



PHARMA SCIENCE MONITOR

AN INTERNATIONAL JOURNAL OF PHARMACEUTICAL SCIENCES

Journal home page: <http://www.pharmasm.com>

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

Prasanth D^{*1}, Pravin Masram², Raiby Paul³, Thakar Anup⁴¹ PhD scholar, department of panchakarma, I.P.G.T. & R.A., G.A.U., jamnagar, india² PhD scholar, department of kaumarabhrutya, I.P.G.T. & R.A., G.A.U., jamnagar, india³ Assistant professor, department of dravyaguna, amrita school of ayurveda, kollam, kerala, india⁴ 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 Ekaskushta 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. Numerous 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 Chikitsa (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)^[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 *Gandhaka Malhara*. Duration of treatment was 1 month. The study reported significant improvement in sign and symptoms.

Sabu NR (1988)^[13]: In this study efficacy of *Raktamokshana* (Therapeutic blood letting) and *Shamana Chikitsa* (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)^[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)^[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 *Gandhakadivati* 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)^[16]: Total 36 patients were treated with three different Gps. In Gp A *Virechana Karma* with *LelitakaYoga* 1 gm per day and *Vishawamitrakapala Taila* externally after *KoshthaShuddhi* (purification), Gp B - *LelitakaYoga* 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.

KananiV (2002)^[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 *ErandaTaila*. In *Bhallataka Vati* Gp for *Shamana* purpose *BhallatakaVati* 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.

GalaniK(2005)^[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)^[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 *KoshthaShuddhi*. 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 Rasanaya* 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 Gp C –*Panchatikta Ghrita* prepared without *Ghritamuchana* and *Triphala Kalka*. *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 assess the comparative results of *Panchatikta Ghrita* prepared by three different methods on Psoriasis. Gp A- *Panchatikta Ghrita* prepared by *Ghrita Murchana* and *TriphalaKalka*, GpB-*PanchatikhtaGhrita* Prepared by *GhritaMurchana*. Gp C- *PanchatiktaGhrita*(Without *GhritaMurchana* and *Triphala Kalka*) 10 gm*PanchatiktaGhrita* 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 *EkaKushtha* (Psoriasis) with placebo as control Gp. *Rasa Manikya* 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 Manikya* in both the Gps there is no any untoward effect reported after the follow up of the treatment also. All the primordial symptoms of *EkaKushtha* (Psoriasis) are relieved by *Rasa Manikya* 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 Nimbadihati* 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 % GpA, 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 GpB. 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 Chikitsa

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* 12gm 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 Chikitsa* 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 Chikitsa* 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* (125mg to 1 gm) and *Trivritadi Churna* (1 to 10gm) 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*.^[39] *Eka Kushtha* is one amongst eleven *Kshudra Kushtha* with *Kapha - Vata* dominancy.^{[39][40]} It is named as a *Rakta Pradoshaja Vyadhi* because *Rakta* vitiation is found as a common pathology in this disorder.^[41]

In Ayurvedic classics, *Kushtha* is indicated to be treated under various purification procedures such as *Vamana*, *Virechana* and *Rakta Mokshana*.^{[42][43]} 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.^[44] 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 *Ekakuhta* or Psoriasis. On analyzing the various studies it was

seen that researchers accepted *Eka Kushtha* 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* (Theraupetic purgation) was adapted more in comparison to *Vamana Karma*(Theraupetic emesis). On comparative studies between the both *Virechana* proved to show better results than *Vamana* (Theraupetic emesis). It might be due to the fact that according to Ayurveda, *Kushtha* is considered as one among the *Rakta Pradoshaja Vyadhis* (disorders related to *Rakta*/blood dhatu).^[41] As such *Pitta dosha* is accepted as *Mala* (waste product) of *Rakta*.^[45] So *Virechana* is specific for *Pitta Dosha*.^[46] *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 Kushtha)* 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 (theraupetic 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

1. Sharma R, Gokarn G, Amin H, Galib, Prajapati PK. Prevalence of Diabetes Mellitus in Suarashtra region of Gujarat: A survey. *Inter J Res Ayu Pharm* 2012;3:169-174.
2. <http://psoriasis.about.com/lw/Health-Medicine/Conditions-and-diseases/Psoriasis-As-An-Autoimmune-Disorder> accessed on 16/7/2014 at 17.30.
3. Menter *et al.* (May 2008). Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 1. Overview of psoriasis and guidelines of care for the treatment of psoriasis with biologics. *J Am Acad Dermatol* 58 (5): 826–50.
4. Acharya YT. CharakaSamhita of Agnivesha; Sutra Sthana; AtreyabhadrakapiyoAdhyay. Reprint ed. Ch. 26. Ver. 103. Varanasi; ChaukhambaSurbharatiPrakashan; 2009. p 151.
5. <http://www.ayursages.com/psoriasis> accessed on 23/07/2014 at 17.19.
6. http://www.skincarephysicians.com/psoriasisnet/lifestyle_choices accessed on 22/07/2014 at 17.27.
7. <https://www.psoriasis.org/about-psoriasis/causes> accessed on 16/7/2014 on 17.37.
8. http://www.psoriasis-id.com/psoriasis/statistics_of_psoriasis accessed on date 26/02/2013 at 21.54.
9. Dogra S, Yadav S. Psoriasis in India: Prevalence and pattern. *IndJ Derm Verneleprology* 2010;76:6:595-601.
10. <http://www.webmd.com/skin-problems-and-treatments/psoriasis-treatment-13/dmards> accessed on 16/7/2014 at 22.42.
11. Acharya YT. CharakaSamhita of Agnivesha; IndriyaSthana; YasyashyavanimittiyaIndriyam. Reprint ed. Ch. 9. Ver. 8. Varanasi; ChaukhambaSurbharatiPrakashan; 2009.p. 368.
12. Makwana MM *et al.* A study of Psoriasis according to Ayurveda, PG Dissertation, Department of Basic Principle, IPGT & RA, Gujarat Ayurved University, Jamnagar, 1979.

13. Sabu NR *et al.* The etiopathological study of *KitibhaKushtha* and its principle of management by *Shaman* and *Shodhana* measures, PG Dissertation, Department of Basic Principle, IPGT & RA, Gujarat Ayurved University, Jamnagar, 1988.
14. Parvani IV *et al.* A conceptual and applied study of *ViruddhaAhara* with particular reference to *EkaKushtha*, PG Dissertation, Department of Basic Principle, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2003.
15. Dhuri KD *et al.* Management of *KshudraKushthaw.s.r.* Psoriasis (*EkaKushtha*), PG Dissertation, IPGT & RA, Department of Kaya Chikitsa, Gujarat Ayurved University, Jamnagar, 1995.
16. Joorawon PR *et al.* Study of *EkaKushtha* (Psoriasis) and its management with *Shodhana* and *ShamanaYoga*, PG Dissertation, Department of Kaya Chikitsa, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2000.
17. Kanani V *et al.* A clinical study on the role of *ManshikaBhavas* in the aetio pathogenesis and management of *EkaKushtha* (Psoriasis), PG Dissertation, Department of Kaya Chikitsa, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2002.
18. Galani K *et al.* Management of *EkaKushtha* with *DarvyadiYamakaMalhar*, PG Dissertation, Department of Kaya Chikitsa, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2005.
19. Mehta C *et al.* A clinical study on the role of *PathyadyaVatak* and *VidangadiLepa* in the management of *EkKushtha* (Psoriasis), PG Dissertation, Department of Kaya Chikitsa, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2007.
20. Baravaliya R *et al.* A comparative pharmaco clinical study of *PanchatiktaGhrita* prepared by different methods in *EkaKushtha* (Psoriasis), PG Dissertation, Department of Rasashastra and BhaishajyaKalpana, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2000.
21. Zala U *et al.* A comparative pharmaceutico-clinical study of different samples of *PanchaTiktaGhrita* with its effect on *EkaKushtha*, PG Dissertation, Department of Rasashastra and BhaishajyaKalpana, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2004.
22. Vaghamshi R *et al.* , A Comparative pharmaceutical-pharmaco-clinical studies of *GuduchiTaila* and *GuduchiGhrita* and its effect on *EkaKushtha*, PG Dissertation, Department of Rasashastra and BhaishajyaKalpana, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2006.

23. Srimannarayanan *et al.* A PharmaceuticoPharmaco clinical study of *Rasamanikyaw.s.r.* to *EkaKushtha* (Psoriasis), PG Dissertation, Department of Rasashastra and BhaishajyaKalpana, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2006.
24. Umrethiya B *et al.* Comparative study of *GuduchiGhana* prepared by *Kwatha* and Aqueous Extract In the management of *EkaKushtha*, PG Dissertation, Department of Rasashastra and BhaishajyaKalpana, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2008.
25. Ruparel SJ *et al.* Role of *Virechanawith* and without *Shamana* in the management of Psoriasis (*EkaKushtha*), PG Dissertation, Department Pancha Karma, IPGT & RA, Gujarat Ayurved University, Jamnagar, 1999.
26. Parida A *et al.* A comparative study of *VamanaandVirechana Karma* in *Ekakushthaw.s.r.* to Psoriasis, PG Dissertation, Department Pancha Karma, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2008.
27. Padhsala SV *et al.* A comparative study on *Vamana Karma* by using *ShuddhaGhritaandSamskaritaGhritaasAbhyantaraSnehpanainEkakushthaw.s.r.* to *Psoriasis*, PG Dissertation, Department Pancha Karma, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2009.
28. Patel JR *et al.* A comparative study on *VamanaKarma* with *Madanaphala* and *Krutavedhana* W.S.R. to *Ekakushtha*(Psoriasis), PG Dissertation, Department Pancha Karma, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2010.
29. Gulane CM *et al.* A clinical study of *Virechana Karma, Takradhara* and *Makandi* [*Coleus forskohlii* (Wild) Briq.] *Ghanavati* in the management of *Ekakushtha*(w.s.r. to Psoriasis), PG Dissertation, Department Pancha Karma, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2011.
30. Dave AR *et al.* Role of *AmrutbhallatakAvaleha&KaranjadiLepa* in the management of *EkaKushtha*(Psoriasis), PhD Thesis, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2004.
31. Mehta C *et al.* A comparative clinical study on the role of *NavayasaRasayanaLeha* and *MedhyaRasayana* tablet along with *DhatryadhyoLepa* in the management of *EkaKushtha* (Psoriasis), PhD Thesis, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2004.
32. Mitra S *et al.* Physico chemical effect of *Bhavanaon GandhakaRasayanaprocessed* with two different media and it's therapeutic effect on *EkaKushtha*(Psoriasis), PhD Thesis, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2007.

33. Kale PA *et al.* Role of *Shodhana* in Psoriasis, PG Dissertation, Department of Kaya Chikitsa, Govt. Akhandananad Ayurved College, Gujarat Ayurved University, Jamnagar, 1993.
34. Belani JM *et al.* A clinic comparative study on *Shodhana (Virechana) Purvaka Shamana* and *Shamana Chikitsa* in the management of *Eka Kushtha*, PG Dissertation, Department of Kaya Chikitsa, Govt. Akhandananad Ayurved College, Gujarat Ayurved University, Jamnagar, 2000.
35. Shah PN *et al.* A comparative study of two *Virechana Yoga* in the management of *Eka Kushtha* (Psoriasis), PG Dissertation, Department of Panchakarma, Govt. Akhandananad Ayurved College, Gujarat Ayurved University, Jamnagar, 2008.
36. Jagtap R *et al.* The comparative study of efficacy of *Go Ghrita* and *Vajrakaghrita* for *Abhyantara Snehapana* before *Vamana* in the management of *Eka Kushtha* wsr to Psoriasis, PG Dissertation, Department of Panchakarma, Govt. Akhandananad Ayurved College, Gujarat Ayurved University, Jamnagar, 2009.
37. Yadav A *et al.* Efficacy of *Vamana Karma* in *Ekakushthawsr* to Psoriasis, PG Dissertation, Department of Panchakarma, Govt. Akhandananad Ayurved College, Gujarat Ayurved University, Jamnagar, 2011.
38. Agrawal R *et al.* Comparative study of *Shodhana (Vamana) Purvaka Shamana* and *Shamana (Aaraghvadhdivati)* in the management of *Eka Kushtha*, PG Dissertation, Department of Panchakarma, Govt. Akhandananad Ayurved College, Gujarat Ayurved University, Jamnagar, 2013.
39. Acharya YT. Charaka Samhita of Agnivesha; Sutra Sthana; Vividhashitpitiyo Adhyay. Reprint ed. Ch. 28. Ver. 11. Varanasi; Chaukhamba Surbharati Prakashan; 2011. p. 179.
40. Acharya YT. Sushruta Samhita of Sushruta; Nidana Sthana. Reprint ed. Ch. 5. Ver. 5. Varanasi; Chaukhamba Orientalia; 2007. p. 283.
41. Acharya YT. Charaka Samhita of Agnivesha; Chikitsa Sthana; Kushtha Chikitsa. Reprint ed. Ch. 7. Ver. 29. Varanasi; Chaukhamba Surbharati Prakashan; 2009. p. 451.
42. Acharya YT. Charaka Samhita of Agnivesha; Shidhi Sthana; Panchakarmiya Shidhi. Reprint ed. Ch. 2. Ver. 10-13. Varanasi; Chaukhamba Surbharati Prakashan; 2009. p. 686.
43. Acharya YT. Sushruta Samhita of Sushruta; Sutra Sthana. Reprint ed. Ch. 25. Ver. 13. Varanasi; Chaukhamba Orientalia; 2007. p. 118.
44. Acharya YT. Sushruta Samhita of Sushruta; Chikitsa Sthana; Reprint ed. Ch. 9. Ver. 43. Varanasi; Chaukhamba Orientalia; 2007. p. 446.

45. Acharya YT. CharakaSamhita of Agnivesha; ChikitsaSthana; GrahaniChikitshitam. Reprint ed. Ch. 15. Ver. 18. Varanasi; ChaukhambaSurbharatiPrakashan; 2011. p. 515.
46. Acharya YT. CharakaSamhita of Agnivesha; ShidhiSthana; PanchakarmiyaShidhi. Reprint ed. Ch. 2. Ver. 13. Varanasi; Chaukhamba Surbharati Prakashan; 2009. p. 686.

For Correspondence

Dr.Prasanth.D

Email: drprasanthd@gmail.com