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A Clinical Evaluation Of “*Siddharthak Yoga*” As External & Internal Use In The Management Of *Kitibha Kushtha* W.S.R. To Psoriasis

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ABSTRACT: In 21st century *Kitibha Kushtha* (Psoriasis) is a burning problem because of its socio-psychological impact, unknown exact etiology, limitation and adverse effect of modern medicine, persistence and recurrent nature. The main aim of the study is to evaluate and compare the efficacy of “*Siddharthak Yoga Kashaya*” as internal medicine and “*Siddharthak Yoga Lepa*” as an external medicine in the management of *Kitibha Kushtha*. It is Randomized controlled clinical trial. The study was conducted on 40 clinically diagnosed patients of *Kitibha Kushtha*. They are randomly allocated into four groups after the screening. Group A (*Siddharthak Yoga Kashaya*), Group B (*Siddharthak Yoga Lepa*), Group C (*Siddharthak Yoga Kashaya*) along with *Lepa* & Group D (*Maha Manjishthadi Kwatha*) as a control group medicine). Observation & result assessed on the basis of difference in the score of sign and symptoms. All the details regarding the study are further detailed.

Keywords: *Kitibha Kushtha*, Psoriasis, *Siddharthak Yoga Kashaya*, *Siddharthak Yoga Lepa*,. *Maha Manjishthadi Kwatha*

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INTRODUCTION:

Psoriasis is defined and classified by England's Dr. Robert William, around 1809¹ Psoriasis is one of the most dreadful dermatological conditions affecting approximately up to 3% of the worlds² & 0.4%-2.8% of Indian population.³ It is a common, chronic, non-infectious, disfiguring, inflammatory and proliferative condition of the skin characterized by well defined, slightly raised, indurate plaques, dry Erythematous macules with silvery scales and typical extensor surfaces and scalp distribution affecting either sex & having incidence at any time throughout the life. In India the ratio of male to female is 2.46:1. Two onsets are common, early peak between 16 and 22 years and the later one at 57-60 years. ⁴ The exact cause of psoriasis is not yet known, but it is commonly believed to have an

autoimmune, genetic component.⁵ Psoriasis include stress, withdrawal of systemic corticosteroid, excessive alcohol consumption, and smoking. To increase awareness in people and educating them about this condition **National Psoriasis Foundation (NPF)** was established in Portland, Ore in October 1968 and “**29th October** has been officially declared as **World Psoriasis Day**” and the month of August has been declared as “**National Psoriasis month**” in which different awareness programs conducted. *Acharya Vagbhatta* gave the accurate definition of *Kushtha* as when the *doshas* are vitiated and affect the *dhatu*s (*twak, lasika, rakta & mansa*) making them *shithil* (lax), then they come outside, reside in the skin and discolor it, this condition is known as *Kushtha*,⁶ which are further divided in

Mahakustha & KsudraKustha. Ayurvedic classics have considered each type of *Kushtha* to be a *tridosaja* manifestation. None the less their *doshik* identity can be established on the basis of dominance of *dosha* in the *samprapti*. Thus, *Kitibha kushtha* is *Vata-Kaphaja* phenomenon. *Ayurveda* has advocated use of repeated *Shodhana* treatment along with *Shaman* treatment and external application. In recent era lifestyle has been so fast and busy that person has no time to follow long term treatment by *Shodhana*. So, it is necessary to give *Shamana Yogas* for appropriate

result. *Shamana Chikitsa* for *Kushtha* can be mainly divided into two- (a) Internal administration of the drugs (b) External application of the drugs. In short, it may be said that the treatment of *Kushtha* may be decided according to the predominance of *Doshas*, internal and external medications. If treatments are given simultaneously, the results can be obtained very quickly and satisfactorily. *Kitibha Kustha* is accepted as Psoriasis because the description & the characteristic features of it are coinciding with description on Psoriasis than any other type of *Kushtha*.

Laxanas of Kitibhakushtha: *Kitibha* type of *kushtha* is characterized as follows:

Shyawam Kinakharasparsham Parusham Kitibham smritam.⁷

Kitibham yat Strawi Vrittam Ghanam ugrakandu, Tat snigdhakrishnam Kitibham vadanti.⁸

Kitibham punah, Ruksham Kinakharasparsham kandumaparushsitam.⁹

Table No. 1 Showing co-relation between *Kitibha Kustha* & Psoriasis

S. No.	<i>Kitibha Lakshana</i>	Psoriasis features
1.	<i>Kinakharasparsha</i>	Scaling
2.	<i>Shyawam</i>	Bluish tinge discoloration
3.	<i>Parusha</i>	Dryness
4.	<i>Sravi</i>	Discharge
5.	<i>Vritta</i>	Oval to round lesions
6.	<i>Ghana</i>	Keratosis / Elevation
7.	<i>Ugrakandu</i>	Severe pruritis
8.	<i>Snigdha Krushna / RaktaKrushna</i>	Erythematous plaques
9.	<i>Prashantani cha punah utpadyate</i>	Common episodes of remissions and relapses
10.	<i>Drudhan punahprasravati</i>	Auspitz sign

AIMS AND OBJECTIVES:

1. To assess the efficacy of “*Siddharthak Yoga Kashya*” as internal medicine and “*Siddharthak Yoga Lepa*” as an external medicine in the management of *Kitibha Kushta*.
2. To find out the etiopathogenesis, Conceptual and Clinical study on *Kitibha kushtha w.s.r.to* Psoriasis according to *Ayurveda* as well as modern science on various parameters.
3. To find out a safe and effective remedy for Psoriasis.

CLINICAL STUDY:**1. MATERIAL & METHODS:**

Following materials and methods were adopted for the present research study-

A. Selection of Cases: - 40 patients (10 Patients in each group) either sex of suffering with *Kitibha Kushtha* (Psoriasis) fulfilling the inclusion & diagnostic criteria was selected from OPD & IPD of DSRRAU hospital Jodhpur by simple randomized method. Patients were examined thoroughly as per history sheet specially prepared for this clinical study. Written

consent was taken from the patient before starting trial.

B. Patient Selection Criteria:-**(a) Inclusion Criteria:-**

1. Diagnosed and confirmed cases of *Kitibha Kushtha* w. s. r. to Psoriasis, on the basis of the

Signs & Symptoms.

2. Patients selected for trial were between the age group of 16-60 year of either sex.

(b) Exclusion Criteria:-

1. Patients under 16 & above 60 yrs.
2. Pregnant women & lactating mother.
3. Patients suffering from serious systemic disorders like Cardiac & Renal Disorders, Malignant disease, Diabetes mellitus, Major liver disorders, Immune compromised host, etc.

(c) Termination Criteria:-

1. Progressive worsening of disease & development of complication during trial.
2. Patient who do not complete the trial duration with follow up.
3. Death of patient due to any cause.

C. Grouping & Administration of drugs:

- 40 clinically diagnosed and registered patients of psoriasis (*Kitibha Kustha*) were divided randomly in following two groups:

- **Group-A (Trial Group)**-10 registered patients of Psoriasis were given *Siddharthaka Yoga* as internal use in the *Kashaya* form for 60days.
- **Group-B (Trial Group)**-10 registered patients of Psoriasis were given *Siddharthaka Yoga* as external use in the *Lepa* form for 60 days.
- **Group-C (Mixed Trial Group)**-10 registered patients of Psoriasis were given *Siddharthaka Yoga Kashaya & Lepa* for 60days.

- **Group-D (Control Group)** -10 registered patients of Psoriasis were given *Maha Manjishthadi Kwatha* 40ml (20 gram of coarse powder) twice in a day before meal for 60 days.

D. Pathya-apathya: All the patients advised to avoid the factors (*Ahara & Vihar*) which causes *kushtha* as per classical references.

E. Follow Up: - Follow-up for further medication was done after 15 days. The patient is advised to visit the OPD after every 15 days for 2 months. Any regression or aggravation or no change in signs and symptoms were observed and recorded.

F. 1) Trial Drugs- *Siddharthak yoga*:¹⁰**Table No. 2 Showing contents of *Siddharthak Yoga Dravyas*:-**

S. No.	Name of drug	Botanical name	Used part	Proportion
1.	<i>Nagarmotha</i>	<i>Cyperus rotundus</i>	Rootnodule	1part
2.	<i>Madanphala</i>	<i>Randia Spinosa</i>	<i>Phala</i>	1part
3.	<i>Daruharidra</i>	<i>Berberis aristate</i>	<i>Kaand</i>	1part
4.	<i>Kalinga yava</i>	<i>Holerrhena antidysentrica</i>	<i>Kaand</i>	1part
5.	<i>Aragwadha</i>	<i>Cassia fistula</i>	<i>Kaand</i>	1part
6.	<i>Karanja</i>	<i>Pongamia pinnata</i>	<i>Patra</i>	1part
7.	<i>Harad</i>	<i>Terminalia chebuba</i>	<i>Phala</i>	1part
8.	<i>Baheda</i>	<i>Terminalia bellerica</i>	<i>Phala</i>	1part
9.	<i>Amalaki</i>	<i>Emblia officinalis</i>	<i>Phala</i>	1part
10.	<i>Saptaparna</i>	<i>Alstonia scholaris</i>	<i>Twaka</i>	1part

2) Control drug: *Maha Manjishthadi Kwatha*¹¹

G Method of Preparation of Trial Drug & Control Drug-

1. **Method of preparation of *Siddharthak Yoga Kashaya***- All the above mentioned drugs were taken in equal quantity and made them into *yavakuta* form. It was prepared in the pharmacy of DSRRAU, Jodhpur with batch number 73. Patients were instructed to make a decoction at home by adding 8 time water (160 ml) in 20 gm of *yavakuta* and boil on low heat upto 1/4th water (40 ml) remains.
2. **Method of preparation of *Siddharthak Yoga Lepa***- Each & every content of this *Lepa* was cleaned with plenty of water and dried for 4-6 days. Finally, the fine powder of the above mentioned drugs was taken in equal quantity. It was prepared in the pharmacy of DSRRAU, Jodhpur with batch number 75. The Patient was instructed to the fine powder with mustard oil as sufficient to make a thin application over the lesion.

Drug doses – 40 ml twice a day for 60 days.

Mode of administration -Depending upon the area of involvement by the disease.

3. **Method of preparation of control drug- *Maha Manjishthadi Kwatha*** was prepared in pharmacy of DSRRAU Jodhpur, *Kwatha* prepared as per classical method.

H. Criteria for assessment-

The following pattern was adopted for the scoring as per previous research work.

1. Assessment of therapy did on a clinical Performa.
2. The result thus obtained had tabulated statistically and analyzed scientific critics.
3. Signs and symptoms of *Kitibha kushtha* had given various gradations as per marking scheme, after completion of the course of the treatment; the result assessed on the basis of difference in the score of sign and symptoms. Stage of the disease and overall improvement had taken into consideration while scoring. Investigations were done to evaluate healthy status & exclude other pathology according to necessity.

ETHICAL CLEARANCE: We have taken clearance from institutional ethics committee for present clinical study.

Ethics Committee approval No.: Sr. No/dsrrau/uca/iec/18-19/142

Clinical Trial Registry of India (CTRI)

No.: CTRI/2019/07/027197

OBSERVATION

1. Maximum number of the patients that is 17(42.5%) belonged 21 to 30 years age group, Maximum patients were Male 30(75%) and Most of the patients were Hindu i.e. 38 (95%) and Married 35 (87.5%)
2. Most of the patients 10 (25%) in this study were Graduated, Most of the patients were from Rural Habitat 27(67.5%), Maximum No. of patients 15 (37.5%) were from Upper middle class, Maximum patients i.e. 15 (37.5%) were having the occupation related with service.
3. Most of the patients were negative family history 28 (70%), Most of the patients 26 (65%) were vegetarian, Maximum no. of patients 14 (35%) were having an addiction of tea/coffee
4. Most of the patients 30 (75%) were disturbed sleep, Most of the patients 24 (68%) were having *Mandagni*, 28 (70%) patients were *Madhyama koshtha*.
5. Most of the patients 23 (57.5%) were having *Vata-kaphaja Sharirika Prakriti*, Most of patients 22 (55%) were having *Rajasik Tamaskika Manas Prakriti*, 10 (25%) patients were of *Madhyama Sara*, 27 (67.5%) patients were of *Madhyama Samahanana*, 23 (57.5%) patients were having Sarvarasa *Satmya* and 20 (50%) patients were having *Avara Satva. Madhyama Abhyavaharana Shakti* was found in 22 (55%) maximum patients, 26 (65%) were having *Madhyama and avara Ahara jarana Shakti* and *Madhyama Vyayama Shakti* was found in 26 (65%) patients.
6. Most of the patients 28 (70%) were having gradual onset. Winter season was reported in maximum no of patient 32 (80%), 12 (30%) patients were having 2-5 years chronicity of disease, Auspitz sign

was present in 30 (75%) patients followed by the Candle grease sign in 17 (42.5%) and Koebner's Phenomena was found in 4 (10%) of patients.

7. Observation shows that among 40 patients of *Kitibha Kushtha*, all patients had complain of *Kharatva* (Roughness)/ *Rukshata* (Dryness) & *Shyavata* (Blakish Discoloration/ Erythema) while 37 (92.5%) had *Ghana* (Keratosis) ,

followed by 36(90%) had *Twaksphutan* (silvery scales), 35 (87.5%) cases had complain of *Ugrakandu* (Itching), 20(50%) cases had complain of *Strava* (Discharge) and 12 (30%) had complain of *Daha* (Burning). *Twaksphutan*, *Kharatva/ Rukshata* & *Shyavata* are due to *Vata dosha*, *Kandu* due to *Kapha dosha* *Shyavata* & *Ghanata* due to *Vatakapha dosha*.

2. RESULTS:

All the result was calculated by using Graph Pad Instate 3 Trial software:

Comparisons	Nonparametric data	Parametric data
Intragroup study	Wilcox on matched-pairs signed rank test	Paired 't' test
Intergroup study	Kruskal Wallis test (ANOVA)	Tukey's Multiple comparison test

INTRAGROUP STUDY

Analysis of Subjective parameters reveals following points:-

- **Group-A** showed Statistically **Very significant** (P value<0.01) result in *Twaksphutan* (Relief = 38.9%), *Rukshata* & *Kharatwa* (Relief = 45.45%), *Ghanata* (Relief =43%), *Shyawata* (Relief = 43.75%), & PASI

Score (Relief =30.57%), **Significant** (P value <0.05) result in *Strava* (Relief = 50%), & *Daha* (Relief = 46.15%),**Not Quite Significant** (P value <0.02) result in *Ugrakandu* (Relief = 36.36%).

- **Group-B** showed Statistically **Extremely significant** (P value < 0.0010) result in PASI Score (Relief

=29.41%), **Very significant** (P value < 0.01), result in *Twaksphutan* (Relief = 33.33%), *Rukshata* & *Kharatwa* (Relief = 42.10%), *Ghanata* (Relief = 47.05%), **Significant** (P value < 0.05), result in *Ugrakandu* (Relief = 37.5%), *Shyawata* (Relief = 37.5%), **Not Quit Significant** (< P value 0.02), result in *Strava* (Relief = 40%) & *Daha* (Relief = 44.44%).

- **Group-C** showed Statistically **Extremely significant** (P value < 0.0010) result in *Rukshata* & *Kharatwa* (Relief = 47.82%), *Shyawata* (Relief = 57.14%), & PASI Score (Relief = 49.39%), **Very significant** (P value < 0.01) result in *Twaksphutan* (Relief = 42.85%), *Ghanata* (Relief = 50%), *Strava* (Relief = 61.90%), & *Daha* (Relief = 53.84%), **Significant** (P value < 0.05) result in *Ugrakandu* (Relief = 46.15%).
- **Group-D** showed Statistically **Extremely significant** (P value < 0.0010) result in PASI Score (Relief = 27.05%), **Significant** (P value < 0.05) result in *Twaksphutan* (Relief = 23.80%), *Rukshata* & *Kharatwa* (Relief = 23.80%), **Not Quit Significant** (P value < 0.02) result in

Ghanata (Relief = 26.66%), **Not significant** (P value > 0.05) result in *Ugrakandu* (Relief = 20%), *Strava* (Relief = 16.66%), *Shyawata* (Relief = 20%), & *Daha* (Relief = 28.57%)

Analysis of Objective Parameters reveals following points:-

- **Group-A** showed statistically **Extremely significant** results in ESR, **Not Quit significant** result in Blood Sugar (Random), **Very Significant** result in TLC, **Not Significant** result in HB.
- **Group-B** showed statistically **significant** result in ESR, **Not significant** result in TLC, Blood Sugar (Random) & HB.
- **Group-C** showed statistically **extremely significant** results in ESR, Significant result in Blood Sugar (Random), **Not Quit significant** result in HB, **Not significant** result in TLC.
- **Group-D** showed statistically **significant** result in ESR, **Not Quite significant** result in HB, **Not significant** result in Blood Sugar (Random) & TLC.

INTERGROUP STUDY

Analysis of Subjective Parameters reveals following points:-

In inter group comparison **Extremely significant** result found in PASI score (P value 0.0006), **Very Significant** result in *Ghanata* (P value 0.0019), *Shyawata* (P value 0.0050), *Strava* (P value 0.0017), **Significant** result in *Rukshata* & *Kharatwa*

(P value 0.0273) and **Not Quit significant** result in *Twaksphutan* (P value 0.0508), **Not Significant** result in *Ugrakandu* (P value 0.2285) & *Daha* (P value 0.1235).

Here Inter group study shows that NS reveals that all groups gave significant results on various subjective parameters and there were no very much different results on the same parameters.

Analysis of Objective Parameters reveals following points:-

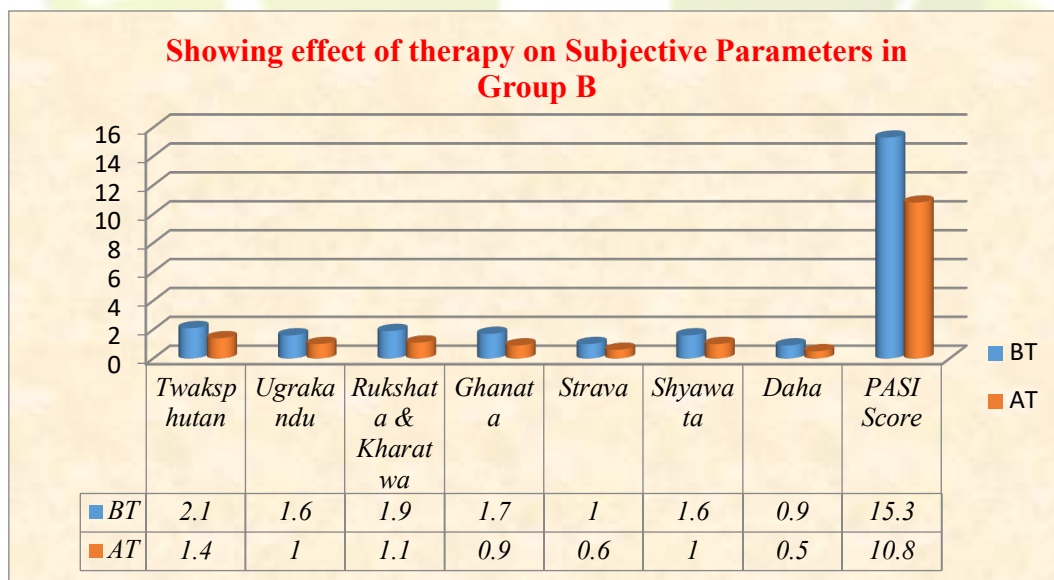
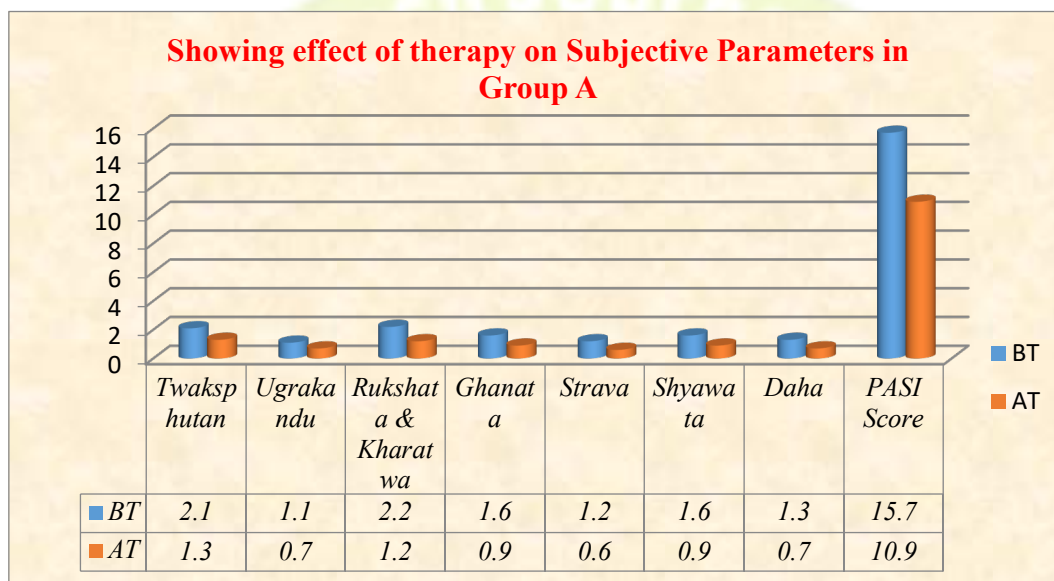
In intergroup comparison **significant** result in ESR (P value 0.0498), **Not Significant** result in TLC (P value 0.8350), HB% (P value 0.9516) & Blood Sugar (Random) (P value 0.7969).

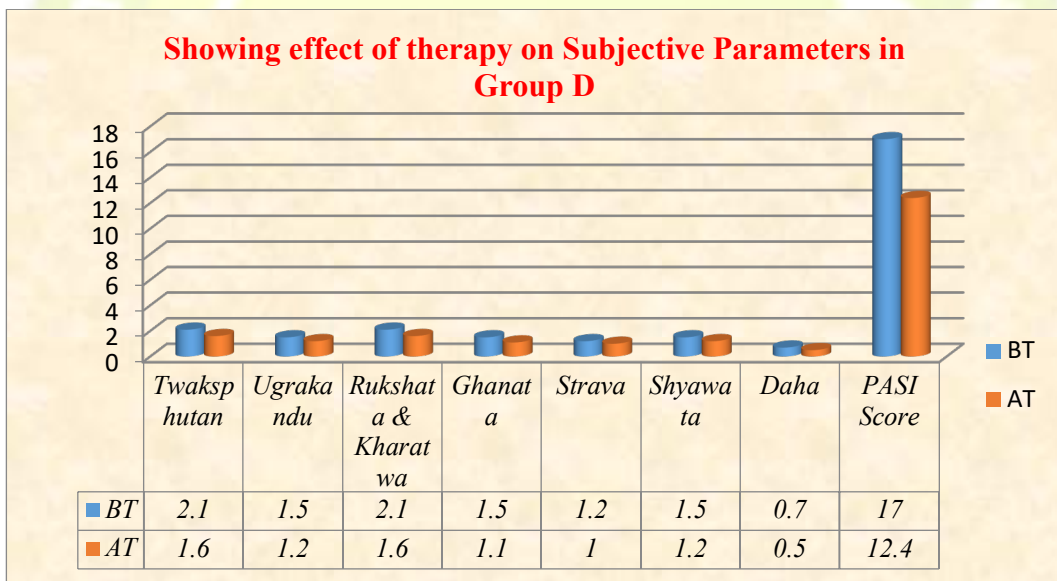
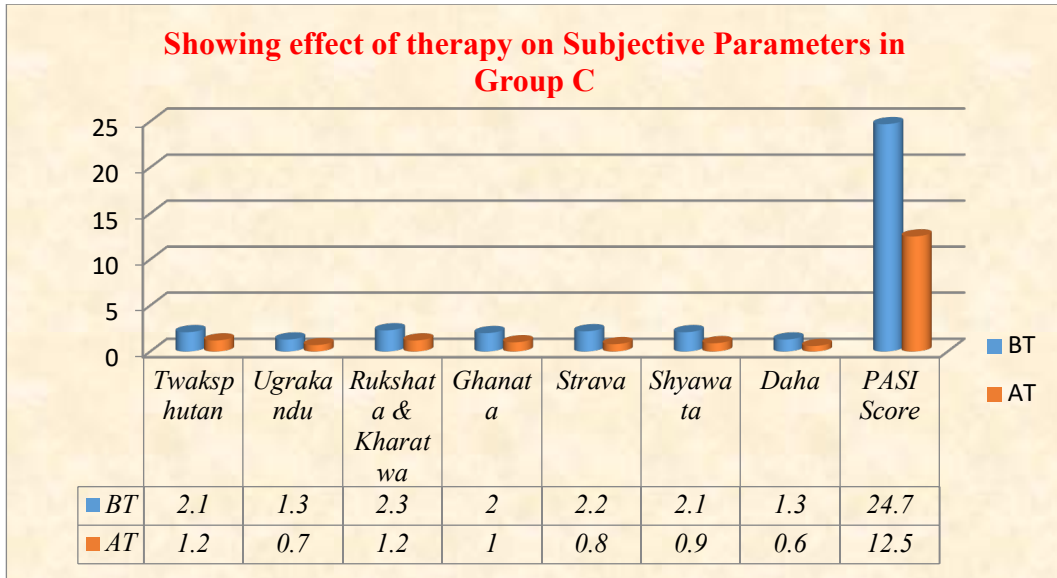
Table No.3 Showing the % Relief of Subjective parameters in the Group-A, B, C & D

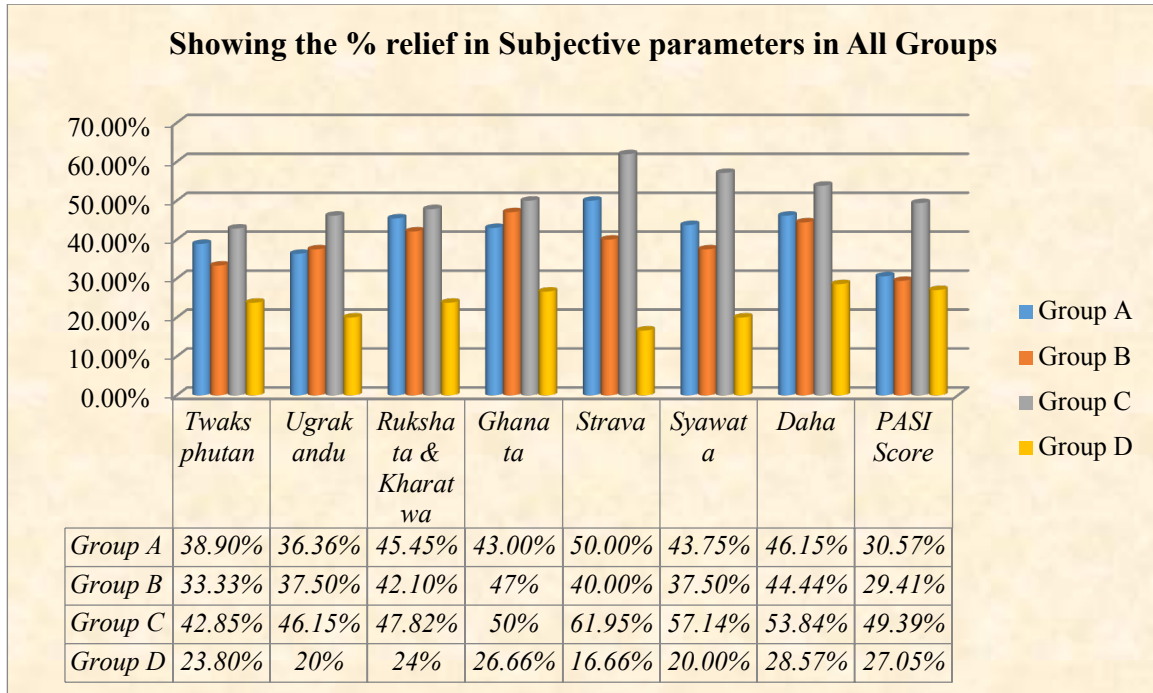
Subjective parameters	% Relief in Group-A	%Relief in Group-B	%Relief in Group-C	%Relief in Group-D
<i>Twaksphutan</i> (Silvery scales)	38.9%	33.33%	42.85%	23.80%
<i>Ugrakandu</i> (Itching)	36.36%	37.5%	46.15%	20%
<i>Ruksha</i> & <i>Kharatva</i> (Dryness)	45.45%	42.10%	47.82%	23.80%
<i>Ghanata</i> (Keratosis)	43%	47.05%	50%	26.66%
<i>Strava</i> (Discharge)	50%	40%	61.95%	16.66%
<i>Syawata</i> (Blackish discoloration)	43.75%	37.5%	57.14%	20%
<i>Daha</i> (Burning)	46.15%	44.44%	53.84%	28.57%
PASI Score	30.57%	29.41%	49.39%	27.05%
Total	41.77%	38.91%	51.14%	23.31%

In comparing the effect on all groups, it's clear that the patients from Group C showed maximum satisfactory relief (51.14%). **Marked improvement** was found in Group C as compared to other groups. **Moderate improvement** was found in Group A (41.77%) and Group B (38.91%).

In laboratory finding not satisfactory changes were found in all groups.







DISCUSSION

Siddharthaka Snanokta Dravyas for *Kwatha* and *Lepa* chosen from *Charaka Samhita- Kushtharogadhikar*. The reason behind choosing the *Siddharthaka Snanokta Dravyas* for the present study was its ingredients; *Nagarmotha, Madanphala, Haritaki, Vibhtaki, Amalaki, Aragwada, Kutaj, Daruharidra, Saptaparna*. *Kitibha kushtha* is *Kapha, Vata Pradhana*. Mainly *Sanga* and *Vimarga Gamana* type of *Srotodushti* is found in *Kitibhakushtha* patient. In the *Samprapti* of *Kitibhakushtha*, *Sanga* is caused by *Kapha Dosh* and *Vimarga Gamana* is caused by *Vata*. The ingredients of the medicines chiefly have *Kushtaghna* (*Abhaya, Amalaki, Saptaparna* and *Aragwada*) and *Kandughna* (*Krutamula, Naktamula, Kutaja, Daruharidra* and *Nagarmotha*) property which encouraged us to take to the

trail as the main complaint of *Kitibha Kushtha* is *Kandu*. Most of the drugs are having *Kaphahara* or *Tridosahara* property which suits to the demands in *Kitibha Kushtha Chikitsa*. *Kushtha* is a *Raktapradoshaj vikar* mentioned by *Acharya charak*. So while treating it specific consideration of *Rakta dhatu* is essential. In *Ayurveda Yakrita & Pleeha* (Liver & Spleen) are site of formation of *Rakta dhatu*. *Daruharidra, Amrita* is having potent Hepatoprotective action. These drugs act on the formation site of the *Rakta dhatu* & break the basic pathogenesis of *Kushtha*.

Guduchi, Haritaki, Vibhtaki, Amalaki has potent Anti inflammatory, Analgesic, Antibacterial, immunomodulatory, and Antioxidant property.

Table no. 4: Showing detailed description of *Siddharthak Yoga Dravyas:-*

Name of drug	Family	Rasa	Guna	Virya	Vipaka	Karma
<i>Nagarmotha</i>	<i>Cyperaceae</i>	<i>Tikta, katu kashaya</i>	<i>Laghu, ruksha grahi, teekshana</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapitta shamaka, kriminashini, Kushthagha</i>
<i>Madanphala</i>	<i>Rubiaceae</i>	<i>Madhura tikta</i>	<i>Lekhana, laghu, rooksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphavatahar, pratishyaya, jwara, kushthagha, vidrudhi and vranahara</i>
<i>Daruharidra</i>	<i>Berberidaceae</i>	<i>Tikta, kashaya</i>	<i>Laghu, rooksha, ushna</i>	<i>Ushna</i>	<i>Katu</i>	<i>KaphapittaharKandu, twagdosha, meha, vrana hara,</i>
<i>Kalinga yava</i>	<i>Apocynaceae</i>	<i>Tikta, katu</i>	<i>Grahi, rooksha, anushna</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Tridosahara, kushtaghna, jwar, visarpahara</i>
<i>Aragwadha</i>	<i>Leguminosae</i>	<i>Tikta, madhura</i>	<i>Guru, mridu, snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Kandughna, krimighna, kushthagha, medohara, raktadoshahar, mriduvir echak, jwarhara</i>
<i>Karanja</i>	<i>Leguminosae</i>	<i>Katu, tikta, kashaya</i>	<i>Laghu, teekshan</i>	<i>Ushna</i>	<i>Katu</i>	<i>Pittala, kaphavatashamaka, Kushtaghna, kandughna, krimi, shotha and arshahara</i>
<i>Haritaki</i>	<i>Combretaceae</i>	<i>Lavan varjita pancharasa</i>	<i>Rooksha, laghu</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridosahara, kushtha & vaivarnyahara, krimihara, vibandhahara</i>
<i>Vibhitaki</i>	<i>Combretaceae</i>	<i>Kashaya</i>	<i>Sheeta, sparsharooksha, lagu</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Pittakapha nashaka, bhedana</i>
<i>Amalaki</i>	<i>Euphorbiaceae</i>	<i>Amla, katu, madhura, kashaya</i>	<i>Laghu</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Tridosahara, rasayana</i>
<i>Saptaparna</i>	<i>Apocynaceae</i>	<i>Tikta, kashaya</i>	<i>Lagu, snigdha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphapitta shamaka, kushthagha, vrana, krimihara, raktajarogas</i>

Probable mode of action of *Siddharthaka Yoga*:

On the basis of *Rasa*: Out of 10 ingredients maximum drugs are *Katu, Tikta, Kashaya Rasa pradhana*, which is very important to heal the *Varna*, excess *Kleda* and the *Kapha Dosha* in the *Kitibha Kushtha*. *Tikta & Katu* rasa has properties like *Lekhana, Deepan, Pachana, Kleda upashoshana* by which it becomes able to removing obstruction (*Sanga*) of *Kapha* and due to this process, *Vata* becomes channelized and *Samprapti vighatana* will be achieved. *Madhur Rasa* is said to be *Vata shamaka* in some ingredients. *Madanphala, Saptaparna, Aragvadha, Karanja & Bhallataka* are having *Vata-kapha shamaka* property. *Haritaki, Vibhitaki, Amalaki* has *Tridoshashamaka* property.

On the basis of *Guna*: On analysis of *Guna* of individual ingredients *Laghu, Ruksha, Tikshana, Sheeta, Guru* are present in different ingredients. Out of these *Guna Laghu & Ruksha* is present in maximum ingredients. The *Laghu Rooksha Guna* also helpful for drying the excess amount of *Kleda* present in the body. It is a well known fact that *Laghu & Ruksha guna* are

related to *Vayu* i.e. anti *Kapha*, anti *Rasa*, anti *Lasika* etc. *Vayu* has a property of drying due to its *Ruksha guna*, which helps in different skin disease in drying the *Lasika* etc and quick healing and since the ingredients of *Siddharthaka Snana yoga* are highly useful in the *Kitibha* type of *Kushtha*.

On the basis of *Veerya*: So far *Veerya* is concerned, the analysis of all contents reveals that maximum drugs are having *Ushana Veerya*. *Ushana Veerya* is said to relate with *Agni Mahabhoota* which, owing to its *Agni deepana* and *Ama pachana* occur in *kostha & dhatu* level. It may be deducted that it would be more beneficial in skin disease.

On the basis of *Vipaka*: Regarding *Vipaka* 6 ingredients have *Katu Viapaka* and 4 drugs have *Madhura Vipaka*. The *Madhura Vipaka* has got a soothing effect on the

body tissues and helps in the production of fresh and healthy tissues. On the basis of the logical reasoning it may be said that in different skin diseases where tissues are degenerated or undergone necrosis are regenerated by *Siddharthak Yoga*.

CONCLUSION

1. On comparing the effect on all groups, it is clear that the patients from Group C showed maximum satisfactory relief (51.14%). **Marked improvement** was found in Group C as compared to other groups. **Moderate improvement** was found in Group A (41.77%) and Group B (38.91%).
2. The Intergroup comparison shows that there is no major difference in efficacy of trial drug as compared to control drug. It suggests the trial drug shows better result over the counterpart control drug.
3. Finally, on the basis of the above result, it can be concluded that administration

of *Siddharthak Yoga Kashaya* as internal use along with *Siddharthak Yoga Lepa* externally is more effective in the management of psoriasis. As it is safe, cost effective & free from any side effects. It also prevents the relapse considerably.

4. Thus, it is clear that only local application or internal administration of drugs is not effective in the cure of the disease, it requires a combined therapy, internal administration of drugs and local application for complete management of the disease.
5. In overall assessment it has been found that *Siddharthak Yoga* have abeneficial role in the management of psoriasis as compare to *Maha manjisthadi kwatha*.

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