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A comparative study to evaluate the efficacy of *Kushthagna Mahakashaya* and *Aaraghwadadi Gana* along with local application of *Karanjadi Taila* in the management of *Eka-Kushta* w.s.r. to Psoriasis

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ABSTRACT

Introduction: *Eka-Kushta* is one among 11 varieties of *Kushdra Kushta* which resembles psoriasis clinically. It is one of the most common dermatological diseases, affecting up to 1-3% of the world's and 0.44-2.8% of Indian population. Currently the treatment available for the management of psoriasis include topical therapy, photo therapy, corticosteroids, etc having their own limitations. Thus, there is a need for safe, effective, and sustainable medicine for the management. **Methodology:** The clinical study was done on 45 subjects of both genders, between the age group of 18-58 years who were randomly assigned into 3 groups (15 patients in each group) namely - Group A (*Kushthaghna Mahakashyay* and *Karanjadi Taila*), Group B (*Aaraghwadadi Gana* and *Karanjadi Taila*), and Group C (Placebo). **Result:** Outcome of the treatment after 45 days was statistically extremely significant in the remission of the symptoms of *Eka-Kushta* in most of the subjective and objective parameters. **Discussion:** Group A, treatment was found to be effective in *Matsyashalopam*, *Kandu*, Auspitz Sign, Candle grease sign, Koebner's phenomenon, and PASI Score and the result was very significant in *Aswedanama* and *Vruttam*. Group B, treatment regimen was found to be effective in *Matsyashalopam*, *Kandu*, and Auspitz Sign, Candle grease sign, Koebner's phenomenon, and PASI Score and the result was very significant in *Aswedanama*, *Vruttam*. Group C, treatment regimen was found to be effective in *Matsyashalopam* and the result was insignificant in *Kandu*, *Aswedanama*, *Vruttam*, *Krishna Varna*, Auspitz Sign, Candle grease sign, Koebner's phenomenon, and PASI Score.

Key words: *Kushtha*, *Eka-Kushta*, *Psoriasis*, *Kushthagna Mahakashaya*, *Aaraghwadadi Gana*, *Karanjadi Taila*.

INTRODUCTION

The skin is a crucial organ in the body that acts as a barrier between the internal and external environment. It is a soft and flexible outer layer that covers the body of vertebrates and has three main

functions: protection, regulation, and sensation. Skin is the envelope of internal structure that protects us from various external invasions. As it is the largest organ of the body and is on the surface, it is directly exposed to microorganisms. By hampering the beauty of a person, it creates social and psychological impairments. Skin diseases account for a great deal of misery, suffering, indisposition, and financial damage. Besides this, they are a great impediment in society because they display. Skin disease appears to be becoming more common because there is a lowered threshold for seeking medical attention, the absolute incidence of many diseases and often neglected, the therapeutic options for innumerable diseases have increased and awareness of these therapies is belatedly spreading. *Kushta* is considered as one of the *Ashta Mahagad*^[1] *Sahaj*, or *Aadibal Pravrutta Vyadhi*.^[2] Ayurvedic classics have considered each type of *Kushta* to be a *Tridoshaja*

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manifestation. Also, in *Charaka Samhita Sutra Sthan's* 25th chapter, it is depicted that *Kushta* is *Dirgharoganam*^[3], which clearly shows the chronicity of the *Kushta Roga*. All the skin diseases in *Ayurveda* have been discussed under the broad umbrella of *Kushta*. Which are further divided into *Mahakushta* & *Ksudra Kushta*. One type of *Kushta* stands out due to its chronicity, severity, and wide-ranging effects on the body. This type is known as *Eka Kushta* and is often compared to Psoriasis. *Eka-Kushta* is considered one of the *Kshudra Kushta*. The disease is characterized by an imbalance of *Vaat* and *Kapha Doshas*, with symptoms including *Aswednama* (anhydrosis), *Mahavastu* (involvement of large area), and *Matsyashaklopamam*^[4] (scaling). In some texts, the skin's color during the disease has been described as *Aruna* (reddish) or *Krishna* (blackish).^[5] Despite this, the disease's *Doshik* identity can be determined based on the dominant *dosha* in the *Samprapti*. While the disease has a predominance of *Vaat* and *Kapha*, *Acharya Sushruta* viewed *Kapha* as the primary factor in the pathogenesis. Psoriasis is a prevalent skin condition that affects around 1% of the global population. It is a chronic inflammatory disorder that shows up as red, well-defined bumps and circular patches on the skin, which are covered by a flaky, silver-colored layer. This condition is known for its characteristic appearance.^[6] Psoriasis is a condition that affects people of all ages and genders equally. It is primarily a disorder of keratinization, but it has multifactorial origins and is influenced by various constitutional and environmental factors. Although it is commonly classified as an autoimmune disorder, it cannot always be treated as a somatic lesion. Psoriasis can have a significant impact on a person's self-image and social interactions, causing pain, discomfort, and psychological distress. It is often associated with social stigmatization and can be incapacitating. Psychological stress is emphasized as one of the major triggering factors in the elaboration of the disease. Currently, the treatments available for the management of psoriasis include topical therapy, phototherapy, and corticosteroids.^[7] Most of these treatment modalities have serious limitations as they are only palliative. However, the disease recurrence and gives serious side

effects like liver, kidney failure, and bone marrow depletion. In the present situation, there is a need to evolve a more comprehensive and safe method of management of Psoriasis, this is very important as the nature of the disease is chronic and needs long-term management. There are a good number of drugs and *Yogas* described in *Ayurvedic* classics for the management of *Kushta*. These formulations can be conveniently planned for an individual variety of *Kushta* depending upon the symptoms and dosha predominance. For that motive, *Kushthagna Mahakashaya* and *Aaraghwadadi Gana* along with local application of *Karanjadi Taila* were selected. *Kushthagna Mahakashaya*^[8] is one among the 50 *Mahakashaya* described by *Acharya Charak*, which is a set of 10 drugs described for *Kushta*. Similarly, *Aaraghwadadi Gana*⁹ described by *Acharya Sushruta* is another such group of drugs described for *Kushta*. Along with *Shaman Aushadhi*, the importance of local application in the form of *Lepa* or oil is also described in classics. So, for that purpose, *Karanjadi Taila* is selected.^[10] All the above drugs are *Kushthagna*, *Kandughna*, *Virechanopag*, *Tiktaskandh*, *Rasayan*, and *Vaat-Kapha Shamak*.

AIM AND OBJECTIVES

1. To analyze the efficacy of *Kushthagna Mahakashaya* along with *Karanjadi Taila* in *Eka-Kushta* (psoriasis).
2. To analyze the efficacy of *Aaraghwadadi Gana* along with *Karanjadi Taila* in *Eka-Kushta* (psoriasis).
3. To compare the efficacy of *Kushthagna Mahakashaya* and *Aaraghwadadi Gana* in the management of *Eka-Kushta* (psoriasis).

MATERIAL AND METHODS

The clinical study was done on 45 subjects of both genders, between the age group of 18-58 years who were randomly assigned into 3 groups (15 patients in each group) namely- Group A (*Kushthaghna Mahakashaya* and *Karanjadi Taila*), group B (*Aaraghwadadi Gana* and *Karanjadi Taila*), and Group C (Placebo).

Sample Source

45 patients fulfilling the criteria of diagnosis as per the specially prepared proforma for the present study were admitted to the study from OPD and IPD of *Kayachikitsa* and *Panchakarma* department of Pt. Khushilal Sharma Govt. Ayurveda Hospital, Bhopal, and treated in three groups with equal no. of patients irrespective of their gender, caste, religion, etc.

Literary source

The information about the disease and the drugs was compiled from various Ayurveda Classics, Modern Medicine Books, Journals, Research Updates, and Websites.

Drug source

The formulations required for the clinical study were procured and prepared in the dept. of *Rasa Shastra* and *Bhaishajya Kalpana*, Pt. Khushilal Sharma Govt. Ayurveda Hospital, Bhopal under the guidance of connoisseurs.

Method of collection of data

Study design

It is a single blind randomized control clinical trial and the samples were selected from simple random sampling technique.

Grouping: 45 patients of either sex were randomly selected and divided into 3 groups having 15 patients in each group.

- Group A** - 15 patients of this group will be given *Kushthagna Mahakashaya Ghanvati* and local application of *Karanjadi Taila*
- Group B** - 15 patients of this group will be given *Aaraghwadadi Ghanvati* and local application of *Karanjadi Taila*
- Group C** - 15 patients of this group will be given placebo

Table 1: Showing treatment regimen

Shaman Drug	Dosage Form	Dose	Durati on	Anupan
<i>Kushthagna Mahakashaya</i>	<i>Ghanvati</i>	2 Tablets (500 mg Each) BD	45 days	Lukewarm Water

<i>Aaraghwadadi Gana</i>	<i>Ghanvati</i>	2 Tablets (500 mg Each) BD	45 days	Lukewarm Water
<i>Karanjadi Taila</i>	<i>Taila</i>	Local application	45 days	-

Study duration: 45days

Follow up period: 3 times in 15 days interval.

Drug description

Table 2: Showing drug description of *Kushthagna Mahakashaya*

SN	Drug	Botanical Name	Proportion
1.	<i>Khadira</i>	<i>Acacia catechu</i>	1 Part
2.	<i>Haritaki</i>	<i>Terminalia chebulla</i>	1 Part
3.	<i>Amlaki</i>	<i>Emblia officinalis</i>	1 Part
4.	<i>Haridra</i>	<i>Curcuma longa</i>	1 Part
5.	<i>Bhallatak</i>	<i>Semicarpus anacardium</i>	1 Part
6.	<i>Saptaparn</i>	<i>Alstonia scholaris</i>	1 Part
7.	<i>Aaragvadha</i>	<i>Cassia fistula</i>	1 Part
8.	<i>Vidanga</i>	<i>Embelia ribes</i>	1 Part
9.	<i>Jati</i>	<i>Jasminum officinale</i>	1 Part
10.	<i>Karvir</i>	<i>Nerium indicum</i>	1 Part

Table 3: Showing drug description of *Aaraghwadadi Gana*.

SN	Drug	Botanical Name	Proportion
1.	<i>Aaraghavadh</i>	<i>Castia fistula</i>	1 Part
2.	<i>Madanphala</i>	<i>Randia spinosa</i>	1 Part
3.	<i>Kutaja</i>	<i>Holarrhena antidysentrica</i>	1 Part
4.	<i>Patha</i>	<i>Cissampelos pareira</i>	1 Part
5.	<i>Murva</i>	<i>Cissampelos pareira</i>	1 Part

6.	<i>Indrayava</i>	<i>Holairgene antidyentrica</i>	1 Part
7.	<i>Saptarna</i>	<i>Alstonia scholaris</i>	1 Part
8.	<i>Nimba</i>	<i>Azadirachta indica</i>	1 Part
9.	<i>Guduchi</i>	<i>Tinospora cordifolia</i>	1 Part
10.	<i>Chitraka</i>	<i>Plumbago zeylanica</i>	1 Part
11.	<i>Patala</i>	<i>Stereospermum suaveolens</i>	1 Part
12.	<i>Karanja</i>	<i>Pongamia pinnata</i>	1 Part
13.	<i>Puti Karanja</i>	<i>Pongamia pinnata</i>	1 Part
14.	<i>Patola</i>	<i>Trichosanthes dioica</i>	1 Part
15.	<i>Kirat Tikta</i>	<i>Swertia chirata</i>	1 Part
16.	<i>Sushavi</i>	<i>Momordia charantia</i>	1 Part
17.	<i>Kantaki</i>	<i>Caesalpinia bonducella</i>	1 Part
18.	<i>Kurantaka</i>	<i>Barleria prionitis</i>	1 Part
19.	<i>Dasi Kurantaka</i>	<i>Barleria cristata</i>	1 Part
20.	<i>Gopaghonta</i>	<i>Ziziphus xylopyrus</i>	1 Part
21.	<i>Kakajangha</i>	<i>Peristrophe paniculata</i>	1 Part

Table 4: Showing drug description of *Karanjadi Taila*

SN	Drug	Botanical Name	Proportion
1.	<i>Karanja</i>	<i>Pongamia pinnata</i>	1 Part
2.	<i>Chakramarda</i>	<i>Cassia tora</i>	1 Part
3.	<i>Kushta</i>	<i>Saussurea lappa</i>	1 Part
4.	<i>Tila</i>	<i>Sesamum indicum</i>	1 Part

Criteria for selection of the patients

As per diagnostic, inclusion, and exclusion criteria, patients were selected in this study.

Diagnostic criteria

Diagnosis was made on the classical sign and symptoms as per given in the Samhitas and modern text. The following criteria of diagnosis was adopted :

- *Kandu* (Itching)

- *Matsyashaklopam* (Scaling)
- *Aswedanam* (Anhydrosis)
- *Mahavastu* (Involvement of large area)
- *Vruttam* (Erythema)
- *Krishna* (blackish)

Inclusion criteria

1. Patients fulfilling the signs and symptoms of *Ekakushtha* (Psoriasis) according to Ayurvedic and modern Literatures.
2. Patients of age group between 18 to 58 years, irrespective of sex, religion, socioeconomic status, and occupation.
3. Patient willing to participate in this study.

Exclusion criteria

1. Patients below the age of 18 year and above the age of 58 years.
2. Patients with other chronic Systemic Disease like Diabetes mellitus, Ischemic heart disease, Anaemia, Tuberculosis, malignancy etc.
3. Pregnant and Lactating Women.
4. Patients with other skin disease and psoriatic arthropathy.
5. Patients not willing to sign the written consent form.

Criteria for assessment

A clinical proforma was prepared incorporating the clinical signs and symptoms of Psoriasis and a scoring pattern was adopted for the assessment of the clinical improvement.

Subjective criteria for assessment

1. *Matsyashaklopam* / Scaling
2. *Kandu* /Itching
3. *Aswednama* /Anhydrosis
4. *Vruttam* / Erythema
5. *Krishna* / Blackish appearance

Objective criteria for assessment

1. Auspitz Sign
2. Candle Grease Sign

- 3. Koebner’s Phenomenon
- 4. PASI Score

RESULTS

In the present clinical study diagnosed cases of *Eka-Kushta* (Psoriasis) were registered. The information gathered based on observations was subjected to Statistical analysis in terms of the mean(x) value of B.T. (Before Treatment), AT. (After Treatment standard

deviation (S.D.) and standard error (SE), various observations were made and the results obtained were computed statistically using the Wilcoxon test (non-parametric test) for subjective parameters in intra-group and inter-group comparison using Mann Whitney test respectively, and for objective parameters Paired and unpaired t-test were applied for intergroup and intergroup comparison respectively on Graph pad- Insta3 software.

Table 7: Effect of therapy on subjective parameters.

<i>Matsyashalopam</i>	Mean		M.D	% Relief	S.D.	S.E.	P Value	W Value	Result
	BT	AT							
Group A	3.533	1.667	1.8	50.94%	0.7432	0.1919	0.0001	120	ES
Group B	3.000	1.600	1.4	46.66%	1.604	0.4140	0.0005	78	ES
Group C	2.400	2.333	0.067	2.7%	1.633	0.4216	0.0010	66	ES

Mann-Whitney test p>0.05, U=71, NS

<i>Kandu</i>	Mean		M.D.	% Relief	S.D.	S.E.	P Value	W Value	Result
	BT	AT							
Group A	2.867	0.9333	1.9337	67.44%	0.9904	0.2557	0.0001	120	ES
Group B	3.400	1.533	1.733	50.9%	0.7432	0.1919	0.0005	105	ES
Group C	2.867	2.867	0.0	0%	0.5606	0.1447	1.0000	1	NS

Mann-Whitney test p>0.05, U=100.0, NS

<i>Aswedanam</i>	Mean		M.D.	% Relief	S.D.	S.E.	P Value	W Value	Result
	BT	AT							
Group A	2.133	1.333	0.8	37.7%	0.5606	0.1447	0.0010	66	ES
Group B	1.733	0.9333	0.7997	46.1%	0.7746	0.2000	0.0039	45	VS
Group C	1.200	1.067	0.133	11.08%	1.280	0.3305	0.5000	3	NS

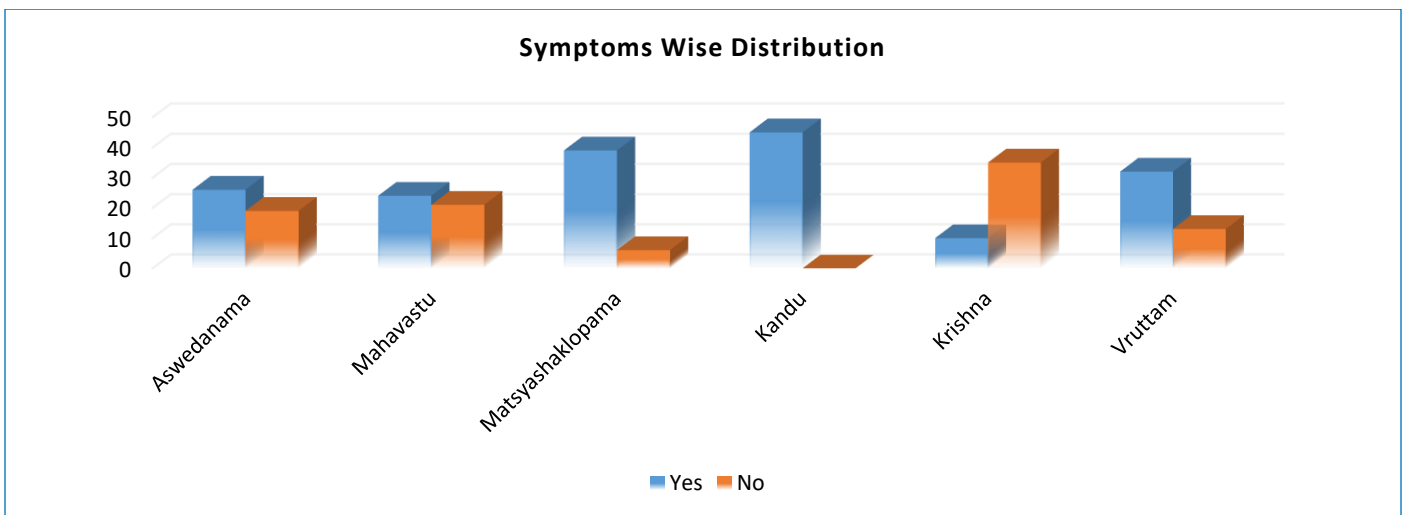
Mann-Whitney test p>0.05, U=109.5, NS

Vruttam	Mean		M.D.	% Relief	S.D.	S.E.	P Value	W Value	Result
	BT	AT							
Group A	2.000	1.4	06	30%	0.6325	0.1633	0.0078	36	VS
Group B	1.800	1.133	0.47	26.11%	0.7746	0.2000	0.0039	45	VS
Group C	1.933	1.867	0.066	3.41%	1.280	0.3305	0.9999	1	NS

Mann-Whitney test $p > 0.05$, $U = 101.5$, NS

Krishna Varna	Mean		M.D.	% Relief	S.D.	S.E.	P Value	W Value	Result
	BT	AT							
Group A	0.6667	0.3333	0.3334	50%	0.7237	0.1869	0.2500	6	NS
Group B	1.267	0.5333	0.7267	57.67%	1.163	0.3003	0.0313	21	S
Group C	0.8000	0.7333	0.0667	8.33%	1.280	0.3305	0.1250	10	NS

Mann-Whitney test $p > 0.05$, $U = 89.0$, NS



Graph 1: Showing symptoms wise distribution of patients

Table 8: Effect of therapy on objective parameters.

Auspitz sign	Mean		M.D.	% Relief	S.D.	S.E.	P Value	T Value	Result
	BT	AT							
Group A	0.9333	0.1333	0.8	85.74%	0.3519	0.09085	0.0001	7.483	ES
Group B	0.8667	0.2000	0.6667	76.92%	0.4140	0.1069	0.0001	5.292	ES
Group C	0.6000	0.6000	0.0	0%	0.5071	0.1309	1.0000	0.0	NS

Unpaired t test $t = 0.8069$, $P > 0.05$, NS

Candle grease sign	Mean		M.D.	% Relief	S.D.	S.E.	P Value	T Value	Result
	BT	AT							
Group A	0.09333	0.0133	0.08	86.02%	0.3519	0.09085	0.0001	7.483	ES
Group B	0.8000	0.1333	0.6667	83.33%	0.3519	0.09085	0.0001	5.292	ES
Group C	0.6667	0.6667	0.0	0%	4.880	0.1260	1.0000	0.0	NS

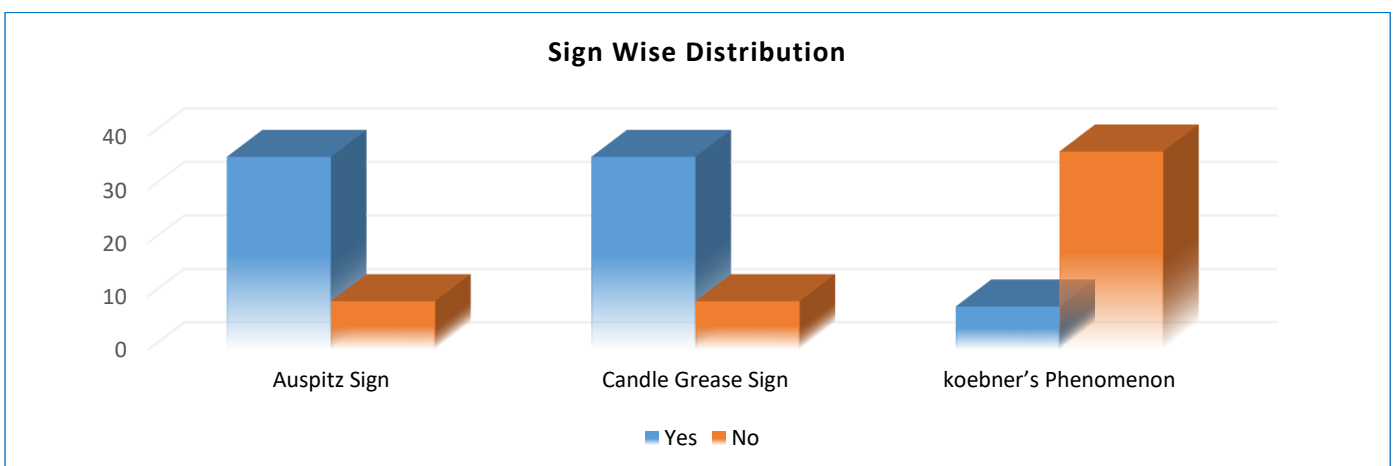
T=0.8069, p=0.4265, NS

Koebner's phenomenon	Mean		M.D.	% Relief	S.D.	S.E.	P Value	T Value	Result
	BT	AT							
Group A	0.2667	0.0	0.2667	100%	0.0	0.0	0.0406	2.256	ES
Group B	0.1333	0.0667	0.0666	49.9%	0.3519	0.09085	0.3343	1.000	NS
Group C	0.1333	0.1333	0.0	0%	0.3519	0.09085	1.000	0.0	NS

T=1.474, p=0.1517, NS

PASI Score	Mean		M.D.	% Relief	S.D.	S.E.	P Value	T Value	Result
	BT	AT							
Group A	4.493	2.2933	2.1997	48.95%	1.173	0.3028	0.0001	7.290	ES
Group B	4.467	3.160	1.307	29.25%	1.615	0.4169	0.0002	5.137	ES
Group C	3.920	3.893	0.027	0.68%	1.742	0.4498	0.3343	1.000	NS

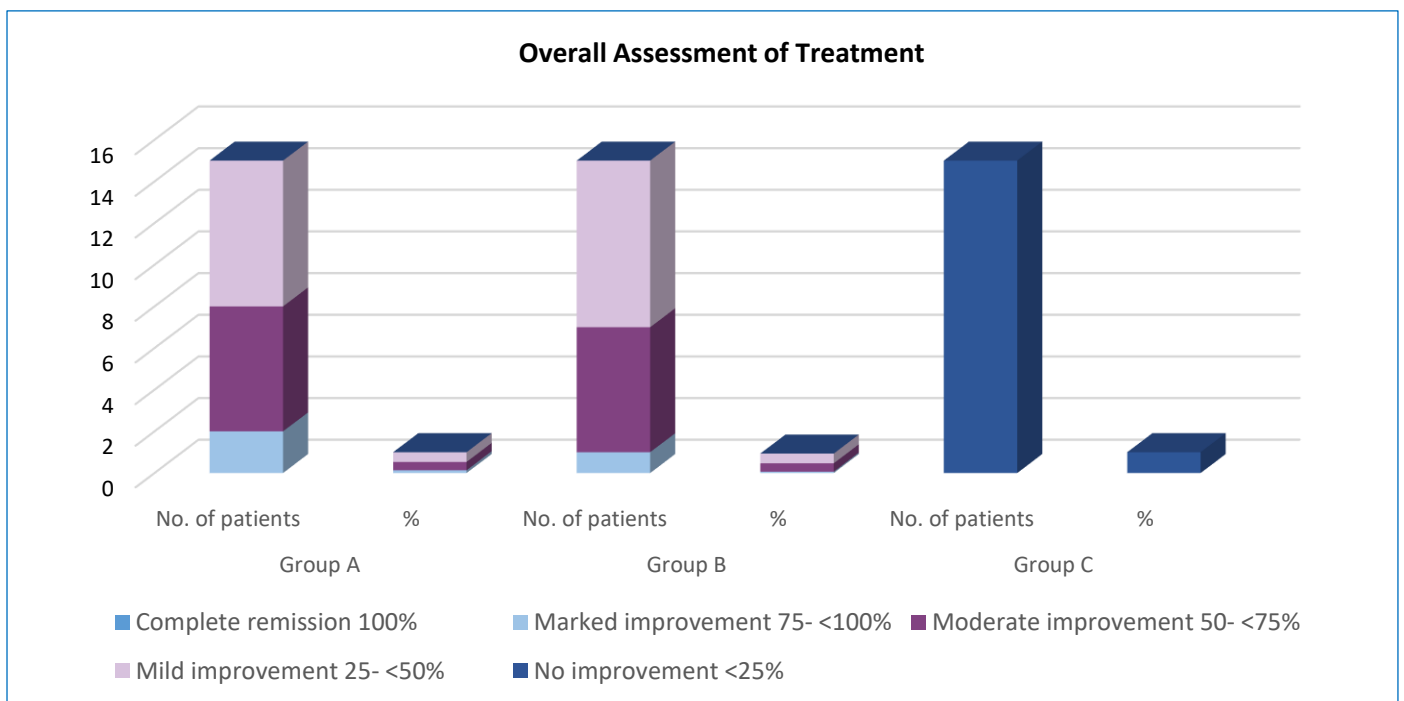
T=0.7621, p=0.4524, NS



Graph 2: Showing sign-wise distribution of patients

Table 9: Showing the overall effect of treatment in Group A, Group B, and Group C

Overall Assessment of Treatment		Group A		Group B		Group C	
		No. of patients	%	No. of patients	%	No. of patients	%
Complete remission	100%	0	0%	0	0%	0	0%
Marked improvement	75- <100%	2	13.33%	1	6.66%	0	0%
Moderate improvement	50- <75%	6	40%	6	40%	0	0%
Mild improvement	25- <50%	7	46.66%	8	53.33%	0	0%
No improvement	<25%	0	0%	0	0%	15	100%



Graph 3: Showing overall assessment of treatment

DISCUSSION

The present study entitled A comparative study to evaluate the efficacy of *Kushthagna Mahakashaya* and *Aaraghwadadi Gana* along with local application of *Karanjadi Taila* in the management of *Eka-Kushta* w.s.r to Psoriasis was carried on 45 patients assigned into three Groups i.e., Group A, Group B, and Group C

respectively. Patients in Group A were given *Kushthagna Mahakashaya Ghanvati* 2 tablets of 500 mg BD along with *Karanjadi Taila* for external application on affected parts for a period of 45 days. Patients in Group B were given *Aaraghwadadi Gana Ghanvati* 2 tablets of 500 mg BD along with *Karanjadi Taila* for external application on affected parts for a

period of 45 days. Patients of Group C were given Placebo, 2 capsules of 500 mg BD for 45 days.

Kushtha is a broad term for all skin diseases. *Eka-Kushtha* is one among the *Kshudra Kushtha* which has the predominance of *Vata and Kapha Dosha* and has *Lakshanas* as *Aswedana, Mahavastu, and Matshyashakalopama*. Though *Eka-Kushtha* is considered as *Kshudra Kushtha*, in the present scenario psoriasis is one of the severe skin diseases which are *Krichhra Saadhya* in the treatment. In the present study, patients of various age groups were found which gives us a sign that it is occurring in any age group and it is not only impacting the individual physically but also on psychological and social aspects. *Eka-Kushtha* is quite like Psoriasis due to its maximum similarity in chief symptoms. Psoriasis is a non-infectious, chronic inflammatory disease of the skin, characterized by well-defined erythematous plaques with silvery white scale with a predilection, for the extensor surface and scalp, and a chronic fluctuating course. Its incidence is 1-2% of the world population. The magnitude of the impact of psoriasis is like that of other medical conditions, including depression, hypertension, diabetes, and congestive heart failure.

Kushthagha Mahakashaya, described by *Acharya Charak* for the management of *Kushta Roga* (skin diseases), is one among the 50 *Mahakashya* which is a set of 10 drugs namely *Khadir, Haritaki, Aamalaki, Haridra, Arushkara, Saptaparna, Aaragwad, Karveer, Vidanga, and Jatipatra*. Among these 10 drugs of *Kushthagha Mahakashaya* by virtue, some are very good *Vatasamaka*, some are *Pittasamaka* and some are *Kaphasamaka*.

Most of the drugs of *Kushthagha Mahakashaya* are having *Tikta, Kashaya, and Katu Rasa, Laghu Ruksha Guna, Ushna Virya, Katu Vipaka, Tridosha Shamak* property and dominantly *Vata-Kaphahara* qualities. Most of the drugs of are bitter in taste and it is quite evident that bitter drugs are very good blood purifiers hence these drugs are effective in skin diseases.

Various drugs of *Kushthagha Mahakashaya* have antitoxic effects along with *Raktpittashamak, Tvachaya, Krimighna, Kanduhar, Udardprashman,*

Rasayan properties, immunomodulation properties, anti-allergic property, and work as antiseptic. These are also rich in a variety of biologically active phytoconstituents. These phytoconstituents have been used as both therapeutic and starting materials to produce pharmacologically active drugs.

In this way, drugs help control chronic skin diseases as well as for the promotion of overall health.

Aaraghwadadi Gana is described by *Acharya Sushruta* in the management of *Kushta*. It is one among the 37 *Gana* described, containing a set of 21 drugs namely *Aaraghadh, Madanphala, Kutaja, Patha, Murva, Indrayava, Saptaparna, Nimba, Guduchi, Chitraka, Patala, Karanja, Puti Karanja, Patola, Kirat Tikta, Sushavi, Kantaki, Kurantaka, Dasi Kurantaka, Gopaghonta, and Kakajangha*.

By virtue of their *Ushna Guna*, it might have worked on *Vata and Kapha Dosha*. This group mainly contains drugs having *Katu Rasa* which works on *Kapha dosha*. Unique combination *Aaraghwadadi Gana*, having *Kledashoshana, Vranashodhan and Ropan* action which helps in *Samprapti Vighatana* of the disease. The pharmacological properties like Antimicrobial, antifungal, anti-inflammatory, antiseptic, and antihistamine, etc are effective in treating all types of skin diseases. *Rasayan* properties of drugs helps in rejuvenating skin.

The drugs of *Karanjadi Lepa* described by *Acharya Yogarajnanakar* have been modified here in the form of *Karanjadi Taila* for local application. It contains the following drugs namely *Karanja, Chakramarda, Kushta, and Tila Taila* which have *Laghu Ruksha and Tikshna Guna, Usna Veerya, Kushtagha* and *Kandughna* property which is helpful in alleviating *Vata and Kapha Dosha*, which are vitiated mainly in *Eka-Kushta* and helps in relieving the symptoms.

In this study, the maximum number of patients (33.3%) belonged to the age group 18-27 years followed by 24.4% patients to two groups 28-37 & 38-47 years while only 17.7% of patients were in the age group of 48-58 years. Psoriasis may begin at any age, but it is rare under the age of 10 years. It is observed that most of the patients were in the 2nd-4th decade of life which

shows that psoriasis is prevalent mostly in the 2nd-4th decade of life according to contemporary science.

In this study, most of the patients were males (66.6%) while the remaining 33.3% were females.

In this study, the aggravating factor for a maximum number of patients was winter season (44.44%), 33.33% was stress, 17.77% was injury, and symptoms in 4.44% of patients were aggravated due to alcohol. Most patients experience worsening skin lesions during winter. Cold weather increases the *Shita* and *Ruksha Guna* in the body, which aggravates *Vata & Kapha Doshas*, psoriasis is a *Vata-Kapha* dominant disease.

In this study, the disease onset in a maximum number of patients was gradual (86.66%) and in 13.33% of patients, the onset was sudden. This fact is very well supported by allopathic science.

In this study, the *Rasa* dominance in maximum number of patients (33.33%) was *Lavana Rasa*, *Amla Rasa* in 22.22% of patients, *Madhura Rasa* in 20% of patients, *Katu Rasa* in 17.77% of patients and *Tikta Rasa* in only 6.66% of patients. Specifically excessive use of *Lavana Rasa* is a cause for *Kushta*.

CONCLUSION

The study was a comparative clinical study with 45 diagnosed cases of *Eka-kushta* of either sex randomly assigned into 3 groups comprising of 15 patients each. Patients in Group A were administered *Ghanvati* of *Kushthagna Mahakashya* as *Shamana* medicine & *Karanjadi Taila* as a local application over lesions. Patients of Group B were administered *Ghanvati* of *Aaraghwadadi Gana* as *Shamana* medicine & *Karanjadi Taila* as a local application over lesions. Patients of group C were given placebo capsules as internal medicines. The Group A, treatment regimen was found to be effective in relieving the symptoms and sign was statistically extremely significant in *Matsyashalopam*, *Kandu*, Auspitz Sign, Candle grease sign, Koebner's phenomenon, and PASI Score and the result was very significant in *Aswedanama* and *Vrutttam*, however, it was insignificant in *Krishna Varna*. The Group B, treatment regimen was found to

be effective in relieving the symptoms and sign was statistically extremely significant in *Matsyashalopam*, *Kandu*, and Auspitz Sign, Candle grease sign, Koebner's phenomenon, and PASI Score and the result was very significant in *Aswedanama*, *Vrutttam*, however, it was significant in *Krishna Varna*. The Group C, treatment regimen was found to be effective in relieving the symptoms and sign was statistically very significant in *Matsyashalopam* and the result was insignificant in *Kandu*, *Aswedanama*, *Vrutttam*, *Krishna Varna*, Auspitz Sign, Candle grease sign, Koebner's phenomenon, and PASI Score. It was also noted that between the groups (Group A and Group B) the effect of treatment on *Eka-Kushta* was statistically not Significant. Hence, the Null Hypothesis was accepted. No adverse drug reactions were reported during Study.

Pictures 1: Showing pictures of patient Before and After Treatment



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