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RESTORING NAIL HEALTH NATURALLY- A SUCCESSFUL CASE OF KUNAKHA

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ABSTRACT:- *Kunakha* is a nail disorder described under *Kshudra Roga* in *Sushruta Samhita*[i], *Ashtanga Hridaya*[ii], *Ashtanga Sangraha*, *Bhavaprakasha*, and *Sharangadhara Samhita*[iii]. The condition is primarily associated with *Abhighata* (trauma) and manifests as nail deformity, discoloration, pain, and impaired nail growth. Based on its clinical presentation, *Kunakha* can be correlated with **Onycholysis**[iv], a condition characterized by the separation of the nail plate from the nail bed, commonly caused by trauma, repeated irritation, fungal infection, psoriasis, or systemic disorders. Both conditions present with nail dystrophy and deformity, although they are described within different medical systems. In this study, it has been focused to evaluate the effectiveness of Ayurvedic internal and external therapies in the management of *Kunakha* (**Onycholysis**) using polyherbal internal formulations along with external local applications. In classical texts, it has also been advocate about *Raktamokshana* (especially *Jalaukavacharana*) in selected cases; however, this case was managed conservatively without surgical intervention.

KEYWORDS : *Kunakha*, *Jalauka avacharana*, Onycholysis, *Kshudra* roga, Authentic Ayurveda

I. **INTRODUCTION:** In Ayurveda, infections are defined as an external imbalance (Aagantuja Vyadhi) generated by microbe-sized organisms or invisible pathogenic agents known as krimi or bhuta, which upset the body's internal equilibrium. In Ayurveda, infections are treated according to the participation of tridoshas, saptadhatus and malas. Ayurveda regularly explores the use of external and internal herbo-mineral formulations to treat chronic illnesses and recurring infections i.e. Shaman chikitsa and Shodhan chikitsa which are herbal and polyherbal preparations. Ayurvedic Brihattrayi and Laghutrayi acharyas have already devised several herbal medicines for a variety of illnesses and issues that are employed in therapeutic applications to prevent or treat infectious diseases. Ayurveda describes Kshudra roga, where Kshudra means minor or insignificant and roga refers to disease. All Brihattrayi and Laghutrayi acharyas have discussed this Kshudra roga. Acharya Sushruta has described 44 forms of Kshudra roga in Nidansthana[v] and Chikitsasthana[vi], and Acharya Vagbhata has defined it in Uttartantra. In additionally, Kshudra roga also being mentioned by Acharyas Madhavnidan, Bhavaprakash, and Sharangdhar.

In Kshudra roga, Chippa and Kunakha are frequently referred to as a range of nail infections that arise as a result of nail damage, where Vata and Pitta doshas become aggravated and ruksha, ashita and khara guna are observed, and this condition is known as Kunakha. The name Kunakha derives from the words ‘ku’, which means bad, and ‘nakha’, which means to nail. References of Kunakha seen in Sushrut Samhita, Asthang Sangraha, Asthang Hriday, Bhavprakash and Sharangdhar Samhita. In this also mentioned about their localised treatments but our case study was focused on both shodhana and shaman chikitsa i.e Jalaukavaacharana[vii] (Raktamokshana) and herbomineral preparations.

Kunakha can be correlated with **Onycholysis** is the painless separation of the nail plate from the underlying nail bed, usually beginning at the distal or lateral edge and progressing proximally. Onycholysis commonly develops due to trauma, repeated mechanical stress, fungal infections, psoriasis, contact dermatitis, or systemic disorders. Clinically, it presents with nail discoloration, detachment of the nail plate, and nail dystrophy, which closely resemble the manifestations of Kunakha. Conventional management of onycholysis primarily involves identifying and treating the underlying cause, protecting the affected nail, and promoting healthy nail regrowth. In the management of onysholysis, skin specialist prescribe a oral antifungal medication and topical antifungal medication. If inflammation present then additionof corticosteroids and further in severe cases, surgical option advised where partial or complete nail removal may be required[viii].

II. **AIMS AND OBJECTIVES:** This study is to find out the effective shodhana and shamana chikitsa in the management of Kunakha in Ayurveda.

III. **CASE STUDY:**

3.1 History of present illness:

A 25-year-old female unmarried patient stepped at our clinic with her mother for fungal infections in her left hand little finger nail since 2.5yrs as a result of trauma, accompanied by symptoms such as discolouration, thickness, pain, discomfort and cosmetic concern. The nail was presented as dry, brittle, yellowish and blackish discoloration with swollen and thickened of nail bed. She also had a fungal infection at her left armpit since last 4-5yrs and dandruff. She was suffering from mild acidity since last 2-3yrs. She went for allopathic medications for same conditions with cosmetic treatments but results were not positively so she came to Ayurveda with hope of best results.

Table:1 Dashavidha Pariksha

Prakriti	Vata Pitta	**Vikriti**	Nail
Sara	Madhyam	**Samhanana**	Madhyam
Pramana	Madhyam	**Satmya**	Madhyam
Satva	Madhyam	**Ahara Shakti**	Madhyam
Vyayama Shakti	Madhyam	**Vaya**	25

3.2 Personal history

Bowel Habit-Regular
Appetite – Regular (Outside food- weekend)
Micturition – Regular
Sleep - Disturbed
Heart rate – 78/m
Respiratory rate – 18/m
Blood Pressure – 130/80mmhg
Diet - Non-vegetarian
Addiction - None
Family History - Not Significant
Rajapravrutti - Regular
Tea/Coffee- Twice a day daily consumption of coffee.
Water intake – Approx 1 ½ lit/day (Less)
Manas avastha- Irritation (Long travelling hours approx. daily 5hrs, Stressful job of long time duration)

3.3 Vyadhi Ghatak:

Table 2: Vyadhi Ghatak

Dosha	Pitta Kapha Pradhan	**Dushya**	Rakta, Mamsa, Asthi
Srotasa	Asthivaha srotas	**Srotodusti**	Sangha
Adhisthana	Left little finger nail	**Rogamarga**	Madhyam

3.4 Systemic Examination: The rest of the systemic evaluation found no significant abnormalities, apparently young healthy female.

Physical examination:

Table 3: Physical Examination

Grade	Loss of nail, pain, roughness, swelling
0	Absent
1	Mild
2	Moderate
3	Severe

3.5 Signs and Symptoms:

In Asthang hrudaya, in the chapter of Kshudra roga, Kunakha sighs and symptoms were given as

Signs and Symptoms	Before Treatment	After Treatment
Roughness	Present	Absent
Loss of nail	Yes	New growth
Colour of Nail	Yellow and Black	White
Colour of nail bed	Yellow and Black	White
Swelling of nail bed	Present	Absent
Pain/Heaviness	Mild	Absent

Tenderness	Mild	Absent
Oozing from nail bed	Absent	Absent

Treatment: The concepts of Kunakha chikitsa given in Sushrut Samhita are the same as Chippa and Kaphaj vidradhi, where Raktamokshana is mentioned. Raktamokshana was performed with Jalauka avacharana, also known as Shodhan chikitsa, and shamana chikitsa was administered internally. Jalauka avacharana was performed in total of 8 sessions with internal medicine follow-up.

As a result, the patient was thoroughly informed about the specifics of Jalauka avacharana and internal therapy follow-up. Before beginning the treatment, the patient's written informed consent was taken and reviewed. Her nail infection was photographed with her permission and without exposing her identify.

Internal treatment given: (All internal medicine products were of the Sharmayu brand).

1) First 15days internal and external medicine:
a) Arogyavardhini vati- 2BD (each tab weigh approx. 300mg) After food with lukewarm water
b) Haridra Khand churna + Abhrak bhasma – 1tsp (approx.5gm) before food and at bed time with lukewarm water
c) Mahamanjisthadi kwath - 40ml HS (at Bed time) with lukewarm water
d) External application - Triphala churna+ yashti madhu churna with lemon juice paste.

2) Second follow up after 15 days
a) Haridra Khand churna + Abhrak bhasma – 1tsp (approx.5gm) before food and at bed time with lukewarm water
b) Kabjona vati 2HS (each tab weigh approx. 300mg) at bed time with lukewarm water
c) Arogyavardhini vati- 2BD (each tab weigh approx. 300mg) After food with lukewarm water

3) Third follow up after 20 days
a) Kabjona vati 2HS (each tab weigh approx. 300mg) at bed time with lukewarm water
b) Sarivadi vati 2BD (each tab weigh approx. 300mg) after food with lukewarm water

4) Fourth follow up after 15 days
a) Sarivadi vati 2BD (each tab weigh approx. 300mg) after food with lukewarm water
b) Kabjona vati 2HS (each tab weigh approx. 300mg) at bed time with lukewarm water
c) Haridra Khand churna + Abhrak bhasma – 1tsp (approx.5gm) before food and at bed time with lukewarm water
d) Mahamanjisthadi kwath – 20ml BD after food with lukewarm water

5) Fifth follow up after 22 days
a) Sarivadi vati 2BD (each tab weigh approx. 300mg) after food with lukewarm water
b) Neem vati 2BD (each tab weigh approx. 300mg) after food with lukewarm water
c) Haridra Khand churna + Abhrak bhasma – 1tsp (approx.5gm) before food and at bed time with lukewarm water
d) Syp. Raktamrita 15ml BD after food with lukewarm water

OBSERVATIONS AND RESULTS:
Following treatment, the results were visualized, and all photographs were taken based on their follow-up. The patient had exceptional benefits after completing 8 sessions of Jalauka avacharana, in addition to internal ayurvedic medications and external application. Nail discolouration decreased considerably, 90% healthy nail growth was observed, and symptoms associated with fungal infections disappeared 100%. The overall improvement was approximately >90% are captured in images from 1st follow up to last follow up listed in Fig 1 to Fig. 15.

DISCUSSIONS:
Probable mode of action of all intervention can be explained as follows:
1) Arogyavardhini vati: This herbomineral preparation is most affective in balancing tridosha dominant disorder. It helped in the management of ama by digesting the toxins in the body. As it has a shodhan property helps in detoxification or blood purification disorder. It acts as a Deepan, Pachan, Kledahara, Shoshahar.

2) Haridra Khand[12]: In Haridra Khanda, main ingredient is Haridra which act as a antimicrobial agents and other ingredients main ingredient such as Trivrit and Haritaki act as a Rechak and Krimihar, Kandughna. Other ingredients such as Daruharidra, Musta,Yavani, Ajamoda, Chitraka, Katuki, Jeeraka, Pippali, Shunthi, Twak, Ela, Patra, Vidanga, Guduchi, present are of more amount in Tikta, Katu rasatmak i.e. Pitta, Kaphahar in nature, Rasayan and Srotoshodhan. Generally, Haridra Khanda is basically used in the condition of allergics and fungal infections due to anti-inflammatory, antibacterial and blood purifying properties as mentioned in the Bhaisajya Ratnavali. Presence of Loha Bhasma plays a role for improvement of immunity.

3) Abhrak bhasma: Abhrak bhasma here act as antibacterial, antifungal, Balya and Rasayan. Due to Asthivaha strotas dushti in Kunakha, it helps to regrowth of nails and discoloration of nails and also acts a Yogavahi with other property of internal medicine.

4) Mahamanjisthadi kwath: Ingredients present such as Manjistha (main ingredient), Triphala, Tikta, Vacha, Haridra

Vasa, Kantkari, Shatavari, etc. are of Tikta Pradhan rasa helps to purify the blood toxins, Kapha Pitta doshahar, , Srotoshodhan, Shothahara, Kushtagna, Vranaropak, Raktashodhak, Vedanashamak, Kandughna, Dahaprashaman, Raktaprasadak.

5) Kabjona Vati: This is the proprietor remainder of the drugs were employed as Aampachan, Deepaniya dravya, therefore this act as Anulomak dravya.

6) Sarivadi vati: As Arogyavardhini can't be continued further for more than 21 days, patient was shifted to Sarivadi vati because it helps to balance Pitta dosha and Kapha disorder. It also acts as Deepan, Pachan, Strotoshodhan, Raktashodhan, Vrana Ropan. It also acts as Kleda-shoshaka (absorbs putrefaction) and Vrana-shodhaka (wound purifier).

7) Neem vati: Because of its Tikta ras and Madhur Vipaka, tissue nourishing is noticed as nail regrowth, and its prabhav blood purifying disorder helps to clean the strotas by eliminating ama (toxins) from the body.

8) Syp. Raktaamrita (Proprietary Ayurvedic medicine of Sharmayu): Further instead of Mahamanjisthadi kwath was given to enhance the mode of action of dhatus and doshas with the help of ingredients present in it. Ingredients present like Khadir, Gorakhmundi, Neem and Kutaki with natural antioxidants that helps to maintain healthy liver and blood cells and eliminate toxins from the body.

9) External application: Lepa of Triphala, Yashtimadhu and lemon juice balance the local conditions of skin and discoloration. It helps for vrana ropana, reduces rukshata and act as scraping agents.

10) Jalaukavacharana: The results seen and faster by Jalauka avacharana were remarkable. It helps to reduce inflammation, fungal properties of Jalauka. Jalauka may be used to treat several Raktaja illnesses by applying it to the afflicted region locally. Not only is hirudin present, but so are bedellin, egilin, hementin, collagenase, apyrase, decrosin, hayluronidase, and orgelasel, among others. It also has vasodilation and anesthetic properties.

CHALLENGES FACED DURING TREATMENTS :

1) The patient was counselled about jalaukaavacharana but refused to undergo the treatment.

• The patient manifested fear, pain, bleeding, and infections due to a lack of information about jalaukaavacharana. Our experts provided a detailed explanation of this treatment, including its method of action and benefits.

2) The patient was hesitant to take internal ayurveda medicine due to the lengthy treatment process and harsh taste. Some of her close relatives claimed that the presence of metals and minerals in Ayurvedic remedies causes cancer and other ailments. She had also done a Google search for ayurvedic medications. It was tough to advise her since she had illusions about safety and her health.

3) The patient was advised to modify her diet and lifestyle because of health issues, including fungal infections and gastrointestinal problems.

4) Due to her hectic job schedule and travel, she struggled to maintain up with her regular check-ups and medication intervals.

CONCLUSION:

The patient had alleviation in signs and symptoms such as edema, discolouration of nails, and loss of nails from little nail finger of left hand toes, as well as acidity, which was significantly decreased after approximately 90 days of Ayurvedic treatment without any adverse effects.

These study found that Kunakh (Paronychia) may be efficiently treated using a combination of Shodhan treatment (Raktamokshana- Jalaukaavacharana) based on the Chikitsa sutra and Shamana therapy (internal intake of medicine) based on Dhatu dushti. The current study's findings require replication with a bigger sample size. Validation of current findings is likely to result in specific guidelines for managing Kunakh (Onycholysis).

FIGURES:

Fig.1- 1st time on consultation

Fig.2- 2nd Follow up

Fig.3- After 2nd leech session

Fig.4- After 3rd leech session

Fig.5- After 4th leech session

Fig.6- After 5th leech session

Fig.7- After 6th leech session

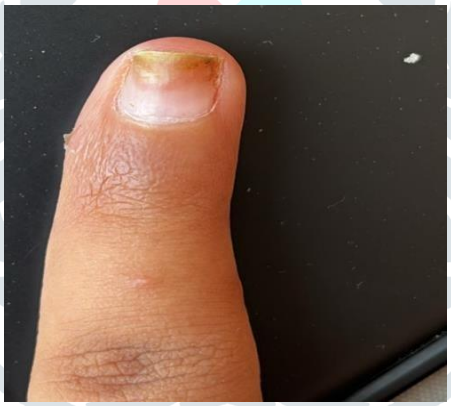

Fig.8- After 7th leech session

Fig.9- After 8th leech session

Fig. 10- Recovery of Nail

REFERENCES:

[i] Sushrut Samhita, Ayurvedattava-san- Deepika, Hindi translation, by Dr.Kaviraj Ambika datt Shastri A.M.S., Chaukhamba Sanskrit Series, Varanasi, First edition 2011, Nidansthana, Chp 13, pg no. 284.

[ii] Sarth Vagbhat, Vagbhattkrut Asthang hruday, Marathi translation by Dr. Ganesh Krishna Garde, Chaukhambha Surbharati Prakashan, Varanasi, Reprint edition 2012, Uttarsthan Chp.31 and 32.

[iii] Sharangdhar Samhita, Deepika Hindi commentary by Dr. Brahmanand Tripathi, Chaukhambha Surbharati Prakashan, Varanasi, Reprinted edition 2017, Chp.7, pg no. 72.

[iv] https://en.wikipedia.org/wiki/Onycholysis

[v] Sushrut Samhita, Ayurvedattava-san- Deepika, Hindi translation, by Dr.Kaviraj Ambika datt Shastri A.M.S., Chaukhamba Sanskrit Series, Varanasi, First edition 2011, Nidansthana, Chp 13, pg no. 283.

[vi] Sushrut Samhita, Ayurvedattava-san- Deepika, Hindi translation, by Dr.Kaviraj Ambika datt Shastri A.M.S., Chaukhamba Sanskrit Series, Varanasi, First edition 2011, Chikitsasthana, Chp 20, pg no.88.

[vii] Sushrut Samhita, Ayurvedattava-san- Deepika, Hindi translation, by Dr.Kaviraj Ambika datt Shastri A.M.S., Chaukhamba Sanskrit Series, Varanasi, First edition 2011, Sutrasthana, Chp 13, pg no.46.

[viii] https://www.apollohospitals.com/diseases-and-conditions/onycholysis

[9] Sarth Vagbhat, Vagbhattkrut Asthang hruday, Marathi translation by Dr. Ganesh Krishna Garde, Chaukhambha Surbharati Prakashan, Varanasi, Reprint edition 2012, Uttarsthan Chp.31 pg no.448.

[10] Sushrut Samhita, Ayurvedattava-san- Deepika, Hindi translation, by Dr.Kaviraj Ambika datt Shastri A.M.S., Chaukhamba Sanskrit Series, Varanasi, First edition 2011, Nidansthana, Chp 13, pg no. 284.

[11] Sushrut Samhita, Ayurvedattava-san- Deepika, Hindi translation, by Dr.Kaviraj Ambika datt Shastri A.M.S., Chaukhamba Sanskrit Series, Varanasi, First edition 2011, Chikitsasthana, Chp 20, pg no.88.

[12] Shri Govindadas, Bhaishajya Ratnavali-hindi by Prof. Siddhinandan Mishra, Chaukhamba Surbharati Prakashan, Varanasi, 2007, pg no. 898.