



“COMPARATIVE CLINICAL STUDY TO EVALUTE EFFICACY OF ‘DARVYADI KWATH’ AND ‘TRIPHALA KWATH’ IMPROVING PASI SCORE IN MANAGEMENT OF EKAKUSHTA (~PLAQUE PSORIASIS).”

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Abstract-

The disease not only disturbs the patient physically but also interrupts the mental and social health of the patient, as the appearance of patient may be embarrassing. *Ekakushtha* is described elaborately in terms of *Nidaana* (etiology), *Purvarupa* (prodromal symptoms), *rupa* (cardinal symptoms), *samprapti* (pathogenesis), *Chikitsa* (Treatment) and *pathya-apathya* (conductive and non-conductive diet). association between *Ekakushtha* with Plaque Psoriasis is established on the basis of features. Detail description of Plaque Psoriasis is given in terms of definition, prevalence, etiopathology, others types of psoriasis, difference diagnosis, complication and treatment. Inscription psoriasis is the utmost shared form of psoriasis, marks between 58% & 97% of all belongings of psoriasis *Ekakushtha* is the one type out of the eleven *kshudra kushthas*. *Ekakushtha* is stated to be *tridoshaja* with dominance of *kapha- vata dosha*. *Matsya* means fish and *shakala* means splint or fragment. *Matsyashakalopama* means fragments of fish like structure; it means scaly plaque or popular lesions on the skin. On the clinical manifestation it seems to be equivalent clinical entity plaque psoriasis described in modern and classical literature. *Ekakushtha* is the skin disease among the *Kshudra kushthas* which has symptoms of *aswdanam* (not perspire), *mahavastu* (extensive), *yana masyoshakalalopamam* (looks like fish scale) and *aruna varna* (discoloration). *Ayurveda* encourages diet plans and medical procedures that support psychological, emotional, and physical health. Previous studies also reported the effective management of *Ekakushtha* (psoriasis) through *Ayurveda*. It is addressed by *Ayurveda* using its dual treatments. *Shaman* and *Shodhana* By eliminating the disease-causing, vitiated *Doshas*, *shodhana* therapy improve the body on an additional level. The five purificatory processes mentioned in the classics include *virechana*, which involves the expulsion of vitiated doshas through

the anal canal. *Virechana* is a very well-known and commonly used *Shodhana* therapy, specially for skin problems, because to its simple administration and little consequences.

Keywords- *Kshudra Kustha, Ekakushta, Chikista, Clinical Study Darvyadi Kwath' and 'Triphala Kwath'*

Introduction-

All dermatological disorders are coming under the umbrella of term *Kushtha* as per Ayurvedic texts. *Kushtha* produces psychological and physical discomforts due to the blemished skin which itself is proved by means of the name. In *Ayurveda* all the skin diseases are described under one term '*Twagdosha*'.¹ Major skin diseases have been described under *kushtha*. Which deforms the skin colour and gives an ugly look is called *Kushtha*.² *Kushtha* is transmittable disease.³ but all skin diseases are not contagious such as leucoderma and have ascribed the involvement of *krimi* (~bacteria, worm, yeast, fungi) along with other factors in its expression. Some skin diseases are transmitted genetically from parents to children.⁴ The *kushtha* is *tridoshaja vyadhi* but variants of the *kushtha* depend upon predominance of particular *dosha*. Etymologically *kushtha* is defined as "*kushnati vapuh eti kushtham*" which means any diseases which deform the skin are known as *kushtha*. The *kushtha* is a *tridoshaja vyadhi*. But differential diagnosis of *kushtha* depends upon the predominance of particular *dosha*.⁵

Aim and Objective- A Comparative clinical study to evaluate the effectiveness of '*Darvyadi kwath'* and '*Triphala kwath'* Improving PASI score in management of *Ekakushta* (~plaque psoriasis).

Acharya Charaka characterised a large variety of skin conditions with their aetiology, pathophysiology, and particular classification under the term *Kushtha*. He has listed 18 different varieties of *Kushtha*, which are further broken down into *Maha Kushtha* and *Kshudra Kushtha*. In *Nidana Sthana*, a *Maha Kushtha* is a description of seven different forms of *Kushtha*. Eighteen different forms of *Kushtha* have been categorized into the *Chikitsa Sthana's* 7 *Maha Kushtha* and 11 *Kshudra Kushtha*. Other allusions to *Kushtha* are found in *Charaka Samhita* in addition to the descriptions of *Kushtha* in *Nidana Sthana* and *Chikitsa Sthana*. A few of them are as follows: *Kushtha* is referred to as *Nija Shotha's Samanya Hetu*. One who practises *Santarpanajanya* is *Kushtha*.

All long-term skin diseases, including psoriasis, are caused by a confluence of genetic predispositions, immunological stress, nutritional deficiencies or sensitivities, and toxin buildup in the body. Chronic, erratic and resistant to therapy, illness progression is typical. Immune-mediated, phenotypically diverse, and frequently relapsing and remitting in nature is psoriasis.

"*Ekakhyam Mahashrayam Aswedam Yat Matsyashakala Sannibham*"⁶

Ekakushtha is defined as one variety of *Ashtadasha Kushtha* which is characterized by *Aswedanam* (Anhydrosis), *Mahavastu* (extending throughout body) and *Matsyashakalopamam* (Skin appears like fish scales). *Acharya Vagbhata, Madhavakara, Bhavamishra, Yogaratnakara* gives the same paribhasha as said above.

Acharya Sushruta defines *Ekakushtha* is a skin condition, in which color of the lesions will be *Krishna, Aruna*. *Acharya Bhela* defines *Ekakushtha* as a skin disorder which spreads like *Visarpa* associated with *vikunam* and *parisrava* According to *Kashyapa*, *Ekakushtha* is produced from *Visarpa* and associated with *Srava, Vedana, Krimi*.

Material And Methods-

Present research work entitled “A Comparative Study to Evaluate the Effectiveness of ‘*Darvyadi kwath*’ and ‘*Triphala kwath*’ in management of *Ekakushtha* (~plaque psoriasis) was carried out in 56 patients suffering from *Ekakushtha* and fulfilling the inclusion and exclusion criteria and ready to sign in consent form. It was single centred, open level, randomized (simple) interventional type of clinical trial.

The trial subjects were selected from OPD of CBPACS Hospital, New Delhi on the basis of inclusion and exclusion criteria and randomized into two groups A group A were administered ‘*Darvyadi kwath*’ in 40ml dose, two times a day and empty stomach for 45 days. Group B patients were administered ‘*Triphala kwath*’ in same manner as *Darvyadi kwath* for 45 days. Assessment was done on the basis of change in PASI Score, *Ekakushtha* symptoms severity Score.

Detail of the treatment administration: Registered patients will be divided into 2 groups (56 in each group).

Group A: ‘*Darvyadi kwath*’ was given in 28 registered patients who were suffering from *Ekakushtha* (plaque Psoriasis).

Dose: (1 pal) 40ml, two times a day, empty stomach in morning and after at least 4 hours of afternoon meal for 45 days.

Group B: ‘*Triphala kwath*’ was given in 28 registered patients who were suffering from *Ekakushtha* (plaque Psoriasis).

Dose: (1 pal) 40ml, two times a day, empty stomach in morning and after at least 4 hours of afternoon meal for 45 days.

In this study, a humble attempt is made to select two such drugs, which are thought to be effective in *Ekakushtha*. Therefore ‘*Darvyadi kwath*’ and ‘*Triphala kwath*’ in decoction form were selected for the management of *Ekakushtha* (~plaque psoriasis).

Individuals presenting with minimum four of the clinical features of *Ekakushtha Aswedanam* (loss of sweating) *Mahavastu* (spread of lesion) and *Matsyashaklopam* (slivery scaling) and other features i.e *Krushna – arun varna* (blackish red discoloration).

Inclusion criteria: -

- a) Age: - 20 year to 60 years.
- b). Sex: - both sex (male and females).
- c). Patient having the clinical feature of *Ekakushtha* (~Plaque Psoriasis).
- d). Patient having chronicity of psoriasis less than 5 year and more than 6 months.
- e). Patient willing to give consent for trial with firm residential address and contact.

Exclusion criteria: -

- a) Age: - less than 20 year and more than 60 years.
- b) Patient suffering from Diabetes Mellitus, Cancer, Cardiac Problems, Uncontrolled Hypertension, Acquired Immunodeficiency Syndrome (AIDS), Tuberculosis (TB), Renal Disorder.
- c) other co-skin disease.
- d) Pregnant women and lactating mother.
- e) Drug or Alcohol Abuse: A Known or suspected history of chronic alcohol or drug abuse h) Hypersensitivity to any of the drugs to be used in study.

'Darvyadi kwath'-⁷

'Darvyadi kwath' is a compound drug in decoction form of three herbal drugs composed of *Daruhaldi, Nimba, Khadir*. *Darvyadi* is described for treatment of *kushthas* (dermatological manifestation) in *Ashtang hridaya Chikitsa sthan 19/37, and*.

- Out of these 3 components viz. *Daruharidra* is *katu tikta*, removes *tvak dohsa* pacifies *kapha*, is *raktashodhaka* (antiscorbutic), *shothahara* (~anti inflammatory), *krimighna* (~antimucibial). Its use for treating inflammation and skin diseases is well documented.
- *Khadir* is considered as the best promising drug for all types of skin diseases. Its *shothahar* (~antiinflammatory) *kadughna* (~antipruritic), *kushthaghna* (~alleviates skin diseases), *sthambhan* (~astringent), *rasayana* (~rejuvenating) properties can check and arrest the progression of skin diseases and help with disease remission.
- *Neem* is also known as *Tiktaka* due to its *tikta* property. It is said to pacify *Tridosha*, is *kanduhar* (~antipruritic), *kushathghna, krimighna* (~antimicrobial). *Neem* possesses anti-inflammatory, anti-histamine and anti-microbial properties.

TRIPHALA KWATH:⁸

Reference –“TRIPHALA KWATH” (CHARAK CHIKITSHA 7/97)

Composition of 'Triphala kwath'-

S.No.	Drug Name	Latin Name	Part Name	Quantity
1	<i>Haritaki</i>	<i>Terminalia chebula</i>	Fruit	1 part
2	<i>Bibhitaki</i>	<i>Terminalia bellirica</i>	Fruit	1 part
3	<i>Amalaki</i>	<i>Embilica officinalis</i>	Fruit	1 part

Observation and Result

Observation:

- 15 % patients were belonged to age group of 21-30 year, and 16% patientsbelonged to 51-60 yrs. age group.
- 35% patients of ‘*Ekakushtha*’ were male and 21% were female.
- 57% patients were *vata-Pittaj prakriti*. (Group A 14 and group B 18) total 35 patient were *vata-pittaj prakriti*.
- 41.07% patient were *vata-kaphaj* (group A 13 and group B 10) total 23 patients were *vata-kaphaj prakriti*.
- Scaling, loss of sweating, black-reddish plaque rashes were present in allregistered Patients.
- *Aswedanam*-

<i>Aswedanam</i>		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	1.68	2.00	0.72	0.14	-4.584 ^b	0.0000046	82.98	Sig
	AT	0.29	0.00	0.46	0.09				
Group B	BT	1.61	2.00	0.79	0.15	-4.594 ^b	0.0000044	84.44	Sig
	AT	0.25	0.00	0.52	0.10				

Since observations are on ordinal scale (gradations), we have used Wilcoxon Signed Rank Test to test efficacy in Group A and Group B. From above table, we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

Table -Difference in statical value of *Aswedanam* within group on day 1,15,30,45

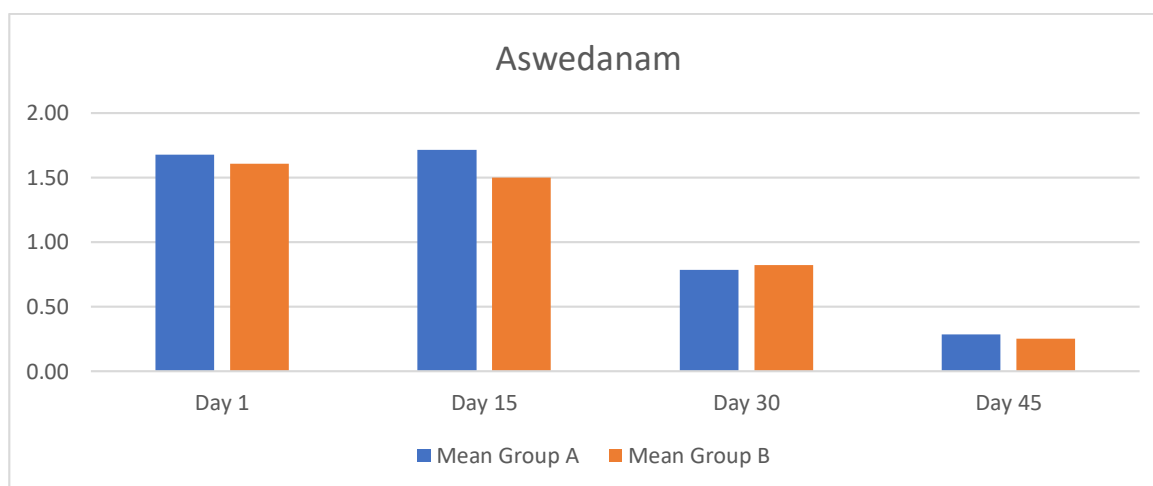
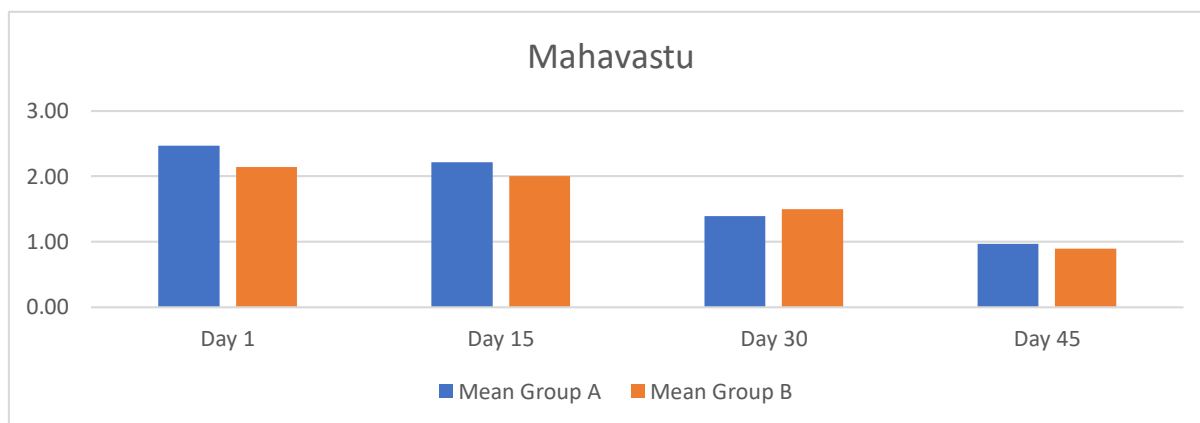


Table -Difference in statical value of *Mahavastu* within group on day 1,15,30,45

<i>Mahavastu</i>	Mean		SD		% Change	
	Group A	Group B	Group A	Group B	Group A	Group B
Day 1	2.46	2.14	0.58	0.65	-	-
Day 15	2.21	2.00	0.57	0.67	10.14	6.67
Day 30	1.39	1.50	0.50	0.69	43.48	30.00
Day 45	0.96	0.89	0.51	0.42	60.87	58.33
Friedman' Test	24.180	26.146				
P-Value	0.000	0.000				
Result	Sig	Sig				

Since observations are on ordinal scale assessed at different follow up. Friedman’s test is carried out to test significance in Group A and Group B. From above table, we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

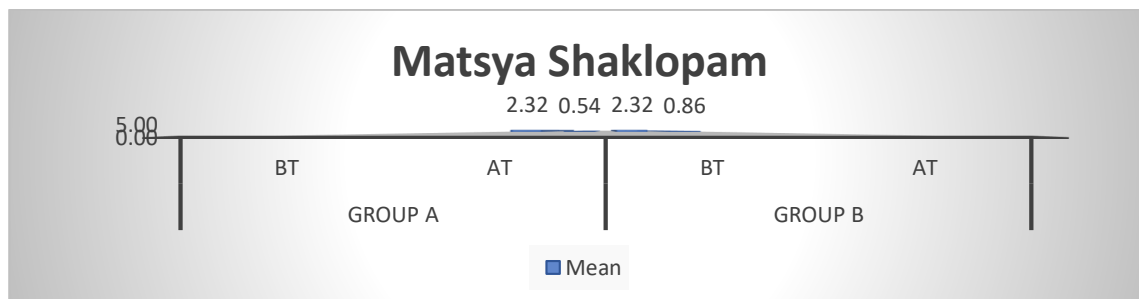


Matsya Shaklopam

Matsya Shaklopam		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	2.32	2.00	0.55	0.10	-4.748 ^b	0.0000021	76.92	Sig
	AT	0.54	0.50	0.58	0.11				
Group B	BT	2.32	2.00	0.72	0.14	-4.604 ^b	0.0000041	63.08	Sig
	AT	0.86	1.00	0.65	0.12				

Since observations are on ordinal scale (gradations), we have used Wilcoxon Signed Rank Test to test efficacy in Group A and Group B. From above table, we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

Within group-we can observe that the P value in group ‘A’ and group ‘B’ is less than 0.05 hence the effect observed in ‘A’ and ‘B’ group is statistically significant.



Krushna arunvarna-

Table -Difference in statical value of *Krushna arunvarna* before and after treatment-

Krushna-Arunavarna		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	1.96	2.00	0.69	0.13	-4.552 ^b	0.0000053	78.18	Sig
	AT	0.43	0.00	0.57	0.11				
Group B	BT	1.86	2.00	0.76	0.14	-4.584 ^b	0.0000046	80.77	Sig
	AT	0.36	0.00	0.49	0.09				

Since observations are on ordinal scale (gradations), we have used Wilcoxon Signed Rank Test to test efficacy in Group A and Group B. From above table, we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

Within group-we can observed that the P value in ‘A’ group and ‘B’ group is less than 0.05 hence the effect observed in group ‘A’ and Group ‘B’ is statistically significant.

Betewwn the group – we observed that the mean of group ‘A’

Day 1 mean – 1.96 ,Day 45-

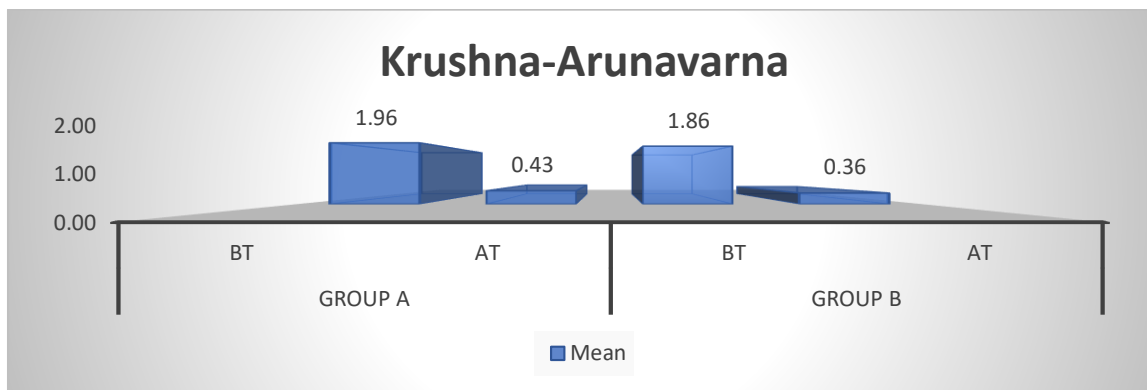
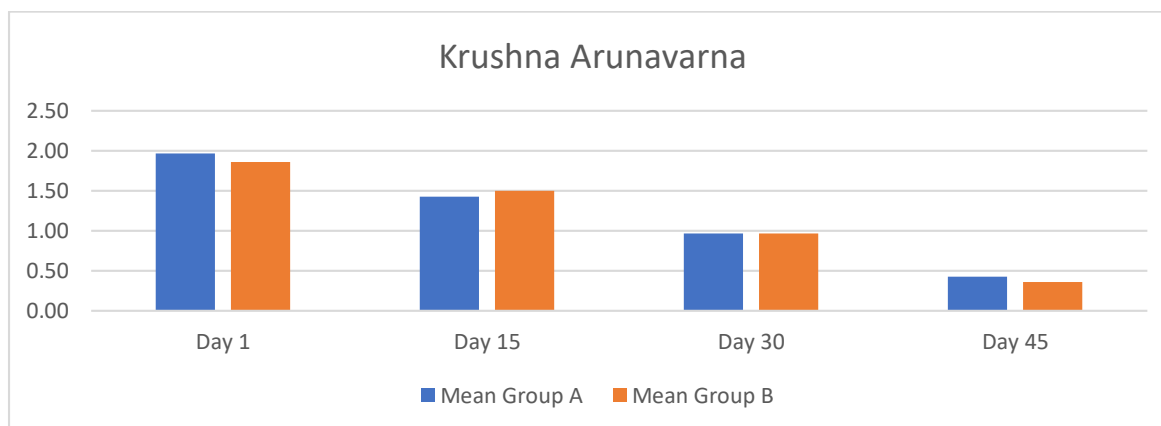


Table -Difference in statical value of *Krushnaarun varna* within group on day 1,15,30,45

Krushna-Arunvarna	Mean		SD		% Change	
	Group A	Group B	Group A	Group B	Group A	Group B
Day 1	1.96	1.86	0.69	0.76	-	-
Day 15	1.43	1.50	0.63	0.75	27.27	19.23
Day 30	0.96	0.96	0.58	0.74	50.91	48.08
Day 45	0.43	0.36	0.57	0.49	78.18	80.77
Friedman' Test	23.512	22.299				
P-Value	0.000	0.000				
Result	Sig	Sig				

Since observations are on ordinal scale assessed at different follow up. Friedman’s test is carried out to test significance in Group A and Group B. From above table, we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.



• Variable	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value
<i>Aswedanam</i>	Group A	28	28.95	810.50	379.500	0.820
	Group B	28	28.05	785.50		
	Total	56				
<i>Mahavastu</i>	Group A	28	30.84	863.50	326.500	0.233
	Group B	28	26.16	732.50		
	Total	56				
<i>Matsya Shaklopam</i>	Group A	28	31.63	885.50	304.500	0.106
	Group B	28	25.38	710.50		
	Total	56				
<i>Krushna-Arunvarna</i>	Group A	28	28.59	800.50	389.500	0.964
	Group B	28	28.41	795.50		
	Total	56				

Mann Whitney U-test is carried out for comparison between Group A and Group B. From above table, we can observe that, P-Value is greater than 0.05. Hence, we can conclude that, there is no significant difference between Group A and Group B

Table -Difference in statical value of PASI SCORE within group on before and after -

PASI Score		Mean	N	SD	SE	t-Value	P-Value	% Change	Result
Group A	BT	21.50	28	13.55	2.56	7.750	0.00000	82.24	Sig
	AT	3.82	28	4.36	0.82				
Group B	BT	17.13	28	17.37	3.28	4.587	0.00009	73.21	Sig
	AT	4.59	28	4.37	0.83				

Since observations are quantitative, we have used Paired t-Test to test efficacy in Group A and Group B. From above table, we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

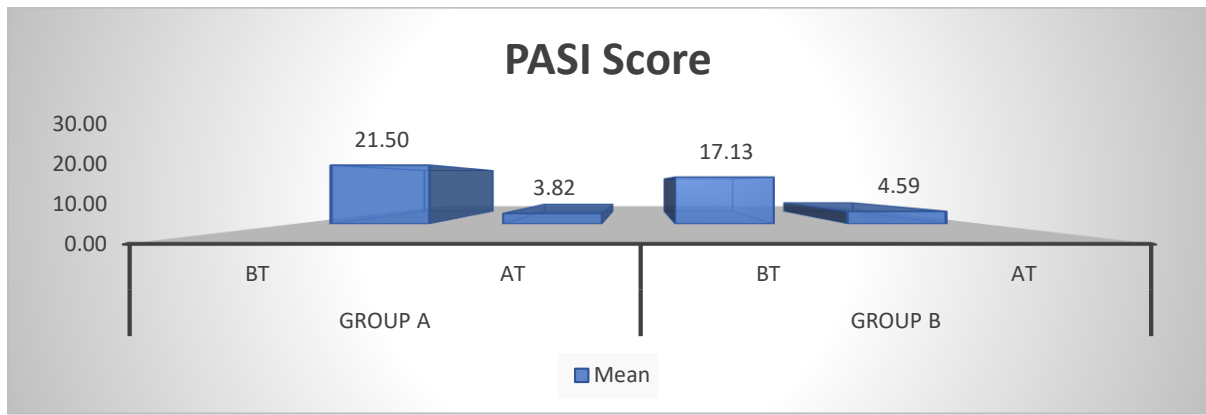


Table -Difference in statical value of ESR within group on Before and after-

ESR		Mean	N	SD	SE	t-Value	P-Value	% Change	Result
Group A	BT	25.69	28	19.02	3.59	4.083	0.00036	37.09	Sig
	AT	16.16	28	14.89	2.81				
Group B	BT	25.08	28	27.38	5.17	3.581	0.00132	37.23	Sig
	AT	15.74	28	21.93	4.14				

Since observations are quantitative, we have used Paired t-Test to test efficacy in Group A and Group B. From above table, we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

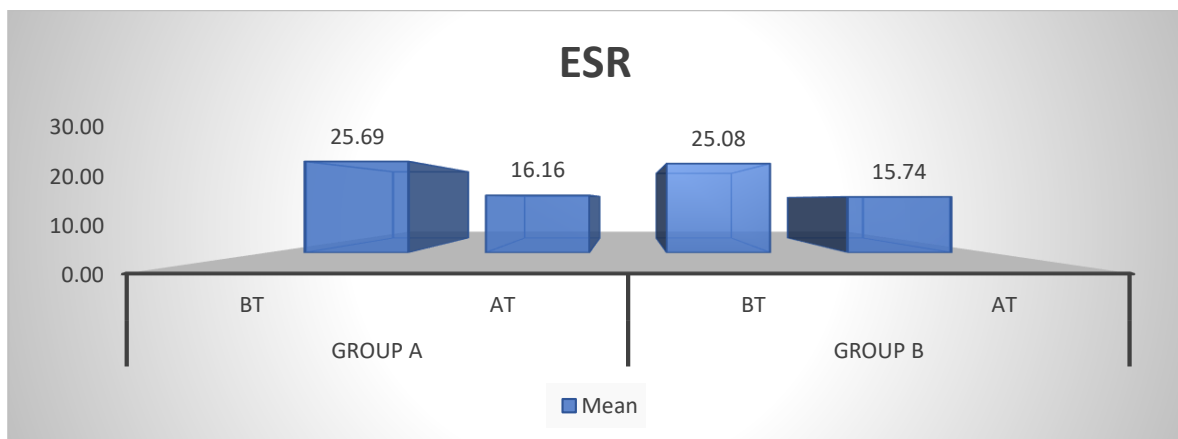
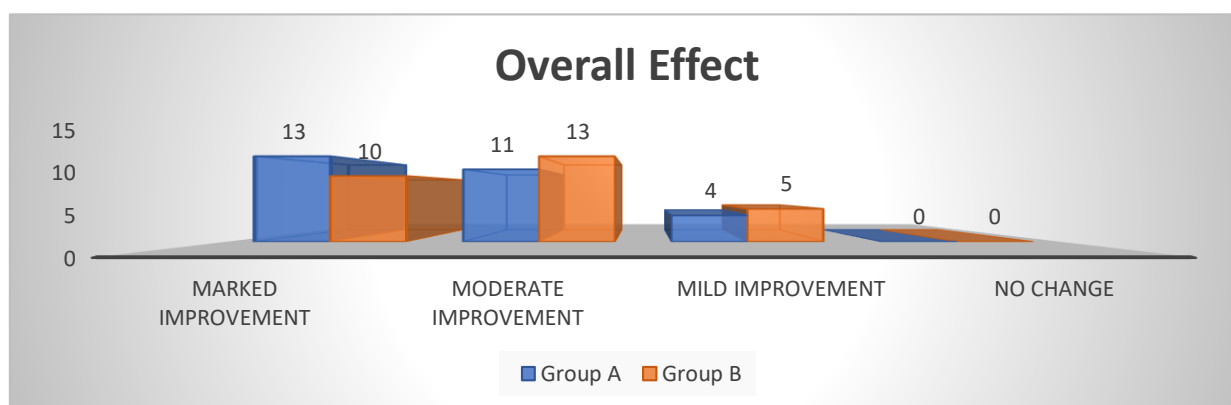


Table -Difference in statical value of PASI score and ESR within groups-

Variable	Group	N	Mean	SD	SE	t-Value	P-Value
PASI Score	Group A	28	17.68	12.07	2.28	1.443	0.155
	Group B	28	12.54	14.47	2.73		
ESR	Group A	28	9.53	12.35	2.33	0.054	0.957
	Group B	28	9.34	13.80	2.61		

Unpaired t-test is carried out for comparison between Group A and Group B. From above table, we can observe that, P-Value is greater than 0.05. Hence, we can conclude that, there is no significant difference between Group A and Group B.

Overall Effect	Group A		Group B	
	N	%	N	%
Marked Improvement	13	46.43%	10	35.71%
Moderate Improvement	11	39.29%	13	46.43%
Mild Improvement	4	14.29%	5	17.86%
No Change	0	0.00%	0	0.00%
TOTAL	28	100.00%	28	100.00%



➤ **Result of group A (*Darvyadi kwath*):** significant results were found in group A. All over 73.69% improvement was appear after treatment. The clinical features of '*Ekakushtha*' (~plaque psoriasis) like; *Awedanam* (loss of sweating) relieved by 70.5%, *Mahavastu* (effected area) relieved by 57.4%, *Matsyashaklopam* (scaling) relieved by 81.2% and 64% improvement in *Krishna-aruna varna* (black-reddish discoloration).

- **Result of group B (*Triphala kwath*):** Significant results were found in group B. All over 42.08% improvement was appear after treatment. The clinical features of *Ekakushtha* like; *Aswedanam* (loss of sweating) relieved by 53%, *Mahavastu*(effected area) relieved by 43.47%, *Matsyashaklopam* (scaling) relieved by 66.30% and 58% improvement in *Krishna-aruna varna* (black-reddish discoloration).
- **Inter group comparison:** There are statistically highly significant difference present in efficacy of ‘*Darvyadi kwath*’ and ‘*Triphala kwath*’ in management of *Ekakushtha* (~plaque psoriasis). according to Psoriasis Area Severity Index (PASI) Score.

Group B (*Triphala kwath*).

- After stopping the administration of the drugs under trial follow up after 45 days, the symptoms of plaque psoriasis recurrent in 10% patients. B patients have shown more recurrency as compare as group A patients.

Discussion⁹⁻¹³.

- *Ekakushtha* is stated to be *tridoshaja kshudra-kushtha* with dominance of *kapha-vata dosha*.
 - On the clinical manifestation it seems to be equivalent clinical entity plaquepsoriasis described in modern and classical literature.
 - In present clinical study, I found all symptoms of *Ekakushtha* according to Ayurvedic texts.
1. ***Aswedana* (~loss of sweating):** *Vata* causing *Sankocha* (~vasoconstrictor) and *Kapha* causing *Sanga* (~obstruction), resulting in *Asvedanam*.
 2. ***Mahavastu* (~large area):** *Sighrakari guna* (quickly spreading property) of *vata(Dosha)* and *Rakta (Dushya)* is responsible for *mahavastu* (effected large area).
 3. ***Matshyashakalopama* (~papules or plaques cover with scales):** it's the result of rapid proliferation of skin cells. The rate of cell division is a function of *vata*.
 4. ***Mahavastu* (~large area):** *Sighrakari guna* (quickly spreading property) of *vata(Dosha)* and *Rakta (Dushya)* is responsible for *mahavastu* (effected large area).
 5. ***Krushna-arun varna* (~red-blackish discoloration):** due to aggravated *vata dosha*.

Mode of action of drug on patients^{14,15,16} .

Darvyadi kwath and its ingredients of (*Daruharidra, Nimba ,khadir*)-*Daruhaldi* is *katu tikta* remove *twak dosa* pacifies *kapha* is *raktashodhaka*(antiscorbutic) *shothahar*(antiinflammatory) *kadughana*(~antimicrobial),it is use for treating inflammation and skin diseases is well documented. *Khadir* is considered as the best promising drug for all type of skin disease.its *shothahar*(anti-inflammatory) *kandughana*(antipruritic),*kushthagna*(~allevaites skin disease)*Sthambhan*(~astringent),*rasayan*,(~rejuvenating)properties remission.*Neem* is also known as *Tiktaka* due to *tikta* properties.it is said to pacify

Tridoshamak, kanduhar (~antipruritic), *kushthagna, krimighana* (~antimicrobial) neem possesses anti-inflammatory, anti-histamine and anti-microbial properties. The three components of *Triphala kwath* are *Haraitaki, bibithaki, amalaka*. Out of these two drugs are *Kashaya* (~astringent) In taste and one has *amla* dominant *rasa* (*amla -pitta shamaka*) all three drugs are *ushna virya* (hot potency) and *madhur vipak* (~post digestive effect), activity so both medicines are effective in management of *Ekakushtha*. *tikta rasa* (~bitter taste) has *shodhan* (~purification) property. *Kashaya rasa* (~astringent taste) has the property of *shaman* (~pacifying action) and *ropan* (~healing). *Tikta, Madhur, sheeta* and *Kashaya* properties help balance *rakta* one of four major tissues involved in *kushta*. *Madhur, ushna* properties pacify *vata*, *tikta Kashaya rasa* predominant *kushthanghna* (~curative for obstinate skin disease) drugs are mainstay of treatment of *kushta shaman* therapy.

In the present study, it was observed that psoriasis can occur at any age but its peak manifestation occurs during age of 51-60 years, and the second peak occurs in persons aged 21-30 years due to more stressful and dietary disturbances. It's more common in men than women. *Ekakushtha* is mostly occurring in *vata-kaphaj prakriti* persons compared to other *prakritis*. It's more common in low economic class due to unawareness of hygiene. This disease increases in winter due to dominance of *Kapha* and *Vata*. Climate also appears to affect psoriasis prevalence, with higher rates recorded in single countries at greater latitudes from the Equator due to winter season in longer time.

Etiological factor on the basis of observation, Stress and genetic factors has a leading role in developing *Ekakushtha* which was observed in maximum number of patients. If human consumes milk, curd, jaggery excessive amount in diet for longer period they enhance the severity of this disease.

Conclusion-

Both medicines are effective in the management of *Ekakushtha* but group A (*Darvyadi kwath*) provided better improvement than group B (*Triphala kwath*). Group B patients have shown more recurrency as compare as group A patients.

- On the clinical manifestation it seems to be equivalent clinical entity plaque psoriasis described in modern and classical literature.
- In present clinical study, I found all symptoms of *Ekakushtha Darvyadi kwath* and its ingredients of (*Daruharidra, Nimba, khadir*)-*Daruhaldi* is *katu tikta* remove *twak dosa* pacifies *kapha* is *raktashodhaka* (antiscorbutic) *shothahar* (anti-inflammatory) *kadughana* (~antimicrobial), it is use for treating inflammation and skin diseases is well documented. *Khadir* is considered as the best promising drug for all type of skin disease. its *shothahar* (anti-inflammatory)

kandughana (antipruritic), *kushthagna* (~alleviates skin disease) *Sthambhan* (~astringent), *rasayan*, (~rejuvenating) properties remission. *Neem* is also known as *Tiktaka* due to *tikta* properties. it is said to pacify *Tridoshamak, kanduhar* (~antipruritic), *kushthagna, krimighana* (~antimicrobial) *Neem* possesses anti-inflammatory, anti-histamine and anti-microbial properties. The three components of *Triphala kwath* are *Haraitaki, Bibithaki, Amalaka*. Out of these two drugs are *Kashaya* (~astringent) In taste and one has

amla dominant *rasa* (*amla -pitta shamaka*) all three drug are *ushna Virya* (hot potency) and *madhur vipak* (~post digestive effect), activity so both medicines are effective in management of *Ekakushtha*. *tikta rasa* (~bitter taste) has *shodhan*(~purification) property. *Kashaya rasa* (~astringent taste) has the property of *shaman* (~pacifying action) and *ropan*(~healing). *Tikta, Madhur, sheeta* and *Kashaya* properties help balance *rakta* one of four manjor tissue involved in *kushta*. *Madhur, ushna* properties pacify *vata*, *tikta Kashaya rasa* predominant *kushthanghna* (~curative for obstinate skin disease) drugs are mainstay of treatment of *kushta shaman* therapy.

- **Result of group A (*Darvyadi kwath*):** significant results were found in group A. All over 73.69% improvement was appear after treatment. The clinical features of '*Ekakushtha*' (~plaque psoriasis) like; *Awedanam* (loss of sweating) relieved by 70.5%, *Mahavastu* (effected area) relieved by 57.4%, *Matsyashaklopam* (scaling) relieved by 81.2% and 64% improvement in *Krishna-aruna varna* (black-reddish discoloration).

- **Result of group B (*Triphala kwath*):** Significant results were found in group B. All over 42.08% improvement was appear after treatment. The clinical features of *Ekakushtha* like; *Aswedanam* (loss of sweating) relieved by 53%, *Mahavastu* (effected area) relieved by 43.47%, *Matsyashaklopam* (scaling) relieved by 66.30% and 58% improvement in *Krishna-aruna varna* (black-reddish discoloration).

- **Inter group comparison:** There are statistically highly significant difference present in efficacy of '*Darvyadi kwath*' and '*Triphala kwath*' in management of *Ekakushtha* (~plaque psoriasis). according to Psoriasis Area Severity Index (PASI) Score. than Group B ('*Triphala kwath*').

- After stopping the administration of the drugs under trial follow up after 45 days, the symptoms of plaque psoriasis recurrent in 10% patients. B patients have shown more recurrency as compare as group A patients. *Kushta* is described as one of the most chronic diseases in Ayurvedic literature. Under the roof of *Kushta*, Ayurveda described a wide range of dermatological disorders including its classification, etiopathogenesis, clinical presentation, prevention and management. The disease courses and the treatment modalities mentioned for dermatological disorders as described in Ayurveda are highlighted here with their modern counterparts and the measures mentioned in classics are focused in this study which provides management in natural way with no adverse effects. *Ekkushta* (Psoriasis) is the skin disease which is more difficult to cure even in modern science. This study showed that Ayurveda medicine has hope for such cases. Two assessments criteria have been taken in this clinical trial; PASI, *Ekakushtha* severity score with the help of these assessments, I find out that- There is no significant difference present in efficacy '*Darvyadi kwath*' and '*Triphala kwath*' in management of *Ekakushtha* (~plaque psoriasis)-Both medicines are effective in the management of *Ekakushtha* (~plaque psoriasis) '*Darvyadi kwath*' is more effective as compare to '*Triphala kwath*' in management *Ekakushtha* (~plaque psoriasis).Both medicines are effective in the management of *Ekakushtha* but group A (*Darvyadi kwath*)

provided better improvement than group B (*Triphala kwath*). Group B patients have shown more recurrency as compare as group A patients.

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