

**Alternative Medicine For Psoriasis – Natural Herbal Ayurvedic Treatment-A Review.**

Gazi Shaikh¹, Sadath Ali², S Y Talmale³, Ulhas.S.Surwase¹,
Kadam Bhalchandra¹, Shaikh Luqman⁴

¹ A.S.P .M'S, K.T Patil College of Pharmacy, Osmanabad (M.S). India.

² Himalayan Institute of Pharmacy and Research, Rajawala, Dehradun. Uttranchal. India

³ Govt Ayurvedic College and Hospital, Osmanabad (M.S). India

⁴ Y.B.Chavan College of Pharmacy, Aurangabad (M.S). India.

Corresponding author:-Gazi Shaikh A.S.P .M'S, K.T Patil College of Pharmacy, Osmanabad (M.S). India.

Psoriasis is a common skin condition where the skin develops areas that become thick covered with silvery scales. It is a common problem, and millions of people in the world have psoriasis. Herbalists used herbs for centuries in the treatment of various diseases including psoriasis for one. Herbal ayurvedic psoriasis treatment originated in India and is considered as one of the oldest medical practice. There are many plants used for the control and care of psoriasis. Herbal medicines- used in treating psoriasis include Psoralen coryliforia, Coleus forskoli, sarsaparilla, and a lot more. Other herbal therapy include Aromatherapy- Carrier oils are mixed with oils from lavender, calendula, and bergamot then massaged into the affected skin. Topical herbs which are effective are tea tree oil, oats, evening primrose oil, cayenne peppers due to its capsaicin content, apple cider vinegar, and aloe. Olive oil has developed a reputation for being an effective treatment for mild cases of plaque psoriasis. It can be massaged directly onto affected areas of the skin to relieve dryness and irritation as well as to facilitate healing. Andira araroba is also known as Goa or Bahia Powder. The medullary matter of the stem and branches, dried and powdered, is used. It contains about 80% of chrysarobin, which is probably responsible for its activity. Chrysarobin is a reduced quinone. Papaya and papain is derived from Carica papaya and is also known as vegetable pepsin. It was formerly used in treating a wide variety of conditions including infected wounds, sores, ulcers, and psoriasis.

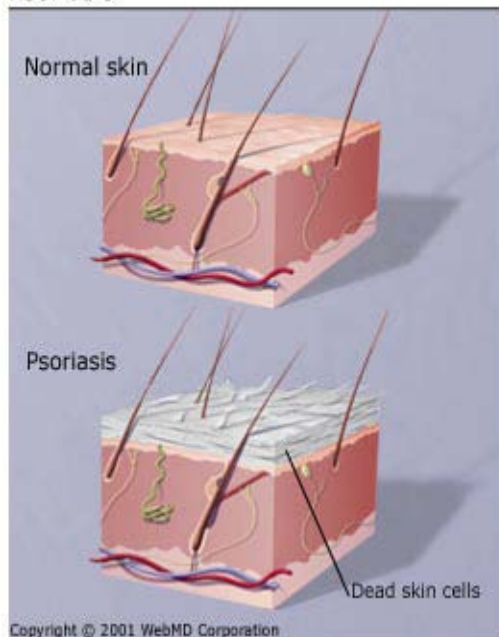
Key words: psoriasis, herbal, olive oil, ayurvedic.

Objective –In the present days the use of chemical agents as medicine for treating different disorders and ailments had provoked other serious side effects for human beings. Hence it is need of hour to develop medicine with no side effects .In this regard the herbal medicine provides the best solution. Nature had provided the mankind with immense treasure since the dawn of ancient times. The herbs and medicinal plants provide an array of broad spectrum of activity. It was felt that the use of such medicinal plants would be beneficial for treating different skin ailments such as eczema, itching **psoriasis**.

What is PSORIASIS?

Psoriasis is a common skin condition where the skin develops areas that become thick covered with silvery scales. It is a common problem, and millions of people in the world have psoriasis. Psoriasis is considered a skin disease, but really it is the result of a disordered immune system. The T-cells, a type of white blood cell, become over-stimulated. They then direct the skin to try and "heal" a non-existent injury. The skin reacts the same way it does when it has a fungus infection; it grows very fast, trying to "grow" the infection off the skin. These areas become the reddened, inflamed, patches with white scale on them. Psoriasis tends to be worst in those with a disordered immune system for other reasons (cancer, AIDS or autoimmune disease). Psoriasis areas are worsened by scratching and minor skin injuries or irritations. Psoriasis may itch or burn. It most often occurs over the elbows, knees, scalp, lower back, and palms or soles of the feet. The skin may split or crack in areas that bend.

Psoriasis



How Is Psoriasis Diagnosed?

Occasionally, doctors may find it difficult to diagnose psoriasis, because it often looks like other skin diseases. It may be necessary to confirm a diagnosis by examining a small skin sample under a microscope. There are several forms of psoriasis. Some of these include:

Plaque psoriasis--Skin lesions are red at the base and covered by silvery scales.

Guttate psoriasis--Small, drop-shaped lesions appear on the trunk, limbs, and scalp. Guttate psoriasis is most often triggered by upper respiratory infections (for example, a sore throat caused by streptococcal bacteria).

Pustular psoriasis--Blisters of noninfectious pus appear on the skin. Attacks of pustular psoriasis may be triggered by medications, infections, stress, or exposure to certain chemicals.

Inverse psoriasis--Smooth, red patches occur in the folds of the skin near the genitals, under the breasts, or in the armpits. The symptoms may be worsened by friction and sweating.

Erythrodermic psoriasis--Widespread reddening and scaling of the skin may be a reaction to severe sunburn or to taking corticosteroids (cortisone) or other medications. It can also be caused by a prolonged period of increased activity of psoriasis that is poorly controlled.

Psoriatic arthritis--Joint inflammation that produces symptoms of arthritis in patients who have or will develop psoriasis.

How is Psoriasis Treated?

Doctors generally treat psoriasis in steps based on the severity of the disease, size of the areas involved, type of psoriasis, and the patient's response to initial treatments. This is sometimes called the "1-2-3" approach. In step 1, medicines are applied to the skin (topical treatment). Step 2 uses light treatments (phototherapy). Step 3 involves taking medicines by mouth or injection that treat the whole immune system (called systemic therapy).

Over time, affected skin can become resistant to treatment, especially when topical corticosteroids are used. Also, a treatment that works very well in one person may have little effect in another. Thus, doctors often use a trial-and-error approach to find a treatment that works, and they may switch treatments periodically (for example, every 12 to 24 months) if a treatment does not work or if adverse reactions occur.

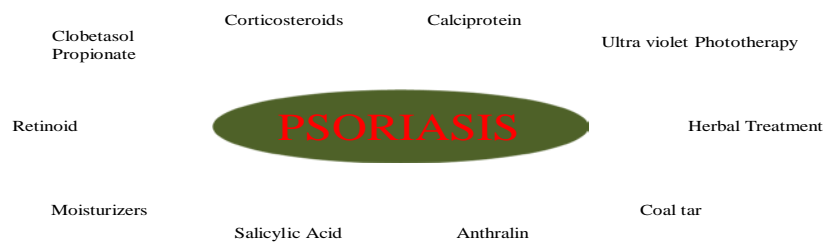


Figure 1: Use of different medications for the treatment of psoriasis

Conventional Medicines

Corticosteroids--These drugs reduce inflammation and the turnover of skin cells, and they suppress the immune system. Available in different strengths, topical corticosteroids (cortisone) are usually applied to the skin twice a day. Short-term treatment is often effective in improving, but not completely eliminating psoriasis. Long-term use or overuse of highly potent (strong) corticosteroids can cause thinning of the skin, internal side effects, and resistance to the treatment's benefits. If less than 10 percent of the skin is involved, some doctors will prescribe a high-potency corticosteroid ointment. High-potency corticosteroids may also be prescribed for plaques that don't improve with other treatment, particularly those on the hands or feet. In situations where the objective of treatment is comfort, medium-potency corticosteroids may be prescribed for the broader skin areas of the torso or limbs. Low-potency preparations are used on delicate skin areas. (Note: Brand names for the different strengths of corticosteroids are too numerous to list in this article.)

Calcipotriene--This drug is a synthetic form of vitamin D3 that can be applied to the skin. Applying calcipotriene ointment twice a day controls the speed of turnover of skin cells. Because calcipotriene can irritate the skin, however, it is not recommended for use on the face or genitals. It is sometimes combined with topical corticosteroids to reduce irritation. Use of more than 100 grams of calcipotriene per week may raise the amount of calcium in the body to unhealthy levels.

Retinoid--Topical retinoids are synthetic forms of vitamin A. The retinoid tazarotene (Tazorac) is available as a gel or cream that is applied to the skin. If used alone, this preparation does not act as quickly as topical corticosteroids, but it does not cause thinning of the skin or other side effects associated with steroids. However, it can irritate the skin, particularly in skin folds and the normal skin surrounding a patch of psoriasis. It is less irritating and sometimes more effective when combined with a corticosteroid. Because of the risk of birth defects, women of childbearing age must take measures to prevent pregnancy when using tazarotene.

Coal tar--Preparations containing coal tar (gels and ointments) may be applied directly to the skin, added (as a liquid) to the bath, or used on the scalp as a shampoo. Coal tar products are available in different

strengths, and many are sold over the counter (not requiring a prescription). Coal tar is less effective than corticosteroids and many other treatments and, therefore, is sometimes combined with ultraviolet B (UVB) phototherapy for a better result. The most potent form of coal tar may irritate the skin, is messy, has a strong odour, and may stain the skin or clothing. Thus, it is not popular with many patients.

Anthralin--Anthralin reduces the increase in skin cells and inflammation. Doctors sometimes prescribe a 15- to 30-minute application of anthralin ointment, cream, or paste once each day to treat chronic psoriasis lesions. Afterward, anthralin must be washed off the skin to prevent irritation. This treatment often fails to adequately improve the skin, and it stains skin, bathtub, sink, and clothing brown or purple. In addition, the risk of skin irritation makes anthralin unsuitable for acute or actively inflamed eruptions.

Salicylic acid--This peeling agent, which is available in many forms such as ointments, creams, gels, and shampoos, can be applied to reduce scaling of the skin or scalp. Often, it is more effective when combined with topical corticosteroids, anthralin, or coal tar.

Clobetasol propionate--This is a foam topical medication, which has been approved for the treatment of scalp and body psoriasis. The foam penetrates the skin very well, is easy to use, and is not as messy as many other topical medications.

Bath solutions--People with psoriasis may find that adding oil when bathing, then applying a moisturizer, soothes their skin. Also, individuals can remove scales and reduce itching by soaking for 15 minutes in water containing a coal tar solution, oiled oatmeal, Epsom salts, or Dead Sea salts.

Moisturizers--When applied regularly over a long period, moisturizers have a soothing effect. Preparations that are thick and greasy usually work best because they seal water in the skin, reducing scaling and itching.

Light Therapy

Natural ultraviolet light from the sun and controlled delivery of artificial ultraviolet light are used in treating psoriasis.

Sunlight--Much of sunlight is composed of bands of different wavelengths of ultraviolet (UV) light. When absorbed into the skin, UV light suppresses the process leading to disease, causing activated T cells in the skin to die. This process reduces inflammation and slows the turnover of skin cells that causes scaling. Daily, short, non burning exposure to sunlight clears or improves psoriasis in many people. Therefore, exposing affected skin to sunlight is one initial treatment for the disease.

Ultraviolet B (UVB) phototherapy--UVB is light with a short wavelength that is absorbed in the skin's epidermis. An artificial source can be used to treat mild and moderate psoriasis. Some physicians will start treating patients with UVB instead of topical agents. A UVB phototherapy, called broadband UVB, can be used for a few small lesions, to treat widespread psoriasis, or for lesions that resist topical treatment. This type of phototherapy is normally given in a doctor's office by using a light panel or light box. Some patients use UVB light boxes at home under a doctor's guidance.

A newer type of UVB, called narrowband UVB, emits the part of the ultraviolet light spectrum band that is most helpful for psoriasis. Narrowband UVB treatment is superior to broadband UVB, but it is less effective than PUVA (psoralen ultraviolet A) treatment. It is gaining in popularity because it does help and is more convenient than PUVA. At first, patients may require several treatments of narrowband UVB spaced close together to improve their skin. Once the skin has shown improvement, a maintenance treatment once each week may be all that is necessary. However, narrowband UVB treatment is not without risk. It can cause more severe and longer lasting burns than broadband treatment

Topical Treatment

Treatments applied directly to the skin may improve its condition. Some patients respond well to ointment or cream forms of corticosteroids, vitamin D₃, retinoids, coal tar, or anthralin. Bath solutions and moisturizers may be soothing, but they are seldom strong enough to improve the condition of the skin. Therefore, they usually are combined with stronger remedies.

Psoralen and ultraviolet A phototherapy (PUVA)--This treatment combines oral or topical administration of a medicine called psoralen with exposure to ultraviolet A (UVA) light. UVA has a long wavelength that penetrates deeper into the skin than UVB⁹. Psoralen makes the skin more sensitive to this light. PUVA is normally used when more than 10 percent of the skin is affected or when the disease interferes with a person's occupation (for example, when a teacher's face or a salesperson's hands are involved). Compared with broadband UVB treatment, PUVA treatment taken two to three times a week clears psoriasis more

consistently and in fewer treatments. However, it is associated with more short-term side effects, including nausea, headache, fatigue, burning, and itching. Care must be taken to avoid sunlight after ingesting psoralen to avoid severe sunburns, and the eyes must be protected for one to two days with UVA-absorbing glasses. Long-term treatment is associated with an increased risk of squamous-cell and, possibly, melanoma skin cancers. Simultaneous use of drugs that suppress the immune system, such as cyclosporine, have little beneficial effect and increase the risk of cancer.

Light therapy combined with other therapies--Studies have shown that combining ultraviolet light treatment and a retinoid, like acitretin, adds to the effectiveness of UV light for psoriasis. For this reason, if patients are not responding to light therapy, retinoids may be added. UVB phototherapy, for example, may be combined with retinoids and other treatments. One combined therapy programme, referred to as the Ingram regime, involves a coal tar bath, UVB phototherapy, and application of an anthralin-salicylic acid paste that is left on the skin for 6 to 24 hours. A similar regime, the Goeckerman treatment, combines coal tar ointment with UVB phototherapy. Also, PUVA can be combined with some oral medications (such as retinoids) to increase its effectiveness.

Systemic Treatment

For more severe forms of psoriasis, medicines that are taken internally by pill or injection. this is called systemic treatment.

Methotrexate—Like cyclosporine, methotrexate¹² slows cell turnover by suppressing the immune system. It can be taken by pill or injection. Patients taking methotrexate must be closely monitored because it can cause liver damage and/or decrease the production of oxygen-carrying red blood cells, infection-fighting white blood cells, and clot-enhancing platelets. As a precaution, doctors do not prescribe the drug for people who have had liver disease or anemia (an illness characterised by weakness or tiredness due to a reduction in the number or volume of red blood cells that carry oxygen to the tissues). It is sometimes combined with PUVA or UVB treatments. Methotrexate should not be used by pregnant women, or by women who are planning to get pregnant, because it may cause birth defects.

Retinoids—A retinoid, such as acitretin (Soriatane), is a compound with vitamin A-like properties that may be prescribed for severe cases of psoriasis that do not respond to other therapies. Because this treatment also may cause birth defects, women must protect themselves from pregnancy beginning 1 month before through 3 years after treatment with acitretin. Most patients experience a recurrence of psoriasis after these products are discontinued.

Cyclosporine—Taken orally, cyclosporine acts by suppressing the immune system to slow the rapid turnover of skin cells. It may provide quick relief of symptoms, but the improvement stops when treatment is discontinued. The best candidates for this therapy are those with severe psoriasis who have not responded to, or cannot tolerate, other systemic therapies. Its rapid onset of action is helpful in avoiding hospitalization of patients whose psoriasis is rapidly progressing. Cyclosporine may impair kidney function or cause high blood pressure (hypertension). Therefore, patients must be carefully monitored by a doctor. Also, cyclosporine is not recommended for patients who have a weak immune system or those who have had skin cancers as a result of PUVA treatments in the past. It should not be given with phototherapy.

6-Thioguanine—This drug is nearly as effective as methotrexate and cyclosporine. It has fewer side effects, but there is a greater likelihood of anemia. This drug must also be avoided by pregnant women and by women who are planning to become pregnant, because it may cause birth defects.

Hydroxyurea (Hydrea)—Compared with methotrexate and cyclosporine, hydroxyurea is somewhat less effective. It is sometimes combined with PUVA or UVB treatments. Possible side effects include anemia and a decrease in white blood cells and platelets. Like methotrexate and retinoids, hydroxyurea must be avoided by pregnant women or those who are planning to become pregnant, because it may cause birth defects.

Biologic Response Modifiers—Recently, attention has been given to a group of drugs called biologics, which are made from proteins produced by living cells instead of chemicals. They interfere with specific immune system processes which cause the overproduction of skin cells and inflammation. Some examples are alefacept (Amevive), etanercept (Enbrel), and efalizumab (Raptiva). These drugs are injected (sometimes by the patient). Patients taking these treatments need to be monitored carefully by a doctor. Since these drugs suppress the immune system response, patients taking these drugs have an increased risk

of infection, and the drugs may also interfere with patients' taking vaccines. Also, some of these drugs have been associated with other diseases (like central nervous system disorders, blood diseases, cancer, and lymphoma) although their role in the development of or contribution to these diseases is not yet understood. Some are approved for adults only, and their effects on pregnant or nursing women are not known.

Antibiotics—These medications are not indicated in routine treatment of psoriasis. However, antibiotics may be employed when an infection, such as that caused by the bacteria *Streptococcus*, triggers an outbreak of psoriasis, as in certain cases of guttate psoriasis.

Alternative medicines-

Alternative medicines for psoriasis aim to help the patients in two ways; 1) minimize the lesions and pain, and 2) avoid the failure of the skin cells to function properly. The most widely accepted alternative medicine for psoriasis includes the following;

A. Light Therapy

Of all the alternative psoriasis treatments available, this therapy has gained acceptance even from conventional practitioners. In this kind of treatment, the ultraviolet light of the sun and artificial ultraviolet rays are used as healing therapies. This is further combined with some medications for better effectiveness.

B. Nutritional Therapy

There is a firm belief that the rapid production of the skin cells may be due to nutritional deficiencies. Food allergies are likewise not discounted as possible causes for the occurrence of psoriasis.

Certain food groups with particular nutrients such as selenium, vitamin E, zinc, vitamin A, and cold-water fish oils have known to relieve psoriasis patients. In the absence of whole foods containing the aforementioned nutrients, supplements can be used as substitute.

In England, researchers noted that fish oils given to psoriasis as a form of psoriasis medication, resulted to the reduction of scaling, redness, and itching. Similarly, placebo capsules with olive oil that were given to another set of participants did not elicit improvement of the symptoms.

In the absence of capsule supplements, there are plenty of fish oils that can be derived from cold-water fish like herring, sardines, salmon, or mackerel. Further, flax oil can be used by vegetarians in lieu of fish oil. It is also best to know that in the treatment of psoriasis, certain foods should be avoided, namely; alcohol, wheat, excessive animal foods, and acidic foods so as not to aggravate the situation.

Acidic foods include soda, pineapple, coffee, tomatoes, and citrus. Take note that the vegetarian diet here does not include eggs, milk, fish, or meat in particular.

C. Hydrotherapy

To supply the skin with certain minerals, moisture, and heat; water therapy is used as alternative psoriasis medicine. Often, the following hydrotherapy can offer relief to the sufferers:

- The use of warm water in bathing to improve blood circulation;
- Elimination of dry air with the use of a room humidifier. This way, lesions will not be aggravated;
- Bathing in water rich in sulphur and other minerals so that it will directly seep directly to the skin as an aid in the healing process.

As a proof that hydrotherapy works in the treatment of psoriasis, the Dead Sea was used by sufferers to bathe because the sea water is rich in salt and minerals. Back then, the location was ideal for sunbathing because of the unique ultraviolet light that radiated. As additional information, the Dead Sea is situated between Jordan and Israel which can be found at the lowest portion of the earth.

D. Detoxification, Fasting, and Colon Therapy

In order for the skin to regain proper function, one has to remove the body's toxins and other waste products by means of detoxification therapy. This is based on the detoxification theory that psoriasis is only the body's way of releasing toxins through the skin. This can be linked to the high level of endotoxins (certain bacteria in the cell walls) found in the intestines of psoriasis sufferers. One detoxification method is called enema. The procedure involves the introduction of liquid into the rectum and colon through the anus. The rapid increase of liquid causes bloating that can induce bowel movements and irrigation of the colon. The process is expected to release the excess gas and other residues of the large intestine. Enema is also used as an aid in the process of fasting. However, as an alternative psoriasis medicine, this should be properly supervised by a naturopathic physician for safety reasons.

E. Ayurvedic Medicine (Ayurveda)

Herbal ayurvedic psoriasis treatment originated in India and is considered as one of the oldest medical practice. Its use evolved for over thousands of years based on the principle of Ayurveda. It puts together the balance of the spirit, mind, and body. Hence, others see this as a holistic approach by treating the whole body and not the specific symptoms of the sickness.

Basically, Ayurvedic medicine helps in the promotion of wellness and prevention of illness. Various techniques and products are used in restoring balance and cleansing of the body, making it essential that the methods should only be done by a trained Ayurvedic practitioner. This is important in order to avoid untoward side effects especially when used as psoriasis medicine.

Herbal Treatment

1 *Andira araroba*-

Using method-The powder is mixed with vinegar or lemon juice to form a thin, pasty mass, or is well incorporated with glycerin or starch paste, and then applied over the eruption once or twice a day, for from 5 to 8 days successively, in which period of time the cure is generally affected. Its application causes, after some length of time, a temporary uneasy sensation in the part to which it is applied, the eruption assumes a whitish appearance, and the surrounding tegument presents the appearance as of a dark stain; as the cure progresses, the skin assumes its normal color. For internal use, it may be taken in the form of pills, made by incorporating it with medicinal soap. For external application, it may be used as above stated, by means of a small brush, or a tincture of the powder may be painted upon the affected parts. It may be also used in the form of an ointment, consisting of from 15 to 60 grains of the powder, from 15 to 30 drops of acetic acid, all thoroughly mixed with an ounce of benzoined lard.

2. *Olive Oil*-

Olive oil has developed a reputation for being an effective treatment for mild cases of plaque psoriasis. It can be massaged directly onto affected areas of the skin (including the scalp) to relieve dryness and irritation as well as to facilitate healing. Ways to administer olive oil that include rubbing light amounts of it on the skin (elbows and knees for example), adding it to regular bathwater and/or leaving it on the scalp overnight. Interestingly Ancient Egyptians used olive oil as a skin treatment over 4,000 years ago. Generally, keeping one's skin clean and moist is a great way to encourage the body's natural resistance to psoriasis. Olive oil is both clean and moisturizing, and represents a huge part of the skin care industry. Olive oil is reported to have antioxidant properties (vitamin E), which would be of use in the case of psoriasis, since free radicals have been linked to psoriasis outbreaks.

3. *Milk Thistle*-

Milk thistle extract (*Silybum marianum*), also known as silymarin, is recommended by alternative medical practitioners to stimulate bile production in the liver and regulate the immune system. The herb will keep the blood clean and protect the liver, which makes it an effective psoriasis remedy. According to the *Dermatology Online Journal*, milk thistle has numerous benefits to the skin, including the treatment of psoriasis.

4. *Coleus*-

Although scientific evidence is lacking, the Ayurvedic herb coleus (*Coleus Forskohlii*) has been used historically as one of many herbal psoriasis remedies. Lita Lee, PhD, a prominent chemist and enzyme nutritionist, suggests that coleus is valuable in treating skin disorders such as psoriasis due to its ability to promote normal cell division. It is used by herbalists to treat not only psoriasis, but also eczema and even cancer.

5. *Cayenne*-

Cayenne (*Capsicum annuum*) is regarded by many experts as an effective natural psoriasis remedy. The herb contains a substance known as capsaicin, which relieves pain and itching associated with psoriasis by

depleting neurotransmitters from the sensory nerves. A 1993 double blind study published in the *Journal of the American Academy of Dermatology* found that topically applied capsaicin effectively treats pruritic psoriasis.

6. Aloe Vera-

According to a double-blind study published in *Tropical Medicine & International Health* in 1996, the topical application of aloe Vera is a safe and natural psoriasis remedy. Patients participating in the trial experienced a severe reduction in lesions and many were considered “healed” by researchers after four weeks of treatment. The aloe cream healed 25 out of 30 patients, compared to the placebo which healed only 2 out of 30 patients. No adverse reactions were reported.

7. Wrightia Tinctoria²-

In Siddha system of medicine, it is used for psoriasis and other skin diseases.

8. Rubia Cardifolia¹ –

The extracts of plant are used for treating different skin infections, it may be a useful plant in the treatment and management of psoriasis³.

9. Other Miscellaneous Herbs-

Numerous other herbal psoriasis remedies exist, some backed by science and others merely anecdotal. Burdock root, yellow dock, red clover, cleavers, bilberry, golden seal and Echinacea are all mentioned in various herbal texts². Any of these herbal remedies for psoriasis may be consumed in the form of extracts, teas or tinctures. Various natural proprietary formulas and preparations containing botanical agents have been used to provide symptomatic relief in psoriasis. The various herbal remedies for psoriasis are, Psoralea corylifolia, Coleus forskoli, sarsaparilla, turmeric, curcumin, shark cartilage extract, oregano oil. Various antimicrobial agents *Azadirachta indica*, *Calendula officinalis*, *Cassia tora* are used in the treatment of psoriasis. In aromatherapy- Carrier oils are mixed with oils from lavender, calendula, and bergamot then massaged into the affected skin. Traditional Chinese medicines involve the use of topical and oral herbs, and acupuncture. In acupuncture, the needle is directed towards the organ or system causing the imbalance of life that triggers lesions of the skin. In addition to the above herbs, several topical remedies are also recommended for sufferers of psoriasis. Apple cider vinegar, evening primrose oil, oatmeal, tea tree oil, oregano oil and Oregon grape seed oil have all been suggested. Apply any of these herbal psoriasis remedies several times per day to the affected area. Always consult a qualified herbal or medical practitioner prior to beginning any natural medicine regime to make sure it is safe for you. In all cases, the use of alternative psoriasis medicine should be used with caution due to possible unknown side effects. For one, the skin will be sensitive to ultraviolet light rays and or certain intakes even if natural or organic may cause unwarranted interaction with some prescription drugs.

Combination Therapy

There are many approaches for treating psoriasis. Combining various topical, light, and systemic treatments often permits lower doses of each and can result in increased effectiveness. Therefore, doctors are paying more attention to combination therapy.

Psychological Support

Some individuals with moderate to severe psoriasis may benefit from counselling or participation in a support group to reduce self-consciousness about their appearance or relieve psychological distress resulting from fear of social rejection.

Conclusion-

Medicinal plants, herbs, spices and herbal remedies are known to Ayurveda in India since long times. The value of medicinal plants, herbs and spices as herbal remedies is being lost due to lack of awareness, and deforestation. The result is many valuable medicinal herbs are becoming rare and precious information is lost. Less pollution we make, more ecological balance we maintain, will add to happiness of humankind. Preserve the knowledge of medicinal plants, herbs, spices and herbal remedies, which humankind has

received from the past generations, for posterity. The use of alternative herbal ayurvedic treatment will be a booming factor in the treatment of psoriasis. To get rid of side effects observed with chemical agents more research is expected for the discovery and development of herbal ayurvedic preparations.

Acknowledgement-

The authors are thankful to Acharya Nagarjuna University, Nagarjuna Nagar, Guntur, A.P and Shri Sudhir Patil, Executive President of ASPM, Osmanabad, M.S, for their support and encouragement to carry out this research work.

References

- 1) Nilambari Deshkar et al, A Comprehensive Review of *Rubia Cardifolia* linn, Pharmacog. Reviews vol - 2, issue-3, pg no 124-134, 2008.
- 2) Lakshmana Rao Atmakuri et al, Current Trends in Herbal Medicines, Journal of Pharmacy Research, 3(1), pg no 109-113, 2010.
- 3) Mahendra S. Khyade et al, Pharmacognostical and Physiochemical Standardization of Leaves of *Wrightia Tinctoria* R.BR, International Journal of Pharmaceutical Research and Development, vol-8, pg no 01-10, 2009.
- 4) Karodi R, Evaluation of the Wound Healing Activity of a Crude Extract of *Rubia Cordifolia* (Indian madder) in Mice, International Journal of Applied Research in Natural Products, vol- 2(2), pg no. 12-18, 2009.
- 5) Vinay Gopalani, Psoriasis Websites, Indian J Dermatol Venereol Leprol, vol 70, issue 1, pg no. 57-58, 2004.
- 6) Reena Rai et al, Phototherapy: An Indian perceptive, Indian J Dermatol, vol 52(4), pg no. 169-175, 2007.
- 7) Rajeshree G Chavan et al, Photochemotherapy for Widespread Psoriasis, Indian J Dermatol, vol 43(3), pg no 105-107, 1998.
- 8) R P Sharma et al, Topical Therapies in Plaque Psoriasis : A Randomized Comparative Study, Indian J Dermatol, vol 50(2), pg no 68-71, 2005.
- 9) Sadhan Kumar Ghosh et al, Puvasol Therapy in Psoriasis, Indian J Dermatol, vol 42(3), pg no 168-169, 1997.
- 10) K H Basavaraj et al, Diet in Dermatology : present prespective, Indian J dermatol, vol 55(3), pg no 205-210, 2010.
- 11) Anand patil et al, Coping with Psoriasis : need for consultation- liaison, Indian J dermatol, vol 47(3), pg no. 143-146, 2002.
- 12) Namita Rath, Topical Methotrexate in localized psoriasis, Indian J dermatol, vol 49(3), pg no 128-129, 2004.
- 13) Dr. P. K. Lakshmi et al, Phase II study of topical niosomal urea gel an adjunctive in the treatment of psoriasis, international journal of pharmaceutical science Review and research, vol 7, issue 1, pg no 1-7