

Review on Evidence Based Ayurvedic Treatment Practices for Psoriasis

Review Article

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Abstract

Psoriasis is characterized by sharply defined erythematous squamous lesions. It is one of the commonest chronic, non-infectious papulo-squamous disorder of the skin. Several treatment modalities are in existence in modern system of medicine; however they have limitations due to their side effects due to long time use. Considering this, search for new safe therapeutic regime in psoriasis is going on. The present paper presents some of the promising evidence based Ayurvedic therapeutic approaches in the management of psoriasis.

Keywords: Psoriasis, Ayurveda, *Kitibha*, Evidence based medicine.

Introduction

Psoriasis is one of the commonest chronic, non-infectious papulo squamous disorder of the skin, characterized by sharply defined erythematous squamous lesions. It is an immune-mediated and is not contagious disorder. Psoriasis is a recurring condition which varies in severity from minor localized patches to complete body coverage. The causative factors of Psoriasis are not known, but it is believed to have a genetic component. Certain factors like stress, excessive alcohol consumption and smoking are thought to aggravate psoriasis.

Aetiology of *Kushta*

Psoriasis is come under *Kshudra Kushta*. The following are the aetiology of *Kshudra Kushta* and *Kushta*.

- Intake of contradictory food and drinks, which are liquid, unctuous and heavy
- Suppression of urges (vomiting and other natural urges)
- Do physical exercise in excessive heat and after taking heavy meal
- Use of cold water immediately after exposure to the scorching sun, exertion
- Intake of uncooked food and transgression of the procedure of *Panchakarma*
- Do sexual act in the state of indigestion, sleep during the day time

Ekakushta is one among the *Kshudra kushta* can be considered as Psoriasis in modern parlance,

Some of the scholars opined the Psoriasis as *Kitibhakushta*. *Ekakushta* is a *Vata-Kapha* predominant disease, Some authors attributed *Aswedanam* (lack of sweating), *Mahavastum* (thick skin), *Matsya shakalopamam* (scaly exfoliation like fish scale), *Krishna Aruna Varna* (blackish or reddish discoloration of skin) which are typical sign & symptoms described under *Kushtha Rogas*. It is a dry, well-circumscribed, genetically determined, inflammatory and proliferative disease occurs in both the sex.

Lavanayukta kichidi (salt added mashed vegetables with rice), milk, *mithyahara vihara* (incompatible food and life style) are mentioned as etiological factors for psoriasis. Multi factorial origin trauma, acute infection with inflammation, genetic predisposition, psychological upsets, infection are precipitating factors in developing psoriasis. *Apathya ahara, vihara* (incompatible food and life style), psychological stress aggravates the disease condition.

Exudative skin patch, round, thick, and have severe itching, unctuous and black patch is known as *Kitibha*. Whereas, entire body becomes blackish red in *Ekakushta*.

Treatment

When disease is localised to skin, purification measures like *Vamana* (therapeutic emesis), *Virechana* (therapeutic purgation) and external applications (*lepa*) should be done. When, *Rakta dhatu* (blood) is involved, purification measures, *lepa* (ointment) and *kashayas* (decoctions), *Raktamokshana* (bloodletting) are indicated. The above measures and arista (fermented medicaments) is indicated when *mamsadhatu* is involved. This disease becomes chronic when *medodhatu* (fat) is involved.

Among these, *shodhana* (purification measures) is essential, *Agnideepana* (appetizers), *Amapachana* (digestants), *Vamana* (therapeutic emesis), *Virechana*

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(therapeutic purgation), *Raktamokshana* (bloodletting) are the treatment options for psoriasis.

All kinds of skin diseases are termed as *Kushta* in Ayurveda. *Shali* (type of rice), *Sasthika dhanya* (rice), *Yava* (Barley), *Godhuma* (Wheat), etc. are useful in *Kushta* (13). *Vajrakataila* is best for anointing and for massage. *Khadira kashaya* (decoction made from Acacia catechu) for drinking and for tub bath are useful in skin diseases.

Incompatible food, over eating, uncooked food, *vidahi* (food causing burning sensation), *abhishyandhi ahara* (food causing obstruction to the channels), and day sleep should be avoided by the skin disease patients (14).

In all kinds of *Kushta*, *Tuvaraka taila* and *Bhallataka taila* are effective.

In modern medicine, symptomatic relief and to slow down the disease progression and development of deformities are the main aims of the treatment.

Though, certain drugs are effective in modern medicine, liver scare of methotrexate, mutagenic potentials of PUVA, skeletal toxicity of retinoid and systemic and local side/ toxic effect of corticosteroids necessitate search for newer and safer drugs (15).

Aims and objectives

This study aimed to identify and compile the single and compound formulations/regimes having the beneficial effects on psoriasis and to identify the promising drugs, which have shown effective in clinical trials.

Materials and methods

Considering the above, clinical studies conducted Ayurvedic drugs on psoriasis have been collected and reviewed for their effectiveness.

Observations

The following observations are made by reviewing the clinical trials.

Various therapeutic procedures like *Snehana* (oleation), *Sweda* (sudation), *Vamana* (therapeutic emesis), *Virechana* (therapeutic purgation), *Jalukacharana* (bloodletting) are very effective in psoriasis. Plain *Goghrita*, *Vajraka ghrita*, *Panchatiktaka guggulu ghrita* are the common *snehapana dravya* (oleation). *Trikatu churna* is used as *deepana* (appetizer) and *pachana dravya* (digestant) before *snehapana* (oleation). *Snehapana* with *Vajraka ghrita* is found more effective for *snehapana* in comparison to plain *Goghrita* (3).

External applications viz., Aloe vera gel, *Aragwadha kera*, *Chakramarda lepa*, *Chakramarda kera taila*, *Jeevanthyadi yamaka*, *Dineshavalyadi taila*, *Daryadi Yamaka Malhara*, *Kutaja Suryapaka Taila*, 5% *Semicarpus anacardium* ointment etc. are useful and found therapeutically effective in clinical trials (5-15).

External application of Aloe vera gel is very much useful in Psoriasis. It is cooling, astringent and useful in various skin disorders. In a clinical study, Aloe vera gel alone found more effective than to 1% triamcinilone acetone ointment (2).

Nimba (Neem- *Azadirachta indica* A.Juss.) is an important medicinal plant useful in various infectious diseases and skin diseases. Leaves, bark, seed and seed oil are the main useful parts of *Nimba*. *Nimbidin* is an important active ingredient of *Nimbataila* (seed oil of *Nimba*). 200mg of *nimbidin* in capsule form along with *Aragwadha kera* is found effective in psoriasis (4).

Seeds of *Chakramarda* (*Cassia tora* L.) are very effective in both *Svitra* and *Kitibha*. External application of paste made of *Chakramarda* seeds found more effective than depurate ointment (5).

Similarly, *Guduchi ghana*, *Arogyavardhini vati*, *Daruharidra kvatha*, *Kaisora guggulu*, *Eranda bhrishtha Haritaki*, *Navayasa Rasayana leha* etc. are effective when administered orally.

Conclusion

Hence, it can be concluded that some of therapeutic regimes mentioned and practiced in Ayurveda are time tested and showing promising results, when these regimes are judiciously used. Certain specific Ayurvedic practices like *Deepana*, *Pachana*, *Snehapana*, *Swedana*, *Vamana*, *Virechana*, *Jalukavacharana* along with other oral and topical medicaments certainly helpful in psoriatic patients.

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