



ROLE OF VIHARA (AYURVEDIC LIFESTYLE) IN THE PREVENTION AND MANAGEMENT OF DERMATOLOGICAL DISORDERS

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ABSTRACT

The main objective of this review article is to increase the awareness regarding *Vihara* (Ayurvedic lifestyle) in the prevention and management of dermatological disorders and to discuss its impact on physical, mental as well as social health of an individual. The authentic subject material has been reviewed from Ayurveda and modern medical literature. Concerned articles were reviewed from different journals and used as the basis for the discussion of how the Ayurvedic lifestyle affects the physical, mental and social health and help in the prevention and management of dermatological disorders. The concerned material has also been searched on the internet. *Ahara* (diet) and *Vihara* are very much emphasized in Ayurvedic system of medicine for the prevention as well as management of a wide range of disorders including dermatological disorders. *Vihara* includes different types of life style (dos and don'ts) as suggested in Ayurveda. It is well acknowledged that stress is a major factor in the pathogenesis of most of the dermatological disorders like psoriasis, atopic dermatitis etc. Therefore, the lifestyle modification having a holistic approach to promote psychosomatic health should be recommended. Ayurvedic lifestyle promotes physical, mental as well as social health and ultimately leads to symptomatic improvement and improvement in the quality of life and thus help in the prevention and management of dermatological disorders.

KEYWORDS: Dermatological disorders, Ayurvedic lifestyle, Vihara, Psychosomatic health.



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INTRODUCTION

Vihara includes different types of life style (dos and don'ts) as suggested in Ayurveda. Life style modifications as described in Ayurveda are the application of *Achara Rasayana* (non-pharmacological rejuvenative measures), *Dincharya* (daily regimen), *Ritucharya* (seasonal regimen), *Sadvratta* (code of good conducts) and others. It has been known since antiquity in Ayurveda that a connection exists between the skin and mind and recognizes that the connection is more than a physiological fact. Ayurveda described several factors like *Chinta* (worry), *Shoka* (sorrow), *Bhaya* (fear), abusing deities and teachers, different type of sinful activities and other forms of antirituals and antisocial activities which have a negative impact on the psyche/mind. This negative impact on mind leads to stress which in turn directly or indirectly plays a major role in the manifestation and aggravation of dermatological disorders.¹ Stress and the related psychological factors are major culprits in the manifestation and exacerbation of many dermatological disorders. It is well acknowledged that most of the dermatological disorders are chronic inflammatory, immunogenic and psychosomatic in nature like psoriasis, atopic dermatitis, acne etc. The dermatological disorder best known as the stress associated and by far the most intensively studied for this association is psoriasis, with 40–60% of cases triggered by stress²⁻⁸. Amongst the various prevalent health afflictions, dermatological disorders can be especially demoralizing to the patients due to

- Appearance
- Recurrence and chronicity
- Negative psychosocial impact
- Economic burden due to recurrent visits to the doctors.

Consuming wholesome & balanced diet and adopting suitable lifestyle promote physical as well as mental health, reduce stress, inhibit the inflammation and thus help in the management of dermatological disorders.

ROLE OF VIHAR

Ahara and *Vihara* play a central role in Ayurvedic living. Ayurveda places special emphasis on *Ahara* and *Vihara* as measures for better living, health and wellness. Ayurveda places great emphasis on the impact of a positive life style on health preservation and the role of a negative life style in the promotion of disease. It is well acknowledged that positive and negative impact of lifestyle related factors like discipline of food intake, activity level, sleep, surrounding environment etc. play a major role in health and disease respectively. There are some lifestyle related factors which influence the psychosomatic health of an individual. These factors are economic and social status, social support networks, education and literacy, surrounding social environment, family environment, sanitation, culture etc⁹. Therefore, modification of these lifestyles related factors are very important for the prevention and the management of dermatological disorders especially by using natural principles of Ayurveda. Ayurveda described proper application of *Trayaupastambha* (three subsidiary pillars) of life in daily life for promotion of psychosomatic health and better living. *Trayaupastambha* includes *Ahara* (diet), *Nidra* (sleep) and *Brahmacharya* (celibacy)¹⁰. *Acharya Charka* stated that *Nidra* (proper sleep) promote health, physical and mental strength, potency, fertility and proper functioning of all senses¹¹. Therefore, getting adequate and timely sleep is very important to promote psychosomatic health and to reduce the stress in an individual and thus help in the prevention and the management of dermatological disorders. *Brahmacharya* (celibacy) is the third important component of *Trayaupastambha*. Lifestyle modification by application of principles of *Brahmacharya* in day to day life is very important for optimum physical and mental performance and therefore promote positive psychosomatic health. Other measures for lifestyle modification or better living in Ayurveda are application of principles of *Dincharya*, *Ritucharya*, *Achara Rasayana* & other forms of non-pharmacological *Rasayana*, *Sadvratta*,

Yogic practices and application of different procedures of *Samshodhan* (bio-purification) by taking into the consideration of *Prakrati* (psychosomatic constitution) of an individual, seasonal variation & severity of disease. The guidelines of *Dincharya* and *Ritucharya* include, begin daily habits with awareness, early rising, avoid suppression of natural urges and eliminate wastes as per urge, avoid late night sleep & eating stale foods, one has to avoid salty & sour diet and excess exposure to sun during summer season because they lead to the aggravation of 'Pitta Dosha' and thus may help in the pathogenesis of dermatological disorders, changes in dietary patterns and practices in response to change in climatic condition¹². Adaptation according to the changes is the key for survival, thus the knowledge of *Ritucharya* (seasonal regimen/regimen for seasonal variations) is very important. Dermatological disorders are also resulted due to an inappropriate relationship of mankind with environment^{13,14}. Acharya Sushruta also suggested to take diet as per the aggravated *Dosha* (biological humors) in concerned season¹⁵. *Sadvrat* and *Acharya Rasayana* include application of some codes of good conducts for promotion of psychosomatic health and for better living. These include limited sexual relations, early sleeping and awakening, avoid excess exertion, regime of bathing, keeping skin clean, keep mercy on others, telling truth, avoid alcoholism, be soft hearted, always use cleaned and washed cloths, try to be in a steady mental state i.e. avoid height of emotions, trying to avoid to memorize if being insulted by anyone, keep patience, execution after proper analysis, Greed is prime among trouble makers so avoid it, etc¹². Bio-purification believed to purify or detoxify and cleanses all the body tissues & body channels and brings about the harmony of biological humors (*Tridosha* i.e. *Vata*, *Pitta*, *Kapha*, and *Manasa Dosha* i.e. *Raja* and *Tama*) to obtain long-lasting beneficial effects. The palliative therapy in the form of drugs and diet may not be effective/less effective unless the body channels are properly cleansed and toxic materials were eliminated. In today's busy life, stress is a major factor in the initiation or

exacerbation of several psychosomatic disorders. *Samshodhan* (bio-purification) also restore the mental health, reduces the stress and therefore, help in the prevention as well as management of many psychosomatic disorders including dermatological disorders¹⁶. Ayurvedic lifestyle also include some precautions or disciplines, to be followed after concerned palliative therapy and or *Samshodhan* procedure used as a preventive or therapeutic measure. For example, *Ashtamahadoshak* *Bhava* (eight precautional major factors) to be avoided after *Samshodhan* procedure¹⁷. *Yogic* practices or *Yoga* therapy is described in Ayurveda for promotion of physical and mental health¹⁸. *Yoga* helps to achieve mental stability and calmness or helps to control over mind to gain perfect psychic balance. Various *Yogic* practices such as *Asanas*, Meditation, *Pranayama*, *Savasana* are well established relaxation techniques to reduce the stress¹⁹. *Yoga* is a systematic methodology for all-round personality development i.e. physical, mental, intellectual, emotional and spiritual components of a human being, in this way *Yoga* is considered as science of life and the art of living. Therefore, these *Yogic* practices increase the quality of life in the patients of dermatological disorders which in turn results in reduced frequencies of flares, improvement in clinical condition and increase ability to cope up with stress. Ultimately, *Yoga* plays a major role in rehabilitation, promotion of positive health at physical, mental, emotional and spiritual level. Ayurveda described several lifestyle related factors as etiological factors for dermatological disorders which include *Vega Dharana* (suppression of natural urges), contradiction of temperature, *Ajeerna Adhyashana* (taking meal before digestion of previous meal), sexual activities during the state of indigestion, day sleep, abusing teachers and deities, different types of sinful activities etc. Suppression of natural urges leads to psychosomatic stress; contradiction of temperature produces oxidative stress to the skin, abusing deities & teachers and sinful activities lead to psychological stress which is considered as one of the most important factors involved in the etio-pathogenesis of dermatological disorders.

Ajeerna Adhyashana leads to formation of Ama. Ama is considered as intermediary metabolites producing oxidative stress to the body tissues which are involved in the pathogenesis of many dermatological disorders. Ama is also considered as an antigen and may have potency to induce an immunological reaction in a susceptible individual²⁶. Therefore, avoiding this type of negative lifestyle and promotion of positive lifestyle will help in the prevention as well as in the management of a wide range of disorders including dermatological disorders. Ayurveda also advises to involve in religious activities for promotion of mental health and better living. Ayurveda described *Daiva Vyapashraya Chikitsa* (divine therapy) for the management of dermatological disorders as *Papakarma* (sinful activities) is an important etiological factor for dermatological disorders. *Daivavyapashraya Chikitsa* include chanting mantras, *Aushadhi* and *Mani Dharana* (spiritual use of herbs and gems), *Mangal Karma* (propitiatory), *Bali* (offering oblations), *Homa*, *Prayashchita* (ceremonial penances), *Upavasa* (fasting), *Swastyayana* (rituals for social well being) etc^{27,28}. All these rituals activities directly or indirectly exert a positive impact on mind (*Manas*) and therefore, cause reduction in stress, reduction & abolition of negative thoughts like suicidal ideations etc. Some 90% of the world's population engaged in religious or spiritual practices. These practices are major means of coping with stress and wide range of illnesses^{20,21}. The bad-habit triad of smoking, excess alcohol intake and overeating seems to be risk factor for several dermatological disorders. A study showed a relationship between certain types of beer consumption and an increased risk of psoriasis, and some studies have also suggested a link between alcohol intake and psoriasis²². Researchers suspect that both physiological and behavioral mechanisms involving inflammatory pathways are at play in the relationship between lifestyle factors and psoriasis²³. *Satvavajaya Chikitsa* is very helpful in such type of patients to modify their lifestyle. It is a method of restraining or withdrawal of the mind from unwholesome objects²⁴.

DISCUSSION

The whole range of *Dincharya*, *Ritucharya*, *Sadvritta*, *Achara Rasayana* and *Yoga* described in the Ayurvedic classics is designed to foster a healthy life style for better living to everyone as a promotive and preventive health care and also for the management of a diseased individual. Normal circadian rhythms (daily and seasonal) are very important in day to day life for promotion of positive health. *Sadvritta* and *Achara Rasayana* include not only mental faculties but also discipline related with general hygiene, ritual activities, food consumption, sexual relation and exercise. Application of this positive lifestyle promotes psychosomatic health and thus also helps in the management. *Samshodhana/Panchakarma* (biopurification) detoxifies the body by eliminating the toxins out of the body, cleanses and promote the patency of *Srotus* (body channels). It is postulated that the purification of body channels and toxic materials of the body need to be eliminated radically before the administration of a palliative therapy either in the form of dietary supplementation or drugs. *Samshodhana* also promote psychosomatic health especially by reducing the negative impact of stress and related psychological factors. Ayurveda always emphasizes to follow the seasonal *Panchakarma* as preventive measures for promotion of psychosomatic health and better living. In present era, hurry, worry, curry and continuous exposure to psychosocial stress lead to compromised or an unhealthy life style. An unhealthy life style leads to *Agni-bala Vaishamy* (impaired digestion and metabolism), *Oja-bala Dosha* (immune dysregulation), and *Srotodushti* (dysregulation of body channels), which in turn lead to a variety of ailments. *Pathyapathya* (dos and don'ts regarding diet and lifestyle) is an important component of every prescription in Ayurvedic clinical practice. Sometimes, lifestyle modifications in itself is a complete treatment. Ayurvedic lifestyles are concerned primarily with way for better living. These Ayurvedic lifestyle including social and ritual activities ultimately strengthen the *Manasa/Satva*

(psyche/mind) in the patients of dermatological disorders which results in following. Modified from²⁵.

- Reduced frequencies of flares specially in case of psoriasis
- Elimination of negative thoughts and flow of positive energy
- Reduced frequency of social withdrawal
- Increased frequencies of social activities/participation in social programs
- Thus helps in accommodation with society.
- Ultimately leads to improvement in quality of life.

Dermatological disorders are very common in the present era due to unawareness towards and or ignoring proper daily regimen, seasonal regimen, lifestyle and good code of conducts. The field for the therapeutic application of *Ahara* and *Vihara* as described in Ayurveda is very vast & more scientific and needed their

further validation in the management of wide range of disorders as per the need of present era.

CONCLUSION

Stressful and unhealthy lifestyle is the major factor for the manifestation and or aggravation of several immune disorders and lifestyle related disorders. Ayurveda offers several types of *Vihara* including daily regimen, seasonal regimen, several non-pharmacological rejuvenative measures, code of good conducts including social & ritual activities and different *Yogic* practices. Therefore, one has to follow these Ayurvedic lifestyle for promotion of positive psychosomatic health, better living and to impede the wide range of dermatological disorders.

REFERENCES

1. Singh Satyapal,,. Tripathi JS, Rai NP, An overview of Ayurvedic & contemporary approaches to Psychodermatology. The Journal of Phytopharmacology, 3(4): 286-299, (2014).
2. Gaston L, Lassonde M, Bernier-Buzzanga J, Hodgins S, Crombez JC, Psoriasis and stress: a prospective study. J Am Acad Dermatol, 17:82–86, (1987).
3. Griffiths CE, Richards HL, Psychological influences in psoriasis. Clin Exp Dermatol, 26: 338–342, (2001).
4. Naldi L, Peli L, Parazzini F, Carrel CF, Family history of psoriasis, stressful life events, and recent infectious disease are risk factors for a first episode of acute guttate psoriasis: results of a casecontrol study. J Am Acad Dermatol, 44:433–438, (2001).
5. Naldi L, Chatenoud L, Linder D et al., Cigarette smoking, body mass index, and stressful life events as risk factors for psoriasis: results from an Italian case-control study. J Invest Dermatol, 125:61–66 (2005).
6. Dika E, Maibach HI, Exogenous factors and psoriasis. Exog Dermatol, 3:214–222, (2004).
7. Gupta MA, Gupta AK, Depression modulates pruritus perception. A study of pruritus in psoriasis, atopic dermatitis and chronic idiopathic urticaria. Ann N Y Acad Sci, 885:394-395, (1999).
8. Hashizume H, Horibe T, Ohshima A, Ito T, Yagi H, Takigawa M, Anxiety accelerates T-helper 2-tilted immune responses in patients with atopic dermatitis. Br J Dermatol, 152(6):1161-1164, (2005).
9. Pawar Ujwala Vamanrao, Saley Subhash R, The Roll of Ayurveda in Mental Health. UJAHM, 02 (02): 19-25, (2014).
10. Rajeshwar datta shashtri ji e.t al., Ed. Charak Samhita, Chaukambha bhaarti academy, India, 207 (2005).
11. Rajeshwar datta shashtri ji e.t al., Ed. Charak Samhita, Chaukambha bhaarti academy, India, 418 (2005).
12. Singh Satyapal, Tripathi JS, Rai NP, Preventive measures for dermatological disorders: An Ayurvedic perspective. World J Pharm Sci, 3(3):678-681, (2015).

13. Thakkar Jayesh et al., Ritucharya: Answer to the lifestyle disorders. AYU, 32(4): 466–471, (2013).
14. Steyn K et al. The impact of chronic diseases of lifestyle and the major risk factors on mortality in South Africa. S African Med J, 82: 227–31, (1992).
15. Kaviraj Ambikadutta Shashtri, Ed. sushruta samhita, 14th edition, chaukhambha Sanskrit sansthan, India, 478 (2003).
16. Singh Satyapal, Tripathi JS, Rai NP. Critical Appraisal of Virechan Karma (Therapeutic Purgation) and It's Bio-Purificatory Potential. MEDHA, International Journal of Multidisciplinary Researches, 6(4): 59-67, (2015).
17. Rajeshwar datta shashtri ji e.t al., Ed. Charak Samhita, Chaukambha bhaarti academy, India, 1093 (2005).
18. Rajeshwar datta shashtri ji e.t al., Ed. Charak Samhita, Chaukambha bhaarti academy, India, 35 (2005).
19. Andreas Michalsen et.al., Rapid stress reduction and anxiolysis among distressed women as a consequence of a three-month intensive yoga program. Med Sci Monit, 11(12): CR555-561, (2005).
20. Koenig, H G. Research on religion, spirituality, and mental health: A review. Canadian Journal of Psychiatry, 54 : 283–291,(2009).
21. Roger Walsh, Lifestyle & mental health. American Psychologist, 66(7): 579–592, (2011).
22. De la Brassinne M, Failla V, Nikkels A, Psoriasis: state of the art . Acta Clin Belg., 68:427-432, (2013).
23. Tracy Hampton. Psoriasis: It's Time to Pay Attention to Lifestyle. Accessed on 26 March 2015.<http://www.medpagetoday.com/resource-center/Psoriasis-psoriaticarthritis/Lifestyle/a/47849>.
24. Rajeshwar datta shashtri ji e.t al., Ed. Charak Samhita, Chaukambha bhaarti academy, India, 238 (2005).
25. Singh Satyapal, Tripathi JS, Rai NP, An overview of Ayurvedic & contemporary approaches to Psychodermatology. The Journal of Phytopharmacology, 3(4): 286-299, (2014).
26. Saini neera, byadgi PS. Clinical and scientific evaluation of Ama in Amavata. Int. J. Res. Pharma, 5(5):587-593, (2014).
27. Rajeshwar datta shashtri ji e.t al., Ed. Charak Samhita, Chaukambha bhaarti academy, India, 238 (2005).
28. Singh Satyapal, Tripathi JS, Rai NP, An overview of Ayurvedic & contemporary approaches to Psychodermatology. JPHYTO, 3(4): 286-299, (2014).