

**Ayurved & modern view in chicken pox (*masurika/laghu masurika*): a review****Vidya D. Chavhan^{*1}, Sanjay A. Pawade²**

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***Corresponding author:** drvidyachavhan@gmail.com, Mo. No. 9637043171**Abstract:**

□ **BACKGROUND:** According to modern literature Chicken pox is an aerosol disease caused by virus called 'Varicella zoster'. It is highly contagious disease; it progressively spreads from ill ones to healthy, like cold & flu. Age group under 10 years is mostly affected by this disease & in adults it occurs rarely. For prevention Chicken Pox vaccine is must to be given two times in the age between 10 months to 15 months & in 4 years to 6 years. But after vaccinating against Chicken Pox some of them also suffer from this disease. In Ayurveda according to Madhav Nidana chicken pox (*Masurika/LaghuMasurika*) is caused by *Grahadosha* as well as by vitiation of *Tridoshas* i.e. *Vata*, *Pitta*, *Kapha* & also by consuming excessive sour, salty, bitter food items & *Virudhaahara Sevan* (eg. Milk with fish etc.). Ayurveda also gives preventive & curative measures for this disease.

□ **OBJECTIVES:** To study review literature of Chicken Pox

(*Masurika/LaghuMasurika*) through Ayurved & Modern text.

□ **METHODS:** The ancient knowledge of Chicken Pox (*Masurika/LaghuMasurika*) through *Samhitas*, modern literature and various journal, internet is gathered and data is collected for this study.

□ **RESULTS AND CONCLUSION:** After the study of literature, it is clear that Chicken Pox (*Masurika/LaghuMasurika*) is prevented & treated by Ayurveda & Modern science.

□ **KEYWORDS:** -Chicken Pox, *Masurika/LaghuMasurika*, Prevention, Treatment.

INTRODUCTION:

Varicella zoster virus (VZV) is a dermatropic & neurotropic virus that produces primary infection, usually in childhood, which may reactivate in later life. VZV is spread by aerosol & direct contact. It is a highly contagious disease. After continuing household exposure, as

would occur in a family, almost all susceptible are infected. The subclinical attack rate is believed to be no more than 4%. It is highly infectious to non-immune individuals. Disease in children is usually well tolerated. Manifestations are more severe in adults, pregnant women and the immunocompromised. In Ayurveda according to Madhav Nidana Chicken Pox (*Masurika/LaghuMasurika*) is caused by *Grahadosha* as well as by vitiation of *Tridoshas* i.e. *Vata*, *Pitta*, *Kapha* & also by consuming excessive sour, salty, bitter food items & *Virudhaahara Sevan* (eg. Milk with fish etc.). Ayurveda also gives preventive & curative measures for this disease.

MATERIAL & METHOD:

AYURVEDAS VIEW:

In Madhav Nidana definition of *Masurika* is given as-

Definition: “*masurikakrutisansthanaha pidakaha syurmasurikaha*” (*ma.ni. masurika/3*)

Multiple boils like like *Masoor* (Red lentil), all over body is called as *Masurika*. Generally people called it as ‘*DEV*’, they suppose it as a result of *Shitala Mata*’s *Prakop*.

Nidan & Samprapti:

“*Katvamlā lavan kshra virudhadhyashanashanaih\ Dushta nishpav shakadhaih pradushtapavanodakaih\I\ Krurgrahekshanachchyapideshedoshahasa mudhatah\ Janyantisharireasmindushtaraktensangata h\2*”

Consuming excessive sour, salty, bitter food items & *VirudhaaharaSevan* (eg. Milk with fish etc.), excessive eating habits, contaminated peas or green leafy

vegetables or water & air, *Grahadoshaseg. Surya, Mangal, Shani, Rahu, Ketu*, and all these factors make bad effect on *Tridoshas*. Then *Tridoshas* with *Dushitrakta* results in multiple boils or blisters like like *Masoor* (Red lentil), all over body.

Purvrupe:

“*tasampurvamjwarahkandurgatrabhango aratirbhramah\ twachishothahsavaivarnyonetraragashchy ajayate*”

Before appearance of disease below given symptoms are seen in patients-

Jvara, Arati, Bhram, Angabhang, kandu, Aaraktanetrata, Tvakvaivarnya, Shoth etc.

Rupa:

1. “*Dahajvararujavantastaama sphotaha sapitakaha\ Gatreshu vadane chantrvighyeyasta masurikaha\ (su.ni.13/68).*
2. “*Saptahannihi sartyev saptahat purntam vrajet\ Tatstrutiye saptahē shushyati skhalati svayam*- *Bhavprakasha*

At the initial stage of this disease *Jvara* is most probable, mild to moderate in nature. Later on after a period of 3-7 days small as well as large size of blisters are appeared. These are yellowish red in colour, immediately there is pus like discharge through it. Symptoms like *Daha, Ksandu, Vedana, Arati, Trushna* are present. Within a week whole body is covered with multiple blisters, in second week they contain pus, & in third week they become dry & scaly.

Prakara (TYPES) :

1. *Vataj*
2. *Pittaj*
3. *Kaphaj*



4. *Raktaj*5. *Sannipatik*

These are 5 main types of Masurika & in later stage it also converts in to following Sapta-Dhatugataavastha-

1. *Tvachagata*
2. *Rasktagata*
3. *Mansgata*
4. *Medogata*
5. *Asthigata*
6. *Majjagata*
7. *Shukragata*

Vishesha lakshana (SIGN & SYMPTOMS):

1. *VATAJ MASURIKA-*

“*Sphotaha shavaruna rukshastivravedanyaavitaha/ Kathinashchirpakashcha bhavantyanilsambhavaha/ Sandhyasthiparvanam bhedaha kasaha kampoaratihiklamaha/ Shoshstaltvoshthajivhanam trushna charuchisanyukta||*” (ma.ni./masurika/4/5)

Blisters are *Shava*, *Arun Varniya*, *Ruksha*, *Tivravedanayukta*, *Kathin* & they take long period for pus formation. *Sandhishula*, *Asthishul*, *Parvashul*, *Kasa*, *Kampa*, *Arti*, *Klam*, *Talu-Oshtha-Jivha* *Shosh* & *Aruchi* these symptoms are also appeared.

2. *PITTAJ MASURIKA-*

“*Raktaha pit-sitaha sphotaha sadahastivravedanaha/ bhavantyachirpakashchya pittakopasamudbhavaha/ vidbhedashchangamardashchya dahstrushnaaruchistatha/ mukhapakoakshiragashchya jwarstivraha sudarunaha||*” (ma.ni./masurika/6-7).

Blisters are *Rakta*, *Pita*, *shveta Varniya*. *Daha*, *Tivravedana*,

Shighrapakitva, *Atisara*, *Aruchi*, *mukhapaka*, *Aaraktanetrata* & *Tivrajvara*

3. *KAPHAJ MASURIKA-*

“*Kaphaprasekaha staimityam shiroruggatragauravam/ Rhullasah saruchistandra nidralasyasamnvitaha/ Shvetaha snigdha bhrusham sthulaha kandavara mandavedanaha/ Masurika kaphotthashcha chirpakaha prakirtitaha||*” (ma.ni./masurika/9-10).

Blisters are *Sveta*, *Snigdha*, *Sthulaha*, *Sakandu*, *Alpavedanayukta* & *Chirpaki*. *Lalastrava*, *Stayamitya*, *Shirahshul*, *Sharir Gaurav*, *Rhullas*, *Aruchi*, *Nidra*, *Tandra*, *Aalasya* these symptoms are also appeared.

4. *RAKTAJ MASURIKA-*

“*Raktajayam bhavantyetye vikaraha pittalakshanaha||*” (ma.ni./masurika/8).

Blisters are with same signs & symptoms as describes in Pittaj Masurika.

5. *SANNIPATIK MASURIKA-*

“*Nilashchipitvistirna madhe nimna maharujha/ Chirpakaha putistravaha prabhutaha sarvadoshajaha/ Kanthrodharuchistambhapralapart isanyutaha/ Dushchikitsaha samuddishtaha pidakashcharmasangytaha||*” (ma.ni./masurika/9-10).

Blisters are *Nilvarniya*, *Anunnata*, *Sthula*, *Madhe Nimna*, *Ativedanayukta*, *Chirpaki*, *Durgandhi Strava*, *Prabhuta*. *Kanthavarodh*, *Aruchi*, *Stambha*, *Arati*, *Pralap* these symptoms are also appeared.



Sapeksha Nidana (DIFFERENTIAL DIAGNOSIS):

MASURIKA	LAGHU MASURIKA
<i>Jvara & shirahshul lakshan</i> are alleviate.	<i>Jvara & other lakshan</i> are mild in nature.
<i>Masurika</i> appear after three days of <i>Jvara</i> , At a time on whole body.	<i>Masurika</i> appear immediately after <i>jvara</i> , not all at a time but appear after some interval for long period.
Appears first of all on head, forehead, and mouth.	Appears first of all on chest, back & then on other body parts.
<i>Jvara</i> subsides after appearance of all <i>masurika</i> .	<i>Jvara</i> not subsides after appearance of all <i>masurika</i> .
Pus formation is more in it.	Pus formation is less in it.
These <i>masurika</i> are deep cited.	These <i>masurika</i> are superficial.
These <i>masurika</i> are mix with each other after eruption, because these are large in size.	These <i>masurika</i> are not mix with each other after eruption, because these are small in size.
Scar remains there after recovery.	No Scar remains there after recovery.

Udarka:-

Kuruṣṭa (ugaly look), *Andhatva* (blindness), *Indriyaghat* (degenartion of organs), etc. are main UDARKA of *Masurika*.

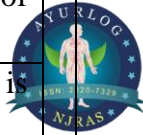
Sadhyaasadyatva:-

Among all *dhatugat masurikas tvakgata & raktagata masurika* are *sadhya & mansa-meda-asthy-majja & shukragata masurika* are more *asaadhya* respectively. *Pittaj, kaphaj, kaphapittaj masurika* are *sukhasadhya*. *Vataj, vatpittaj & vatkaphaj masurika* are *kruchchhrasadhya*, *Sannipataj* are *asadhya*. *Madhukoshakara* said that all *masurika* are *asadhya*.

Those *masurika* in which *kasa, hikka, prameha, tivrajvara, pralap, murchha, trushna, daha, ativedana* etc. included are *asadhya*. As well as those in which bleeding from nose, mouth, eyes & *shwaskruchchhhrata* occurs are said to be *asadhya*.

Chikitsa:-

1. *Karanjbijadi lep, karviradi lep, eladi lep, manahshiladi lep, hartal mishran, tankan mishran* etc. *lep* are useful in all type of *kushta* & in *visarpa*, also these are useful in *masurika*.
2. *Vaman* is recommended in all *masurika* except *pittaj masurika*. *patol, nimb, vasa, madanphal, yashtimadhu* etc. are used for *Vaman*.
3. In *pittaj masurika tarpan* should be done.
4. *Nimb, guduchi, sariva, manjishtha, kutaki, chandan, khadir, aamalki, haritaki, yashtimadhu, patol, tiktapanchak* etc. are use as blood purifier.
5. In *masurika* for *jvara & daha sutashekhar, chandrakala, mouktik, praval, tiktpanchak* etc, are useful.
6. For *tikshna & ushana guna* of *pitta paripathadi kadha* should be taken for 3 months after recovery from *masurika*.



Pathyapathya:-

1. *Masurika* is highly contagious disease. So to avoid its spread from ill to healthy. Isolation is recomended.
2. Cloths, equipments used by patients must be make sterile.

MODERN VIEW:-**Definition:**

Varicella, or chickenpox, is an acute communicable disease characterized by a generalized vesiclyar rash. Because it is highly contagious, most individuals contract it in childhood. Herpes zoster, due to reactivation of varicella-zoster virus (VZV), is a dermatomal cutaneous eruption. Chickenpox is mild in children but more severe in adults and in immune compromised people.

Pathogenesis:-

VZV produces a disseminated rash, which indicates that bloodstream distribution must have occurred. Virus has been isolated from white blood cells just prior to and during the first 1 or 2 days following the appearance of rash. The chickenpox rash occurs approximately 2 weeks after respiratory infection. Lesions appear in multiple waves centrifugally from the torso to the head and extremities. Each lesion progresses rapidly from a macule to a vesicle, which resembles a dewdrop on a rose petal. On histologic examination, chickenpox vesicles contain intranuclear inclusion, chickenpox vesicles contain intranuclear inclusions in the epithelial cells like those of HSV-1. After a few days most chickenpox vesicles rupture, crust over, and heal by regeneration, leaving no scars. However, bacterial super infection

of vesicles that are ruptured by trauma may lead to destruction of the basal epidermal layer and residual scarring.

Clinical Manifestation:-

Chickenpox is characterized by a generalized eruption that is centripetal in distribution, erythematous macules, papules, vesicles, and scabbed lesions may be varying amounts of erythema at their bases. Adults tend to have considerably more erythema than children. First of all eruptions are found on face, scalp, & trunk. Later on lesions are appear on the extremities. Tte earlier lesions get dried & crusted. Mucous membranes of the conjunctiva, oropharynx, & vagina are more frequently involved in adults than in children.

Symptoms associated with this are mild illness with few systemic complaints & an average temperature of 38-39°C in children, & in adults malaise, muscle ache, arthralgia, headache etc. are most common. Bacterial infections of the skin are the most common complication of chickenpox in childhood. The rate of complications are more in adults than in children.

Diagnosis:-

There may be difficulty while identifying typical case of chickenpox, because it may be confused by insect bites, generalized herpes, rickettsia pox, hand, and foot & mouth disease caused by enterovirus. Generalization usually does not occur until 3-5 days after onset of the zoster form rash. The Tzanck smear is a frequently used laboratory aid for diagnosis. Serologic confirmation of diagnosis can be made using a variety of techniques. The



ELISA & complement fixation are the most generally available. The ELISA is a much simpler and technically less demanding test. Because complement fixing antibody is lost rapidly after infection, it cannot be used for determining susceptibility. Unfortunately, these tests have not been very useful, as VZV IgM is present in the sera of many patients with acute herpes zoster.

Treatment:-

Pruritus should be accomplished frequently by application of calamine lotion. Trimeprazine may be necessary to use if calamine lotion does not suffice. Trim & file nails is advisable to reduce the damage from scratching. Daily bathing with soap or hexachlorophene is advisable to prevent bacterial superinfection. Colloidal starch bath may also be useful in relief of pruritus. Fever with body aches is treated by acetaminophen. Salicylates are contraindicated, this may result in Reye's syndrome in children. Acyclovir may be advisable to as an antiviral therapy in immunocompromised children with varicella. In comparative studies, acyclovir appears to be somewhat safer & probably more effective than vidarabine.

Prevention:-

Varicella zoster immune globulin (VZIG) should be given for prevention & modification. Any individuals who have had a household exposure should receive prophylaxis. A history of chickenpox is usually reliable in both adults & children. Children who have a negative history are usually susceptible. VZIG should be given as soon as possible following exposure & should not be delayed more than 96 hours. Patients should be isolated for 7 days. In

normal children, the vaccine is virtually benign & appears to offer very good protection. Some of these vaccinated children develop a varicelliform illness from the vaccine. For prevention Chicken Pox vaccine is must to be given two times in the age between 10 months to 15 months & in 4 years to 6 years. But after vaccinating against Chicken Pox some of them also suffer from this disease.

DISCUSSION & COCLUSION:-

From all above Ayurveda & Modern literature both pathies give preventive as well as curative measures. According to Ayurveda *Grahadosha* is a causative factor for this disease & Modern view says that virus causes this disease. While studying Ayurvedas literature it is clear that *Masurika/Laghu masurika* is caused by *grahadosha* and vitiation of *tridoshas*, as well as *shitala matas prakop*. All the types of this disease are also cured by Ayurveda's medicines. According to modern literature Chicken pox is caused by varicella virus and it is most efficiently prevented by vaccination and treated by modern medicines also.

Therefore from the above discussion of given study we may conclude that both pathies are equally useful to prevent and treat chickenpox i.e. *Masurika/Laghu masurika*.

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