A SYSTEMIC ANALYSIS ON PSORIASIS W.S.R TO EKAKUSHTA

Prasanth D\textsuperscript{1}, Pravin Masram \textsuperscript{2}, Raiby Paul\textsuperscript{3}, Thakar Anup\textsuperscript{4}

\textsuperscript{1}PhD scholar, department of panchakarma, I.P.G.T. \& R.A., G.A.U., jamnagar, india
\textsuperscript{2}PhD scholar, department of kaumarabhrutya, I.P.G.T. \& R.A., G.A.U., jamnagar, india
\textsuperscript{3}Assistant professor, department of dravyaguna, amrita school of ayurveda, kollam, kerala, india
\textsuperscript{4}Associate professor and head, department of panchakarma I.P.G.T. \& R.A., G.A.U., jamnagar, india.

ABSTRACT
Psoriasis is one among the most common skin disorders encountered in clinical practice. It is a chronic disease that has substantial psychological and social impact on a patient’s life. Even though various treatment modalities are available in contemporary system of medicine including topical therapy, corticosteroids, cytotoxic drugs, photo chemotherapy. Most of these treatment modalities have serious limitations as they are only palliative. It is also important to note that they have considerable side effects when used for a longer period. Due to its invariable similarities in signs and symptoms, it is equated to Eka Kushtha in Ayurveda. Here in, an effort is put forward to compile and analyze the various studies conducted at Gujarat Ayurved University in the management of Psoriasis. A total of 27 studies on Psoriasis were analyzed from Post Graduate and Post Doctoral level research works, which revalidated the impact of various Ayurvedic treatment modalities (viz. Shodhana and Shamana) in Psoriasis. It was analyzed that as a part of Shodhana, Virechana procedure was carried out extensively in studies, where as Shamana therapy maximum drugs presented with Vatakaphashamaka, Raktaprasadana, Vishaghna, Kushthaghna, Kandughna properties, which were opposite to the etiopathogenesis of Ekaskushtha or Psoriasis. All the therapies carried out were found to be significantly effective and clinically safe without any adverse drug reactions.

KEYWORDS: Psoriasis, Ekakushta, Shodhana, Shamana

INTRODUCTION
Skin is not a simple barrier separating body’s internal and external environment, it is also the vehicle for the biological and social communication to the external world. Skin reflects our emotions and some aspects of normal physiology. Changes in the skin colour may indicate homeostatic imbalances in the body. Patients of skin disease always experience physical, emotional and socio-economic embarrassment in the society. Therefore the role of normal skin as the largest organ is really huge. According to Ayurveda, most skin disorders have been classified under Kushta. Ayurveda being a life science has always propagated effective diet and
lifestyle recommendations along with medicinal interventions (herbal and herbo-mineral/single and compound formulations) to combat various menacing disorders including psoriasis. Life style disorders are affecting all the sects of society and emerging as a global threat today. In today’s fast track life style people are more shifting toward mechanistic world and are adopting unhealthy dietary and lifestyle choices, which have resulted in increasing trend of lifestyle diseases.[1] Psoriasis is one amongst these notorious auto-immune disorder having deep psychological and social impacts.[2]Psoriasis is a chronic inflammatory disease with skin manifestations, aggravated by or can recur by number of triggering factors such as psychological (anxiety, stress, depression etc),[3] dietary (incompatible diets),[4][5] lifestyle disturbances,[6] environmental stress/changes)[3], medications[7]etc. The prevalence of Psoriasis is raising an alarming picture at present about 120 - 180 million of global population suffer from Psoriasis.[8]In India, overall incidence of Psoriasis among total skin patients is 1.02%.[9]

Modern system of medicine is clueless with a proper management on psoriasis. Currently available management options (synthetic drugs) are not much promising and are reported to have associated adverse effects,[10] Ayurvedic herbs and procedures viz. Vamana (Therapeutic emesis), Virechana (Therapeutic purgation), which are relatively potent, with negligible side effects are being successfully practiced by traditional physicians since millenniums to manage Psoriasis or Ekakushta. Kushtha (skin disorders) has been considered one among the Ashtamahagada[11](Major octa-ominous disorders) in Ayurveda. EkaKushtha is one of the subtypes of Kushtha, which is equated with Psoriasis as they show similar manifestations. Numerable clinical studies have been conducted all around the globe to evolve a complete management for Psoriasis. In Ayurveda too, many research works have been carried out with this regard. Here in, an effort is put forward to compile and analyze the various studies conducted at Gujarat Ayurved University in the management of Psoriasis or Ekakushta along with a critical analysis of its outcomes.

MATERIALS AND METHODS

All the research works carried out in institutes under Gujarat Ayurved University viz. IPGT and RA, Jamnagar and Akhandanand institute, Ahmedabad, at PhD and PG levels on psoriasis during 1959 – 2013 were compiled and screened and cited to analyze the outcomes on the Ayurvedic lines of management on Psoriasis or Ekakushta. These studies totaly (PG-24 and PhD-3) were carried out. In department of Basic Principle (3), Kaya Chikitsha (9), Rasa Shastra and Bhaishajya Kalpana (6) and Pancha Karma (9) works were carried out.
Observations

The observations of the works that has been carried out in GAU Jamnagar, under various departments were as follows:

Department Basic Principles

MD Dissertation

Makwana MM(1979)\textsuperscript{[12]}: This is first thesis on Psoriasis carried out at IPGT& RA. Total 20 patients with the symptoms of Psoriasis were treated with Arogyavardhini Rasa and Gandhaka Rasayana orally and externally with Ghandhaka Malhara. Duration of treatment was 1 month. The study reported significant improvement in sign and symptoms.

Sabu NR (1988)\textsuperscript{[13]}: In this study efficacy of Raktamokshana (Therapeutic blood letting) and Shamana Chikitsha (pacifying treatment) was evaluate in 14 patient of Psoriasis. For Shamana (pacifying treatment) group patients were given Brihat Manjisthadi Talasindura (orally) and Haritala Mishrana (External). Treatment was given for 2 months. From this study it was observed that marked improvement in 71.43% patients with Raktamokshana and 54.14% patients were completely cured in external and internal treatment.

Parvani I(2003)\textsuperscript{[14]}: In this study role of Shodhana (Bio purification), Shamana (pacifying treatment), Pathya Ahara (Wholesome diet) was evaluated on 25 patients of Psoriasis. All patients were divided into three Groups (Gps) through random sampling method for 3 months. Group A – Shodhana (Bio purification) Shamana Gp (pacifying treatment) with Pathya Ahara (Wholesome diet), Group B-Shamana Gp (pacifying treatment) with PathyaAhara (Wholesome diet), and Group-C PathyaAhara Gp (Wholesome diet/control Gp). For Shamana the Taila of Wrightia tinctoria was given for local application for twice a day for one month duration. Complete remission was found in 9.09%, in Group -A and moderate improvement was found in 36.36% patients, where as 62.5% of Group B, and 33.33% of Group C also showed moderate improvement. Study concluded that Shodhana(Bio purification), Shamana (pacifying treatment) therapy along with Pathya Ahara (Wholesome diet) has given better results.

Department of KayaChikitsa

MD Dissertation

DhuriKD (1995)\textsuperscript{[15]}: In this study role of Shodhana with Shamana was evaluated on 27 patients. For Shodhana - Vamana (Therapeutic vomiting) or Virechana (Therapeutic purgation) was given. For Shamana orally Gandhakadiyati in doses form 500 mg twice and externally Nimbkaranja Malhara for 1 month was. Shodhana with Shamana Gp shows 35.7% of patients
were cured completely while Shamana Gp shows 12.5% patients were cured. It was observed that Shodhana therapy followed by Shamana therapy is very effective in Psoriasis.

Joorawan PR(2000)\textsuperscript{[16]}: Total 36 patients were treated with three different Gps. In Gp A Virechana Karma with Lelitaka Yoga\textsuperscript{1} gm per day and Vishawamitrakapala Taila externally after Koshta Shuddhi (purification), Gp B - Lelitaka Yoga\textsuperscript{1} gm per day and Vishawamitrakapala Taila externally. In Gp C, only local application was given. Complete remission of 69.23% was observed in Gp A, 44% in Gp B and 20% in Gp C. Marked improvement 23.08% in Gp A, 55.56% in Gp B and 30% in Gp C. Improvement 7.69% in Gp A, 10% in Gp B and 40% in Gp C. 10% of patient were unchanged in Gp C.

Kanani V (2002)\textsuperscript{[17]}: This study was directed to evaluate the role of the psychological factor in Psoriasis by using Mandukparni Vati. Patients were divided in two Gps. In both the Gps Abhyantara Snehana (internal oleation) was done by Panchatikta Ghrita and Virechana Karma was accomplished by Itchchhabhedi Rasa and Triphala Kwatha with Prakshepa (catalytic adjuvant) of Eranda Taila. In Bhallataka Vati Gp for Shamana purpose Bhallataka Vati was administered internally and Jeevantyadi Lepa externally. In Mandukaparni Gp Mandukaparni was administered in addition to the above mentioned Shamana drugs. Total 27 patients were completed the study for 2 months after completion of Virechana. Study concluded that Mandukparni Gp have better results and recurrence of disease is less too.

Galani K (2005)\textsuperscript{[18]}: In this study role of Darvayadi Yamaka Malhara alone in first group and with Saptasamo yoga 3 gm twice daily with Go Ghrita and Madhu (honey) was given for 2 months in second Gp. In third Gp placebo glucose powder 500 mg twice daily was given for 2 months. Total 25 patients were completed. Complete remission was found in 44.4% in Gp B, 33% in Gp A. All Gps showed 33.3% marked improvement. Gp B and C showed 22.2% moderate improvement while Gp A showed 22% moderate improvement. Study concluded that Darvayadi Yamaka Malhara with Saptasamo Yoga show better result in Psoriasis.

Mehta C (2007)\textsuperscript{[19]}: Total 44 patients were treated in three different Gps. In Gp A (n=19) Pathayadi Vatak 2 g thrice daily with Vidangadi Lepa externally after Koshta Shuddhi. In Gp B (n=15) Vidangadi Lepa externally and Gp C (n- 10) placebo (Rawa powder) 500mg twice daily for 2 months was given to evaluate the efficacy in Psoriasis. Gp C shows mild improvement 30%, and 70% remained unchanged. Gp B shows complete remission in 20% patients, and marked improvement 33.33%, mild improvement was seen in 40% patients. where as 6.66% remained unchanged. On comparison Gp A showed better result as complete remission was found in 26.31%, marked improvement 52.63%, mild improvement 21.05%.
Phd Thesis

Dave AR (2004)[20]: This was clinical trial in which Bhallataka was used as internal medicine in Psoriasis. Patients were divided in two Gps. In Gp A, 32 patients were treated under Amrita Bhallataka Avaleha 5 gm twice a day along with milk and Karanjadi Lepa for external application once at bed time. In Gp B, 32 patients were treated under glucose filled capsule twice a day as placebo Gp. Duration of study was 3 months. Complete remission was found 50% in Gp A. Marked improvement was found 28.13% in Gp A. Improvement of 15.63% and 18.75% was found respectively in Gp A and Gp B. Remaining 6.25% patients of Gp A and 81.25% of Gp B was unchanged.

Mehta C (2009)[21]: This study was conducted to evaluate the comparative efficacy of Navayasa Rasayana Leha and Medhya Rasayana tablet on Psoriasis. Patients were randomly divided in two Gps. Gp A (n= 45) Navayasa Rasayana Leha 2gm twice daily with local application of Dhatryadyho Lepa. Gp B (n= 49) Medhya Rasanaaya tablet 1 gm daily with local application of Dhatryadyho Lepa was done. Study duration was 3 months. It was observed that complete remission was found 16.32% in Gp A and 6.66% in Gp B. Marked improvement 62.22% in Gp A and 40.81% in Gp B. Moderate improvement 26.66% in Gp A and 40.81% in Gp B. Mild improvement 4.44% in Gp A and 2.04% in Gp B.

Department of Rasashastra and BhaishajyaKalpana

MD Dissertation

Barvaliya R (2000)[22]: This clinical study was conducted to evaluate role of Ghrita Murchana in Psoriasis. Study was divided in three Gps. Gp A- Panchatikta Ghrita prepared with Ghrita Murchana and Triphala kalka, Gp B – Panchatikta Ghrita prepared with GhritaMurchana and Ghrita was given in dose of 5 ml twice daily for 1 month. Total number of patient was 37. Comparative effect of study was found marked improvement in 55.5% patients of Gp A, 35.93% in Gp B and 29.31% in Gp C.

ZalaU(2004)[23]: To asess the comparative results of Panchatikta Ghrita prepared by three different methods on Psoriasis. Gp A- Panchatikta Ghrita prepared by Ghrita Murchana and Triphala Kalka, GpB-PanchatikhtaGhrita Prepared by GhritaMurchana. Gp C-PanchatiktaGhrita(Without GhritaMurchana and Triphala Kalka) 10 gmPanchatiktaGhrita was given 21 patients for 1 month. Overall effect of the therapy showed 63.15% patients markedly improved and 21.05% with moderate improvement. Gp A showed better result than other Gp. Therapeutically and as per cost effect Gp B is very useful for all the skin disease.
Vaghmashi R (2006)[24]: To assess comparative study of *Guduchi Taila* and *Guduchi Ghrita* this study was carried out. Both drugs were given internally (5 gm with luke warm water) and externally for 28 day. 15 patients were completed in *Taila* Gp and 10 patients completed in *Ghrita* Gp. Both the drugs *Guduchi Taila* and *Guduchi Ghrita* were found effective, but *Taila* shows better result with complete remission 20%, moderate improvement 44%, marked improvement 36%, and mild improvement 10.53%.

Shrimannarayan K (2006)[25]: Conducted study to evaluate the effect of two different doses *Rasa Manikiya* (orally) on the patients of *EkaKushttha* (Psoriasis) with placebo as control Gp. *Rasa Manikiya* was given 125 mg once per day (n-15) and 125mg twice per day (n-12) as well as starch as placebo was given 250 mg BD (n-10) for 28 days. Serum Arsenic is within normal limits after using *Rasa Manikiya* in both the Gps there is no any untoward effect reported after the follow up of the treatment also. All the primordial symptoms of *EkaKushttha* (Psoriasis) are relieved by *Rasa Manikiya* in both the Gps on comparison with control.

Umrethiya B (2008)[26]: The study was aimed to evaluate the comparative therapeutic efficacy of *Guduchi Ghana* (dry extract) prepared by two different methods on the patients of Psoriasis. In Gp A, *Guduchi Ghana* was prepared by *Kwatha* (decoction) methods and in Gp B, soxhlet method. 250 mg twice daily was given on total number of 33 patients for 28 days. All the patients got mild to moderate relief from the symptoms of Psoriasis. Moderate improvement was found 47.05% in Gp A, 25.00% in Gp B and Mild improvement was found 52.94% in Gp A, 62.50% in Gp B. No improvement was found 12.50% in Gp B. *Guduchi Ghana* prepared by *Kwatha* method shows better results than soxhlets method.

**PhD Thesis**

Mitra S (2007)[27]: Conducted study to evaluate the effect of *Bhavana* on *GhandhakaRasayana* processed with two different media on Psoriasis. In Gp A, *Bhavana* (levigation) was given with *Kwatha Dravya’s Arka* and in Gp B, with *Kwatha*. For placebo control Gp roasted *Suzi* was given as Gp C. *Tila Taila* was given for local application. 34 patients were treated for 1 month in each Gp. In Gp A, it was observed that 11.70% had complete improvement, 38.23% marked improvement, 29.10% moderate improvement, 11.70% mild improvement and 8.82 % no improvement. In Gp B, 14.70% complete improvement, 5.88% marked improvement, 26.47% moderate, 20.58% mild and 32.35 % no improvement was observed. Placebo Gp showed only 2.94% mild improvement while rest 97.05% was unchanged.

**Department Pancha Karma**

**MD Dissertation**
Ruparel S (1999)[28]: Conducted comparative study to evaluate role of Panchatikta Ghrita and Triphaladi Rasayanavati as Shamana Chikitsa with or without Virechana Karma. Panchatikta Ghrita was given 10 gm and Triphaladi Rasayanavati 6 gm per day. Total 7 patients were completed in Virechana Gp and 6 in Shamana Gp. Duration of treatment was two months. In Virechana Gp, 16.67% patients found complete improvement, 66.67% patients were moderate improvement and 16.67% were found mild improved. Shamana Gp shows 42.86% marked improvement and 57.14% moderate improvement. Thus considering above data it can be said that Virechana with Shamana therapy was proved more effective in the management of Psoriasis than only Shamana Therapy.

Parida A (2008)[29]: Present study was aimed to evaluate the comparative role of Vamana Karma and Virechana Karma with Jivantiyadi Yamaka for external application in the management of Psoriasis on 30 patients. Jivantiyadi Yamaka was given for 28 days after Vamana and Virechana Karma. Complete remission was found in 53.33% patients in Vamana Gp and 80% in Virechana Gp. Marked improvement was found in 46.67 % in Gp A, 33.33% in Gp B. Study concluded that Virechana Karma gives better results in Psoriasis.

Padhsala S (2009)[30]: This study was conducted to evaluate the effect of Shuddha Ghrita (Plain Ghee) and Amrita Ghrita as a Snehapana for Vamana Karma on the patients of Psoriasis. Vamana Karma was followed by Pancha Nimbadivati at a dose of 1.5 gm thrice daily to 24 patients for one month. Gp A shows 8.33% complete remission while Gp B shows 25%. Marked improvement was found 58.33% in each Gp. Mild improvement was found in 16.67% each Gp. Unchanged was found in 16.67% Gp A and no patients remained unchanged in Gp B. Hence it can be said that it is better to manage Psoriasis by Vamana Karma using Samskarita Ghrita (medicated oil) as internal Snehapana in place of Shuddha Ghrita.

Patel JR (2010)[31]: Conducted a comparative clinical study to evaluate the efficacy of Madanaphalapippali and Krutvedhana as Vamaka Dravya in the management of Psoriasis. For Shamana Yoga Panchatikta Ghrita was given in the dose of 20 ml twice daily for 15 day. Total 27 patients were completed. Study shows completely cured in 15.38 % Gp A, while none of patient in Gp B. Marked improvement in 7.69% Gp A, 28.58% Gp B. Moderate improvement in 46.15% Gp A, 21.42% Gp B. Improvement in 23.07% Gp A, 35.71% Gp B. Patients remained unchanged in 7.69% Gp A and 14.29% in Gp B. He concluded that Krutavedhana may be taken as best Vamaka Dravya for Vamana Karma in Ekakushtha.

Gulhane C (2011)[32]: Comparative study was conducted to assess the efficacy of Virechana Karma and Takradhara for 14 days followed by Shamana Yoga Makandi Ghanavati 1 gm thrice...
daily. This study was conducted on 28 patients. *Shamana Yoga* was given for 15 days after *Sansarjana* (post-operative diet control) in Both Gp. Study compile that no complete remission was found in any Gp. Marked improvement was found in 20% in Gp A, 23.08% in Gp B. Moderate improvement was found in 53.33% in Gp A, 14.39% in Gp B. Mild Improvement was found in 26.67% in Gp A, 14.29% in Gp B. he concluded that quality of life of Psoriasis patients improved in physical state, mental/emotional state and life enjoyment after *Virechana Karma* and *Takradhara*. But *Takradhara* shows better result than *Virechana*.

**Researches in Ahmedabad**

**Department of Kaya Chikitsha**

**MD Dissertation**

Kale PA (1993)\[33\]: Patients were divided in three Gps in this study. In Gp A, patients were treated with *Virechana Karma*, In Gp B, patient were treated with *Panchatikta Ghrita Guggulu* 12 gm per day as *Shamana* and in Gp C, *Chandamarutam* for external application with butter and placebo capsule was given. Study concluded that *Virechana* is highly effective in Psoriasis as compared to other two Gps. *Shamana* Gp also show better result as compared to placebo Gp.

Belani JM(2000)\[34\]: This study was conducted to evaluate the role of *Virechana Karma*. 40 patients were equally divided in *Virechana Purvaka Shamana Chikitsha* and only *Shamana Chikitsa*. For *Shamana* purpose 3 gm *Navakashaya Ghanavati* was given in three divided dose 3 gm per day for the duration for 3 month and *Navakashayta Siddha Taila* for local application. *Virechana* Gp show 10% complete remission, 25% marked improvement 32.5% moderate and mild improvement. In *Shamana* Gp 5% complete remission while 35% mild improvement rest no improvement, so study concluded that *Virechana Purvaka Shamana Chikitsha* is better for Psoriasis.

**Department of Panchakarma**

**MD Dissertation**

Shah PN (2008)\[35\]: Conducted a comparative clinical study to evaluate the efficacy of *Ichhabhedi Rasa* (125 mg to 1 gm) and *Trivritadi Churna* (1 to 10 gm) as *Virechaka Dravya* in the management of Psoriasis. 10 patients were completed in each Gp. Marked improvement was found 80% in Gp A and 60% in Gp B. Moderate improvement was found 10% in Gp A and 40% in Gp B. Mild improvement was found 10% in only Gp A.

Jagtap R(2009)\[36\]: The comparative study to evaluate of efficacy of *Go-Ghrita* and *Vajraka Ghrita* for *Abhyantara Snehapana* before *Vamana* in the management of Psoriasis. 20 patients
were completed. Study concluded that *Vamana* was effective in both Gps but with *Vajraka Ghrita* it shows better results.

Yadav A (2011)[37]: Comparative study was conducted to evaluate the role of *Pippalyadi Ghrita* and *Go-Ghrita* was used for *Snehana* and *Vamana Karma* was performed by *Krutavedhana*. *Pippalyadi Vati* (6 gm / day) was given for *Shamana* in Gp A(n-12) and placebo(*Yava ChurnaVati* 6 gm /day) in Gp B(n-12) for 6 weeks after *Samsarjana Karma*. None of the patient showed complete remission in Both Gp. Gp A showed 25% marked improvement, 75% moderate improvement while Gp B showed 83.33% moderate improvement and 16.67% mild improvement.

Agrawal R (2013)[38]: Conducted comparative clinical study of *Shodhana Purvaka Shamana Karma* and *Shamana (Aaraghvadhadi Vati)* in the management of Psoriasis. For *Shodhana Karma Virechana* was carried out from *Krutavedhana*. *Araghvadadi Vati* 1 gm thrice daily was given for 4 weeks. Study concluded that complete remission was found 5.88% in Gp A, while 13.33% was found in Gp B. Marked improvement was found 52.94% in Gp A, while 28.12% in Gp B. Moderate improvement was found in 35.29% in Gp A, while 46.67% in Gp B. Improvement was found 5.88% in Gp A, while 40% in Gp B.

**DISCUSSION**

All skin diseases are described under the roof of *Kushtha* in Ayurveda. *Kushtha* is divided into 2 types as *Maha* and *Kshudra Kushtha*. Eka *Kushtha* is one amongst eleven *Kshudra Kushtha* with *Kapha* - *Vata* dominancy. It is named as a *Rakta Pradoshaja Vyadhi* because *Rakta* vitiation is found as a common pathology in this disorder.

In Ayurvedic classics, *Kushtha* is indicated to be treated under various purification procedures such as *Vamana, Virechana* and *Rakta Mokshana*. On expounding the treatment plan explained for the management of *Kushtha, sodhanas* (deep level bio purifications) such as *Vamana, Virechana* and *Rakta Mokshana* are advised at a gap of every 15 days, 1 month, and 6 months interval respectively. Even though the said bio purificatory processes clinically provides results in all segments of various skin disorders. It was quiet essential to evaluate and obtain an evidence based data to substantiate the same. On the grounds of same, various clinical trials were undertaken in different research institutes across India to evaluate the efficacy of various Ayurvedic treatment in the management of Psoriasis/ EkaKushta. In the current review a proper screening has been done on the various studies that has been carried out under various departments of Gujarat Ayurved University, Jamnagar to evaluate and affirm the results of various Ayurveda management in EkaKushta or Psoriasis. On analyzing the various studies it was
seen that researchers accepted *Eka Kushtaas* as Psoriasis except Dr Sabu *et al* who considered *Kitibha kushta* as Psoriasis. It was also observed that most works were done on base of *Shodhana Karma*, which is a deep level bio purification which is commonly accepted and recommended by all ayurvedic seers in the management of *kushta* or various skin disorders. Among the *Shodhanas Virechana karma* (Therapeutic purgation) was adapted more in comparison to *Vamana Karma* (Therapeutic emesis). On comparative studies between the both *Virechana* proved to show better results than *Vamana* (Therapeutic emesis). It might be due to the fact that according to Ayurveda, *Kustha* is considered as one among the *Rakta Pradoshaja Vyadhis* (disorders related to Rakta/blood dhatu). As such *Pitta dosha* is accepted as *Mala* (waste product) of *Rakta*. So *Virechana* is specific for *Pitta Dosha*. *Pitta Sodhana* occurs due to *Virechana karma* and ultimately it decreases *Dushta Rakta* (impure blood). Due to the deep level purification of *Rakta Dhatu and Pitta Dosha, Kushtha (Eka Kushta)* gets controlled easily. *Shamana karma* was also very commonly utilized after *Shodhana chikitsa* to control the *Shesha Dosha*. There were many pacifying drugs invariably used according to the classical basis to revalidate the efficacy of same which were also proved to be really effective on scientific grounds. It was also observed that there were few works carried out on *Rakta Mokshana* (therapeutic blood letting), *Pathya Ahar* (disciplined wholesome diet), and on the effect of psychological factors in Psoriasis. From the analysis it was even confirmed that there were no any adverse effects of Ayurvedic treatments or drugs reported in any form among any of these studies. Even though certain limitations were observed in these researches, the results can be considered as lead for further well stratified studies covering larger population. Review of previous works will lead to rectification of errors in earlier studies and developing better study designs in future implementing those innovative improvisations to further develop the science for the betterment of human race.

**CONCLUSIONS**

From the various screened clinical studies it was concluded that *Ekakushta* would be the most ideal type of skin disorder which can be co-related to psoriasis. *Shodhana Karma* followed by *Shamana Aushadha* with *Pathya Aahara* was found as a suitable treatment plan to manage Psoriasis. Among the *Shaman Aushadhas* usage of *Medhya Rasayanas* proved to have a significant effect on the recovery of Psoriasis. All the Ayurvedic therapies adopted as a part of various research studies proved to have significant results in the management of psoriasis. Among the *Shodhana* therapies, *Virechana* procedure was the most commonly adopted purificatory process with maximum efficacy. It also revealed the fact that all the therapies were
found to be significantly effective and clinically safe as no adverse drug reaction were reported during treatment period among any of the screened studies.

ACKNOWLEDGMENTS

Authors duly acknowledge all the scholars and involved technical authority, whose works have been screened in the current attempt.

REFERENCES


For Correspondence
Dr.Prasanth.D
Email: drpransanthd@gmail.com