

A CLINICO COMPARATIVE STUDY ON THE ROLE OF VAMANA WITH KUTAJADI YOGA AND VACHADI YOGA IN THE MANAGEMENT OF KITIBHA KUSHTA WITH SPECIAL REFERENCE TO PSORIASIS

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ABSTRACT

The world is ever-changing and evolving at an accelerating rate. Today our health, fitness and illness are greatly influenced by our lifestyle. The Life style changes such as food habits, behavioural patterns, and environmental changes, etc. leads to various chronic, autoimmune, degenerative, hormonal and metabolic disorders. Skin, being the immediate organ of the body is more susceptible to these changes. Psoriasis is one such disease. *Kitibha* can be correlated to Psoriasis in terms of similarities in *Lakshanas*. Symptoms of *Kitibha* comprise of *Syava*, *Kinakhara sparsa* and *Parusa Lakshanas*. It is categorized as *Vata Kaphaja*, *Kshudra* and *Ssdhya Kushta*. The reported prevalence of psoriasis in countries ranges between 0.09% and 11.43%, making psoriasis a serious global problem with at least 100 million individuals affected worldwide. *Kitibha kushta* is a *Vata-Kapha* predominant

disease. Hence, for the elimination of *Vata* and *Kapha doṣa*, *Snehapana* followed by *Vamana* can be done. Hence the present topic is “A Clinico Comparative study on the role of Vamana with Kutajadi yoga and Vachadi yoga in the management of Kitibha Kushta with special reference to Psoriasis”. **Methods:** In the Present study, 60 patients of Kitibha Kushta were selected and placed randomly in 2 groups, A and B with 30 patients in each group. Group – A and B was treated with *Murchita Go-ghritam* Snehapana followed by Vamana Karma with Kutajadi yoga and Vachadi yoga respectively. **Results:** Both the groups showed statistically significant results. However, the effect of Group B was better than Group A in all the

parameters except in Auspitz sign, Candle grease sign, Koebner's phenomenon, PASI Scoring and DLQI. **Conclusion:** The results concluded that *Vachadi yoga* (Group – B) has yielded better therapeutic dividends in overall perspective in relative terms to *Kutajadi yoga* (Group – A).

KEYWORDS: Kitibha Kushta, Psoriasis, Vamana, Kutajadi yoga, Vachadi yoga.

INTRODUCTION

Ayurveda is the most ancient medical science in the world dedicated for the restoration of health since time immemorial. It deals with the preventive and curative aspects of disease and promotive aspects of health.^[1]

The world is ever-changing and evolving at an accelerating rate. Today our health, fitness and illness are greatly influenced by our lifestyle. The Life style changes such as food habits, behavioural patterns, and environmental changes, etc. leads to various chronic, autoimmune, degenerative, hormonal and metabolic disorders. Skin, being the immediate organ of the body is more susceptible to these changes.

Ayurveda classified all the skin diseases under a single roof called '*Kushta*'. It is caused by the vitiation of seven pathogenic substrata comprising of *Tridosha*, *Tvak*, *Rakta*, *Mamsa* and *Lasika*.^[2] *Kushta* is considered as one of the *Asta mahagada*^[3] (dreadful eight diseases) in virtue of its influence on human body and psychology. *Kitibha Kushta* is categorized as *Vata Kaphaja*^[4], *Kshudra*^[5] and *Sadhya Kushta*.^[6] It has been mentioned that *KITIBHA* comprises of *Syava*, *Kinakara sparsha* and *Parusha Lakshanas*.^[7]

Psoriasis is a common, chronic, non-communicable skin disease, with no clear cause or cure. The negative impact of this condition on people's lives can be immense. Psoriasis affects people of all ages, and in all countries. The reported prevalence of psoriasis in countries ranges between 0.09% and 11.43%, making psoriasis a serious global problem with at least 100 million individuals affected worldwide. Psoriasis has an unpredictable course of symptoms, a number of external triggers.^[8]

Modern medical science treats Psoriasis with PUVA (Psoralen (P) and Ultraviolet A (UVA)) and corticosteroids. However, the therapy gives serious side effects like liver & kidney damage, bone marrow depletion etc.

Vamana Karma is the first procedure amongst *Panchakarma* and has been considered as the line of treatment for the *Kapha* disorders. *Vamana* has been considered as choicest therapy in the vitiated *Kapha dosa* (Ca.Su. 25:40) and must be considered as the preceding therapy for the *Virecana karma*. *Kitibha Kushta* is a *Vata-Kapha* predominant disease. Hence, for the elimination of *Vata* and *Kapha doṣa*, *Snehapana* followed by *Vamana* should be done.^[9]

In *Caraka Samhita cikitsā sthāna*, *Kutajadi yoga* (*Kutaja Phala*, *Madhana phala*, *Madhuka*, *Patola*, *Nimba Rasa*) is mentioned in *Kushta cikitsa* for the induction of *Vamana*. (C.Chi.7:43)

Similarly in Chakaradatta, *VACHADI yoga* (*Vacha*, *Vasa*, *Patola*, *Nimba Twak*, *Phalini Twak* (*Priyangu*), *Madhana Phala*, *Madhu*) is mentioned for the purpose of inducing *Vamana* in *Kushta cikitsa* (Chakradatta 50:3).

AIMS AND OBJECTIVES

- To assess the efficacy of “*Kutajadi yoga and Vachadi yoga*” in the management of *Kitibha Kushta*.
- To compare the efficacy of both these Yogas in the management of *Kitibha Kushta*.
- To assess the efficacy of treatment in terms of internationally standardized scales like PASI score.

MATERIALS AND METHODS

SOURCES OF DATA

LITERARY SOURCE: All the classical books like Brihatrayees and Laghutrayees, modern literature and contemporary text including the internet about the disease, drugs and procedure was reviewed and documented for the intended study.

DRUG SOURCE: *Murcitra Go ghr̥ta* for the present clinical study was prepared in TTD's Sri Srinivasa Ayurveda Pharmacy, Tirupati. Drugs required for *Vamana yoga* were procured from Anaamaya herbals, Udipi, Karnataka.

SOURCE OF SAMPLE: Selection of 60 cases from OPD/IPD of department of *Panchakarma* of S. V. Ayurvedic hospital irrespective of sex, caste, religion. The patients were divided into 2 groups, A and B having 30 patients in each group.

ETHICAL CLEARANCE: Reg. IEC/SVAYC/PK/21/15.

CRITERIA FOR SELECTION OF PATIENTS

Inclusion Criteria

1. Age group 20-60 years.
2. Patients with signs and symptoms of *Kitibha*.
3. Signs and symptoms of psoriasis.
4. Patients who are eligible for *Vamana*.

Exclusion criteria

1. Patients below the age of 18 and above age of 60 years.
2. Patients with uncontrolled Diabetes and Hypertension.
3. Patients with T.B, HIV, Cancer and other severe systemic illnesses.
4. Patients who are not eligible for *Vamana*.

INTERVENTIONS

Group A

1. *Snehapanam* with *Murchita Go-ghrita* for 3 to 7 days
2. *Abhyanga* with *Mahamarichadi tailam* and *Atapaswedam* for 1 day
3. *Vamana karma* with *Kutajadi yoga* for 1 day.
 - *Kutaja phala* (*Holarrhena antidysentrica*) - 2 to 4 gms
 - *Madana phala* (*Randia dumetorum*) - 2 to 4 gms
 - *Madhuka* (*Glycyrrhiza glabra*) - 2 to 4 gms
 - *Patola* (*Trichosanthes dioica*) - 2 to 4 gms
 - *Nimba rasa* (*Azadirachta indica*) - 2 to 4 ml

Dosage for each patient: 10 to 20gms

Churna of *Kutaja phala*, *Madhana phala*, *Madhuka*, *Patola* are taken in the quantity of 2 to 4 gms, mixed with 2 to 4 ml of *Nimba rasa* and given to the patient for inducing *Vamana*.

4. *Samsarjana krama* for 3 to 7 days.

Group B

1. *Snehapanam* with *Murchita Go-ghrita* for 3 to 7 days
2. *Abhyanga* with *Mahamarichadi tailam* and *Atapaswedam* for 1 day
3. *Vamana karma* with *Vachadi yoga* for 1 day.
 - *Vacha* (*Acorus calamus*) – 27 gms

- *Vasa* (*Adhatoda vasica*) – 40 gms
- *Patola* (*Trichosanthes dioica*) - 40 gms
- *Nimba twak* (*Azadirachta indica*) - 40 gms
- *Phalini twak*(*Priyangu*) (*Callicarpa macrophylla*) – 40 gms
- *Madanaphala* (*Randia dumetorum*) – 6 gms
- *Madhu* – 100gm

Dosage for each patient: 100 to 400ml

The kashaya was prepared using *Vaca* (27gm), *Vasa*, *Patola*, *Nimba* and *Phalini twak* each in a dose of 40gm. Raised 187 gm of their coarsely powdered mix and decocted in 3 litre of water till it was reduced to approximately 400ml. add to it *Madhu* (100gm) and powder of *Madhana* (6gm). This dosage varies according to the Koshta of patient.

DEEPANA – PACHANA: Initially, *Deepana– Pachana* therapy is to be administered with *Chitrakadi Vati* 1 Tablet 2 – 3 times a day after food till the appropriate stimulation of Gastric Fire.

4. *Samsarjana krama* for 3 to 7 days.

Duration of treatment: 8 to 16 days.

CLINICAL ASSESSMENT

Before treatment – 0th day

After *Vamana* and *Samsarjana karma* – between 9th to 17th day

FOLLOW UP: After one month of treatment – 39th day to 47th day.

Clinical parameters

SUBJECTIVE

1. *Syavam* (Blackish- brown discoloration)
2. *Kina khara sparsham* (Rough in touch like a scar tissue)
3. *Parushaam* (Hard to touch)
4. *Kandumat* (Itching)
5. *Daha* (Burning sensation)
6. Pitting of nails

OBJECTIVE

- Auspitz sign
- Koebner's Phenomenon
- Candle grease sign
- PASI Score (Psoriasis Area and Severity Index)
- DLQI (Dermatology Life Quality Index)

OBSERVATIONS AND RESULTS**General Observations**

Age: Among the 60 patients included in the study, 8 patients (13.3%) belong to the age group of 51- 60 years as shown in table. 18 patients (30%) belong to the age group of 41-50 years, 14 patients (23.3%) belong to 31- 40 age group, 20 patients (33.3%) belong to the age group of 20-30 years.

Gender: In the present study sample, 78.3% (47) males were registered in comparison to 21.7% (13) of females.

Occupation: In the series, Maximum patients registered in the study are Job holders who constituted 31.6% (19 patients). Students constituted 20% i.e. 12 patients. 10 patients (16.6%) from Business background and 7 Housewives (11.6%) formed part of the study. Out of 60 patients, 8 Patients (13.3%) is involved in farming with physical labour and 4 patients is unemployed.

Family history: Among 60 patients, 9(15%) patients are presented with family history. 51(85%) are not presented with family history.

Ahara: Among the 60 patients included in the study, 85% (51 patients) were having mixed dietary habit and 15% (9 patients) were having vegetarian diet.

Addictions: Maximum of 47 (78.3%) patients are having the addiction of taking tea predominantly, whereas habit of smoking is found in 39 (65%) patients. 28 patients (46.6%) are addicted to Alcohol, whereas 11 patients (18.3%) exhibited addiction to tobacco chewing. 5 patients (8.4%) have shown no cases of addiction.

Table No. 1: Showing Effect of Vamana Karma on Kutajadi yoga and Vachadi yoga Subjective and Objective Parameters Before treatment and After Treatment.

PARAMETER	GROUP	Mean \pm SD		MD	SED	t Value	P Value	%
		BT	AT					
Subjective parameters								
Syava Varna	A	3.07 \pm 0.94	1.63 \pm 0.85	1.43	0.13	10.79	P<0.0001	46.9
	B	3.17 \pm 0.87	1.53 \pm 0.85	1.53	0.104	14.67	P<0.0001	48.5
Kina Khara Sparsha	A	3.33 \pm 0.66	1.9 \pm 0.88	1.43	0.115	12.54	P<0.0001	42.9
	B	3.20 \pm 0.76	1.83 \pm 1.02	1.37	0.131	10.42	P < 0.0001	42.81
Parusham	A	2.97 \pm 0.96	1.8 \pm 0.89	1.17	0.108	10.8	P<0.0001	39.3
	B	2.93 \pm 1.05	1.67 \pm 0.88	1.27	0.117	10.846	P<0.0001	43
Kandu	A	3.27 \pm 0.78	1.97 \pm 0.89	1.3	0.085	15.277	P<0.0001	39.7
	B	3.30 \pm 0.75	1.77 \pm 0.82	1.53	0.093	16.551	P< 0.0001	46.36
Daha	A	2.93 \pm 1.17	1.47 \pm 1.01	1.47	0.124	11.78	P < 0.0001	49.8
	B	2.87 \pm 1.25	1.13 \pm 0.94	1.73	0.166	10.47	P<0.0001	60.6
Pitting of Nails	A	1.13 \pm 1.33	0.93 \pm 1.14	0.20	0.074	2.693	P = 0.0117	17.6
	B	0.97 \pm 1.00	0.83 \pm 1.02	0.13	0.063	2.112	P=0.0434	14.4
Objective parameters								
Auspitz sign	A	1.60 \pm 0.81	1.37 \pm 0.81	0.23	0.079	2.971	P = 0.0059	14.4
	B	1.80 \pm 0.61	0.37 \pm 0.49	1.43	0.124	11.56	P<0.0001	79.4
Koebner's Phenomenon	A	1.20 \pm 1.00	1.03 \pm 0.93	0.17	0.069	2.408	P = 0.0226	14.1
	B	1.07 \pm 1.01	0.53 \pm 0.51	0.53	0.093	5.757	P<0.0001	50.4
Candle grease sign	A	1.27 \pm 0.98	1.10 \pm 0.92	0.17	0.069	2.408	P = 0.0226	13.9
	B	1.20 \pm 1.00	0.27 \pm 0.45	0.93	0.159	5.887	P<0.0001	77.5
PASI Score	A	36.40 \pm 1.28	36.20 \pm 1.35	0.20	0.074	2.693	P = 0.0117	0.54
	B	36.50 \pm 1.50	27.40 \pm 1.81	9.10	0.264	34.45	P<0.0001	24.9
DLQI	A	16.93 \pm 1.28	16.57 \pm 1.33	0.37	0.112	3.268	P = 0.0028	2.12
	B	16.60 \pm 1.54	10.23 \pm 1.41	6.37	0.251	25.33	P<0.001	38.3

Table No. 2: Showing Effect of Vamana Karma on Kutajadi yoga and Vachadi yoga Subjective and Objective Parameters Before treatment and After 30 Days of Treatment.

PARAMETER	GROUP	Mean ± SD		MD	SED	t Value	P Value	%
		BT	30days after treatment					
Subjective parameters								
Syava Varṇa	A	3.07 ± 0.94	1.40±0.77	1.67	0.138	12.042	P<0.0001	54.3
	B	3.17 ± 0.87	0.47 ± 0.51	2.70	0.167	16.155	P < 0.0001	85.1
Kina Khara Sparsha	A	3.33 ± 0.66	0.9 ± 0.71	2.43	0.114	21.29	P<0.0001	72.9
	B	3.20 ± 0.76	0.73 ± 0.74	2.47	0.133	18.5	P<0.0001	77.2
Parusham	A	2.97 ± 0.96	0.9 ± 0.88	2.07	0.166	12.477	P<0.0001	69.7
	B	2.93 ± 1.05	0.67 ± 0.66	2.27	0.179	12.665	P<0.0001	77.13
Kandu	A	3.27 ± 0.78	0.77 ± 0.50	2.5	0.125	20.069	P<0.0001	76.4
	B	3.30 ± 0.75	0.47 ± 0.51	2.83	0.152	18.61	P < 0.0001	85.75
Daha	A	2.93 ± 1.17	0.63 ± 0.72	2.3	0.174	13.228	P < 0.0001	78.4
	B	2.87 ± 1.25	0.40± 0.56	2.47	0.208	11.886	P < 0.0001	86.06
Pitting of Nails	A	1.13 ± 1.33	0.83± 1.05	0.30	0.098	3.0714	P = 0.0046	26.5
	B	0.97 ± 1.00	0.43± 0.73	0.53	0.115	4.646	P < 0.0001	55.67
Objective parameters								
Auspitz sign	A	1.60 ± 0.81	1.23± 0.77	0.30	0.098	3.071	P = 0.0046	26.5
	B	1.80 ± 0.61	0.13± 0.35	1.67.	0.121	13.83	P < 0.0001	92.7
Koebner’s Phenomenon	A	1.20 ± 1.00	0.77± 0.77	0.43	0.104	4.176	P = 0.0002	35.8
	B	1.07 ± 1.01	0.17± 0.38	0.90	0.168	5.3414	P < 0.0001	84.11
Candle grease sign	A	1.27 ± 0.98	0.57± 0.50	0.70	0.109	6.433	P < 0.0001	55.1
	B	1.20 ± 1.00	0± 0	1.20	0.182	6.595	P < 0.0001	100
PASI Score	A	36.40 ± 1.28	28.40+ 1.67	8.00	0.249	32.11	P < 0.0001	21.9

	B	36.50 \pm 1.50	8.60 \pm 1.25	27.90	0.293	95.21	P < 0.0001	76.43
DLQI	A	16.93 \pm 1.28	15.70 \pm 1.32	1.23	0.092	13.403	P < 0.0001	7.26
	B	16.60 \pm 1.54	7.47 \pm 1.66	9.13	0.291	31.43	P < 0.0001	54.8

DISCUSSION

DISCUSSION ON RESULTS

Age: A minimum of 8 patients (5%) represent the age group 51-60 years whereas a maximum of 20 patients (33.3%) represent the age group 20-30 years. By this, it can be said that the onset of disease takes place at the young adult age. Due to more stressful life, evolving life style and dietary instabilities at young age, incidence is found more in age group of 18 - 50 years.

Gender: In the present study sample, 78.3% (47) males were registered in comparison to 21.7% (13) of females. The worldwide prevalence of psoriasis is estimated to be approximately 2-3% occurs more frequently in males than females. With a prevalence of 0.44-2.8% in India, males are affected two times more than females.

Family history: Among 60 patients, 9(15%) patients are presented with family history. 51(85%) are not presented with family history. The age at onset and severity of disease are often similar in familial cases. If one parent has psoriasis, the chance of a child being affected is about 15–20%; if both parents have the disease, this rises to 50% and the risk is increased further if a sibling also has the disease. So family history plays a very important key role.

Ahara: Among the 60 patients included in the study, 85% (51 patients) were having mixed dietary habit and 15% (9 patients) were having vegetarian diet. This dietary habit variation is due to the predominant mixed diet habit of the local and nearby population. Therefore, high intake of non-vegetarian diet may be a factor of *KUSHTA*.

SyavaVarṇa: The Effect of Group – A and Group - B on *SyavaVarṇa* is extremely significant (P < 0.0001) immediately after completion of treatment and after completion of 30 days of treatment.

KinakaraSparsha: The Effect of Group – A and Group - B on *KinakaraSparsha* is extremely significant (P < 0.0001) immediately after completion of treatment and after completion of 30 days of treatment.

Parusham: The Effect of Group – A and Group - B on *Parusham* is extremely significant

($P < 0.0001$) immediately after completion of treatment and after completion of 30 days of treatment.

Kandu: The Effect of Group – A and Group - B on *Kandu* is extremely significant ($P < 0.0001$) immediately after completion of treatment and after completion of 30 days of treatment.

Daha: The Effect of Group – A and Group - B on *Daha* is extremely significant ($P < 0.0001$) immediately after completion of treatment and after completion of 30 days of treatment.

Pitting of Nails: The effect of Group-B on Pitting of Nails is not significant immediately after the completion of treatment. But it shows significant results after completion of 30 days of treatment when compared to Group - A.

Auspitz Sign: The Effect of Group-B on Auspitz Sign is extremely significant ($P < 0.0001$) immediately after completion of treatment and after completion of 30 days of treatment when compared to Group - A.

Koebner's Phenomenon: The Effect of Group-B on Koebner's Phenomenon is strongly significant ($P < 0.0001$) immediately after completion of treatment and is extremely significant ($P < 0.0001$) after completion of 30 days of treatment when compared to Group – A.

Candle grease sign: The Effect of Group-B on Candle grease sign is extremely significant ($P < 0.0001$) immediately after completion of treatment and after completion of 30 days of treatment when compared to Group – A.

PASI Score: The Effect of Group-B on PASI Score is extremely significant ($P < 0.0001$) immediately after completion of treatment and after completion of 30 days of treatment when compared to Group – A.

DLQI: The Effect of Group-B on DLQI is extremely significant ($P < 0.0001$) immediately after completion of treatment and after completion of 30 days of treatment when compared to Group – A.

DISCUSSION ON VAMANA

The *Samsodhana Cikitsa* (bio-cleansing therapy) of *Ayurveda*, which includes *Vamana karma* treatment, basically intends to eliminate the toxic elements from the body and thereby enhances the immunity of the body. Removal of fat-soluble toxic materials is very difficult and only liver can play a small role. Hence it is likely that, there would be accumulation of fat-soluble toxic products in the body leading to various diseases. This may be termed as *Doshasanchaya* in *Shakha* i.e. *Raktadidhatu* and *twak*.

In the present study, use of *Murchita go ghrta* for *Snehapana* and *Mahamarichadi* for *Abhyanga* made it possible to bring the *Dosas* from *Sakha* to *Kostha*. In modern day medicine, we understand that molecules move from higher concentration to lower concentration when separated by a diffusible membrane. The skin and the mucous membrane provide an excellent opportunity for this manoeuvre. The oil/ghee processed with *Dravyas* acting on *Rasa Raktadhatu* gave an additional effect. In this way, the *Snehabhyanga* and *Snehapana* played a very important role to bring *Doshas* from *Sakha* to *Koshta*.

The *Vamana dravyas* like *Madanaphala*, with their *Sukshma*, *Vyavayi*, *Vikasiguṇa*, bring about excellent purification without causing any harm to the body. Hence *Snehapana* followed by *VamanaKarma* (therapeutic emesis) can be considered as a good tool to get rid of toxic material as well as skin diseases like *Kitibha Kushta*.

AntikiSuddhi: There was some difficulty to assess Visible *Pittanta Suddhi*, because in last stage of *Vamana*, some residual amount of *Yashtimadhu phanta* or *Saindhavajala* came out which was little similar to *Pitta* in colour. Hence in the last stage, the patient was asked to simply explain the type of taste he was feeling in throat or mouth. In *Pittanta Suddhi* patient felt some *Tikta* or *Katu Rasa* in throat.

LaingikiSuddhi: At the end of *Vamana karma* it was better to ask the patient to explain his feeling in abdomen. If the patient felt some kind of abdominal distension (*Adhmana*) or residual drug in stomach or heaviness, then it was planned to produce 1-2 Vega again, till the patient felt *Udaralaghutva*.

CONCLUSION

Kitibha Kushta has been considered as one of the obstinate ailments affecting the skin since time immemorial. Modern treatment of Psoriasis is not very satisfactory and is often

associated with serious side effects. Hence, Ayurvedic treatment measures need clinical trials for the revalidation. *Kitibha Kushta* is a *Vata-Kapha* predominant disease. Hence, for the elimination of *Vata* and *Kapha dosā*, *Snehapana* followed by *Vamana Karma* should be done.

In subjective parameters of *Kitibha Kushta* like *Śyavam*, *Kandu*, *Kina Khara Sparsha*, *Parusham*, *Daha*, *Utsannata* both Group – A and Group – B results have extremely significant p value immediately after the completion of treatment and follow up after 30 days of completion of treatment. In pitting of nails, *Vachadi yoga* (Group-B) has shown significant results after completion of 30 days of treatment. On the other hand, the effect of *Kutajadi yoga* (Group-A) didn't yield any significant changes compared to 0th day.

The results were statistically highly significant in PASI Scoring and DLQI in Group-B when compared with Group-A. Also, the results were highly significant in Auspitz sign, Candle grease sign & Koebner's phenomenon after 30 days of treatment in Group-B than Group-A.

Thus from the above revolutions it may be concluded that *Vachadi yoga* (Group – B) has yielded better therapeutic dividends in overall perspective in relative terms to *Kutajadi yoga* (Group – A) without any adverse drug reactions. Moreover as *Kitibha* is of *Bahudoshā* origin repeated *Sodhana* as highlighted in the text may be conceived as the subject in future studies for an impressive and convincing outcome.

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