ABSTRACT
Psoriasis affects 1% to 3% of the world's population. Most patients have limited psoriasis involving <5% of their body surface. There is a strong association between psoriasis and HLA B13, B17, and B27, which shows genetic connection of psoriasis. Peak age of onset is bimodal (adolescents and at 60 yr of age). Men and women are equally affected. The main objective of the study was to assess the role of Rasmanikya along with Guduchyadi churna in Psoriasis. Study was conducted at Dr. D. Y. Patil College of Ayurved & Research Institute, Nerul, Navi-Mumbai. Total 10 patients were enrolled in this trial. Both male and female patients between the age group of 18 and 60 years were selected for this study. Rasamanikya 50mg + Guduchyadi churna 3gms was given twice daily before food with warm water. The effect of therapy was assessed based on improvement obtained in signs and symptoms of the patients. The patients showed up to 60 percent improvement gradually after 2 months of treatment.

Key words: Psoriasis, Rasamanikya, Guduchyadi Churna.

INTRODUCTION:
Psoriasis (Kiritth Kushta) is a chronic skin disorder characterized by excessive proliferation of keratinocytes, resulting in the formation of thickened scaly plaques, itching, and inflammatory changes of the epidermis and dermis. The primary psoriatic lesion is an erythematous papule topped by a loosely adherent scale. Scrapping the scale results in several bleeding points (Auspitz sign). Chronic plaque psoriasis generally manifests with symmetric, sharply demarcated, erythromatous, silver-scaled patches affecting primarily the intergluteal folds, elbows, scalp, fingernails, toenails, and knees. This form accounts for 80% of psoriasis cases. Psoriasis can also develop at the site of any physical trauma (sunburn, scratching). This is known as Koebner's phenomenon. Nail involvement is common (pitting of the nail plate), resulting in hyperkeratosis, onychodystrophy with onycholysis. Pruritus is variable. Soreness and bleeding may occur. Joint involvement can result in sacroiliitis and spondylitis. Guttate psoriasis is generally preceded by streptococcal pharyngitis and manifests with multiple droplike lesions on the extremities and the trunk.

AIMS:
To assess efficacy of Rasmanikya along with Guduchyadi Churna in Management of Psoriasis

STUDY DESIGN:
Total 10 patients were enrolled in this Trial. Rasamanikya 50mg + Guduchyadi churna 3gms was given twice daily before food with warm water for 2 months. Clinical and Statistical assessment of enrolled patients was done monthly for two months.
INCLUSION CRITERIA:
1. Patients who had any two or more following classical symptoms of Psoriasis were selected for study
   - erythematous papule topped by a loosely adherent scale (Primary stage)
   - symmetric, sharply demarcated, erythematous, silver-scaled patches (chronic stage)
   - Positive Auspitz sign
   - Presence of Koebner's phenomenon
   - hyperkeratosis, onychodystrophy with onycholysis of nails ,Pitting of nails
   - Pruritus and Soreness
   - Cases of Guttate psoriasis (multiple discoid lesions on the extremities and the trunk.)

Are included for this study
2. Both male and female patients between the age group of 18 and 60 years were selected for this study.
3. Patients with Chronicity up to 7 years were selected for this study.

EXCLUSION CRITERIA:
The following patients were excluded from the study:
1. Patients with uncontrolled Diabetes mellitus.
2. Patients of Psoriasis with extracutaneous manifestation like Joint involvement, sacroiliitis and spondylitis were in exclusion criteria.
3. Patients who were known cases of gastric ulcer or peptic ulcer
4. Patients with uncontrolled Hypertension.

ASSESSMENT CRITERIA:
In this Trial enrolled patients were assessed on the basis of pre and post observations.

Subjective parameters:
I) Number of Psoriatic patches
   Grades
   - Grade 0-no patches
   - Grade I -1 to 3 patches and patches only on single part of body
   - Grade II-4-to 8 patches and patches on 2to 3 sites of body
   - Grade III-patches are more than 8 in number and patches present on many parts of body.

II) To calculate total percentage of body area covered with psoriatic patches following criteria was used
   Involvement of front chest and abdomen-18%
   Involvement of upper and lower back-18%
   Each leg 18% so both legs 36 %
   Each arm 9% so both arms 18 %
   Scalp and face 9%
   Perineum 1 %

III) Discoloration of skin patches
   Normal skin colour -0
   Patches-Reddish in colour -1
   Patches -Whitish colour -2
   Patches-Silver colour mica like scales -3

IV) Dryness
   No line on scrubbing with nail-grade 0
   Light line on scrubbing by nail-grade 1
   Linings and even words can be written on scrubbing by nail-grade 2
   Excessive dryness leading to itching-grade 3
   Excessive dryness leading to crack formulation and bleeding-grade 4

V) Pruritus grades
   No itching -grade 0
   Mild itching-Itching present but not disturbing routine work-grade 1
   Moderate itching-Itching distracting patients attention from routine work-grade 2
   Intolerable itching distracting patients sleep -grade 3

Objective Parameters:
Objective parameters were based on following signs
I) Auspitz sign
Scraping the scale results in several bleeding points
0- No bleeding point after scarping of skin patches
1- single bleeding point after scarping of skin patch
2- 2 to 5 bleeding points after scarping of skin patches
3- more than 5 bleeding points after scarping of skin patches
II) Kobner phenomenon
Development of psoriasis at the site of any physical trauma (like sunburn, scratching)
0- Kobner phenomenon not present
1- Kobner phenomenon present at single site
2- Kobner phenomenon present at more than one site
3- Kobnar phenomenon present at more than 2 body parts

MATERIALS AND METHODS:
Guduchyadi Churna is based on Guduchyadi Kwath\(^1\) described in Yogaratnakar Uttarardha Kushta rogadhikara it Contains Guduchi \(^5\), Amalaki\(^5\), Haritaki\(^5\), Bibhitaki\(^5\), Daruha ridra\(^5\) all in equal parts Original description is in Kwath form but here used it in Churna form as taking Churna is more convenient for the patient in this modern era.Rasamanikya \(^2\)\(^3\) is made by Haratal yellow Arsenic AS2S2 powder kept in between two sheets of Mica and joints are pasted by Urad flour then after heating red shiny Rsamanikya is obtained. Rasamanikya of known pharmacy was collected from market.

**Doses used were as follows:**
Rasamanikya 50mg + Guduchyadi churna 3gms twice daily with warm water.

**METHODS:**
Total 10 Patients of psoriasis were selected from OPD and IPD of, Dr.D.Y.Patil College of Ayurveda & Research Institute, Nerul, Navi-Patients who were fulfilling the criteria of diagnosis as per the Performa had been selected for the study.
Clinical examination of patients were done at OPD and IPD of, Dr.D.Y.Patil College of Ayurveda & Research Institute, Nerul, Navi Mumbai and patient’s data was collected by CRF. The data obtained by the clinical trial was statistically analyzed.

**SAMPLE SIZE:** 10 patients diagnosed as Psoriasis were selected for this pilot study.

**Anupana:** Warm water (Ushna jala)
**Kala:** Before food
**Duration:** 60 days

**FOLLOW UP:** after 1 months X 2 follow up

**Data Recording:**
With the interval of 30 days data was regularly recorded at Dr.D.Y.Patil College of Ayurved and Research Institute.

**STATISTICAL ANALYSIS:**
Efficacy of Rasmanikya along with Guduchyadi churna in management of Psoriasis is tested by taking different parameters into consideration. As gradations were given for these parameters we have used the Wilcoxon Matched pairs test and the results were as follows:
<table>
<thead>
<tr>
<th>Parameter</th>
<th>Sum of all the ranks W</th>
<th>Sum of the positive ranks (T+)</th>
<th>Sum of the negative ranks (T-)</th>
<th>No. of Pairs</th>
<th>P-value</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Psoriatic patches</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>3</td>
<td>0.25</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Percentage of body area covered with psoriatic patches</td>
<td>55</td>
<td>55</td>
<td>0</td>
<td>10</td>
<td>0.002</td>
<td>Very Significant</td>
</tr>
<tr>
<td>Discoloration of skin</td>
<td>36</td>
<td>36</td>
<td>0</td>
<td>8</td>
<td>0.0078</td>
<td>Very Significant</td>
</tr>
<tr>
<td>Dryness</td>
<td>45</td>
<td>45</td>
<td>0</td>
<td>9</td>
<td>0.0039</td>
<td>Very Significant</td>
</tr>
<tr>
<td>Pruritus grades</td>
<td>28</td>
<td>28</td>
<td>0</td>
<td>7</td>
<td>0.0156</td>
<td>Significant</td>
</tr>
<tr>
<td>Auspitz sign</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>3</td>
<td>0.25</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Kobnar phenomenon</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>4</td>
<td>0.125</td>
<td>Not Significant</td>
</tr>
</tbody>
</table>

**Ho1**: No significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for number of patches.

Decision Criterion: Reject Ho if p-value is less than 0.05
As p-value is 0.25, the difference is not significant.

**Ho2**: No significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for number of patches.

Decision Criterion: Reject Ho if p-value is less than 0.05
As p-value is 0.05, the difference is not significant.

**Ho3**: No significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for Percentage of body area covered with psoriatic patches.

Decision Criterion: Reject Ho if p-value is less than 0.05
As p-value is 0.002, the difference is significant i.e. the treatment is effective.

**Ho4**: No significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for Percentage of body area covered with psoriatic patches.

Decision Criterion: Reject Ho if p-value is less than 0.05
As p-value is 0.0078, the difference is significant i.e. the treatment is effective.
churna in management of Psoriasis for dryness.
Decision Criterion: Reject Ho if p-value is less than 0.05
As p-value is 0.0039, the difference is significant i.e. the treatment is effective.

Ho5: No significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for Pruritus grades.

H15: Significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for Pruritus grades.
Decision Criterion: Reject Ho if p-value is less than 0.05
As p-value is 0.0156, the difference is significant i.e. the treatment is effective.

Ho6: No significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for Auspitz sign

H16: Significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for Auspitz sign
Decision Criterion: Reject Ho if p-value is less than 0.05
As p-value is 0.25, the difference is not significant.

So in short in psoriasis Rasamanikya with Guduchyadi Churna is Significantly effective in reducing percentage of body area covered with psoriatic patches, Discoloration of skin, Dryness and Pruritus.
CONCLUSION: In Psoriasis Rasamanikya with Guduchyadi Churna is significantly effective in reducing Percentage of body area covered with psoriatic patches at level of significance p-value is 0.002 that is (p < 0.05).

It is significantly effective in reducing Discoloration of skin at level of significance p-value is 0.0078 that is (p < 0.05).

Rasamanikya with Guduchyadi Churna is significantly effective in reducing discoloration of skin at level of significance p-value is 0.0078 that is (p < 0.05).

In Psoriasis Rasamanikya with Guduchyadi Churna is significantly effective in reducing dryness of skin at level of significance p-value is 0.0078 that is (p < 0.05).

Rasamanikya with Guduchyadi Churna is significantly effective in reducing pruritis of skin at level of significance p-value is 0.0156 that is (p < 0.05).

So there was overall 60% relief in reducing symptoms associated with
Psoriasis with combination of Rasamanikya along with Guduchyadi Churna didn’t develop any major side effects in patients after 2 months therapy. Only 2 months therapy is not much effective in reducing Number of Psoriatic patches, Auspitz sign and Kobner phenomenon, so we need to extend period of treatment for few months to get more relief which is further scope of Research.

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