INTRODUCTION

Psoriasis is a non-infectious, chronic inflammatory disease that often comes and goes. It is one of the commonest skin condition that speeds up the life cycle of skin cells. It causes cells to build up rapidly on the surface of the skin. Psoriasis is a long-lasting autoimmune disease characterised by patches of abnormal skin[1] but not a contagious disorder. These skin patches are typically red, itchy and scaly. The disease affects 2 to 4% of the population[2]. Men and women are affected with equal frequency[3]. The disease may begin at any age, but typically starts in adulthood[4].

Keywords: Psoriasis, Shodhan, Virechan, Shaman, Lepa

Abstract

Psoriasis is one of the commonest non-contagious, chronic, papulo-squamous disorder of the skin, characterised by sharply defined erythematous squamous lesions. This disease cause huge physical and great psychological upset to the well-being of the individual. In conventional medicine, there are number of treatments available; but not much satisfactory in many terms. Ayurveda can provide better alternatives and could be used as a standard therapy for the management of this notorious disorder. This article aims to provide insight on effective Ayurvedic management of Psoriasis, for which recent research works at PG and PhD levels along with online available research articles were screened, reviewed and analysed. After analysing the research studies, it was found that Shodhankarma followed by shaman therapy is more effective without any considerable side effects of Ayurvedic interventions.

Address for correspondence:
Dr. Shikha Chaudhary
M.D.Scholar , Department of Kayachikitsa, All India Institute of Ayurveda, New Delhi

Email: shikhachaudhary08@icloud.com
Even though the aetiology is unknown, the factors are involved are genetic, biochemical and immunopathological\cite{5}. As there is no available permanent cure for the disease, it has remained a great problem for the patients\cite{6}. Several treatment modalities are in existence in modern system of medicine; however they have some limitations due to their side effects due to long time use. Also the chronic and recurring of the disease hampers the quality of life to a large extent. Considering this, search for new safe therapeutic regime in psoriasis is going on. Various clinical studies on safety and efficacy in Psoriasis have been done in different Institutions of Ayurveda in India and all of them found to be statistically significant. According to Ayurveda, Psoriasis appears due to imbalance of Tridoshas\cite{7}, predominantly Vata and Kapha\cite{8}. Vitiated doshas manifest in the skin and lodges in deep tissues like Rasa, rakta, mamsa and lasika\cite{9}.

As the known fact, Ayurvedic treatment emphasises on disease in a way to prevent its progression and therefore further complications of disease. As there is no known permanent cure for psoriasis but in Ayurveda, comparatively more symptomatic relief and increase relapsing time can be achieved effectively. The present paper presents promising evidence based Ayurvedic therapeutic approaches in the management of psoriasis.

Aims & Objectives

This article aimed to identify the drugs which have shown promising result in clinical trials and to identify and compile the regimes having potential effect on the Psoriasis.

Materials and Methods

All the available Ayurvedic literatures, related peer-reviewed articles and research papers published in distinguished journals on Psoriasis are reviewed, critically analysed to provide the guidelines for effective management and further research works in psoriasis.

Clinical Research On Safety and Efficacy In Psoriasis :

A lot of research work has been done on Psoriasis using Ayurvedic interventions. Out of which some important work are tabulated here :-
<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Author(s) &amp; Title of the study</th>
<th>Journal, year, vol.(issue), Page</th>
<th>Interventions</th>
<th>Overall Result</th>
</tr>
</thead>
</table>
| 1      | Pooja Shah: A comparative study of two virechana yoga in the management of Ekakushtha (Psoriasis) | The internal journal of Alternative medicine, 2009, Vol.7(2) | **Group I** – Virechana karma with Ichhabhedi rasa  
**Group II** – Virechana karma with Trivritadi churna | Both therapy were shown significant improvement. Better result in group with Ichhabhedi rasa. |
<p>| 2      | Choonhakarn C. Busaracome P Sripanidkulchai B Sarakarn: A prospective, randomised clinical trial comparing topical Aloe vera with 0.1% triamcinolone acetonide in mild to moderate plaque psoriasis | Journal of the European Academy of Dermatology and venereology, 2010, Vol.24(2), app.168-172 | Topical Aloe vera with 0.1% triamcinolone acetonide | AV cream may be more effective than 0.1% TA cream in reducing the clinical symptoms of psoriasis. |
| 3      | Syed TA, Ahmad SA, Holt AH, Ahmad SH, Afzal M: Management of psoriasis with Aloe vera extract in a hydrophilic cream: A placebo-controlled, double-blind study | Tropical medicine &amp; international health, 1996, Vol.16(4), Pp.240-244 | Topical Aloe vera extract 0.5% in a hydrophilic cream | Topically applied Aloe vera extract 0.5% in a hydrophilic cream is more effective than placebo. |
| 4      | Charmi S mehta, Alankruta R Dave, VD shukla: A clinical study of some Ayurvedic compound drugs in the assessment quality of life of patients with Eka Kushth(Psoriasis) | AYU, 2011, vol. 32(3), Pp.333-339 | <strong>Group A</strong> -Navayasa rasayana leha” and ”Dhatryadhya lepa” for external application. <strong>Group B</strong> - Medhya rasayana tablet along with the application of Dhatryadhya lepa | Both the groups showed equally good results on improving the quality of life. |</p>
<table>
<thead>
<tr>
<th>Page</th>
<th>Authors</th>
<th>Title</th>
<th>Journal</th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Galani, SN vyas, AR Dave</td>
<td>A clinical study on role of Saptasamo yoga and Darvyadi yamak Malahara in the management of Ekakushta(Psoriasis)</td>
<td>AYU, 2009, vol. 30(4), Pp. 45-420</td>
<td>Darvyadi yamak malahar</td>
<td>Darvyadi yamak malahar &amp; Saptasamo yoga</td>
<td>Placebo</td>
<td>Both group shows highly significant Group B shows better result than group A.</td>
</tr>
<tr>
<td>6</td>
<td>M. Mahesh Sharma, Gajanana Hegde, R.C. Mythrey</td>
<td>A comparative clinical study on the management of Psoriasis w.s.r to Ekakushta</td>
<td>International journal of research in Ayurveda and Pharmacy, 2013, Vol.4(1), Pp.84-89</td>
<td>Amapachana: Trikatu churna for 3-5days. · Shodhananga Snehapana: Guggulu Tiktaka Gritha Abhyanga and Sweda: Sarvanga abhyanga was done with kutajasuryapaki taila and bhashpa sweda Virechana: Trivrit lehya Shamana Sneha: After Samsarjana krama, Shamana snehapana by Guggulu Tiktaka Gritha Kutajasuryapaki Taila: for external application</td>
<td>Amapachana: Trikatu churna</td>
<td>Shamana Sneha: Shamananga snehapana by Guggulu Tiktaka Gritha Kutajasuryapaki Taila: for external application</td>
<td>Overall assessment showed complete relief in 8 patients in group A and 3 patients in group B, marked improvement in 20 patients in group A and 23 patients in group B and moderate improvement in 2 patients in group A and 4 patients in group B. Statistically highly significant result was obtained in both the groups, but the rate of reduction in symptoms was faster in group A. Group A showed significant result in reduction of afflicted area compared to group B.</td>
</tr>
<tr>
<td>Page</td>
<td>Authors</td>
<td>Title</td>
<td>Journal</td>
<td>Year, Volume, Issue, Pages</td>
<td>Group A</td>
<td>Group B</td>
<td>Notes</td>
</tr>
<tr>
<td>------</td>
<td>---------</td>
<td>-------</td>
<td>---------</td>
<td>----------------------------</td>
<td>---------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>7</td>
<td>Akhil N Parida, NN Bhatt, AR Dave, VD Shukla</td>
<td>A comparative study of vamana &amp; virechana karma in Ekakustha w.s.r to Psoriasis</td>
<td>AYU</td>
<td>2009, Vol.30(3), Pp.255-259</td>
<td>Vamana after Sansarjanakarma, Shamana Yoga &amp; Jivantyadi Yamaka</td>
<td>Virechana. After Sansarjana karma, Shamana Yoga &amp; Jivantyadi Yamaka</td>
<td>significant results were found in both group, but much better results were found in group B than Group A.</td>
</tr>
<tr>
<td>9</td>
<td>Gunjan Mangal, Gopesh Mangal, Radhey Shyam Sharma</td>
<td>Clinical efficacy of Shodhna karma and Shamana karma in Mandala kushtha (Psoriasis)</td>
<td>AYU</td>
<td>2012, Vol.33(2), Pp. 224-229</td>
<td>Vamana and Virechana</td>
<td>Vamana and Virechana followed by administration of Dermo-care (Anubhuta Yoga)</td>
<td>Shodhana followed by Shamana therapy have shown better results than the patients treated with Shodhana, Shamana therapy or modern medicine alone.</td>
</tr>
<tr>
<td>No.</td>
<td>Authors</td>
<td>Title</td>
<td>Journal</td>
<td>Duration/Follow-up</td>
<td>Outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Satyapal Singh, P.S. Byadgi, N.P. Rai</td>
<td>Clinical evaluation of Virechana therapy and Haridradi vati and oil for the management of Kitibh Kushtha (Psoriasis)</td>
<td>International Journal of Research in Ayurveda and Pharmacy, 2013, Vol.4(2), pp.207-211</td>
<td>Virechana Haridradi vati and oil</td>
<td>The therapy was found to be effective.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Shamkuwar Manoj Keshao, Jaiswal Lalchand, Shrivas Yogita Kameshwar, Jindal Nitin, Mishra Deepa</td>
<td>Effect of matra basti of panchatiktaghrita in Psoriasis</td>
<td>International Journal of Research in Ayurveda and Pharmacy, 2012, Vol.3(6), pp.789-791</td>
<td>3-4 weeks with follow up every week</td>
<td>Good response (75-100%) in 49% cases and fair response (50-75%) in 38%.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Observation**

Many research works has been done under various departments in faculties of Ayurveda. Following observations are made by reviewing the clinical trials as:

Shodhana as well as Shamana have their own role in the management of psoriasis. Various therapeutic procedures in Shodhana includes Vaman\(^9\), Virechana\(^{10,11,12}\), Jalukacharana\(^13\) are very effective. Amongst all shodhana procedures, Virechana\(\text{karma}\)
(Therapeutic purgation) was adopted more in comparison to Vamana Karma (Therapeutic emesis). On comparative studies between the both, Virechan proved to show better results than Vaman\textsuperscript{14}.

In Shamana therapy, the most common used drugs were as follows:-

Arogyavardhini rasa\textsuperscript{15,16}, formulations having Gandhak\textsuperscript{17,18,19,20}, Bhallataka\textsuperscript{21,22}, Guduchi\textsuperscript{23,24}, Triphala\textsuperscript{25,26}, Nimba\textsuperscript{27,28}, Brihat Manjisthadi kwath\textsuperscript{29} and Panchatiktaghrita\textsuperscript{30,31,32,33,34} for shodhan and shaman purpose.

Mineral preparations like Rasamanikya\textsuperscript{35}, Talasindura and Haritala Mishrana\textsuperscript{36} have been used.

All Ayurvedic interventions were found to be significantly effective and clinically safe as any event of adverse drug reactions or side effects of therapy not reported in any of the studies.

**Discussion**

In Ayurveda, all skin disorders are described under the umbrella of Kushtha and Kushtha is indicated to be treated with various modalities of treatment such as Shodhan, Shaman, and Raktamokshan along with external application.

In the principle of management of Kushtha, Vaman, Virechan and Raktamokshan at 15 days, 1 month and 6 months interval respectively advised to be done\textsuperscript{37}.

In this review, after analysing the various research works, it was found that Shodhankarma followed by shaman therapy is more effective. In Shodhana, Virechanakarma showed better results than Vaman.

On the basis of conceptual and clinical study has been done so far, the following could be the line of treatment in the management of Psoriasis-

1. Nidaana parivarjana
2. Shodhan
3. Shaman

  a) **Internal medication**

Rasa aushadhi – Suddha Gandhak, Rasamanikya, Gandhak rasayana

Vati or guggulu – Arogyavardhani vati, Kaisor guggulu, Panchtiktaghrita gugglu

Churna – Panchnimba churna, Bakuchi churna

Kwath – Brihat Manjisthadi kwath

Ghrita – Mahatiktaka ghrita, Panchtikta ghrita

Single drug – Manjistha, Haritaki, Vibhitaki, Amla, Haridra, Bhallataka, Amaltasha

  b) **External**

Aloe vera gel

Gandhak malhara

Guduchi taila

Karanjadi lepa

Aaragwadhadi lepa

**Conclusion**

It can be concluded that drugs which were common in many of the studies may be of great
value in future management of psoriasis when
will be used judiciously in large sample size to
establish the efficacy of treatment as standard
management.

Acknowledgements
Authors are sincerely thankful to Prof.(Dr.)
M.S. Baghel for providing us database ARD.
We duly acknowledge all the researchers and
technical authorities whose work have been
screened in the current article.

References
1. “Questions and answers about
Psoriasis” National Institute of Arthritis
and Musculoskeletal and skin disease.
2. Parisi R, Symmons DP, Griffiths CE,
Ashcroft DM( February 2013).
Identification and management of
Psoriasis and associated
comorbidity(IMPACT) project team. “
Global epidemiology of Psoriasis: A
systematic review of incidence and
prevalence”. J Invest
Dermatol.133(2):377-
85.doi.10.1038/jid.2012.339. PMID
23014338.
3. “Questions and answers about
Psoriasis” National Institute of Arthritis
and Musculoskeletal and skin disease.
4. “Questions and answers about
Psoriasis”

5. Michael Hertl; Autoimmune diseases of
skin; 3rd edition; Springer Wein
NewYork; Page no.328-331.
6. Dr. Neena Khanna; Illustrated synopsis
of Dermatology and Sexually
transmitted diseases; Ed 2005; Peepee
publishers and distributors; Page no. 38.
7. Singh R. H, Vaidya Yadavji Trikamji,
Ayurveda Dipika Tika, Charak
Samhita, chikitsa sthan 7/ chaukhamba
Surbharati prakashan, Varanasi 2016,
pg no.
8. Singh R. H, Vaidya Yadavji Trikamji,
Ayurveda Dipika Tika, Charak
Samhita, chikitsa sthan 7/ chaukhamba
Surbharati prakashan, Varanasi 2016,
pg no.
9. Yadav A et al. Efficacy of
VamanaKarma in Eka Kushtha wsr to
Psoriasis, PG Dissertation, Department
of Pancha Karma, Govt. Akhandananad
Ayurved College, Gujarat Ayurved
University, Jamnagar, 2011.
10. Ruparel SJ et al. Role of Virechana
with and without Shamana in the
management of Psoriasis (Eka
Kushtha), PG Dissertation, Department
Pancha Karma, IPGT & RA, Gujarat
Ayurved University, Jamnagar, 1999.
11. Belani JM et al. A clinic comparative
study on Shodhana (Virechana)
Purvaka Shamana and Shamana

www.niams.nih.gov/health_info/psoriasis


35. Srimannarayan et al. A Pharmaceutico-Pharmaco clinical study of Rasamanikya w.s.r. to Eka Kushtha (Psoriasis), PG Dissertation, Department of Rasashastra and Bhaishajya Kalpana, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2006.


37. Acharya Chikitsa Varansi; YT. Sushruta Samhita of Sushruta; Sthana; Reprint ed. Ch. 9. Ver. 43. Chaukhamba Orientalia; 2007, P.446.