



Original Article

## A Critical Review On Psoriasis Management In Ayurveda

Shikha Chaudhary<sup>1</sup> Rama Kant Yadava<sup>2</sup> Parshant Minhas<sup>3</sup>

<sup>1</sup>PG Scholar, Department of Kayachikitsa, All India Institute of Ayurveda, New Delhi

<sup>2</sup>Associate Professor, Department of Kayachikitsa, All India Institute of Ayurveda, New Delhi

<sup>3</sup>PG Scholar, Department of Kayachikitsa, Gurukul Campus(UAU), Haridwar

### 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.

**Keywords:** Psoriasis, *Shodhan*, *Virechan*, *Shaman*, *Lepa*

### 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<sup>[1]</sup> but not a contagious disorder. These skin patches are typically red,

itchy and scaly. The disease affects 2 to 4% of the population<sup>[2]</sup>. Men and women are affected with equal frequency<sup>[3]</sup>. The disease may begin at any age, but typically starts in adulthood<sup>[4]</sup>.

**Address for correspondence:**  
**Dr. Shikha Chaudhary**

M.D.Scholar , Department of Kayachikitsa,  
All India Institute of Ayurveda, New Delhi

Email: [shikhachaudhary08@icloud.com](mailto:shikhachaudhary08@icloud.com)

Even though the aetiology is unknown, the factors involved are genetic, biochemical and immunopathological<sup>[5]</sup>. As there is no available permanent cure for the disease, it has remained a great problem for the patients<sup>[6]</sup>. 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*<sup>[7]</sup>, predominantly *Vata* and *Kapha*<sup>[8]</sup>. Vitiating *doshas* manifest in the skin and lodges in deep tissues like *Rasa*, *rakta*, *mamsa* and *lasika*<sup>[9]</sup>.

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 :-

Sr. No.	Author(s) & Title of the study	Journal, year, vol.(issue), Page	Interventions	Overall Result
1	Pooja Shah: A comparative study of two virechana yoga in the management of Ekakustha (Psoriasis)	The internal journal of Alternative medicine, 2009, Vol.7(2)	<b>Group I – Virechana karma</b> with <i>Ichhabhedi rasa</i> <b>Group II – Virechana karma</b> with <i>Trivritadi churna</i>	Both therapy were shown significant improvement. Better result in group with <i>Ichhabhedi rasa</i> .
2	Choonhakarn C. Busaracome P Sripandikulchai 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), pp.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 & 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	<b>Group A -Navayasa rasayana leha"</b> and <b>"Dhatryadhyo lepa"</b> for external application. <b>Group B - Medhya rasayana</b> tablet along with the application of <i>Dhatryadhyo lepa</i>	Both the groups showed equally good results on improving the quality of life.

5	Kalpana Galani, SN vyas, AR Dave: A clinical study on role of Saptasamo yoga and Darvyadi yamak Malahara in the management of Ekakustha(Psoriasis)	AYU, 2009, vol. 30(4), Pp. 45-420	<b>Group A - Darvyadi yamak malahar</b> <b>Group B - Darvyadi yamak malahar &amp; Saptasamo yoga</b> <b>Group C - Placebo</b>	Both group shows highly significant Group B shows better result than group A.
6	M. Mahesh Sharma, Gajanana Hegde, R.C. Mythrey: A comparative clinical study on the management of Psoriasis w.s.r to Ekakustha	International journal of research in Ayurveda and Pharmacy, 2013, Vol.4(1), Pp.84-89	<b>Group A - Amapachana: Trikatu churna</b> for 3-5days. · <b>Shodhananga Snehapana: Guggulu Tiktaka Gritha</b> <b>Abhyanga and Sweda: Sarvanga abhyanga</b> was done with <i>kutajasuryapaki taila</i> and <i>bhashpa sweda</i> <b>Virechana: Trivrit lehya</b> <b>Shamana Sneh:</b> After <i>Samsarjana krama</i> , <i>Shamana snehapana</i> by <i>Guggulu Tiktaka Gritha</i> <i>Kutajasuryapaki Taila</i> : for external application <b>Group B - Amapachana: Trikatu churna</b> <b>Shamana Sneh:</b> <i>Shamananga snehapana</i> by <i>Guggulu Tiktaka Gritha</i> <i>Kutajasuryapaki Taila</i> : for external application	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.

7	Akhil N Parida, NN Bhatt, AR Dave, VD shukla: A comparative study of vamana & virechana karma in Ekakustha w.s.r to Psoriasis	AYU 2009, Vol.30(3), Pp.255-259	<b>Group A - Vamana</b> after <i>Sansarjanakarma, Shamana Yoga &amp; Jivantyadi Yamaka</i> <b>Group B :</b> <i>Virechana. After Sansarjana karma, Shamana Yoga &amp; Jivantyadi Yamaka</i>	significant results were found in both group, but much better results were found in group B than Group A.
8	Jaimin R Patel, Santosh Bhatted: A comparative study on Vamana Karma with Madanaphala and krutavedhana in Ekakustha (Psoriasis)	AYU, 2011, Vol.32(4), Pp.487-493	<b>Group A: Vamana Karma</b> by <i>Madanaphala Pippali. Panchatikta Ghrita as Shamana, after Sansarjana Krama.</i> <b>Group B: Vamana Karma</b> by <i>Krutavedhana. Panchatikta Ghrita as Shamana, after Sansarjana Krama.</i>	Both the groups showed nearly similar results.
9	Gunjan mangal, Gopesh Mangal, Radhey Shyam Sharma: Clinical efficacy of Shodhna karma and Shamana karma in Mandala kushtha (Psoriasis)	AYU, 2012, Vol.33(2), Pp. 224-229	<b>Group A: Vamana and Virechana</b> <b>Group B: Vamana and Virechana</b> followed by administration of Dermo-care (Anubhuta Yoga) <b>Group C: Only Dermo-care</b> <b>Group D: Tab. Neotrexate (Methotrexate 7.5 mg/week)</b>	Shodhana followed by Shamana therapy have shown better results than the patients treated with Shodhana, Shamana therapy or modern medicine alone.

10	Satyapal singh, P.S. Byadgi, N.P. Rai: Clinical evaluation of Virechana therapy and Haridradi vati and oil for the management of Kitibh Kushtha(Psoriasis)	International journal of research in Ayurveda and Pharmacy, 2013, Vol.4(2), Pp.207-211	<i>Virechana Haridradi vati</i> and oil	The therapy was found to be effective.
11	Shamkuwar manoj keshao, Jaiswal lalchand, Shrivastava yogita kameshwar, Jindal Nitin, Mishra Deepa: Effect of matra basti of panchtiktaghrita in Psoriasis	International journal of research in Ayurveda and pharmacy, 2012, Vol.3(6), Pp. 789-791	3-4 weeks with follow up every week	Good response(75-100%) in 49% cases and fair response(50-75%)in 38%.
12	Rohini salve: Efficacy of Goghrita and Vajrak ghrita as Abhyankar sneha in the management of Ekakustha with special reference to Psoriasis through Vaman: A comparative study	International journal of research in Ayurveda and pharmacy,2014, Vol.5(3), Pp.284-289	<i>Deepan-Pachan</i> with <i>Trikatu Choorna</i> <i>Abhyantar</i> <i>Snehapan</i> Group A- <i>Go-Ghrita</i> Group B - <i>Vajraka-Ghrita</i> <i>Sarvang Abhyanga</i> and <i>Swedana</i> <i>TilTaila</i> followed by <i>Sarvang Atap Swedana</i> . <i>Vaman</i> - Given by <i>Madanphala Pippali Choorna</i> , <i>Vacha Choorna</i> , <i>Saindhava</i> (4:2:1 proportion) mixed with honey in a dose of 4-8 g as per requirement of patient.	Interventions was effective in both groups but <i>Abhyantar</i> <i>Snehapan</i> with <i>Vajraka Ghrita</i> shows better result.

### **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*<sup>[9]</sup>, *Virechan*<sup>[10,11,12]</sup>, *Jalukacharana*<sup>[13]</sup>are very effective. Amongst all *shodhana* procedures, *Virechana* \ *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*<sup>[14]</sup>.

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

*Arogyavardhini rasa*<sup>[15, 16]</sup>, formulations having *Gandhak*<sup>[17,18 ,19,20]</sup>, *Bhallataka*<sup>[21,22]</sup>, *Guduchi*<sup>[23,24 ]</sup>, *Triphala*<sup>[25,26]</sup>, *Nimba*<sup>[27,28]</sup>, *BrihatManjisthadi kwath*<sup>[29]</sup> and *Panchatiktaghrita*<sup>[30,31,32,33,34]</sup> for *shodhan* and *shaman* purpose.

Mineral preparations like *Rasamanikya*<sup>[35]</sup>, *Talasindura* and *Haritala Mishrana*<sup>[36]</sup> 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<sup>[37]</sup>.

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*,  
*Panchatiktaghrita guggulu*  
*Churna* – *Panchnimba churna*,  
*Bakuchi churna*  
*Kwath* – *Brihat Manjisthadi kwath*  
*Ghrita* – *Mahatiktaghrita*,  
*Panchtiktaghrita*  
Single drug – *Manjistha*, *Haritaki*,  
*Vibhitaki*, *Amla*, *Haridra*,  
*Bhallataka*, *Amaltasha*

### **b) External**

*Aloe vera gel*  
*Gandhak malhara*  
*Guduchi taila*  
*Karanjadi lepa*  
*Aaragwadhadhi 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. October 13. Retrieved 1<sup>st</sup> july 2015.
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. October 13. Retrieved 1<sup>st</sup> july 2015.
4. “Questions and answers about Psoriasis”  
[www.niams.nih.gov/health\\_info/psoriasis](http://www.niams.nih.gov/health_info/psoriasis)
5. Michael Hertl; Autoimmune diseases of skin; 3<sup>rd</sup> 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



- Chikitsa in the management of Eka Kushtha, PG Dissertation, Department of Kaya Chikitsa, Govt. Akhandananad Ayurved College, Gujarat Ayurved University, Jamnagar, 2000.
12. Shah PN et al. A comparative study of two Virechana Yoga in the management of EkaKushtha (Psoriasis), PG Dissertation, Department of Pancha Karma, Govt. Akhandananad Ayurved College, Gujarat Ayurved University, Jamnagar, 2008.
13. Sabu NR et al. The etiopathological study of Kitibha Kushtha and its principle of management by Shamana and Shodhana measures, PG Dissertation, Department of Basic Principle, IPGT & RA, Gujarat Ayurved University, Jamnagar, 1988.
14. Parida A et al. A comparative study of Vamana and Virechana Karma in Eka kushtha w.s.r to Psoriasis, PG Dissertation, Department Pancha Karma, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2008.
15. Makwana MM et al. A study of Psoriasis according to Ayurveda, PG Dissertation, Department of Basic Principle, IPGT & RA, Gujarat Ayurved University, Jamnagar, 1979.
16. Agrawal R et al. Comparative study of Shodhana (Vamana) Purvaka Shamana and Shamana (Aaraghvadhadi vati) in the management of Eka Kushtha, PG Dissertation, Department of Pancha Karma, Govt. Akhandananad Ayurved College, Gujarat Ayurved University, Jamnagar, 2013.
17. Makwana MM et al. A study of Psoriasis according to Ayurveda, PG Dissertation, Department of Basic Principle, IPGT & RA, Gujarat Ayurved University, Jamnagar, 1979.
18. Dhuri KD et al. Management of Kshudra Kushtha w.s.r. Psoriasis (Eka Kushtha), PG Dissertation, IPGT & RA, Department of Kaya Chikitsa, Gujarat Ayurved University, Jamnagar, 1995.
19. Mitra S et al. Physico chemical effect of Bhavana on Gandhaka Rasayana processed with two different media and it's therapeutic effect on Eka Kushtha (Psoriasis), PhD Thesis, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2007.
20. Joorawon PR et al. Study of Eka Kushtha(Psoriasis) and its management with Shodhana and Shamana Yoga, PG Dissertation, Department of Kaya Chikitsa, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2000.
21. Galani K et al. Management of Eka Kushtha with Darvyadi Yamaka Malhar, PG Dissertation, Department of Kaya Chikitsa, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2005.

22. Kanani V et al. A clinical study on the role of Manshika Bhavas in the aetio pathogenesis and management of Eka Kushtha (Psoriasis), PG Dissertation, Department of Kaya Chikitsa, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2002.
23. Vaghamshi R et al. A Comparative pharmaceuticopharmaco-clinical studies of Guduchi Taila and Guduchi Ghrita and its effect on Eka Kustha, PG Dissertation, Department of Rasashastra and Bhaishajya Kalpana, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2006.
24. Umrethiya B et al. Comparative study of Guduchi Ghana prepared by Kwatha and Aqueous Extract In the management of Eka Kushtha, PG Dissertation, Department of Rasashastra and Bhaishajya Kalpana, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2008.
25. 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.
26. Zala U et al. A comparative pharmaceutico- clinical study of different samples of Pancha Tikta Ghrita with its effect on Eka Kushtha, PG Dissertation, Department of Rasashastra and Bhaishajya Kalpana, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2004.
27. Padhsala SV et al. A comparative study on Vamana Karma by using Shuddha Ghrita and Samskarita Ghrita as Abhyantara Snehpana in Eka Kushtha w.s.r. to Psoriasis, PG Dissertation, Department Pancha Karma, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2009.
28. Pillai B.K.R., Amma K.C.B., Nair S.S., Pillai N.G.K. and Nair C.P.R., The effect of Nimbathiktha (Nimbidin) In Kitibha (Psoriasis) - A double blind Clinical study, Journal of Research in Ayurveda and Siddha, Vol. XXIII. No. 1-2 (2002) Pp. 42-50.
29. Sabu NR et al. The etiopathological study of Kitibha Kushtha and its principle of management by Shamana and Shodhana measures, PG Dissertation, Department of Basic Principle, IPGT & RA, Gujarat Ayurved University, Jamnagar, 1988.
30. Baravaliya R et al. A comparative pharmaco clinical study of Panchatikta Ghrita prepared by different methods in Eka Kushtha (Psoriasis), PG Dissertation, Department of Rasashastra and Bhaishajya Kalpana, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2000.

31. Zala U et al. A comparative pharmacetic- clinical study of different samples of Pancha Tikta Ghrita with its effect on Eka Kushtha, PG Dissertation, Department of Rasashastra and Bhaishajya Kalpana, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2004.
32. 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.
33. Patel JR et al. A comparative study on Vamana Karma with Madanaphala and Krutavedhana W.S.R. to Eka Kushtha (Psoriasis), PG Dissertation, Department Pancha Karma, IPGT & RA, Gujarat Ayurved University, Jamnagar, 2010.
34. Kale PA et al. Role of Shodhana in Psoriasis, PG Dissertation, Department of Kaya Chikitsa, Govt. Akhandananad Ayurved College, Gujarat Ayurved University, Jamnagar, 1993.
35. Srimannarayan et al. A Pharmaceutico Pharmacological 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.
36. Sabu NR et al. The etiopathological study of Kitibha Kushtha and its principle of management by Shamana and Shodhana measures, PG Dissertation, Department of Basic Principle, IPGT & RA, Gujarat Ayurved University, Jamnagar, 1988.
37. Acharya Chikitsa Varansi; YT. Sushruta Samhita of Sushruta; Sthana; Reprint ed. Ch. 9. Ver. 43. Chaukhamba Orientalia; 2007, P.446.