Dietary interventions in management of skin diseases w.s.r. to Psoriasis

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ABSTRACT

Psoriasis is a common chronic, recurrent, immune mediated disease of the skin and joints. It can have a significant negative impact on the physical, emotional and psychosocial wellbeing of affected patients. Many Ayurvedic texts have explained skin diseases, which resembles Psoriasis. According to these references, Psoriasis can be considered as the vitiation of Vata and Kapha. The ‘wrong diet’ is the major link for disease manifestation, hence elimination of this ‘wrong diet’ and implementation of corrective diet plays a major role in breaking the ‘Samprapti’. The Dietary interventions for Psoriasis or any skin diseases can have the following seven components - Nidana Parivarjana, Avashtaanusara Ahara Sevana, Matra consideration, avoiding unwholesome diet, observing proper mental status during food intake, prescription of specific disease related diet, and very important one - Education about Aahara. The article intends to uplift the importance of holistic approach towards diet prescription rather than only disease specific diet.

Key words: Psoriasis, Skin diseases, Dietary interventions.

INTRODUCTION

Psoriasis is a common chronic, recurrent, immune mediated disease of the skin and joints. It can have a significant negative impact on the physical, emotional and psychosocial wellbeing of affected patients.

Psoriasis is found worldwide but has varied prevalence rates. It has a strong genetic component but environmental factors can play an important role in the presentation of disease. It is caused by the immune system being mistakenly "triggered", resulting in skin cells being produced too quickly.

Many Ayurvedic texts have explained skin diseases, which resemble Psoriasis. According to these references, Psoriasis can be considered as the vitiation of Vata and Kapha. Accumulation of low potency poisons (Dooshivisha) and toxins are responsible for pathological changes taking place in the system. Irregular food habits, consumption of food stuffs that are contra-indicated be consumed together (Eg: milk with fish), excessive intake of certain incompatible food items and other factors can activate the pathogenesis. The “wrong diet” is the major link for disease manifestation, hence correction of this ‘wrong diet’ and implementation of corrective diet plays a major role in breaking the ‘Samprapti’.

Epidemiology

Psoriasis is found worldwide but the prevalence varies among different ethnic groups. The worldwide incidence and prevalence of psoriasis is poorly understood. In USA, approximately 2% of the population is affected. High rates of psoriasis have been reported in people of the Faroe Islands, where one study found 2.8% of the population to be
affected. The prevalence of psoriasis is low in certain ethnic groups such as the Japanese, and may be absent in aboriginal Australians and Indians from South America.

Psoriasis can present at any age and has been reported at birth and in people of advanced age. Accurate determination of the age of onset of psoriasis is problematic as data based on patient recall can be inaccurate; the mean age of onset for the first presentation of psoriasis can range from 15 to 20 years of age, with a second peak occurring at 55–60 years.\[1\]

**Etiology**

The molecular genetic basis of psoriasis is complex with evidence that multiple genes are involved. Where as the existence of a genetic component in psoriasis is certain, the exact locations of the genes involved remains to be definitely determined.

The cause of psoriasis is not fully understood. Abnormal keratin formation, epidermal proliferation, activation of the immune system and hereditary factors appear to play roles in the pathogenesis of the disease. Psoriasis occurs more frequently in some families. The risk of a child developing psoriasis is 41% if both parents are affected with psoriasis, 14% if one parent is affected and 6% if one sibling is affected.

Both external and systemic factors can trigger psoriasis in genetically predisposed individuals.

In about a quarter of people with psoriasis, lesions are provoked by injury to the skin. Psoriatic lesions can also be induced by sunburn and skin diseases. Psychogenic stress also can trigger psoriasis with initial presentations of the disease as well as exacerbations being seen a few weeks to months after a stressful event. In up to 45% of cases, bacterial infections may induce or aggravate psoriasis.

Epidemiological studies identified several modifiable risk factors that may predispose individuals to developing psoriasis or exacerbate pre-existing disease. These include smoking, obesity, alcohol consumption, diet, infections, medications and stressful life events.\[2\]

**Psoriasis and Diet**

**Aaharaja Nidana**\[^3^,^4^\]

The dietary Nidanas among the general Nidanas of all types of skin diseases are stated by Acharya Charaka (in Nidana and Chikitsasthana) are follows;

- **Krama-Vipareeta** (antagonistic action) - indulgence in Sheeta (cold) and Ushna (hot) food articles, and consumption of Apatarpaka (de-nourishing) and Santarpaka (nourishing) food.
- Frequent and excessive use of Madhu (honey), Phanita (molasses), Matsya (fish), Lakucha (monkey jack fruit), Moolaka (radish) and Kakamachi (black night shade), and also during indigestion.
- Consumption of Chilichima Matsya (fish variety) along with milk.
- Excessive indulgence in Kudhanyas (Kshudraanna-millets)
- Also excessive consumption of Ksheera (milk), Dadhi (Yogurt), Takra (buttermilk), Kola (Chinese date), Kulattha (horse gram), Masha (Black gram), and Sneha of Atasi (flax seed) and Kusumbha (safflower).
- **Viruddha Annapana** (incompatible foods and drinks)
- Excessive use of Drava (liquidy), Snigdha (oily/fat rich) and Guru (heavy) Ahara.
- Improper use of Sheeta, Ushna and Aahara having ‘Langhana’(depleting in nature) property.
- Drinking cold water when affected by extreme emotions.
- Consuming under cooked food
- **Adhyashana** (frequent consumption of food).
- Excessive consumption of newly harvested grains, curd, fish, sour and salty food.
- Also over use of Pishtanna (starchy food items), Tila (sesame) and Guda (jaggery).

The seven Dravyas responsible for the manifestation of any skin diseases are stated as: the Tridoshas, Twak, Rakta, Mamsa and Lasika, when the three
Doshas vitiate the 4 Dushyas, the disease initiates. The wrong diet plays an important role in vitiating the Doshas, as well as creating an environment convenient to vitiate the Dhatus.

The Dietary interventions in management of Psoriasis

While planning for diet the following rules should be followed:

1. **Nidana Parivarjana**[^5]- This holds the 1st place in the line of treatment. Eliciting the Aharaja Nidanas in the patient. The physician should take a detailed history of patient’s diet and advise to avoid the Nidanas if any.

2. **Avasthanusara** - While planning the treatment for a disease, it is stated that the Physician should consider the strength and temperament of the patient, the state of his digestion as well as seat of affliction, the physical features of the country, the then prevailing season of the year, should prescribe a diet which he think is the most proper and suitable for the requirements of the case.[^6][^7]

3. **Matra** - Another rule while prescribing any diet is if given without proper consideration, even milk acts as Visha and on the other hand poison also acts as medicine if administered properly. Hence the food should be prescribed with all possible consideration of quantity.[^8]

4. **Unwholesome diet** - Intake of unwholesome food is responsible for the causation of many diseases including skin diseases.[^9]

   One good example for this is the combination of fish and milk. Both have sweet taste, but due to the contradiction of their potency (fish - milk, hot - cold) they vitiate the blood and obstruct the channel of circulation hence leading to manifestation of a disease.

Drugs and diets when dislodge the various Doshas but do not expel them out of the body are to be regarded as unwholesome.

Further Acharya Charaka emphasizes on consideration of Desha, Kala, Agni, Matra, Satmya, Dosha, Samskara, Virya, Koshtha, Avastha, Krama, Parihara and Upachara, Paka and Samyoga, Hritsampat, Sampat, and Vidhi, while assessing the unwholesomeness of a diet.

5. **Mental status** - Chandogya Upanishad states that nutrition of mind is depending upon diet. One-third part of food is utilized by mind. The bad quality food may also vitiate mind and vice versa. If the mind is disturbed, the digestion will further get disturbed.

6. **Prescription of specific disease related diet.**

The specific diet for the Psoriasis (Pathya) is as follows:[^10]

- **Puraana** (one year old) Dhanyas like Yava, Godhuma, Shali, Mudga, Aadhaki, Masoora. Also Madhu.
- **Jangala Mamsa**
- **Shaka** of Palashaphala, Vetrankura, Patola, Bruhati, Kakamachi, Nimba, Lashuna, Hilamochika, Punarnava, leaves of Meshashrungi and Chakramarda.
- **Phala** of Bhallataka and Tala, Khadirasara, Twak of Chitraka, Triphala, Jatiphal, Nagakeshara, Kumkuma, Koshataki and Karanjaphala.
- **Puranaghruta**, Tila, Sarshapa, Nimba and Ingudi Taila.
- **Laghuanna**.

7. **Education about Aahara.**[^11]

Awareness about the basic methodology of consumption of food Vidhi - Vidhanas, do’s and don’ts about the compatibilities and unwholesome food should be created in public, so that the diseases which arise due to such lack of knowledge can be prevented.

**CONCLUSION**

Psoriasis is a chronic, multifactorial disorder which involves the interplay between a myriad of genetic and environmental risk factors. In addition to affecting the skin, psoriasis is associated with physical and emotional comorbidities which have a negative impact on the quality of life of the affected patients. Behavior modification and the use of preventative health care is a must. Patients need to be screened for...
Aaharaja Nidanas and accordingly corrected. The prescription of Pathya should be made mandatory. Patients should be educated about the importance of implementing the Vidhidhidhanas in their day to day life.

REFERENCES


