



Review Article

SELF CARE TRADITIONAL HERBAL THERAPY FOR PSORIASIS**Aruna Devaraj Rajendran^{1*}, Rajeev Joseph², R.Anup Raveen Jaison³**¹Director, Rajendra Herbal Research and Training Centre, ³Natural Resource Management Centre Trust, Periyakulam, Tamil Nadu, India.²Research Scholar, Dept of Environmental management, Bharathidasan University, Trichy, Tamil Nadu, India.**KEYWORDS:** Cohort Studies, Herbal Treatment Plan, Psoriasis, Randomized Double Blind Study, Traditional Medicine (TM).**ABSTRACT**

Psoriasis a skin ailment leading to frustration, stress and social isolation is a vital health problem to be addressed. Research in the area of herbal medicine and rejuvenation practice is based on the number of random trials in the prevalence of a disease and a survey on the number of published in the journals indexed in the subject area. The objective is to document successful case studies and suggest the progressive herbal treatment plan carried out in Rajendra Herbal Research and training centre. In a survey of 1000 patients with reported skin problems undergoing traditional herbal and Ayurvedic treatment, 554 had scratchy itch related skin problems, 215 bite based blisters, 32 hair related Alopecia, 47 white patch, 36 black patch, 49 psoriasis and 67 patients had red rashes. The group had 518 males and 482 females. Five sets of skin patients were chosen for a cohort study with 0 to 70 years of age having 151, 149, 149, 154 and 175 in numbers. An experiment was designed to carry out a randomized double blind placebo controlled study in 140 psoriatic patients. Random survey of 1000 skin disease patients and cohort study of five sets of herbal respondents of age group 0-70 were tabulated. Out of the 140 treated Psoriatics, six case studies presented with the treatment plan followed at the Rajendra Herbal Research centres showed success towards positive health. In all the sets, females out-numbered males with the prevalence of skin problems between 11 to 40 years of age. More females of the age group 41 to 50 ended up in Psoriatic arthritis and males with Diabetes. Rajendra supportive herbal therapy for Psoriasis promises social freedom and psychological harmony.

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INTRODUCTION

Herbal drugs are traditionally used because of their healing power, low side effects and cost effectiveness. The sequence of events in Psoriasis as impairment, disability, leading to frustration, stress and social isolation against rejuvenation back to positive health with biological well being, psychological harmony and social freedom in participation is the major objective of Holistic herbal therapy for Psoriasis^[1]. Generally patients with skin problems suffer psychologically, physically and emotionally. Females take this as an offensive cosmetic problem. Psoriatic patients tend

to isolate themselves with depression and social rejection. The respondents expressed their consent to follow Rajendra herbal application with supplementary herbal diet towards healing of the five different types of Psoriatic problems.

Traditional Ayurvedic practice using native medicinal plants is gaining recognition and collaborative research is going on as a joint venture with biologists, biochemists and nano technologists. Cultivation, harvest, and processing procedures follow good manufacturing practice (GMP). Their quick promising results within the stipulated time

of ten days and a low dose follow up for a month with due diet restriction and supplementary herbal tea, enable the respondent to complete the course of treatment in a comfortable manner to regain the original health. Time has come to make a scientific study towards authentication and documentation of such time tested herbal formulations. The toxicity studies of the herbs with good cultivation and laboratory practice have been carried out with successful healing of certain ailments using medicinal plants in Rajendra Herbal Research centre. Usefulness and harmful side effects have been carried out after identification of plant species depositing voucher specimens in Herbal Repositories. Dr.Valiathan has observed, Ayurveda is not only the mother of medicine but also of all life sciences in India. There is no common ground for physicists, immunobiologists, chemists and Ayurvedic Physicians. Though there has been an increased interest in traditional and herbal medicinal systems, active ingredients derived from herbal extracts remain the base of formulations. The traditional healing had been effective even without such elaborate standardization in herbal formulations. The holistic actions compared to the extracts in desired dilutions have shown better results. Ethno botanical studies of traditional herbal remedies used by native healers since the first century show a vast list of almost 1200 species. The empirical knowledge passed on traditionally is now put to lots of scientific testing and documentation after multiple trials. The remarkable efficacy tested of a medicinal plant as a natural product has been used in traditional healing^[3] and as treatment for various diseases due to their complex bioactive

ingredients and rich source pharmaceuticals^[4]. Ayurveda is a time tested natural holistic health care system.

It is reported by that the incidence of Psoriasis among total skin patients ranged between 0.44% and 2.2% in centres of South India.^[2] The mean age of onset in males and females is noted as 20 to 39 years. Duration of remissions varied widely from two weeks to nine years Psoriatic erythroderma starts with chronic plaques and is more common in adults^[3]. Patients suffering from Psoriatic Arthritis also exhibit nail psoriasis with yellow colouration, broken or cracked nail. Pustular lesions and scaly plaques occur in palmoplantar type^[4] mostly restricted to the palms and foot of barefooted workers. In female manual household labourers, the lesions show itchy fissures. Immunobullous disorders are also associated with Psoriasis.

According to World Health Organisation studies, 75% of Psoriasis cases are diagnosed before the age of 46. Males and females are affected equally with a second peak at late fifties. A second peak period might occur at late fifties. Parental history of the disease is reported but many do not get a genetic expression in the first generation. However, atavism and recurrence are reported. Psoriasis get associated with Arthritis, Diabetes, Hypertension and Kidney disease but people develop inferiority complex, Psycho social disability with a constant fear of relapse and uneasiness. The adverse effects on Psychological and social aspects of life are mainly due to its visibility.

Table 1: Publications related to Dermatology, Skin ailments and skin disease

	No. of publications related to dermatology	No. of publications related to skin ailments	No. of publications related to skin disease
2000-2020	179214	480	632852
2020	10271	23	6271
2019	19087	45	34851
2018	16815	29	40442
2017	16153	38	39085
2016	14870	44	39186
2015	13146	36	39312
2014	11390	43	38365
2013	8298	38	36967
2012	6926	23	35808
2011	6625	20	33460
2010	6085	24	32022
2009	5891	23	30599
2008	5547	19	29724
2007	5150	16	28244
2006	5254	11	27538

2005	4941	12	26556
2004	4726	8	24690
2003	4891	9	24103
2002	4468	9	22388
2001	4317	6	21792
2000	4363	4	21449

Dermatological publications are 1,79,214, and 480 papers had concentrated on skin ailments. Skin disease reports had been found in 6,32,852. Studies on Topical therapy and phototherapy as treatment for Psoriasis amount to a 12% of the 300 articles^[5].

Long-term continuous therapy may be limited by renal impairment and hypertension. Long-term efficacy and safety of intermittent short courses in the management of chronic plaque psoriasis unresponsive to topical therapies demand urgent emergent alternatives like herbal therapy. The visibility of the markings and patches give a negative impact on the psychological and social phase of their life^[6].

Having an auto immune background, this disfiguring skin disease impairs the quality of life. The anxiety and depression suffered by 25% of psoriasis patients could be partially cleared by topical application therapy but a supplementary herbal tea could often complement the holistic herbal therapy. Zinc and Vitamin D supplementation had been of great use. Of the 10 clinical types 6 types are more prevalent. It is aggravated by obesity, stress and smoking habits. Every patient with well-defined erythematous plaques and silvery scales exhibited very high negative impact on the quality of life. Diet control and Veganism with low energy diet low carb and high protein has been proved to be effective. Many environmental factors, infection due to soil deposits in nails, insect, spider and other bites had been causative agents in basic palmoplantar and nail Psoriasis. Drug discovery from phytochemicals extracted from traditional medicinal herbs with the documentation towards probable interaction with the human system is the need of the hour. This could go a long way in the treatment of such a panicky skin problem upsetting the emotional balance of the sufferer. Hence a long term experimental traditional Herbal treatment plan is suggested.

OBJECTIVES

- To give visible quick results to boost immunity and confidence level of the psoriatics.
- To offer easy topical remedies for comfortable application

- To avoid side-effects like allergy and worsening of the skin patches.
- To suggest low cost bio-medicine with optimum results.
- To promote social and psychological wellbeing

METHODOLOGY

A preliminary survey of 1000 patients with reported skin problems undergoing traditional herbal and Ayurvedic treatment was conducted to assort and classify the various skin problems prevalent in this area. The group had 518 males and 482 females. At the second phase, five sets of skin patients were chosen for a cohort study with 0 to 70 years of age having 151, 149, 149, 154 and 175 in numbers. 464 females and 314 males were subjected to the study. At the third phase an experiment was designed to carry out a randomized double blind placebo controlled study in 140 psoriatic patients. Griffith's Mode of Phenotypic classification of Skin Psoriasis since childhood was followed.^[7] An experiment was designed to carry out a randomized double blind placebo controlled study in 140 psoriatic patients. All age groups with mild to severe problems, already under treatment or discontinued treatment without hope and scope were the two main inclusion criteria. Patients with known heart problems, asthma, severe liver cirrhosis and chronic kidney disease undergoing dialysis were excluded. Those unwilling to give up smoking and drinking were under exclusion criterion. The Placebo control group was discontinued.

Psoriatic Area and Severity Index (PASI), Vitamin D, Rheumatoid Arthritis (RA) factor, Blood sugar values (FBS and PPS) and 3 months average of HbA1c were recorded. Topical therapy, Oral therapy, Magneto therapy and Photo therapy were given in the Herbal treatment plan. Sastra University, Thanjavur, Tamil Nadu, offered an Ethical vote for animal studies with aqueous extract of *Artemisia* annual vide Report No. CARISM/CAF/TOX/043/2014-22 dated 22-11-2014. Methods and procedure for handling and preparation of test substance as per CARISM/SOP/CAF/05 were followed. OECD guidelines October 2008 for the testing of chemicals acute oral Toxicity Up and Down procedure (UDP) was adopted.

Detailed survey of 1000 patients with reported skin problems undergoing traditional herbal and other treatments were analysed (Table 2) 554 had scratchy itch related skin problems, 215 bite based blisters, 32 Hair related Alopecia, 47 White patch, 36 Black patch, 49 psoriatic patients

and 67 patients had red rashes. The group had 518 males and 482 females (Fig 1). Though Psoriatic patient number was less they suffer psychologically, physically and emotionally. Females view this as a cosmetic problem.

RESULTS AND DISCUSSION

Table 2: Dermatological problems in 1000 Herbal respondents

Dermatological problems in Herbal Respondents-						Rajendra	Herbal	Research centre
	Skin (Itch)	Blisters (Bite)	Allopecia (Hair)	Patch (White)	Patch (Black)	Psoriasis	Rashes (Red)	Total
Female	281	85	18	16	23	27	32	482
Male	273	130	14	31	13	22	35	518
Total	554	215	32	47	36	49	67	1000

Five sets of skin patients were chosen for a cohort study with 0 to 70 years of age having 151, 149, 149,154 and 175 in number (Table 3). In all the sets, females out-numbered males with the prevalence of skin problems in 11 to 40 years of age. More females of the age group 41 to 50 had Psoriatic arthritis and Diabetes in the fourth and fifth sets. Four hundred females and 314 males took supplementary herbal medicine (Fig2).

Table 3: Skin problems in 5 sets of herbal respondents

Occurrence of Skin Problems in selected communities				
	Female	Male	Total	Percent
Set1	83	68	151	19.41
Set 2	92	57	149	19.15
Set 3	93	56	149	19.15
Set 4	93	61	154	19.79
Set 5	103	72	175	22.49
Total	464	314	778	99.99

- The bimonthly survey reported maximum skin ailments in the age group of 21 to 40 yrs.
- In the months between March and June 31 to 40 years showed maximum dermal problems.
- In July-August monsoon months 0 to 80 yrs of age had some or other skin problems.
- September-October months had 21-30 yrs skin patients suffering from allergic problems.
- Maximum number of teenagers had all types of ailments of skin in November-December.

Table 4: Cohort analysis of the 464 female respondents

Female Respondents in 5 Sets (Total=464)					Cohort Analysis				
Age	01to10	11to20	21 to 30	31 to 40	41 to 50	51 to 60	61 to 70	71 to 80	
Set1	4	13	15	20	9	16	4	2	
Set2	4	19	18	21	17	11	1	1	
Set3	6	11	27	21	13	12	1	2	
Set4	7	16	21	18	23	7	1	0	
Set 5	12	28	21	16	15	7	3	1	
Total	33	87	102	96	77	53	10	6	464

The cohort analysis highlighted environmental, occupational uncontrolled obese dietary problems inviting Psoriatic guttate and chronic plaque type of Psoriasis in males, alcohol consumption, smoking and Non vegetarian fast foods add fuel to Psoriasis putting the patient to a depressed mood and hormonal imbalance. Most of the female patients (Table4) were more worried with tension and anxiety anticipating aggression during the prime age of 21 to 30 (Fig3). Out of 314 males 11 to 40 years of age group were the worst affected with visible scales and patches. 41 to 60 years age group of males were not much affected in all the 5 sets. 8.9% belonged to 61 to 80 years and had mild symptoms on the skin surface (Table.5, Fig 4).

Table 5: Cohort analysis of the 314 male respondents

Male Respondents in 5 Sets (Total=314)				Cohort Analysis						
Age	01to10	11to20	21 to 30	31 to 40	41 to 50	51 to 60	61 to 70	71 to 80		
Set1	3	13	17	16	3	4	4	8		
Set2	2	16	11	12	5	7	2	2		
Set3	2	11	10	17	4	7	5	0		
Set4	4	18	12	8	9	9	1	0		
Set5	9	13	9	6	19	10	4	2		
Total	20	71	59	59	40	37	16	12	314	
Source-Rajendra Herbal Research and Training Centre										

Psoriatic patients tend to isolate themselves with depression and social rejection. The respondents expressed their consent to follow Rajendra herbal application with supplementary herbal diet towards healing of the five different types of Psoriatic problems. Hence an experiment was designed to carry out a randomized double blind placebo controlled study in 140 psoriatic patients.

Table 6: Symptomatic Classification of 140 Psoriatic patients

S.NO.	Age group	Female	Male	Total	Symptom
1	0-10	6	2	8	Skin patches
2	11-20	19	18	37	Whole body, scalp itch-patch,
3	21-30	17	22	39	Scratchy black patches in leg
4	31-40	17	23	40	Scaly slippery withering of patches
5	41-50	3	11	14	Arthritic and diabetic Psoriasis
6	51-60	1	1	2	Arthritic Psoriasis
	Total	63	77	140	

It has to be noted that a painless scar gave more pain than the painful scratch and itch. Psoriasis gives emotional and social detachment problems alienating the people from others taking them to hopeless ends. People are taking allopathic medicine for fear of exposure to community resort to isolation and indoor lock down. This leads to further deficiency of Vitamin D. A study was carried out with 140 Psoriasis patients and complementary Rajendra skin ointment and supportive supplementary tea was suggested towards care-heal steps.

The success stories are presented as case studies with short duration Traditional Rajendra herbal formula prepared with herbs.

- Organically cultivated in Rajendra Herbal Garden
- Selection of best germplasm
- Culture techniques in situ/ex situ
- QPM production
- Tissue Culture or Micro Propagation
- Pharmacognosy with seasonal variation studies.
- Ultra tests/FT-IR,GC-MS,HPLC
- Antimicrobial and anti-fungal studies

Case Study 1

A female child of one and a half years affected by Polio was infected with measles. Both the problems had got cleared. At puberty signs of skin problems with scratchy itch of the scalp had put the girl under stress.

The newly wedded bride was referred to Rajendra Herbal Research and training centre where she was given traditional *Acalypha* hair oil (RPS1) for the clearance of dandruff and *Andrographis- Calendula* body oil (RPS2) for bath. She had apparently no problem till she delivered two children.

With masters in Social work, the lady joined the Health Department and after strenuous work, got back the same problem, but with small pustules all over the body with striped pink and pale yellow patches on the knee, shoulder and scapular regions. Undergoing allopathic, homoeopathy, acupuncture treatments in vain, the dynamic dancer took the second round treatment with *Wrightia*. This traditional Rajendra olive oil (RPS3) worked miraculously and a spell of 3 years at Allahabad was peaceful.

As late as 1918, with symptoms of swollen middle toe of the left foot followed by a heavy swelling of the leg up to the knee appeared again.

Patient was diagnosed with fibrotic uterus with the size of 2.9mm by 2.7mm, viral fever with a high temp of 103° C, vomiting diarrhea and Anaemia. The traditional *Evolvulus* herbal tea relieved the leg of its swelling and Rajendra *Indigofera* oil (RPS4) cleared the pain. A supportive Capsicum plaster put the dancer back on the stage with her team for Bharatha Natyam.

With heavy itching patches, the lady was identified as third stage Psoriatic Arthritic patient in 1919. She was put in a non cholesterolic protein diet to regain strength and *Evolvulus herbal tea*. *Artemisia* oil (RPS5) has given her total relief.

Case Study 2

A dynamic businessman was suffering from fourth stage Psoriasis since tenth year as a school boy. With multiple treatments, it had subsided but gradually finally slipping scale stage had put him in a very uncomfortable state. Scales withered in the bed after sleep, not able to wear free slack shirts, not being permitted to bath in swimming pools, uneasy scratching of the rough pink skin and early setting of Diabetes had been a few nagging problems.

As herbal respondent of Rajendra Herbal Research and training centre he was given second round treatment with RPS3 prepared with olive oil, Gingely oil and coconut oil gave promising results and he was no more on his full arm shirts, and started enjoying bath in swimming pools of Singapore.

The traditional *Evolvulus* herbal tea relieved him of other minor problems and Capsicum oil cleared the pain.

Evolvulus herbal tea and RPS 5 are his routine till date. Regular walking and 20 minutes of exercise with high protein and low carb diet have been keeping his biorhythm normal.

Case Study 3

An Insulin dependent lady of 34 years with 8.1 as three months average HBAIC at the year 1915 and with 9.0 at 2019 had been suffering from Psoriasis since her 10th year as a school girl. FBS was reported as 198mg/dl and PBS 226mg/dl after a Caserian delivery of a premature baby boy. She reports the occurrence of guttate psoriasis in the tarsals, arms, and legs as early as four years and pink patches at the scapular region every month till date.

Continuous foot itch and bleeding black patch of the sole, volunteered for a herbal healing. When the first stage *Acalypha* hair oil and *Andrographis- Calendula* body oil application gave a

promising soothing effect, the second stage *Wrightia* oil was given after a spell of 15 days.

The herbal respondent was given regular *Evolvulus* Herbal tea and Capsicum oil to reduce swelling and pain in the knee from the 48th day. Surprisingly the sugar level had come down to 170mg/dl in RBS with HBAIC 7.9.

Artemisia body oil with low carb-high protein diet, she is regularly taking herbal tea and applying body oil. She was requested to integrate the herbal applications with her routine allopathic drugs for Diabetes.

C-peptide level was normal at fasting with 0.401.pmol/ml. She was advised to maintain a sufficient level of Total Vitamin D above 30µg/ml, since she had to ensure healthy bones and muscles to prevent chronic pain and swelling. The recurrence of the scratchy itch of the sole to a mild level was noticed when vitamin D level went down to 12, but with Vitamin D supplements she is back to Traditional Rajendra Herbal therapy.

Case Study 4

Two brothers belonging to the same family had Psoriasis which started as a broad pink scapular patch on the 26-year-old brother who was using body spray with strong scent. Pustular psoriasis with white pus-filled blisters and patchy areas of red, inflamed skin localized to hands and feet. The other brother developed streaks of Dandruff which started flying off while combing the hair. The deodorant and antiperspirant had isobutyl pthallate^[7] in its cosmetic composition. They were given traditional RPS1 hair oil for the clearance of scalp problems and RPS2 body oil for bath.

After completion of 48 days of treatment they were advised to maintain vitamin D level greater than 30, shift to vegetarian diet for another 48 days while applying the Rajendra RPS3 hair oil for the clearance of scalp problems for bath. The Herbal respondents are healed of the problem. Aloe gel in coconut shampoo prepared at the centre refreshes the respondents.

Case Study 5

A gold smith working in his smith for 10 hours developed Copper allergy of the hands and legs. Overheat and continuous exposure to the gold cleansing detergent solution with ammonia often makes the palm and sole as parched dry fields. This later on brings skin allergy which caused flaky cracked skin. Consumption of poly unsaturated fatty acids called arachidonic acid, processed food, alcohol and low Vitamin D had induced food allergies. Traditional ABCR ointment prepared from *Artemisia- Bacopa- Centella* applied and rubbed

with Plantain peel has given a good effect in ten days.

Case Study 6

A lady of 27 years had been suffering from Eczema from babyhood at 5 months. It had developed as wheezing eczema of the legs and in the school days she had been totally isolated from friends and relatives. The psoriatic peels and flakes started at 25 years with severe itching fissuring and difficulty in walking leading to Erythroderma. She opted to be an herbal respondent at Rajendra Herbal Research centre. She was totally shifted to vegetarian diet. Three times daily application of ABC ointment and *Wrightia* oil for bath have given good relief and she is back to normal work.

Symptoms and severity

Immune error causing skin cells attacks, leading to a rapid build up of skin cells, inflammation and scaling is known as Psoriasis. A symptomatic analysis and herbal topical treatment

plan with supplementary, herbal tea towards healing and soothing are suggested. Inflammation and redness around the scales is fairly common. Typical psoriatic scales are whitish-silver and develop in thick, red patches. Sometimes, these patches will crack and bleed. Scales typically develop on joints, elbows and knee, type 2 diabetes, inflammatory bowel disease, heart disease, psoriatic arthritis and anxiety. Common sites for guttate psoriasis include the torso, arms and legs leading to depression. The sequence of the disease Anaemia, Inflammation, Albuminuria, Type 1 Diabetes, Cholesterol and Vitamin D deficiency could be clinically investigated by testing blood parameters like Haemoglobin, Erythrocyte sedimentation rate, C-Peptide post prandial, Micro albumin, Cholesterol and Vitamin D (Table 7). Traditional Herbal Tea suggested and recommended for the patients as complementary diet.

Table 7: Traditional herbal tea as alternative supplementary diet

S.No	Blood parameter to be tested	Normal Range	Reason	TM Tea
1	Haemoglobin	Female 12-16 Male 13-17g/dl	Prevents Anaemia	Artemisia tea
2	ESR	0-20 mm/hour	Infection/inflammation	Grapeseed tea
3	C-peptide pp	>6p.mol/ml	Prevent Type 1 Diabetes	Chichorium tea
4	Fasting Glucose Post Prandial Glucose	70 -110mg/dl 100-140mg/dl	Type 11 Diabetes	Costus tea
5	HbA1c	4.3-6.0 %	Good control of Diabetes	Gymnema Tea
6	Microalbumin	<20mg/L	Albuminuria	Evolvulus tea
7	Total Cholesterol	< 200 mg/dl	Poor Oxygen supply	Allium tea
8	Vitamin D	30-100ng/ml	Prevents chronic bone and muscle problems	Orange peel tea

Based on the clinical aspects of patients (n=140) 6% belonging to 0-10 years age group had Anaemia. The study revealed that the emotional ill feeling in the early stages of 11-20 yrs of age (26%) takes the patient to depression and anxiety at 21-30 yrs (28%) forcing to accept any type of treatment suggested till they get a comfortable cure and healing. 29% of 31-40 yrs. On entering the slippery plaque stage, losing faith withdraw themselves with a fear of social rejection. ESR levels were relatively high showing infection, aggression of scalp powdery dandruff. Most of them became diabetic. 3 month average of sugar level in blood showed poor control of Diabetes with albuminuria.

The hormonal imbalance and autoimmune response make the stage worse leading to Psoriatic Arthritis in 10% of 41-50 years of age group.^[8] Morning stiffness and restricted movement occur in

chronic cases with many symptoms. At this juncture, Traditional herbal medicine comes handy in solving pains and pangs of Psoriasis. The oils and ointments prepared with alternative medicinal techniques like Magneto therapy, phototherapy and Herbalism.

CONCLUSION

A symptomatic classification and age group analysis of male and female psoriatic patients exhibit a specific pattern of occurrence of pink skin rashes, itchy patches of the scalp in the palmoplantar regions and powdery scalp, scaly slippery withering flakes, diabetes and finally a fixed pattern of Chronic Arthritic Psoriasis in serial succession. An integrated treatment, a complementary herbal treatment with a Supplementary herbal tea gives a total relief. Most respondents rely totally on cost effective

comfortable treatment. Herbal ointment and oils, following traditional magnetic and photo therapeutic preparation method with QPM cultivation practice with organic fertigation and herbal pesticides gives the patient freedom to apply and heal themselves to their utmost satisfaction, physical and physiological well being. Alternative Complementary traditional Herbalism and supplementary herbal diet could definitely give endless hope to people at hopeless ends.

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Figures

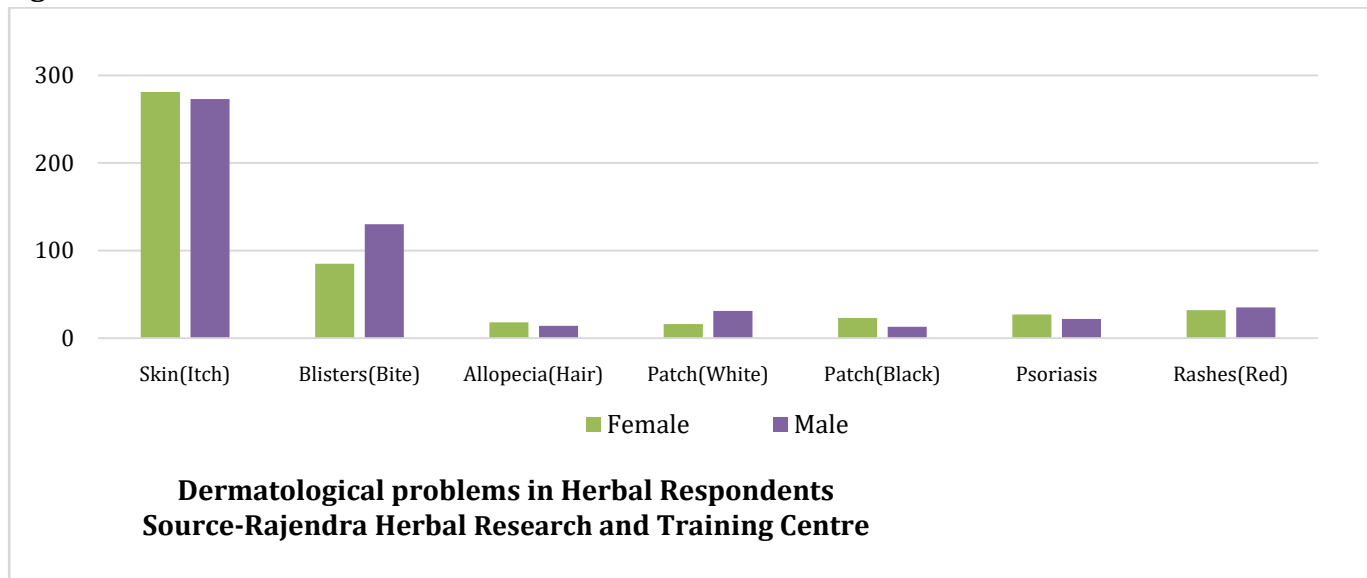


Fig 1: Survey of 1000 skin patients exhibiting variety of ailments

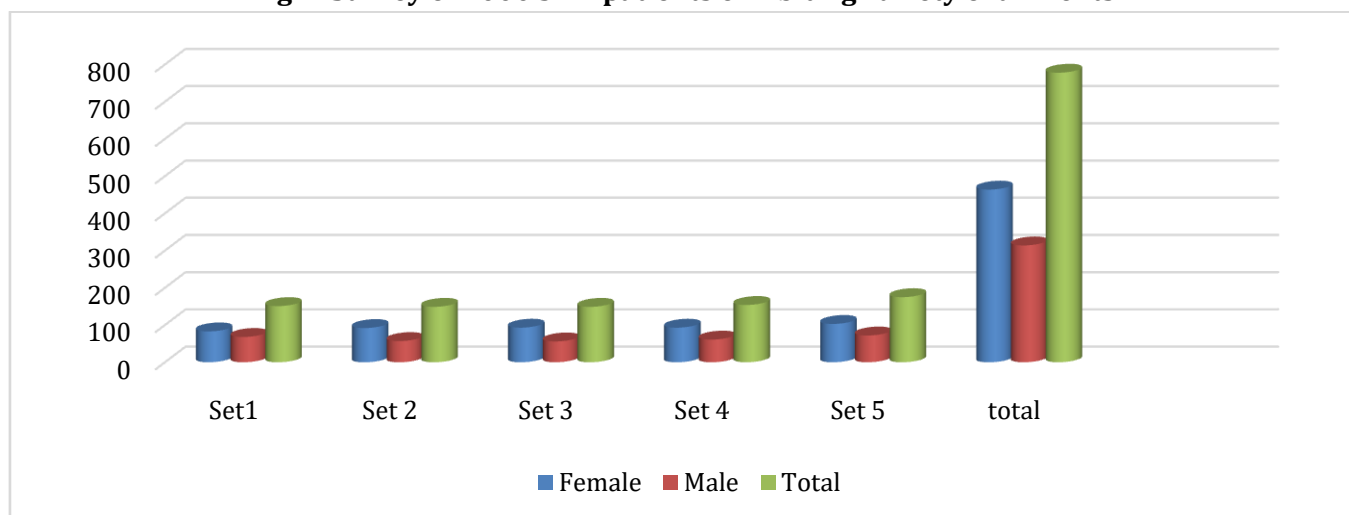


Fig 2 : Cohort Analysis -Study in five sets

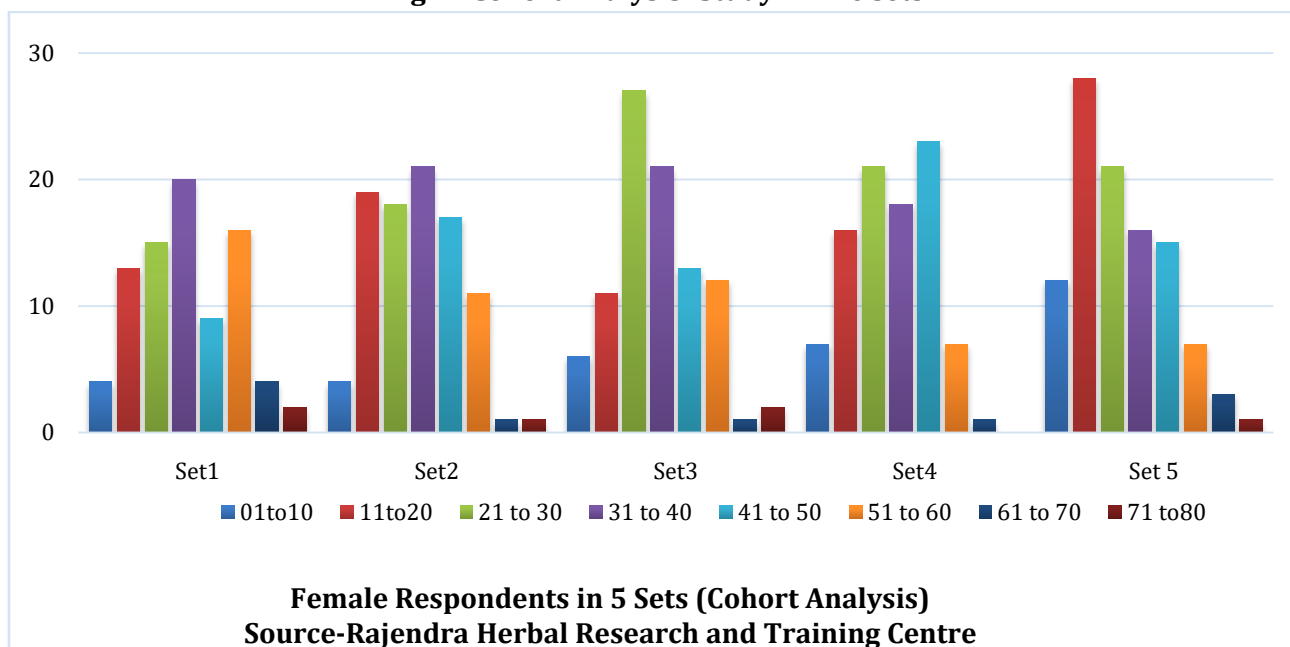


Fig 3: The Cohort Analysis carried out in five sets with 464 females

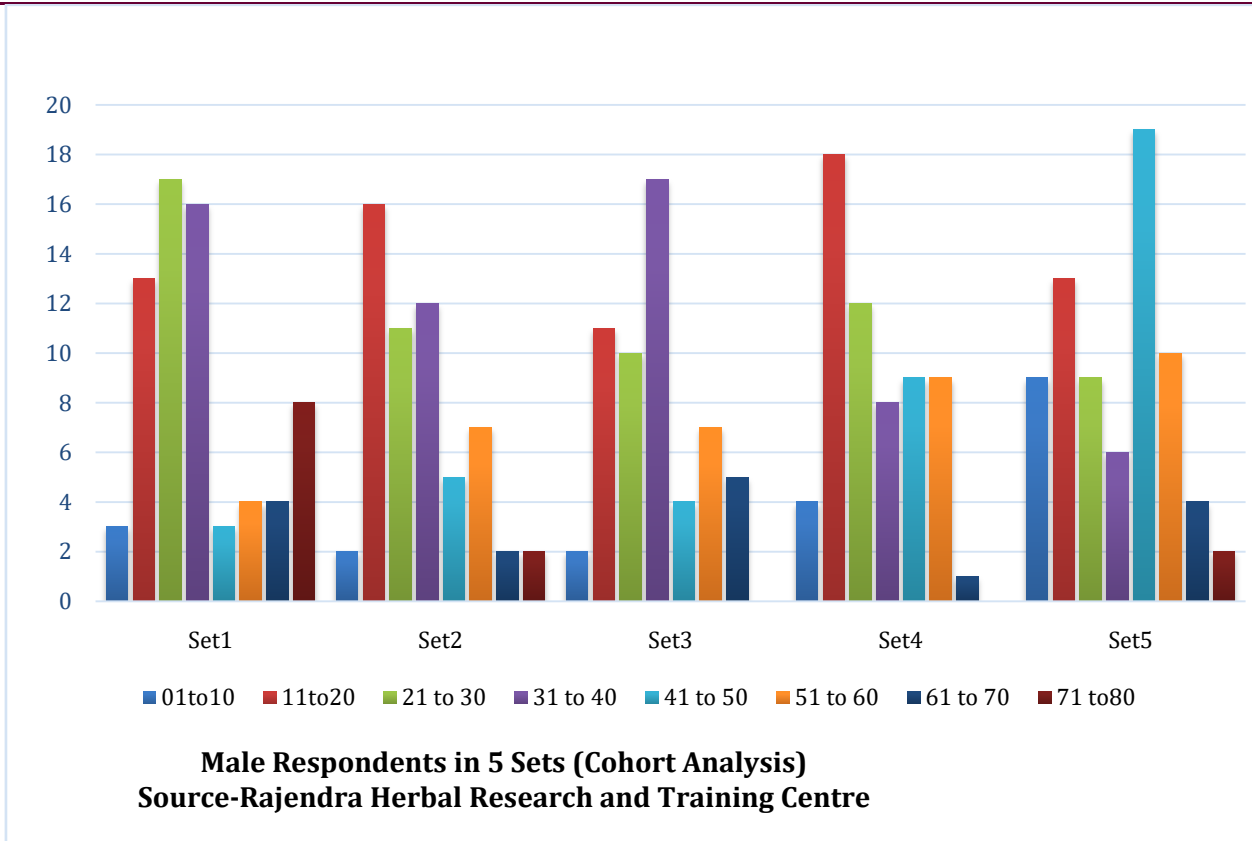


Fig 4: The cohort analysis carried out in five sets with 314 males

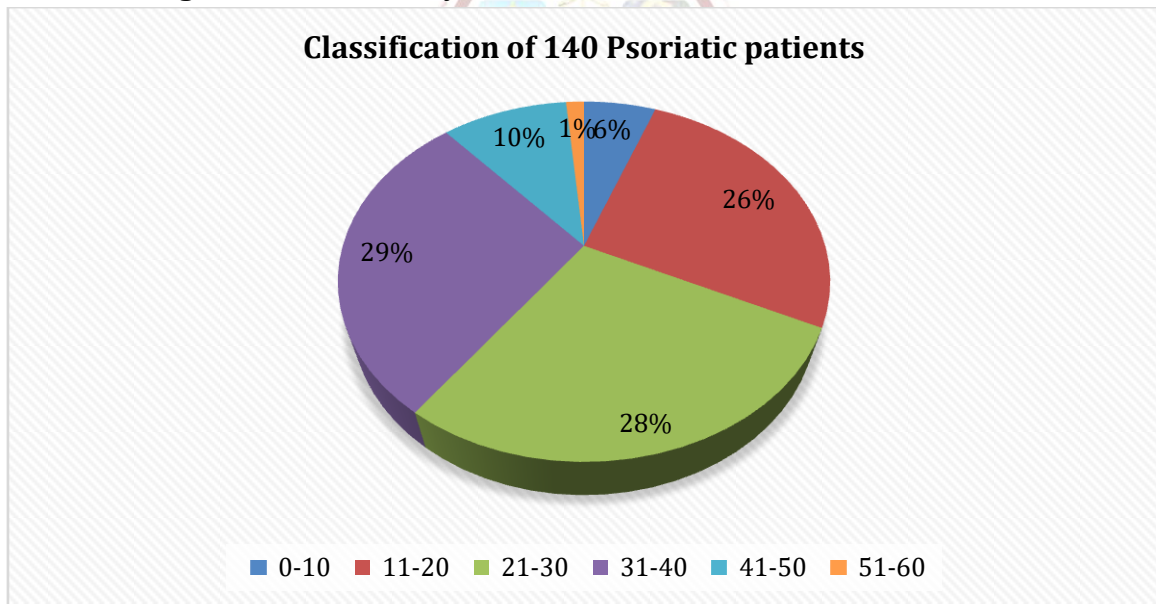


Fig 5: Screening of age group wise Psoriatic patients willing to takeup supplementary TM