International Journal of Ayurveda and Pharma Research

Research Article

A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF *GUDUCHYADI KASHAYA* AND *RAJRUKSHADIPACHANA KASHAYA* IN THE MANAGEMENT OF *EKA KUSHTA* W.S.R TO PSORIASIS

Moulika Markonda¹*, Sowmya S.B²

*¹PG Scholar,²Professor & HOD, Dept of Kayachikitsa, Ramakrishna Ayurvedic Medical College Hospital & Research Centre, Bengaluru, India.

ABSTRACT

In *Ayurveda*, all skin diseases have been described under the umbrella of *Kushtha. Ekakusta* is considered as the most commonest skin disease that can affect an individual. *Acharya Charak* has described the involvement of *Vata-Kapha* in *Eka Kushtha*. In the present study *Eka kushtha* is compared with psoriasis due to resemblance of signs symptoms and causative factors with it. Psoriasis is a papulosquamous disorder of the skin, characterized by sharply defined erythematosquamous lesions this illness exhibits a prompt response if treated carefully, left it may run a very chronic course extending into larger area of the body.

Ayurveda focuses more on curative management than palliative management. The drug used in the treatment of *Ayurveda* does not have complications like modern treatment. Repeated *Sodhana* prevent the recurrence of the disease. Similarly various preparations have been advocated for the management of Psoriasis.

The drugs used in this study are *Guduchyadi Kashaya* & *Rajrukshadi Pachana Kashaya*. Both the *Kashayas* are said to be effective in skin diseases. As per *Yogaratnakara, Guduchyadhi Kwath* has been mentioned as one of the drug having curative effect on all types of *Kustha*. Hence for present study the orally *Guduchyadi Kwath* is taken for *EkaKustha* treatment. The drugs in *Guduchyadi Kwatha* are *Kusthaghana, Twachya, Swedal, Tridosh shamaka,* as well as with *Rasayan* properties, which is beneficial to break down the pathogenesis of disease. As per *Gadanigraha,* as mentioned in *Kayachikitsakhanda, Rajvrukshadipachana Kashaya* is mentioned for the treatment of *Ekakushtha*. Ingredients in *Rajvrukshadi Pachana Kashaya* reduce *Kapha dosha* and most of them act on the skin. *Kwatha dravyas* are *Rasadushtihara*, *Kaphapittahara, Deepana, Twachya, and also* having antibacterial, antimicrobial, antiparasitic and anti-inflammatory properties, Hence, it is helpful for clearing the skin infections.

INTRODUCTION

Skin is considered the mirror of the body and is also the largest organ of the body [1]. The primary function of skin is the protection of organs but beside this, it has many other functions, such as it preserves glow of body as well as face, it resists bacteria, toxins and ultraviolet rays. According to modern science psoriasis is chronic inflammatory disease non-infectious disease of skin which is characterized by well-defined erythematous plaque with silvery scale[2].

According to *Ayurveda*, skin is one of the five *Gyanendriya* which is responsible for touch sensation. *Ayurveda* has mentioned about *Twak (*skin) to be *Upadhatu* of *Rasa Dhatu* and has been categorized in seven layers taking in account the different types of skin disease involvement in different layers of skin[5]. In *Ayurveda,* all the skin diseases has been described under the heading of *Kustha.* Many of the *Ayurvedic* text like *Charaka, Sushruta* and *Vagbhata* have explained *Kustha* as one of the *Mahagadh.* Understanding of common people for the word *Kustha* is merely leprosy, but according to *Ayurveda* the, *Kustha* is considered as skin disorder as well as leprosy[8]. There are total 18 types of *Kustha.* Further *Kustha* is classified into seven *MahaKustha* and eleven *Kshudra Kustha. Acharyas* have described all the *Kustha* as *Tridoshic* but type of *Kustha* depends on the predominance of particular *Dosha*[9]. *Acharya Charaka*

has described the involvement of *Vata-Kaphaj Doshaja* in *Eka-Kustha*. *Eka Kustha* can be co-related with psoriasis as the symptoms of *Eka Kustha* is described in classical text they are very much identical with that of Psoriasis. For example, *Krushna aruna Varna* as Erythema, *Mastyashakalopam* as Scaling, *Mahavastu* as Degree of involvement etc.

Aims and Objectives

To study the efficacy of *Guduchyadi Kashaya* and *Rajvrukashadipachana Kashaya* in *EkaKustha* w.s.r to Psoriasis.

Objectives

- To evaluate the clinical efficacy of *Guduchyadi kashaya.*
- To evaluate the clinical efficacy of *Rajvrukshadi pachana kashaya.*
- To compare the effect of *Guduchyadikashaya* and *RajvrukshadipachanaKashaya*

MATERIALS AND METHODS

Group A: *Guduchyadi Kashaya* [6]

Dose	2 *Pala* (80ml) into two divided dose of 40ml each
Aushadisevankala	*Abhukta kala* (morning and evening)
Anupana	*Ushnodaka*
Duration	30days
Follow up	10th, 20th, 30th day

Group B: *Rajvrukashadipachana Kashaya* [7]

Kashaya is purchased from *Kotakkal Ayurveda*

Dose	2 *Pala* (80ml) into two divided dose of 40ml each
Aushadisevankala	*Abhukta kala* (morning and evening)
Duration	30days
Follow up	10th, 20th, 30th day

Criteria for Selection of Patient

Diagnostic Criteria

Diagnosis was made on the basis of classical signs and symptoms of *EkaKushtha.*

Inclusion Criteria

a. Patients showing signs and symptoms of *EkaKushtha.*
b. Patients between age groups of 16yrs to 60yrs of age.
c. Patients belonging to both the genders.
d. No previous treatment with steroids, antimycotic, antifungal, antibacterial medication for current psoriatic lesion.
e. Subjects having ability and willingness to sign a written inform consent.

Exclusion Criteria

a. Patients having age below 16yrs and above 60yrs of age.
b. Patients with severe systemic diseases.
c. Patients who are pregnant and lactating.
d. Patients who are suffering with other skin diseases.

Assessment criteria

Subjective parameters

Collection of standardization of drugs

The raw materials of *Guduchyadi Kwatha* and *Rajvrukshadipachana Kashaya* will be of good in quality as well as the collected sources will be genuine and authentic and also Laboratory standardization will be done.

Preparation of drug

According to *Sharangdhara* the *Guduchyadi kashaya* and *Rajvrukshadipachana Kashaya* was prepared as per *Kashaya vidhi*, mentioned in our classics under all aseptic precautions in the *Rasashala* of our college.

Clinical Method

50 Patients suffering from *Ekakushtha* were randomly selected from the OPD and IPD of Kayachikitsa from RAMCH fulfilling the inclusion criteria and fully informed consent taken.

They were randomly assigned in two groups of 25 patients.

Aswedanam

Sr.No.	Criteria	Score
1.	Present	1
2.	Absent	2

Krushnaarunavarna **(Erythema)**

PASI Scale (psoriasis area and severity index)

Sr.No	Criteria	Score
1	None	0
2	Light red	1
3	Red but not deep red	2
4	Deep red	3
5	Blackish /dark brown red	4

Mahaavastu **(Degree of Involvement)**

Sr.No	Criteria	Score
1	None (0%-20%)	0
2	Head (20%–40 %)	1
3	Arms (40%–60 %)	2
4	Trunk (60%–80%)	3
5	Legs (80–100 %)	4

Objective Parameter

Matsyashakalakopam **(Scaling)**

Sr.No	Criteria	Score
1	None	0
2	Scaling is visible by scratching skin	1
3	Moderate powdering with small lifting scales	2
4	Heavy powdering with cracking & lifting scales	3
5	Heavy cracking & lifting scales, scaling falls without rubbing	4

Thickness of the Lesion

Sr.No	Criteria	Score
1	None	0
2	Barely palpable elevation (0.1 to 2.34mm)	1
3	Slight elevation (2.35 to 3.35mm)	2
4	Moderate elevation (3.36 to 4.36mm)	3
5	Marked ridge (4.37mm above)	4

OBSERVATION

Sr.no	Signs & Symptoms	0 day	10th day	20th day	30th day
1.	*Aswedanam*				
2.	*Krushnaarunavarna*				
3.	*Matsyashaklopam*				
4.	*Mahaavasthu*				
5.	Thickness of the lesion				

PASI Score

Score	Mild	Moderate	Severe
Pasi	<10	10-20	>20

Overall Assessment Criteria

Poor improvement	0-25% Relief in sign and symptoms
Mild improvement	26-50% Relief in sign and symptoms
Moderate improvement	51-75% Relief in sign and symptoms
Marked improvement	76-100% Relief in sign and symptoms

Study Design

Comparative clinical study: Parallel design

Statistical Analysis

All the data which is collected is compiled and entered in a Microsoft Excel worksheet. Descriptive statistics like Mean, Median, Mode, SD, IQR, Percentages were calculated. The data were checked for suitability of statistical test and non-parametric tests are applied. For comparison between the groups the two tests used are Mann-Whitney U-test and comparison before and after the intervention Wilcoxon signed rank test is used. p-value of < 0.05 is considered to be statistically significant. The data will then be analysed using Statistical software's SPSS 20

Observations and Results

Table 1: Descriptive statistics of *Lakshanas* of *Ekakusta* in Group A

Lakshanas of *Ekakusta* - Group - A	At	N	Min	Max	Mean	SD	Median	Q1	Q3	Mode
Aswedana	Before	25	2	4	3.16	0.69	3	3	4	3
	After	25	0	2	0.88	0.67	1	0	1	1
Mahavasthu	Before	25	2	4	2.76	0.78	3	2	3	2
	After	25	0	3	1.08	0.70	1	1	1	1
Mandala	Before	25	2	4	2.96	0.73	3	2	3.5	3
	After	25	0	2	0.96	0.73	1	0	2	1
Mastyasakalopamam	Before	25	2	4	3.52	0.65	4	3	4	4
	After	25	0	3	1.04	0.79	1	0.5	1.5	1
Bahalatha	Before	25	2	4	2.96	0.68	3	2.5	3	3
	After	25	0	3	1.32	0.69	1	1	2	1
Rukshatha	Before	25	3	4	3.44	0.51	3	3	4	3
	After	25	0	2	0.60	0.65	1	0	1	0
Unnathi	Before	25	2	4	2.60	0.58	3	2	3	3
	After	25	0	2	0.88	0.53	1	1	1	1
Kandu	Before	25	2	4	3.20	0.71	3	3	4	3
	After	25	0	2	0.80	0.65	1	0	1	1
Scaling	Before	25	3	4	3.64	0.49	4	3	4	4
	After	25	0	2	0.88	0.67	1	0	1	1
Total	Before	25	25	32	28.24	2.03	28	26.5	30	28
	After	25	2	13	8.44	2.50	9	7	10	9

The descriptive statistics of scores all the parameters of *Lakshanas* of *Ekakusta* in Group A are found to be in minimum and maximum value, mean with standard deviation and mode, median with first quartile (Q1) and third quartile (Q3).

Table 2: Descriptive statistics of *Lakshanas* of *Ekakusta* in Group B

Lakshanas of *Ekakusta* - Group - B	At	N	Min	Max	Mean	SD	Median	Q1	Q3	Mode
Aswedana	Before	25	2	4	3.56	0.65	4	3	4	4
	After	25	1	3	1.84	0.75	2	1	2	2
Mahavasthu	Before	25	2	4	3.36	0.64	3	3	4	3
	After	25	1	3	1.48	0.59	1	1	2	1
Mandala	Before	25	3	4	3.6	0.5	4	3	4	4
	After	25	1	4	3.28	0.84	4	3	4	4
Mastyasakalopamam	Before	25	2	4	3.52	0.65	4	3	4	4

	After	25	0	3	1.32	0.90	1	1	2	1
Bahalatha	Before	25	2	4	3.08	0.64	3	3	4	3
	After	25	0	3	1.36	0.76	1	1	2	1
Rukshatha	Before	25	3	4	3.48	0.51	3	3	4	3
	After	25	0	2	0.56	0.65	0	0	1	0
Unnathi	Before	25	2	4	2.88	0.60	3	3	3	3
	After	25	0	2	0.88	0.67	1	0	1	1
Kandu	Before	25	2	4	3.44	0.65	4	3	4	4
	After	25	0	2	0.84	0.55	1	0.5	1	1
Scaling	Before	25	3	4	3.64	0.49	4	3	4	4
	After	25	0	2	1.20	0.76	1	1	2	1
Total	Before	25	27	34	30.56	1.82	31	29	32	30
	After	25	8	18	12.76	2.72	13	11	15	15

The descriptive statistics of scores all the parameters of *Lakshanas* of *Ekakusta* in Group B are found to be in minimum and maximum value, mean with standard deviation and mode, median with first quartile (Q1) and third quartile (Q3).

The study was clinical trial on 50 patients with *Eka kustha*. All the patients were randomly assigned to 2 groups. The patients were clinically evaluated and observations were recorded as in the case Performa.

RESULTS: Both the *Kashayas* are effective in the management of *Ekakushtha.*

Figure 1: Before Treatment

Figure 2: After Treatment

Figure 3: Before Treatment

Figure 4: After Treatment

Table 3: Agni of patients among groups

Agni	Group A		Group B		Total	
	n	%	N	%	n	%
Mand	6	24.0	8	32.0	14	28.0
Tikshna	10	40.0	12	48.0	22	44.0
Vishama	9	36.0	5	20.0	14	28.0
Total	25	100.0	25	100.0	50	100.0

Assessment of *Agni* of the patients revealed that maximum number of patients had *Tikshna agni* and the rest of the patients had *Mandagni* and *Vishamagni*.

Table 4: *Vyasana* of patients among groups

Vyasana	Group A		Group B		Total	
	n	%	N	%	n	%
Alcohol	3	12.0	5	20.0	8	16.0
Smoking	4	16.0	2	8.0	6	12.0
Alcohol, Smoking	2	8.0	4	16.0	6	12.0
Tea	13	52.0	13	52.0	26	52.0
Tobacco	1	4.0	0	0.0	1	2.0
Tea, Tobacco	1	4.0	0	0.0	1	2.0
No	1	4.0	1	4.0	2	4.0
Total	25	100.0	25	100.0	50	100.0

Assessment of *Vyasana* of the patients showed that maximum number of the patients had a habit of consuming tea in both the groups.

Table 5: Comparison of *Lakshanas* of *Ekakusta* after the Intervention between the groups

Lakshanas of *Ekakusta*	Group	Median	IQR	Mean Rank	Sum of Ranks	Mann-Whitney U	p-value
Aswedana	A	1	0-1	17.84	446	121	0.000069
	B	2	1-2	33.16	829		
Mahavasthu	A	1	1-1	21.5	537.5	212.5	0.026212
	B	1	1-2	29.5	737.5		
Mandala	A	1	0-2	13.84	346	21	0.000000
	B	3	3-5	37.16	929		
Mastyasakalopamam	A	1	0.5-1.5	23.42	585.5	260.5	0.275537
	B	1	1-2	27.58	689.5		
Bahalatha	A	1	1-2	24.94	623.5	298.5	0.765250
	B	1	1-2	26.06	651.5		
Rukshatha	A	1	0-1	25.96	649	301	0.803084
	B	0	0-1	25.04	626		
Unnathi	A	1	1-1	25.62	640.5	309.5	0.945407
	B	1	0-1	25.38	634.5		
Kandu	A	1	0-1	24.96	624	299	0.760595
	B	1	0.5-1	26.04	651		
Scaling	A	1	0-1	22.5	562.5	237.5	0.115320
	B	1	1-2	28.5	712.5		
Total	A	9	7-10	15.96	399	74	0.000003
	B	13	11-15	35.04	876		

The *Aswedana* in Group A is Median=1 with IQR=0-1 and Median=2 with IQR=1-2 in Group B; And Mean Rank of Group A is 17.84 lowest mean rank; with Mann-Whitney U=121 with p-value=0.000069 < 0.05, therefore there is a statistically significance difference in *Aswedana* among the groups.

The *Mahavasthu* in Group A is Median=1 with IQR=1-1 and Median=1 with IQR=1-2 in Group B; And Mean Rank of Group A is 21.5 lowest mean rank; with Mann-Whitney U=212.5 with p-value=0.026212 < 0.05, therefore there is a statistically significance difference in *Mahavasthu* among the groups.

The *Mandala* in Group A is Median=1 with IQR=0-2 and Median=3 with IQR=3-5 in Group B; And Mean Rank of Group A is 13.84 lowest mean rank; with Mann-Whitney U=21 with p-value=0.000<0.05, therefore there is a statistically significance difference in *Mandala* among the groups.

The *Mastyasakalopamam* in Group A is Median=1 with IQR=0.5-1.5 and Median=1 with IQR=1-2 in Group B; And Mean Rank of Group A is 23.42 lowest mean rank; with Mann-Whitney U=260.5 with p-value=0.275537> 0.05, therefore there is no statistical significance difference in *Mastyasa-kalopamam* among the groups.

The *Bahalatha* in both Group A and B is Median=1 with IQR=1-2; And Mean Rank of Group A is 24.94 lowest mean rank; with Mann-Whitney U=298.5 with p-value=0.765250 > 0.05, therefore there is no statistical significance difference in *Bahalatha* among the groups.

The *Rukshatha* in Group A is Median=1 with IQR=0-1 and Median=0 with IQR=0-1in Group B; And Mean Rank of Group B is 25.04 lowest mean rank; with Mann-Whitney U=301 with p-value=0.803084 > 0.05, therefore there is no statistical significance difference in *Rukshatha* among the groups.

The *Unnathi* in Group A is Median=1 with IQR=1-1 and Median=1 with IQR=0-1in Group B; And Mean Rank of Group B is 25.38 lowest mean rank; with Mann-Whitney U=309.5 with p-value=0.945407 > 0.05, therefore there is no statistical significance difference in *Unnathi* among the groups.

The *Kandu* in Group A is Median=1 with IQR=0-1 and Median=1 with IQR=0.5-1in Group B; And Mean Rank of Group A is 24.96 lowest mean rank; with Mann-Whitney U=299 with p-value=0.760595 > 0.05, therefore there is no statistical significance difference in *Kandu* among the groups.

The Scaling in Group A is Median=1 with IQR=0-1 and Median=1 with IQR=1-2 in Group B; And Mean Rank of Group A is 22.5 lowest mean rank; with Mann-Whitney U=237.5 with p-value=0.115320 > 0.05, therefore there is no statistical significance difference in Scaling among the groups.

The Total Scoring of *Lakshanas* of *Ekakusta* after the Intervention in Group A is Median=9 with IQR=7-10 and Median=13 with IQR=11-15 in Group B; And Mean Rank of Group A is 15.96 lowest mean rank; with Mann-Whitney U=74 with p-value=0.000003 < 0.05, therefore there is a statistical significance difference in total scoring of *Lakshanas* of *Ekakusta* among the groups.

DISCUSSION

The aim and objectives of the dissertation was "a comparative clinical study to evaluate the efficacy of *Guduchyadi kashaya* and *Rajrukshadipachana kashaya* in the management of *Eka kushta* w.s.r to psoriasis"

In this clinical study, the trial was conducted in a randomly selected 50 patients who were divided into two groups. Group A contains *Guduchyadi Kwath* and group B contains *Rajvrukshadi pachana kashaya*. The patients were treated on shaman therapy. After completion of study following observation were seen.

In this study, psoriasis was found in all age group from 16 to 60 years. It indicates widespread appearance of Psoriasis. But maximum number of patient were found in age group between 31-40 yrs. Psoriasis is a disease that manifests in all the age groups, the first peak occurrence of plaque psoriasis is in people age 16-22years. The second peak is in people aged 57-60 years. Onset before age 40 usually indicates a greater genetic susceptibility. Due to more stressful life and life style and dietary disturbance in young age incidence is found more in age group of 31-40years.

In Gender wise distribution, 60 % patients were male. In other studies of India also, the percentage of male was predominant. The reason behind male predominance could not be ascertained.

Maximum i.e. 82% of the patient were married, followed by 18% of patient were unmarried.

Stress is considered as triggering factor in psoriasis. When people faces a situation with great emotions, fear, anger, surprise they are induced into the "fight or flight" sensation taking place in the sympathetic autonomic nervous system. More chances are there for a individual with genetic predisposition to psoriasis to experience a flare up soon after a stressful time or situation in their life. Due to adrenal fatigue one may become sick due to a weakened immune system from the overload of cortisol response.

In this study maximum no of patient reported were labourers i.e., 30% and Farmers i.e. 14%. Patient reported with this profession have stress factor which may be aggravating psoriasis.

Ahara play an important role in disease aggravation, most of the patient were having mix diet i.e. veg + non vegetarian 54%. Most of patient in this group consume non vegetarian diet 2 to 3 times in a week. 3.33% of the patient was having positive family history; this positive history was found from maternal side. Most of the patients were having *Vatapittaj prakruti* might be due *Eka Kustha* is predominant in *Vata Kaphaj Dosha*. The observation of the patient in *Agni Pariksana* most of were *Tikshna Agni.*

Maximum number of patient was having *Krura kostha,* in this most of the patients were dealing complaint of constipation for that they used to take laxatives on regular basis and were get addicted to that.

When patient have an itching sensation, the temptation is to scratch. Scratching can increase inflammation and can make itching even worse. Which further leads to a vicious pattern known as the itch-scratch cycle.

It is observed in most of the patient, stress is another itching trigger. When patient is under stress, they likely to have psoriasis flare, which can set off another bout of itching. Weather condition can also influence itching. In winter and summer most of the patient with psoriasis reported their itching symptoms get aggravated.

According to the habit, the role of alcohol consumption and smoking in the patient was more in working people than farmers and business man. Most of the patient was educated but there is no relation between disease and education. According to duration most of the patient was suffering from more than 1yr.

According to modern science it is chronic disease, it indicate the chronic nature of psoriasis. *Eka Kustha* (psoriasis) *Vatakapha* predominant disease, *Kapha Dosha* may be responsible for chronicity. The life of the patient got disturbed when they suffered repeated episodes of the psoriasis. The diseased person get relief into sign and symptoms after long treatment but the duration in which the disease will relapse it has no specific duration. The next episode of the disease is worse than the previous.

The patient was observing the relief in the sign and symptoms in the March i.e. March phenomenon of disease. But the aggravating season for most of the patient was in winter followed by summer, it is due to aggravation of *Dosha*. In winter there is dominancy of *Kapha Dosha* and *Vata* which causes increase in *VataKapha pradhana Vyadhi* like Psoriasis.

Most of the patients were of plaque type of Psoriasis, it indicate that plaque is common type of psoriasis. Candle grease sign was present in the entire patient. In the history of onset it was gradual onset. Most of the patient complained that psoriasis starts from scalp region with itching and scaling, after that it spread all over the body. From this observation it is found that the common area of psoriasis is scalp, knee and extensor surface arm, shoulder, forearm, elbow and leg.

Discussion on Subjective and Objective Criteria

Aswedanam - There was a *Sweda Pravrutti* before and after the treatment in group A. *Vata Dosha* causes *Sankocha* (Vasoconstriction) and cause obstruction in *Swedavaha Srotas* which lead to *Aswedanam*. Vitiated *Kapha Dosha* leads to *Sanga* i.e., obstruction of *Swedavaha Srotas* and cause *Aswedanam* symptom.

Mastyashakalopam - There is statistically significant difference in the values before and after treatment in group A and B. Hence *Guduchyadi kashaya* is effective in the management.

Mahavastu - There is statistically significant difference in the values before and after treatment in group A and B. Hence *Rajvrukshadi Pachana kashaya* is effective in the management.

PASI Score- Psoriasis Area Severity Index. It is a quantitative score used for measuring the severity of psoriatic lesion based on area covered and appearance of plaque. There is statistically significant difference in the values before and after treatment in group A and B. Hence both the *Kashayas* are effective in the management.

All the *Kustha Roga* have predominance of *Tridosaja, EkaKustha* have mainly the predominance of *Vata-Kapha Dosha*. The vitiated *Vata* and *Kapha Dosha* adversely affect the *Jala Mahabhuta* component, which affects skin region. This causes the affected skin to appear whitish or coppery color, scaly. In *Samprapti* of *Eka Kustha*, the vitiated *Vata Dosha* dries the water element of skin and promotes abnormally rapid proliferation of skin.

The contents of *Guduchyadi Kwatha* and *Rajvrukshadi Pachana Kashaya* have properties like *Tridoshashamak, Kusthaghana, Ushna Veerya, Katu, Tikta, Kashaya rasa. Guduchi* and *Daruharidra* acts on *Raktavaha Strotas*, *Triphala* is *Uttam Agnivardhaka* and *Pachan Dravya* this quality of these drugs work for *Samprapti Bhanga* of *Ekakustha.*

Krushnaaruna Varna of skin mainly in *Eka Kustha* is due to Vitiation of *Vata Dosha* followed by *Kapha* and *Pitta. Guducyadi Kwatha* and *Rajvrukshadi Pachana Kashaya* contains main drug as *Guduchi*, which is having *Tikta, Madhura vipak* and *Ushna veerya*, which acts on *Vata Dosha* as well as on *Kapha Dosha* also. Other drugs also act as *Vata Kapha shamaka. Rakta* is one of the *Dushya* in *Kustha roga*. *Mula sthana* of *Raktavahastrotas* is *Yakrit. Guduchi* acts on *Yakrita* and also does the shaman of *Rakta Dosha*, it also acts as *Raktaprasadana*, and the other drugs like *Amalaki, Bibitaki, Haritaki, Suddha Guggulu Daruharidra* acts to normalize the skin colour by acting on *bhrajaka Pitta,* which is also responsible of *Krushnaaruna Varna.*

Mastyashakalopam symptom is mainly due to vitiation of *Vata* and *Kapha* in *Ekakustha*. Vitiated *Vata* in *Twacha* produces more dead cell (scaling) within 2 - 14 days by increasing frequent cell division. Here the *Vata Dosha* is suppressed by the properties of *Guduchi* and other drugs as discussed above.

Snigdhata and *Slakshnata* of vitiated *Kapha* produce smooth and silvery skin but due to vitiated *Vayu* lesion are not 100% smooth and *Slakshna, Vayu* produce a little roughness on lesion which gives appearance of *Mastyashakalopam. Guduchi* and other drugs in *Kwatha* acts on *Rasavaha strotas, Rukshata* is one of the *Lakshana* of *Rasadhatu Kshaya. Rukshata* is also *Guna* of *Vata* which is responsible for roughness of skin. All the contents of *Guduchyadi Kwatha* and *Rajvrukshadi pachana kashaya* have *Tridosha shamana* properties which reduced the symptom *Mastyashakalopam.* Hence due to above properties of *Guduchyadi Kwatha* was found significant in *Krushna aruna varna* and *Mastyashakalopam.*

Aswedanama is caused due to vitiation of *Vata* and *Kapha Dosha.* When *Vata* get vitiated it causes *Sankocha* i.e., Vasocontriction which leads to obstruction of *Swedavaha Strotas. Kapha* cause obstruction (*Sanga*) of *Sweda.*

The skin is a potential target for oxidative injury as it is continuously exposed to ultra violet radiation and other environmental stresses generating reactive oxygen species (ROS). Inadequate antioxidant protection or excess ROS production creates a condition known as oxidative stress, contributing to the progression of cutaneous disease disorder.

Antioxidant protects epidermis from the events that contribute to epidermal toxicity and disease. Deficiencies in any of the antioxidant defense system can cause a reduction in the total antioxidant status (TAS). The drugs like *Guduchi, Amalaki* contain antioxidant properties which prevent oxidative injury.

CONCLUSION

The study was conducted to evaluate the efficacy of *Guduchyadi Kwatha* and of *Rajvrukshadi pachana Kashaya* in *Eka Kustha* w.s.r. to Psoriasis. Following conclusion drawn from the study.

- *Guduchyadi Kwatha* is found to be more effective in relieving *Matsyashakalopamam.*
- *Rajvrukshadi Pachana Kashaya* is found to be more effective in relieving *Mahavastu.*
- Statistically both the *Kashayas* are found to be effective in the treatment of *Ekakushtha* in duration of one month.
- There was significant improvement found in *Kandu* & *Rukshata.*
- *Eka Kustha* can be correlated with Psoriasis because of similarity in the clinical features.
- *Eka Kustha* was found in all age group from 16yrs to 60yrs and frequent in males than females.
- Common area involved was scalp, knee and extensor surface arm, shoulder, forearm, elbow and leg.

REFERENCES

1. K.Sembulingam and Prema Sembulingam. Essential of Medical physiology, section 5th, fourth edition. Jitendar P.vij, Jaypee brothers medical publishers, page no 321.
2. Nicki.R.Colledge, R.Walkar and et al, Davidson's principle and practice of medicine, edition 21st, Churchill livinstone, Elsevier, page no 1260
3. Bhishagratatla shri bramhashankar shashtri, Yogratnakar, Uttrardha, Kustha Chiktisa Adhyayay, Chaukhamba prakasan, Varanasi, 1993, 217.
4. Gadhanigraha–kayachikitsakhanda –kusthadhikar-36th chapter-sloka=61 page no -771.
5. Bhishagratatla shri bramhashankar shashtri, Yogratnakar, Uttrardha, Kustha Chiktisa Adhyayay, Chaukhamba prakasan, Varanasi, 1993, 217
6. Vagbhata, Arundatta and Ayurveda Rasayana of Hemadri, Dr.Annamoreswar kunte and krishana Shastri Navre, Astanga Hridayam, Sutra Sthana Krishnadas Acadamy, Varanasi, 2000, 15/17.
7. Kaviraj Ambikadatta shastri, Sushruta Samhita ayurveda tatva Nidana Stana, by Chaukhamba Sanskrit sansthan Varanasi, 2014, 5/27.
8. Kaviraj Ambikadatta shastri, Sushruta Samhita ayurveda tatva Nidana Stana, Chaukhamba Sanskrit sansthan Varanasi, 2014, 5/6.
9. Agnivesha, Charaka Samhita, Ayurved depika, Sutrasthana, Chaukhamba Sanskrit sansthan Varanasi, 2012, Sutrasthana 7/15.
10. K.Sembulingam and Prema Sembulingam. Essential of Medical physiology, section 5th, fourth edition. Jitendar P.Vij, Jaypee brothers medical publishers, page no 322.
11. Kaviraj Ambikadatta shastri, Sushruta Samhita ayurveda tatva Nidana Stana, by Chaukhamba Sanskrit sansthan, Varanasi, 2014, 6/27.
12. Agnivesha, Charaka Samhita, Ayurved depika, Sutrasthana, Chaukhamba Sanskrit sansthan Varanasi, 2012, Sutrasthana 8/15.

*Address for correspondence
Dr.Moulika Markonda
PG Scholar,
Dept. of Kayachikitsa, Ramakrishna Ayurvedic Medical College Hospital and Research Centre, Bengaluru.
Email:
moulikamarkonda1122@gmail.com