dose followed by strict regimen, it is observed that *daha* which was in 3rd grade of severe form reduced to 2nd grade of bearable *daha*, on 15th day *daha* has been completely subsided.

There are majority of diseases in which *daha* is present either as a symptom or complication. In the presented case, body constitution of the patient is *Vata Pradhan pittanubandhi*, patient is having history of *Anshana*, *Atichankramana* etc. which are *Vata- Pitta Prakopaka* and *Kapha Kshayaja* causes leading to *vata-pitta* predominant pathology of *daha* by *Ruksha*, *Khara*, *Tikshna*, *Ushna Guna* owing to which *Dhatu kshaya* ensue.

For conditions like this, *Ghrita* works best by its *Madhur*, *Snigdha*, *Shlakshna*, *Picchila*, *Manda*, *Guru Guna* subsides *Ruksha*, *Khara*, *Chala* Characters of *Vata* and by *Shita*, *Manda Guna* subsides *Ushna*, *Tikshna* characters of *pitta*. It has *Nirvapana* property which combats *daha*. It is the best remedy for *vata-pittaja* diseases.^{[7][8]}

2. General discussion on *daha*

Daha is a broad concept including region wise and organ wise symptoms such as *Hast-Pada tala daha*, *netra daha*, *Shirodaha*, *Uro-Udar daha*, *Prushtha daha*, *ansadaha*, *Mukh-oshtha daha* etc. There are seven types of *daha* mentioned in *Madhav Nidana*^[9] as,

1. *Pittaja daha*
2. *Raktaja*
3. *Trushna nirodhaja*
4. *Madyaja*
5. *Raktapurna koshtaja*
6. *Dhatu kshayaja*
7. *Marmabhighataja*

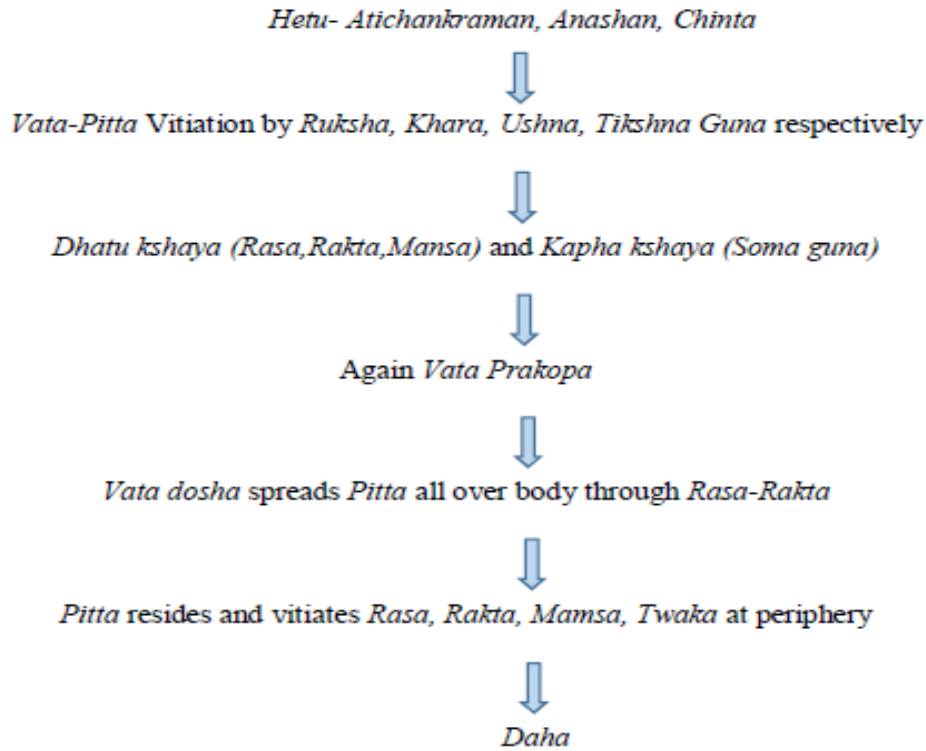
Pitta is chief *Dosha* responsible primarily for *daha*. *Vata dosha* impetus to *Pitta dosha* for its consequences to occur. *Kapha dosha kshaya* is responsible in increased *pittaja ushna-tikshnatwa* functions. *Kapha* causes *srotorodha* by *Snigdha, Drava* with *Ushna Guna* of *Pitta* leading to *pitta* vitiation and thereby producing *daha* as seen in conditions like *Shitpitta, Udard, Koth* and *Utkoth*.^[10]

Daha can be categorized in to two groups depending on *dosha* involvement and their vitiating *Guna* as *Pitta-Vataja daha* in which *Ushna, tikshna* with *Ruksha Guna* pre dominance present and *Pitta-Kaphaja daha* in which *Ushna, Tikshna, Snigdha, Drava Guna* pre dominance present. Also localized and generalized *daha* are the two types depending on the involvement of the body parts.

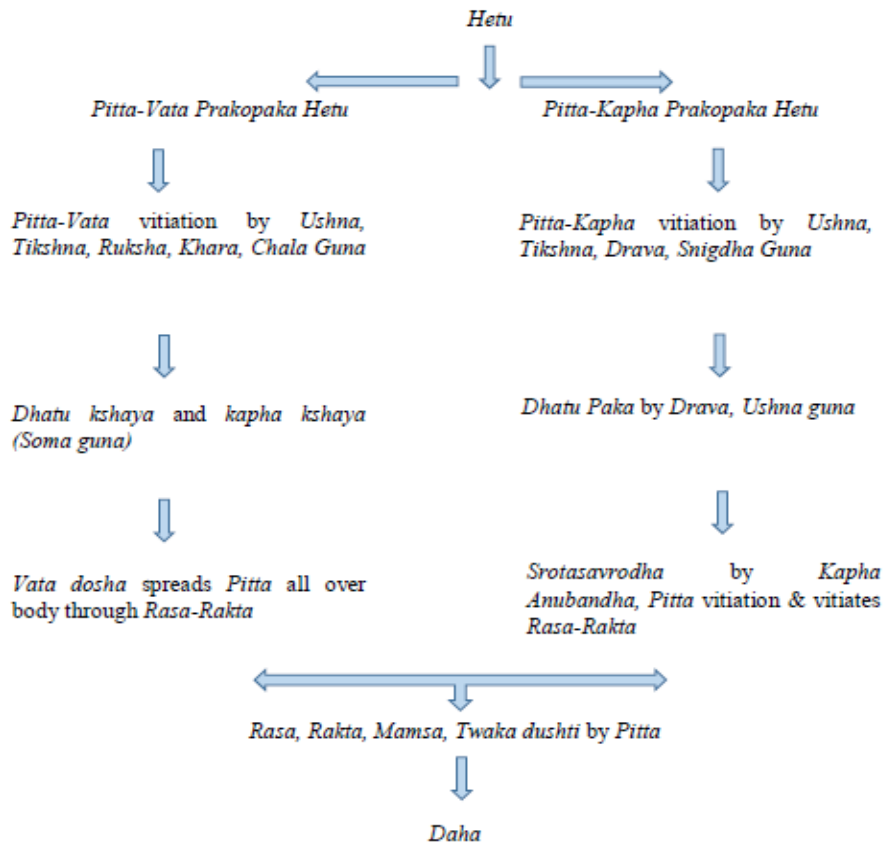
While understanding pathology of *Daha*, it is necessary to emphasize on the *Koshtha-Shakha Gati* of *Dosha* as explained by *Charakacharya*^[11], because of physical exercise, acuteness of gastric fire, failing to follow healthy regimen, morbid elements (*Dosha*) spread from the *Koshtha* to *Shakha* by force or course of *Vata*. Also in conditions where *Vata* is normal, *Pitta* has increased and *Kapha* is decreased, if increased *pitta* vitiates *vata*, it then produces (burning) *daha*. In condition wherein *kapha* is normal, *pitta* is increased and *vata* is decreased, increased *pitta* causes *daha*. When *pitta* is normal, *kapha* is decreased and *vata* is increased, whenever increased *vata*, attracting the normal *pitta* from its seat carries it and spreads in the body leading to *daha* like symptoms. When *Vata* decreases and *Kapha-Pitta* increases as well as *Kapha* decreases *Vata-Pitta* increases, these conditions culminate in to *Daha*.^[12]

Samprapti (Pathogenesis)

1. As per case presented



2. Common pathology



CONCLUSION

Pitta is predominant *dosha* involved in *daha*. *Vata* facilitate spread of *pitta* as it is *Yogwahi* in action. Responsible *Guna* are *Ruksha*, *Khara*, *Chala*, *Ushna*, *Tikshna*. *Daha* can be categorized as *Santarpanotha* and *Apatarapanotha*. *Ghrita* by its *Nirwapana* Property subsides *daha*, *Ghrita* works best by its *Madhur*, *Snigdha*, *Shlakshna*, *Picchila*, *Manda*, *Guru Guna*, subsides *Ruksha*, *Khara*, *Chala* Characters of *Vata* and by *Shita*, *Manda Guna*, subsides *Ushna*, *Tikshna* characters of *pitta* thereby cures *daha*. Depending on *dosha* involved and their *guna* responsible, *ghrita* is administered as *Accha* (Plain) or as medicated *ghrita* depending on corresponding *dosha*.

REFERENCES

1. Charaka, Charak Samhita with the Ayurved Dipika commentary of Chakrapanidatta; Sutra Sthana, 13/26. In: Vaidya Y.G.Joshi, editor. Reprinted ed. 2008. Vaidya Mitra Prakashan; pp.187.
2. Charaka, Charak Samhita with the Ayurved Dipika commentary of Chakrapanidatta; Sutra Sthana, 13/38-39. In: Vaidya Y.G.Joshi, editor. Reprinted ed. 2008. Vaidya Mitra Prakashan; pp.188.
3. Charaka, Charak Samhita with the Ayurved Dipika commentary of Chakrapanidatta; Sutra Sthana, 13/41-43. In: Vaidya Y.G.Joshi, editor. Reprinted ed. 2008. Vaidya Mitra Prakashan; pp.189.
4. Charaka, Charak Samhita with the Ayurved Dipika commentary of Chakrapanidatta; Sutra Sthana, 13/60-61. In: Vaidya Y.G.Joshi, editor. Reprinted ed. 2008. Vaidya Mitra Prakashan; pp.192.
5. Vagbhata, Ashtang Hridaya with the Sarvang Sundari commentary of Arundatta; Sutra Sthana, 16/38. In: Late Dr. Anna Moreshwara Kunte, editor. Reprinted ed. 2017. Chaukhambha Orientalia; pp.231.
6. Developing guidelines for clinical research methodology in Ayurveda, By Prof. M.S. Baghel, Institute for postgraduate teaching & research in Ayurveda, Gujrat Ayurved University, 2011.
7. Charaka, Charak Samhita with the Ayurved Dipika commentary of Chakrapanidatta; Sutra Sthana, 13/14. In: Vaidya Y.G.Joshi, editor. Reprinted ed. 2008. Vaidya Mitra Prakashan; pp.184.

8. Charaka, Charak Samhita with the Ayurved Dipika commentary of Chakrapanidatta; Sutra Sthana, 27/232. In: Vaidya Y.G.Joshi, editor. Reprinted ed. 2008. Vaidya Mitra Prakashan; pp.370.
9. Madhavkara, Madhavanidanam; Dahanidanam, 1-8. In: Dr. Brahmananda Tripathi, editor. Reprinted ed. 2010. Chaukhambha surbharati Prakashan; pp.468.
10. Madhavkara, Madhavanidanam; Shitpitt-Udard-Kothhnidanam, 1-6. In: Dr. Brahmananda Tripathi, editor. Reprinted ed. 2010. Chaukhambha surbharati Prakashan; pp.221.
11. Charaka, Charak Samhita with the Ayurved Dipika commentary of Chakrapanidatta; Sutra Sthana, 28/31. In: Vaidya Y.G.Joshi, editor. Reprinted ed. 2008. Vaidya Mitra Prakashan; pp.397.
12. Charaka, Charak Samhita with the Ayurved Dipika commentary of Chakrapanidatta; Sutra Sthana, 17/45-61. In: Vaidya Y.G.Joshi, editor. Reprinted ed. 2008. Vaidya Mitra Prakashan; pp.236.