



# SURVEY AND COMPARATIVE STUDY ON TREATMENT OF PSORIASIS

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## ABSTRACT

A chronic autoimmune inflammatory illness that affects 2% of the population overall but varies by region is psoriasis. In Asian and African people, it manifests a lesser prevalence. & up to 11% in populations that are Caucasian & Scandinavian. It is a skin condition that is chronically inflammatory and causes red spots all over the body that are coated in white scales. Skin cells can multiply up to ten times more quickly than usual as a result. It is an immune-mediated illness that makes the body inflamed. This occurs as a result of the system's over activity, which quickens the proliferation of somatic cells. In a month, normal skin cells fully develop and shed. Additionally, some individuals said that psoriasis plaques, burns, and stings. Psoriasis-related inflammation can impair bodily tissues and organs included. Rheumatoid arthritis is one of the various medical disorders that psoriasis patients can get. However, we do know that the immune system and genetics play significant roles in the development of psoriasis. It's possible that psoriasis is not contagious. There is no known treatment for this illness. Scales are to be removed, and skin cell growth is to be slowed down. Application of topical medications, followed by phototherapy for more severe illness, constitutes the first line of treatment for people with moderate-to-severe psoriasis. Red spots and irritation are reduced when the numerous herbal plants are applied. The primary goal of this paper is to compare various antipsoriatic medications for the dosage, strength, and side effects of the peptic. so that it can aid in selecting the appropriate medication to treat it. Additionally, it will offer the majority of treatment-related data in a coordinated manner. There have been comparisons between several drug classes, including allopathy and ayurveda, etc. Additionally compared in this article is the utilisation of combination therapy in modern times. All knowledge about combinations has been gathered by reading numerous articles and book sources. The articles compare modern medications and offer recommendations for which Ayurvedic practises or combinations to attempt for the best psoriasis therapy based on an analysis of the chemistry and compatibility of the various medications.

**KEYWORDS:** Psoriasis, Antipsoriatic drugs, Treatment, Combination therapy, Mechanism of action Adverse Reactions.

## INTRODUCTION

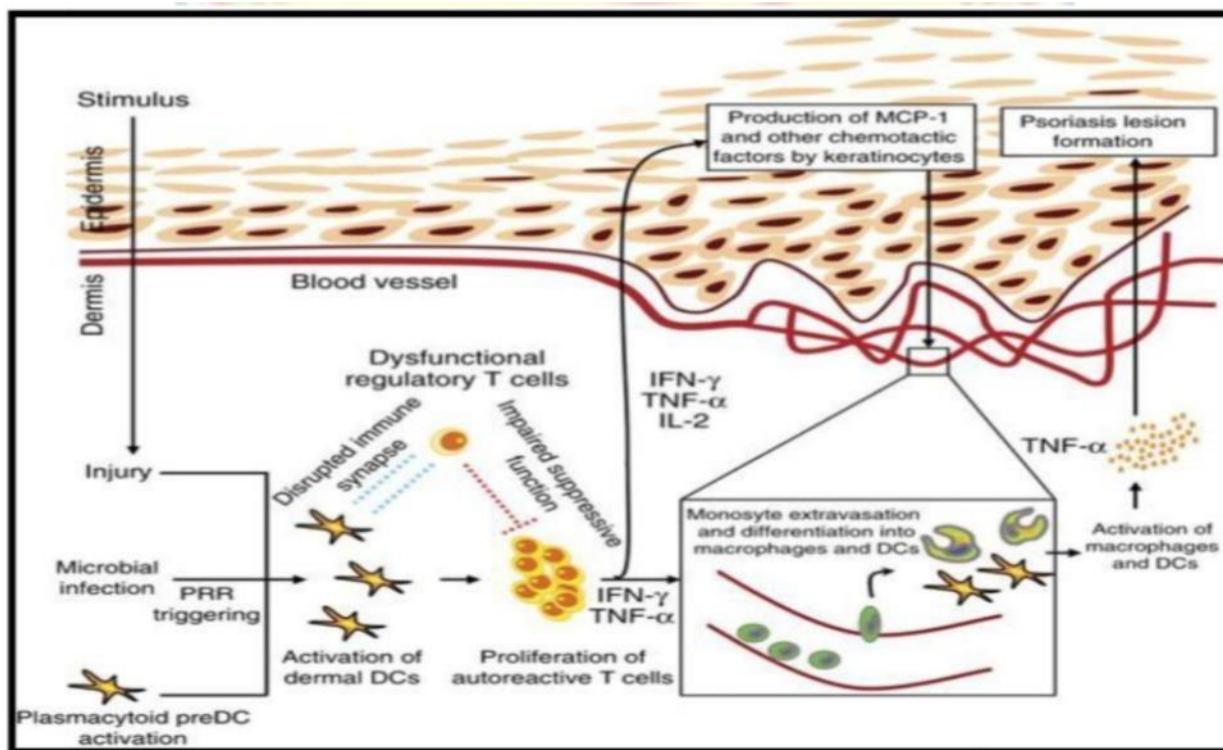
Skin conditions like psoriasis, which are prevalent, chronic, inflammatory, and proliferative, are significantly influenced by both genetic and environmental factors. The most distinctive lesions are red, scaly, clearly delineated, indurated plaques, which are most common on the scalp and extensor surfaces.

Papulosquamous psoriasis has a wide range of shape, location, severity, and course. Scaling papules (raised lesions with a diameter of 1 cm) and plaques are the hallmarks of papulosquamous illnesses (raised lesions of 1 cm in diameter). The differential diagnosis may also take into account lichen planus, pityriasis rosea, and tinea

infections as papulosquamous conditions. The psoriasis lesions, which are traditionally very well delineated, round, red papules or plaques with a grey or silvery-white scale, are separate from these other things.

Additionally, the lesions are often spread symmetrically in the body folds, lumbar region, elbows, knees, and scalp. The Koebner's phenomenon refers to the possibility of psoriasis developing at the site of trauma or damage. If psoriasis worsens or is not managed, it may lead to a It's called the Koebner effect. A generalised exfoliative erythroderma can develop from untreated or progressing psoriasis. Involvement of the nails is possible, especially if psoriatic arthritis (PsA) is present.

### Development of Psoriasis:



### Signs and Symptoms of Psoriasis:

The following are possible psoriasis symptoms and signs:

1. The long-standing erythematous, scaly area getting worse.
2. Sudden appearance of scaly redness in numerous tiny spots.
3. Recent streptococcal throat infection, viral infection, immunization, use of antimalarial Drug, or trauma.
4. Nails with dystrophic growth that resemble onychomycosis.
5. A long-lasting, steroid-responsive rash that recently developed joint pain
6. Blepharitis or conjunctivitis.

The most typical sign is a skin rash, though it can occasionally spread to the joints or nails. Possible symptoms include rashes, dryness, fissures, flakiness, peeling, tiny lumps, thickness, or redness. Depression, swollen tendons, itching, stiff joints, plaque, and minor nail dents are other prevalent conditions.

Psoriasis can strike anyone. A third of cases start when a child is young. These elements may raise your risk: Ages 50 to 70 are the ones where it can happen most frequently.

1. Ancestral history. The illness is inherited in families. Incidence of having psoriasis in one parent

Your likelihood of contracting the illness, and having two parents who have the condition raises your risk even further. More.

2. **Stress:** Because it can affect your immune system, high amounts of stress may result in an increase in Psoriasis risk.
3. **Smoking:** Smoking increases your risk of developing psoriasis and may also boost The disease's severity. Smoking may have contributed to the first onset of the Disease.

**Complications:** People with psoriasis at a higher risk of contracting other diseases.

- Psoriatic arthritis, which results in joint discomfort, stiffness, and edoema.
- Eye disorders such uveitis, blepharitis, and conjunctivitis Obesity
- Kind 2 diabetes
- Blood pressure is high.
- Cardiovascular illness
- Other autoimmune conditions include inflammatory bowel disease, sclerosis, and celiac disease.
- A condition known as Crohn's disease.
- Mental health issues including depression and a low sense of self-worth

### Types of psoriasis

1. Psoriasis Vulgaris
2. Inverse Psoriasis
3. Guttate Psoriasis
4. Pustular Psoriasis
5. Erythrodermic Psoriasis
6. Nail Psoriasis
7. Psoriatic Arthritis

### Psoriasis Vulgaris

Chronic plaque-type psoriasis accounts for about 90% of all cases of the disease. Sharply defined, erythematous, pruritic plaques coated in silvery scales are the characteristic clinical symptoms. Large skin-covering plaques can form and cover patches of skin. Typical places include the The scalp, the limb extensor surfaces, and the trunk



Fig. No 1

## 2. Inverse Psoriasis

Backwards psoriasis Inverse psoriasis, also known as flexural psoriasis, affects intertriginous areas and is clinically identified by mildly erosive erythematous plaques and patches.



Fig. No 2

## 3. Guttate Psoriasis

A subtype of guttate psoriasis manifests as tiny erythematous plaques that appear suddenly. It typically affects children or adolescents and is frequently brought on by tonsillitis caused by group A streptococcal bacteria. In the course of their lives, about one-third of those with guttate psoriasis will develop plaque psoriasis. grownup life



Fig. No 3

## 4. Pustular psoriasis

Multiple, merging sterile pustules are the defining feature of pustular psoriasis. Pustular psoriasis can be localised or generalised. Psoriasis pustulosa palmoplantaris (PPP) and acrodermatitis continua of allopathy have been identified as two separate localised manifestations. Both have an impact. The hands and feet, while ACS is more distantly positioned at the ends of fingers and toes and impacts the nail system. PPP is limited to the palms

and soles. Presenting is generalised pustular psoriasis. With a sharp. And a swiftly advancing course marked by sub corneal redness and diffuse Pustules and frequently includes systemic symptoms



Fig. No 4

### 5.Erythrodermic psoriasis

Acute erythrodermic psoriasis is characterised by an erythematous and inflamed appearance on more than 90% of the body's surface. Any type of psoriasis can develop erythroderma, which necessitates immediate medical attention.



Fig. No 5

## 6.Nail psoriasis

Pitting, a small amount of nail that is yellow or brown, is tender and uncomfortable, and there is chalk-like material buildup under the nail. This condition is frequently observed together with psoriatic arthritis and is typically treated with steroid injections into the nail and light therapy.



Fig. No 6

## 7.Psoriatic arthritis

Psoriasis and joint inflammation are also symptoms of this illness. Distal interphalangeal joint arthritis and dactylitis are listed as the most recognisable symptoms of psoriatic arthritis.

## OBJECTIVES

1. Promote welfare and educational research by examining psoriasis prevention strategies, diagnoses, and treatments.
2. To give medical professionals with comprehensive knowledge on the psoriasis disease giving the patient greater care.
3. To provide a comparison of Ayurvedic psoriasis treatment regimens. both Unani and homoeopathy.
4. To combat the negative effects of monotherapy.
5. To avoid lengthy psoriasis treatment.
6. Being exposed to novel medicine combinations for the early and late stages of psoriasis.
7. To educate on the causes of sickness and the various forms of treatment. associated with psoriasis

## MATERIAL AND METHOD

The survey was carried out in the rural areas (village) of Gadhinglaj. We first chose the hospitals for the study, which included doctors, pharmacists, and patients. We had designed a questionnaire and concentrated on different factors for the patient survey. Later, after taking The printed copy, and we questioned the patient, the doctors, and

the pharmacists about it. Our primary goal The patient population was divided according to age, gender, and other factors before the survey was conducted. They have been receiving treatment.

| Sr. No | Activity                          | Rational   |
|--------|-----------------------------------|--|
| 1      | Selection of disease category     | Now a days most population is suffering from Psoriasis diseases for the study of better therapy. Ayurveda, Allopathy, Homeopathy   |
| 2      | Selection of hospital             | We have selected the hospitals where the Psoriasis patients are treated.   |
| 3      | Questionnaire                     | developed a question bank to gather information for the doctors. The query relates to patients, adverse drug reactions associated with psoriasis medicines, which Therapy are typically encountered. |
| 4      | Preparation of Survey report form | Prepare the various therapy forms that will be used to gather data about the patient's psoriasis.  |
| 5      | Data collection                   | With the aid of survey forms and questionnaires, data is gathered.   |
| 6      | Data study                        | Analyze the data related to the skin condition psoriasis, record the data in a chart, and create a graph.  |
| 7      | Compilation of data               | Make your decision after researching the medicine category and their treatment.  |
| 8      | Statistical Study                 | A pie chart is used to calculate the data.   |

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**SURVEY ON PSORIASIS**

NAME OF PHYSICIAN: Dr. Raviraj Krishna Kulkarni

AGE: 55 SEX: Male

QUALIFICATION: B.Pharm and CAM, M.D.H.A. P.G. Sex. Sci. & Oncology.

QUESTIONNAIRE FOR PHYSICIAN

1. What is your opinion about treating psoriasis patients?  
As per Herbs Medicine it can be symptom free.
2. What are the symptoms for psoriasis?  
Scaling, Itching,
3. If any patients come for treatment of you, is he severe or advanced?  
Mostly severe or advanced.
4. What are the causes for psoriasis?  
Auto immune disease Hereditary.
5. Psoriasis is acute or chronic? What do you think?  
Mostly it is chronic.
6. Which type of patients you treated as moderate or severe?  
Both

7. Some people feel embarrassed by their psoriasis, others do not, what is your advice?  
They should have positive attitude towards disease.
8. What are the better therapies for treating psoriasis?  
Only Herbs/ Ayurvedic Remedies can treat psoriasis.
9. What advice you give to psoriasis patients?  
Take Ayurvedic Dr. Anil's Herbs medicine for longer term supervision.
10. Is any genetic cause for this?  
Yes
11. What type of medicines you prescribed for patients?  
I give only self-prepared Herbs medicine for psoriasis. It gives best result.
12. What are the possible side effects?  
When I give my prepared Herbs medicine Ayurvedic treatment is better or not. Always/Avoidable to start on medicine.
13. Ayurvedic treatment is better or not?  
Always/Avoidable to start on medicine.
14. Any immediate therapy is available or not?  
There is nothing called immediate therapy in any Herbs disease. It is chronic.
15. Any food related problem is a responsible for psoriasis?  
Dairy product, refined food products.
16. How do patient's other medical conditions affect psoriasis?  
It helps in keto diet. They can be delayed in treatment.
17. Many people find treatment for psoriasis is expensive what do you think about it?  
It is not always expensive. It depends on whom we take medicine.
18. Which type of therapy's available for treating psoriasis?  
Only Herbs/Ay. we do give get best result.

19. What should be criteria to be followed by patients in his daily routine?  
Active Attitude towards disease. They should do some exercise. It depends upon the progression of symptoms. Psychological condition of patient.
20. How long will patients need to be take a medicine?  
It depends upon the progression of symptoms. Psychological condition of patient.
21. Is the criteria of treatment is same for normal people and any disease suffering people?  
No
22. Which type of diet you suggest for patients?  
Healthy diet - All green leafy vegetables. Always have Oatmeal for breakfast. Avoid spicy food, alcohol, bakery product, etc.

Date of survey: 12/1/2022

Signature & Stamp of physician  
Dr. Raviraj K. Kulkarni

Yashwant Redekar college of pharmacy, Nesari  
Tel-Gadhingaj, Dist - Kolhapur 431 504

**SURVEY ON PSORIASIS**

NAME OF PHYSICIAN: Dr. Sachin Dhanraj Patel

AGE: 37 SEX: M

QUALIFICATION: B.H.M.S.

QUESTIONNAIRE FOR PHYSICIAN

1. What is your opinion about treating psoriasis patients?  
It is most severe skin disorder in today's era.
1. What are the symptoms for psoriasis?  
Redness, itching, scaling.
2. If any patients come for treatment of you, is he severe or advanced?  
Severe
3. What are the causes for psoriasis?  
Biogenic, lifestyle, intake of inappropriate food.
4. Psoriasis is acute or chronic? What do you think?  
Chronic
5. Which type of patients you treated as moderate or severe?  
Moderate

7. Some people feel embarrassed by their psoriasis, others do not, what is your advice?  
They should have positive attitude towards disease.
8. What are the better therapies for treating psoriasis?  
If giving classical Homoeopathic medicine.
9. What advice you give to psoriasis patients?  
Mainly avoid intake of inappropriate food.
10. Is any genetic cause for this?  
Not confirmed.
11. What type of medicines you prescribed for patients?  
Homoeopathic medicine which boosts energy of food.
12. What are the possible side effects?  
Nothing.
13. Ayurvedic treatment is better or not?  
They have their own speciality.
14. Any immediate therapy is available or not?  
It depends upon duration of disease.
15. Any food related problem is a responsible for psoriasis?  
Yes, today we eat different substances in wrong manner for psoriasis. Food is always with hot substances.
16. How do patient's other medical conditions affect psoriasis?  
Not known.
17. Many people find treatment for psoriasis is expensive what do you think about it?  
It is responsible due to obligatory taking medicines for long duration.
18. Which type of therapy's available for treating psoriasis?  
Psychological Remedies, are also available.

19. What should be criteria to be followed by patients in his daily routine?  
Application of traditional lifestyle almost possible.
20. How long will patients need to be take a medicine?  
It depends upon severity, chronicity. Minimum 3 months are required to understand further duration of treatment.
21. Is the criteria of treatment is same for normal people and any disease suffering people?  
No. It depends upon the factors responsible.
22. Which type of diet you suggest for patients?  
Purely Indian traditional home-made food.

Date of survey: 1/1

Signature & Stamp of physician  
Dr. Sachin Dhanraj Patel

Physician by survey

### Patients survey

## TREATMENT FOR PSORIATIC ARTHRITIS

### HOME REMEDIES FOR PSORIASIS PATIENT:

- 1) Salt bath
- 2) Aloe Vera
- 3) Omega 3- Fatty acid
- 4) Turmeric
- 5) Oregon grape
- 6) Using humidifier
- 7) Stress removing activities
- 8) Get some rays

1. Salt baths: For those with psoriasis in particular, a warm (not hot) bath can be comforting to the skin. To relieve itchiness and irritation, you can try adding Epsom salt, mineral oil, colloidal oatmeal, or olive oil. Dead Sea salt baths in particular have demonstrated health benefits for Psoriasis therapy.
2. Aloe vera: Creams containing aloe vera plant extract can be used to treat skin conditions. Minimise inflammation, itching, scaling, and redness.
3. Omega-3 fatty acids: Studies have shown that these fats can reduce inflammation in the body. Body. This may help with psoriasis symptoms. The scratchy, red skin is brought on by inflammation. Flakes. Many different foods contain omega-3s, including: flaxseed oil, nuts, seeds, soy, fatty fish.
4. Turmeric: The use of turmeric to treat psoriasis has not been the subject of any significant clinical investigations. Smaller studies utilising a topical turmeric gel, however, have produced hopeful outcomes.
5. Oregon grape: Studies have shown that a cream containing an Oregon grape extract (Grape) may be beneficial for psoriasis.
6. Use a humidifier to prevent your home's air from becoming too dry. Humidifiers increase To avoid dryness that can aggravate your already delicate skin, add moisture to the air. A May The humidity should be between 30 and 50 percent, according to the clinic.
7. Stress-relieving activities: Stress relieving activities include:
  - meditation
  - yoga

- deep breathing exercises
  - aromatherapy
  - writing in a journal
8. Get some rays: Ultraviolet light can help slow the growth of skin cells triggered by psoriasis. Light therapy should always be done under the supervision of a doctor.

routine diet

### The following foods are high in omega-3 fatty acids:

- Fatty fish such as mackerel, herring, tuna, and salmon.
- Additional foods like walnuts, flaxseeds, and chia seeds.

These foods are high in antioxidants: Vitamins A, C, E, and selenium, which are antioxidants, may also have anti-inflammatory substance

Blueberries, cranberries, goji berries, strawberries, kidney beans, and spinach are examples of berries. an intense chocolate.

Fiber-rich foods: foods like fresh vegetables, healthy grains, and fruit like strawberries includes dietary fibres that lower inflammation.

Flavonoids-rich foods:

- Products made from soy, like tofu, cherries, green tea, broccoli, grapes, etc.

Foods to exclude from the diet: It is crucial to consider what should be excluded from the diet. elicit food

### Topical Therapy

Corticosteroids (in carriers including foams, creams, gels, liquids, sprays, or ointments) are the most widely used topical therapies, followed by calcium modulators, coal tar extracts, and Anthralin. Since each topical medication has pros and cons, there isn't one that works best for everyone with psoriasis. It could be required to rotate them if one of them has negative effects or is ineffective. At times timely The preparations are blended. For instance, keratolytics (chemicals used to dissolve These solutions are frequently supplemented with scales or extra skin cells to improve their penetration into The skin Some medications shouldn't be combined since they interfere with one another. Other. Salicylic acid, for instance, renders calcipotriene cream or ointment inactive. As opposed to that, Medicines like anthralin (tree bark extract) might need to be added

### Ultraviolet (UVL) light therapy

which has wavelengths between 290 and 400 nm and is a part of the solar spectrum, may be used as a form of light therapy to treat psoriasis. Immunological processes.

#### -B ultraviolet:

In order to treat psoriasis, ultraviolet B (UV-B) light is employed. UV-B has wavelengths between 290 and 320 nanometre's (nm), which are shorter than those of visible light. (Ranges of visible light 400 to 700 nm.) In most cases, UV-B therapy can be coupled with one or more topical Treatment

**Using UV-B phototherapy:** moderate-to-severe plaque psoriasis can be effectively treated. The time commitment needed for treatments and the cost of this therapy are its two biggest downsides. Equipment that is UV-B accessible. Skin cancer is a concern with prolonged use, same like As much as there is from sunlight. PUVA Treatment:

- **PUVA** is a treatment that combines an oral medicine that contains psoralen with Therapy using ultraviolet A (UV-A) radiation. Psoralens increase the skin's sensitivity to long-wave UVA radiation (320-400 nm). Methoxsalen A psoralen called (Oxsoalene)

## COMBINATION THERAPY

Combination therapy involves using two different medicines simultaneously, and it can be quite effective for treating severe psoriasis.

## TREATMENT CHOICES

Many psoriasis medications and therapies can be used alone or together.

- creams and lotions. These are lotions and creams that you apply to your skin. Corticosteroids are the most widely used. Others are anthralin, topical retinoids, salicylic acid, coal tar, vitamin D-containing drugs, calcineurin inhibitors, and anthralin.
- Photographic therapy The term "ultraviolet radiation treatment" is sometimes used. It employs a variety of sunshine, ultraviolet B (UVB), and photochemotherapy (PUVA) are examples of light. employs ultraviolet A photons with greater penetration.
- Drugs for the entire body. You can administer these medications intravenously, orally, or both. Because they operate throughout your entire body, these potent medications are referred to as systemic. on your skin alone. They consist of retinoid pills, cyclosporine, and methotrexate capsules. Biologics, which are medications created from living cells and target there are particular proteins that can cause psoriasis.

### Combinations:

- 1)Topicals + topicals  
Corticosteroids and salicylic acid Corticosteroids and tazarotene cream
- 2)Phototherapy + topical therapies UVB plus topical calcipotriene (Dovonex)  
UVB plus anthralin and topical coal tar products (Ingram regimen)
- 3)Phototherapy + phototherapy UVB plus PUVA
- 4)Phototherapy + systemics  
UVB plus methotrexate
- 5)Systemic + topical medication  
Acitretin plus topical calcipotriene

**A benefit of combination therapy** is that you can take each drug in smaller amounts, reducing side effects and potential risks. For instance, less strong phototherapy might reduce your risk of developing skin cancer.

**less adverse effects:** Several psoriasis treatments might result with issues including diarrhoea, headaches, or increased likelihood of infections. When two therapies are combined, you can use lesser dosages of each. minimising the adverse effects and probable dangers. For instance, less strong phototherapy could decrease your risk of developing skin cancer.

**Customized therapy:** Giving your doctor greater flexibility by mixing various medications options to help you create your treatment plan. Combination therapy may potentially be more effective and quick-acting. than just one treatment. Some medications can also increase the potency of other drugs. Sodium bicarbonate, for makes corticosteroids work better, for example.

**Longer relief:** Combining two therapies may have a longer-lasting effect. Additionally, it might prolong periods of disease remission after you stop receiving medication.

**Negative aspects:** Drug combinations are not always beneficial or even secure. It might also cost more than a single treatment or necessitate additional doctor visits. On the other hand, you're more likely to adhere to if a combination of treatments better manages your symptoms, follow your doctor's advice. Combination Not everyone benefits from therapy, and two people may react differently to the same course of treatment. But You may be a strong contender if you:

Ayurvedic treatment for psoriasis:

Psoriasis sufferers may use Ayurvedic skin treatments to their skin. Turmeric is a component in one of the most popular topical Ayurvedic medications. Turmeric is made by manufacturers from a plant root related to ginger. Typically, turmeric is used in food. However, Additionally, it can be made into a paste and applied to the skin.

Meditation and movement

Practitioners of Ayurveda place a strong emphasis on the harmony of three “elements,” which they define as: a person’s universe, their constitution, or “Prakriti,” and their life energies, or “dosha,” respectively. Reducing stress and anxiety is one method to maintain these in balance. Contemplation and Pranayama is a technique for controlled breathing that some people find beneficial. The severity of their psoriasis. Reducing stress is important since it may prevent psoriasis flare-ups. Using these methods of relaxation could help stop a flare.

Dietary changes:

A vegetarian diet is often central to ayurvedic therapies. High-carbohydrate ingredients and goods with a lot of sugar are other items to stay away from. Additionally, Ayurvedic customs advise against consuming foods that are “in the extreme,” such as those with overpowering flavours. Too salty, sour, or acidic.

Why ayurvedic treatment is better than various modern treatment for psoriasis?

Other medications only temporarily relieve the symptoms and manage the problem; they do not provide a long-term solution. Ayurveda, on the other hand, always identifies the problem’s fundamental cause and works backwards to identify the precise issue before treating it and ensuring correct internal organ healing.

Psoriasis Panchkarma therapy: -Ayurveda also has a precise schedule made up of different Panchkarma treatment components that comprises just internally and externally derived herbal medicines.

Homeopathic Treatment for Psoriasis:

Homeopathic treatments for psoriasis work at the level of immunity to correct the body’s errant function. They also aid in psoriasis symptom control without causing any negative side effects. A tried-and-true strategy to provide long-term relief from psoriasis is the Welling Homeopathy treatment. Alleviation and long-term healing gradually. Psoriasis homoeopathic therapy is outlined in After a thorough evaluation of your prior psoriasis medications and therapies, You have taken psoriasis.

• Homeopathic Medicines for Psoriasis: -

• Constitutional drugs – Ars.alb., Borx., Graph., Merc., Nat m., Sulph. Thy. Pustular Psoriasis- Calc.S., Kali s., Hep.

• Others– Ars iod., Kali ar., Kali br., Petr., Med.Psor.

Reasons to choose homeopathy treatment for psoriasis:

Safe: Homeopathy uses natural homoeopathic remedies to treat psoriasis and has no negative side effects. fixes the underlying issue: The range of homoeopathic treatment goes beyond bodily ailments. psoriasis symptoms and treats the underlying problem, providing you long-lasting relief results. Your health history is taken into account by homoeopathic doctors before they prescribe any medication, Personality, temperament, way of life, and family history of health.

### Statistically Representations

**According to Gender:** - We have discovered that this disease primarily affects females when it comes to gender distinction. This is due to the hormone surge’s ability to either create or exacerbate skin issues. Includes psoriasis and acne in teenagers. High oestrogen levels following your first menstruation could lead Too many skin cells proliferate too quickly. Hormone levels group and decline during your Both your psoriasis symptoms and your menstrual cycle. Psoriasis hence appears to be somewhat more prevalent. More common in women than in men.

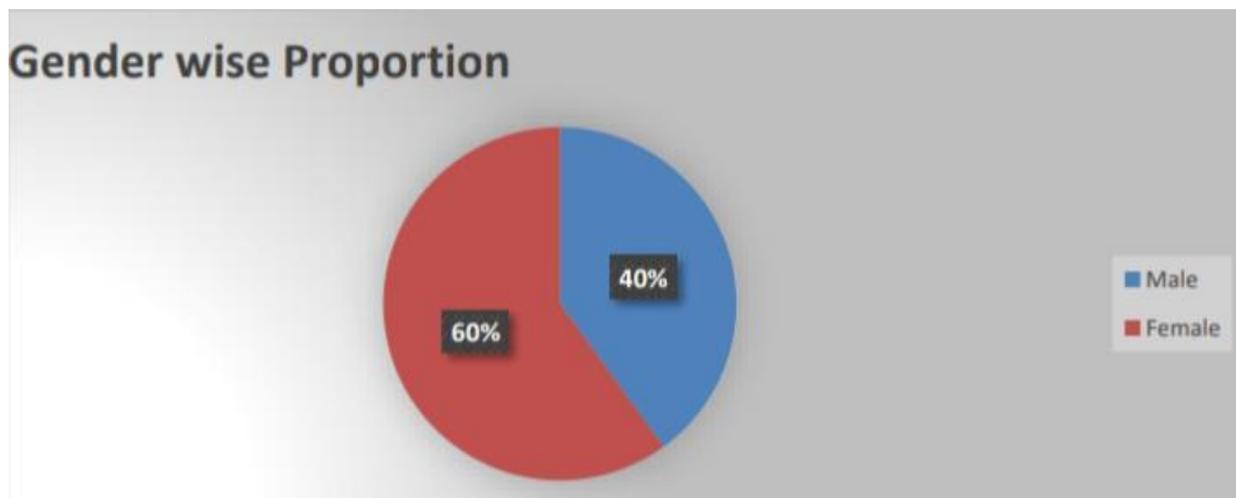


Fig. No 8

| Sr. No | Male | Female | Total |
|--------|------|--------|-------|
| 1      | 8    | 12     | 20    |

Psoriasis can start at any age, but the survey found that there are two peaks in onset: the first is between the ages of 20 and 30 and the second is between the ages of 50 and 60. Men and women are equally afflicted, but women are more affected. Psoriasis can be more likely to develop in some patients, especially if there is a psoriatic member of the family

According to Patient Treatment:

As there are several therapy options accessible for psoriasis. A survey was done to learn more about the patient's therapy and treatments. From the poll, it can be inferred that (40%) the majority of those in need prefer homoeopathy treatment. Only (36%) Patient chooses ayurvedic and homoeopathy treatment (24%) for he treatment illnesses. Additionally, the survey revealed that topical therapy, which is an allopathic treatment, The doctor generally recommended phototherapy and methotrexate.

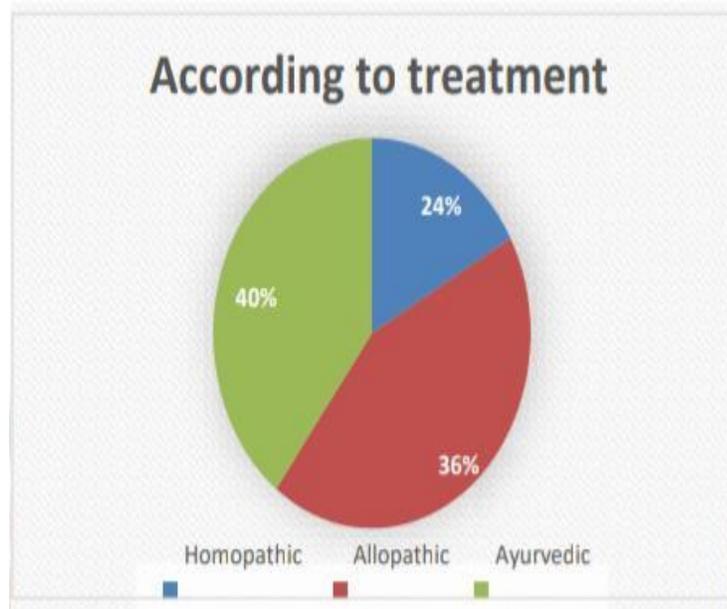


Fig. No 9

The primary goal of this pharmacy study was to gather information on the allopathic and ayurvedic medications for psoriasis that were available on the market. According to the poll, 63% of pharmacies sell allopathic drugs, including the one you've been prescribed, by the physicians. The remaining 37% of businesses sell ayurvedic drugs exclusively to treat psoriasis symptoms.

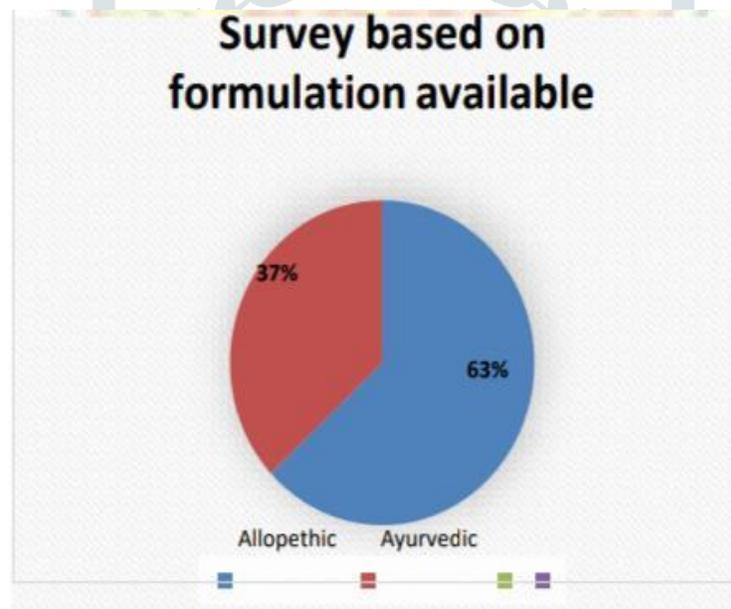


Fig. No 10

According to age poll, psoriasis can start at any age. It has two different starting periods: the first is between the ages of 20 and 40, and the second is between the ages of 60 and above. Men and women are equally affected, although It affects women more frequently. Certain persons are more likely to get psoriasis, particularly if They have a psoriatic relative.

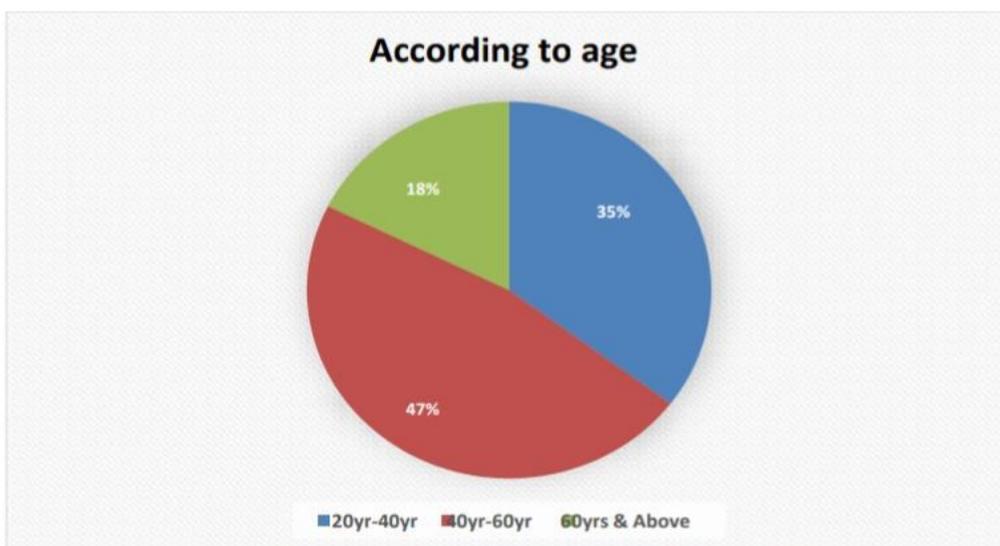


Fig. No 11

## RESULT AND CONCLUSION

The majority of those who have psoriasis are between the ages of 40 and 60, and more women than men have the condition, according to the results of the patient survey mentioned above. According to the aforementioned survey, psoriasis patients were receiving both allopathic, homoeopathy and ayurvedic care. When we looked at the market sector based on formulations that a doctor has recommended, we discovered that ayurveda medicine was one of them. From a physician survey, we discovered that plaque psoriasis was the most prevalent condition among patients. We also discovered that combination therapy is used to treat severe psoriasis, while topical or systemic therapy is recommended for mild cases. From the foregoing, it may be inferred that the majority of treatments, techniques, and Drugs on the market only provide symptomatic relief or are effective against just one of the causes of psoriasis, hence they are ineffective for treating the condition. Psoriatic arthritis is being treated with combination therapy.

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