

# Efficacy of Ayurvedic Classical and Modified Formulations on Skin Disorders R K Shingadiya\*, Y R Sapkota\*\*, P B Bedarkar\*\*\*, B J Patgiri\*\*\*\*, P K Prajapati\*\*\*\*\* IPGT & RA, Jamnagar, Gujrat, India

### **Abstract**

Acne, eczema, psoriasis, vitiligo, hyper pigmentation, seborrhic dermatitis, etc. have been found with high prevalence in Gujarat. There are so many effective formulations in Ayurveda prescribed by Ayurvedic physicians in various skin disorders for many ages. IPGT & RA, the leading institutes of Ayurveda is working on the aims to generate evidences of safety and efficacy of Ayurvedic classical and modified formulations. Present work is a compilation of clinical research works carried out in RSBK department of IPGT and RA at MD and PhD level on different skin disorders. Various popular herbal and herbomineral formulations were clinically evaluate on five skin diseases under the headings *Kshudra kushtha* (common skin diseases), *Vicharchika* (Eczema), *Ekakushtha* (Psoriasis), *Mukhadushika* (Acne) and *Shvitra* (Vitiligo). Ayurvedic classical formulations showed significant results on different skin diseases. Modifications of classical formulations into contemporary forms are convenient and also effective. Herbo mineral formulations prepared from metals and minerals were also found safe and efficacious internally as well as externally. These studies are reflecting the methodologies in current Ayurvedic clinical research and drug development.

Key Words: Acne, Eczema, Psoriasis, Research methodology, Vitiligo

# Introduction

Skin disorders are very common in India and their incidences and patterns differ according to the region. The prevalence of skin diseases in the general population of India has varied from 7.86% to 11.16% in various studies.<sup>[1]</sup> In Gujarat acne, eczema, psoriasis, vitiligo, hyper pigmentation, seborrhic dermatitis, etc. have been found with high prevalence.<sup>[2]</sup> Ayurveda, the traditional medicinal system of India offers a wide range of formulations prepared from herbal, metal or mineral ingredients. These formulations are successfully prescribed by Ayurvedic physicians in various skin disorders for many ages. Evidence based safety and efficacy of these formulations are the great needs of an hour. Classical inconvenient dosage forms may be modified with contemporary scientific tools. IPGT and RA (Institute for Post Graduate Teaching & Research in Ayurveda) is one of the prime institute working with the aim of research and development of Ayurveda.<sup>[3]</sup> RSBK (*Rasa shastra* and *Bhaishjya kalpana*) department of the institute is leading in Ayurvedic drug development, drug

standardisation, preclinical and clinical pharmacology of Ayurvedic formulations. From 1968 to present days, so many research works have been carried out at MD and PhD level to establish the role of Ayurvedic formulations on various skin disorders. Here, in this review a humble attempt is carried out to compile the scattered evidences of Ayurvedic formulations clinically evaluated for their role in the management of skin disorders conducted at department of RSBK, IPGT & RA, Gujarat Ayurved University, Jamnagar. This work may be helpful for further research works.

### **Materials and Methods**

Research works carried out in RSBK department of IPGT and RA at MD and PhD level were screened for the review. Researches in Ayurveda (by M S Baghel) a compilation book on PG & PhD thesis works in Ayurveda conducted in well-known academic Ayurvedic institutes of India<sup>[4]</sup>, Ayurved Research Database (ARD) software comprising detailed research works of IPGT & RA and central library of the institute were used to search the full text dissertations.

### **Inclusion criteria**

Works comprising of Ayurvedic clinical studies on skin disorders conducted by RSBK department were included. The works completed in between 1968 to 2016 were incorporated in the study. Works on herbal and herbo-mineral drugs, compound formulations intended for internal, external or both were considered for the study.

### **Exclusion criteria**

Studies on skin disorders from other departments of IPGT and RA were excluded. Incomplete and ongoing studies were also excluded.

### **Assessment criteria**

Special proforma was prepared including points such as formulations (single/compound and herbal/herbomineral), mode of administrations (internal/external), dose, duration, vehicles (anupana/sahapana), study types (open label/blinding), randomization, CTRI registrations, effect of therapy etc. Statistical tools like charts and diagrams were used for better presentation of the data.

## **Observations and Results**

Total 152 dissertations from MD (Ayurveda) and 43 works from PhD (Ayurveda) taken from RSBK department of IPGT and RA were screened. Amongst them, 30 clinical research works on skin disorders were included in this study in which, 24 were from MD and 6 were from PhD studies. One study Nehru *et al.*, 1969<sup>[5]</sup> could not be included due to unavailability of the manuscript. They were further divided in five major groups of different types of skin diseases i.e. *Kshudra kushtha* (common skin diseases), *Vicharchika* (Eczema), *Ekakushtha* (Psoriasis), *Mukhadushika* (Acne) and *Shvitra* (Vitiligo). Total number of the treated patients in each group is shown in figure 1.

Details of the Research works, treatment regimen, sample size, duration and results are tabulated in table 1. Studies showing comparison between classical and contemporary modified formulations are given in table 2. In comparative clinical trials, different pharmaceutically modified formulations were incorporated. These modifications were based on media, ingredient, method, dose and duration. (Table 3)

# **Discussion**

# Type of the studies

Most of the studies were open label, comparative clinical studies. Ayurvedic therapy is based on multi component formulations. These formulations are also prescribed with proper vehicle, known as *anupana* and *sahapana*. So, it is difficult to include blinding study in this protocol. Two trials were placebo control trials. Roasted suzy and starch were used as placebo. In comparative trials, randomization methods like coin test, computer generated charts were found in latest studies. CTRI registration was found in all trials after 2010. Studies had occupied IEC permission prior to start of the trials. Studies containing all necessary tools like clinical proforma, inclusion and exclusion criteria, patient consent, demographic data, statistical analysis, discussion and conclusion.

### Aim of the studies

Some studies have been carried out to find out clinical efficacy of classical Ayurvedic formulations. Some studies were planned to compare efficacy of two different classical formulations. In some studies, classical formulations have been converted into contemporary dosage forms and their efficacy was compared with classical. Some formulations were prepared with different methods or media and compared with original form. In some studies role of *anupana* was established. Some studies showed the role of different *samskara* like *bhavana*, *shodhana*, etc. in drug formulations and in clinical efficacy. In a nut shell, the aim of all the studies was to find out some new formulations with the help of contemporary science and generate the evidences regarding clinical efficacy of classical and contemporary modified formulations.

### Type of the formulations

Total 11 studies were conducted on herbal formulations while rest of the 19 were conducted on herbo mineral formulations. Among herbo mineral formulations, nine contained single metal/ mineral as chief ingredient while among herbal formulations, seven were containing single herb as a chief ingredients. Clinical efficacy of particular drug was found to be more precisely stated if the formulation contains single chief ingredient (in predominantly higher proportion). Modifications in classical formulations are carried out for getting better palatability, shelf life, convenience and marketing purpose. The efficacy and safety of these modified formulations are prime concern. Hence, they must be evaluated and compared with classical formulations.

### Mode of administration

As skin disorders are a result of internal as well as external pathologies, most of the studies comprised internal (oral) and external administration. Some studies were conducted to compare the internal and external effect of same formulation.

## Sample Size

Sample size was less in earlier studies, while it was found to be increased in the recent studies carried out after 2005. That may be due to increased awareness towards Ayurveda and implications of research protocols in Ayurvedic studies. In comparison to MD studies, sample size was found to be more in PhD studies.

# Dose, Duration, Anupana and Pathya-apathya

Prescribed dose of the formulations was as per classical texts. Dose of herbomineral formulations was less than herbal formulations, as they are comparatively more potent. Duration in majority of the studies was 1 month. In case of *Shvitra*, the duration of treatment was two to three months. *Shvitra* is more difficult to treat, so more duration is needed. *Anupana* and *sahapana* have very important role in the treatment protocol. Different *anupana* like water, honey, milk were used in these studies. Role of different *anupana* was tested by some studies like Thaker *et al. Pathya-apathya* are guidance for diet and daily routine influencing course and fate of the disease. Dietary restrictions are very important along with treatment and were found advised in all the studies.

# Assessment criteria and statistical analysis

Assessment criteria in these studies were included in symptomatology of Ayurvedic classics along with contemporary science. Some special scoring pattern like VASI (Vitiligo Area Scoring Index) and PASI (Psoriasis Area Scoring Index) score, QOL (Quality Of Life) score, Candle grease sign, Auspitz sign, Koebner phenomena, etc. were also found adopted in some recent works. (Table 4) Percentage of improvement in each parameter in all the treated groups was calculated and overall effect was counted as per table 5. The data obtained in these clinical studies were subjected to appropriate statistical tests like Paired and Unpaired 't' tests, Wilcoxon signed rank test, Chi square test, ANNOVA test etc. The level of significant was counted as Insignificant at  $\geq 0.05$ , Significant at  $\leq 0.05$ ,  $\leq 0.01$  and Highly significant at  $\leq 0.001$ .

# Adverse drug reactions (ADRs)

As the formulations are containing metallic and mineral ingredients, safety is a major concern. All the formulations were found to be safe to use internally as well as externally in this review. Several formulations like *Rasa karpura*, *Rasa sindura*, *Vit 8 lepa*, *Bakuchi oil*, *Savarnakara lepa* had showed mild adverse drug reactions which were subsided by themselves or with a handful management. In *kshudra kushtha* disease, Swayam Prakashma

K et al. had noted blisters developed in 4 patients (2 patients per each Group of Rasasindura) which were relieved without stopping the treatment. Mehta et al. found in their MD study that, 4 patients were complaining of burning sensation after application of Rasakarpura Drava. In their PhD study, they found two patients (one from each group) complaining of severe burning sensation, oedema and pain after application of RKD (Drava and Jel). Thaker et al. had reported excessive diarrhoea in three patients and nausea in two patients due to Kampillaka churna capsules taken internally in the cases of Vicharchika.

In *Shvitra*, Tank *et al.* had reported the blister formation in 5.26% patients within 2 weeks of therapy in Group A (Vit-8 *lepa*) and in 7. 89% patients in Group B (Vit-8 oil) within 2 to 6 weeks and 7.89% in Group C (*Bakuchi* oil) within 4 to 8 weeks. Shingadiya *et al.* had found small blisters in eight patients of group A (*Savarnakara Lepa*) and three in group B (*Savarnakara* Ointment). Occurrence of blisters is a natural phenomenon and positive sign in the management of *Shvitra*. <sup>[6]</sup>

# Strength of the studies

Included studies in this review showed basic evidences for clinical safety and efficacy of Ayurvedic herbal and herbo mineral formulations. Ayurvedic classical formulations were converted into modified form by using contemporary methods. Conversion of lepa into oil, ointment, jel or vaselline was found to be easy and convenient to use. Contemporary methods like distillation, soxhlet, etc may be used for extraction. For fermentation process, yeast may be alternative of classical fermenting agents. Such innovations are first step towards globalization of Ayurveda.

### Limitations of the studies

Some lacunas were found in the studies included in the review. Non controlled trials, unable to double blind the formulations in many studies, limited duration of the treatment, restrictions in application of standard clinical guidelines as per Ayurvedic principles are the limitations of the studies. Ayurvedic science believes in individual management for individual subject. The management or medicines prescribed to one patient may not be suitable for others because of the different factors like *Rogabala* (severity of disease), *Rogibala* (strength of patients), *desha* (region), *Kala* (season), *Vaya* (age), *Mana* (dose), etc. [63] It is very difficult to show consistency in all these parameters in clinical trials. It is also difficult to find out the Ayurvedic formulations which can be taken as control in RCTs. These may be the reasons why Ayurvedic clinical trials seem dreary in comparison with contemporary science. Hence, special research methodologies should be developed according to Ayurvedic principles.

### **Conclusion**

The review suggests that Ayurvedic classical formulations have great potential to treat different skin diseases. Herbo mineral formulations prepared from metals and minerals were also found safe and efficacious internally as well as externally. In Ayurvedic treatment protocols, method of preparations, dose, *anupana, sahapana*, duration, *pathya- apathya*, etc are essential components and clinical trials should be planned according to them. Modifications of classical formulations into contemporary form are convenient and also effective. More studies should be carried out in this direction. These studies are reflecting the methodologies in current Ayurvedic clinical research and drug development and this review may help in future clinical studies.

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Table 1: Outcome of the research works carried out on skin disorders

Research	Regimen	Sam	Durati	Observations and Results
Scholar		ple	on	
		size	(Day)	
Kshudra Kus	shtha (Common skin disorders)			

Acharya JG et al. <sup>[7]</sup> (MD, 1968)  Harwlkar RJ et al. <sup>[10]</sup> (MD, 1976)	Gp A: Arogyavardhini Rasa (AR) [8] 1 g (n=8) Gp B: AR+ Triphala 250mg + Gandhaka 500 mg (n=6) Gp C: Ingredients of Gp B + Vanga Bhasma 250mg + Manjishthadi Kwatha [9] (n=5) Gp D: Ingredients of Gp C+ Marichyadi Taila Ext(n=6) Gp A: Chandramarutam Chanduram (n=18) (CMC) Gp B: CMC (Modified) (n=18), Both qs for local application with Navaneeta (Butter)	36	15 to 60 30	In Gp A: 87% in raksa, 50% in dadru. Gp B: 42% relief in 17 days. Gp C: 66% in raksa, 100% in dadru & 50% in charmadala. Gp D: 75% in raksa & 62% in pama.  Cured 83.32%, marked 13.88% & no relief 2.5%
Swayam Prakashma K et al. [11] (MD, 1986)	Gp A: Rasasindoora (RS) [12] (168 hrs) (n=15) Gp B: RS (6 hrs) (n=12) Both 250 mg twice a day with milk. Ext: RS malhara QS in both Gps.	27	30	In Gp A & B respectively, cured 46.66% & 25%, marked 40% & 33.33%, & mild 13.34% & 41.67%
Anadakat HA et al. [13] (MD, 1988)	Gp A: Rasamanikyam (RM) [14] prepared with Sarava samputa(n=6), Gp B: RM prepared with Abhraka patra(n=6), Gp C: RM prepared with Kupipakva(n=6). Dose 125 mg twice a day with water for all gps.	18	21	In Gp A, B & C respectively, cured 33.33%, 50% & 33.33%, marked 33.33%, in each, mild 33.33% in Gp A & B while 16.67% unchanged in Gp C.
Mehta N et al. [15] (MD, 2007)	Gp A: Rasakarpura Drava( RKD) [16] QS twice a day Ext (n=37) Gp B: Gandhaka Malahara QS twice a day Ext (n=28)	65	30	Vicharchika, Gp A 25% cured & Gp B 66.67% marked, Ekakushtha, Gp A 16.67% cured, 66.67% marked, Gp B 100% marked. Dadru Gp A 28.57% & Gp B 62.50% cured.
Dhruve K  et al. [17]  (MD, 2007)	Gp A: <i>Khadirarista</i> <sup>[18]</sup> prepared by sugar (n=15) Gp B: <i>Khadirarista</i> prepared by jaggery (n=10) Dose 20ml twice a day after meals for Both	25	28	Gp A & B respectively marked 26.6% & 50.00%, moderate 53.33% & 40.00%, mild 20.00% & 10.00%.
Pilai K U et al. [19] (PhD, 1990)	Hartala Bhasma 65mg thrice a day with water orally. Extly Siktha taila (Sesamum oil & yellow paraffin in 5:1 ratio) once a day. (n=20)	20	21	67.5% symptomatic relief was observed in general symptomatology.

Mehta N et al. [20] (PhD, 2012)	Gp A: Rasa Karpura Drava <sup>[21]</sup> (n=60) Gp B: Rasa Karpura Jel <sup>[22]</sup> (n=60). Dose: QS for Ext application, twice a day for both.	120	28 FU:14	In Gp A & B respectively, Vicharchika (55.54% & 59.29%), Eka Kustha (43.94% & 60.47%), Pama (63.67% & 69.78%), Vipadika (64.30% & 66.24%), Dadru (64.74% & 54.09%), Charma Kustha (75.00% & 57.10%)
Yadav P et al. [23] (PhD, 2013)	Gp A: Godugdha Shodhita Gandhaka <sup>[24]</sup> (500mg bd with luke warm milk) & Gandhaka malahara (GM) Ext (n=34), Gp B: Bhringaraja Swarasa Shodhita Gandhaka <sup>[25]</sup> (Same dose as A) & GM Ext (n=34), Gp C: Godugdha Shodhita GM Ext. (n=34) Gp D: Bhrigaraja Shodhita GM Ext (n=33)	135	28 FU: 14	Gp A, B, C & D respectively, marked 38.24%, 20.59%, 14.71% & 12.12%, moderate 61.76, 73.53%, 79.41% & 78.79%, mild 0.00%, 5.88%, 5.88% &9.09%.
Vicharchika Yeriswamy H et al. [26] (MD, 1984)	Capsule (500g) of <i>Rasakarpura</i> <sup>[27]</sup> & <i>Twaka</i> (1:40). Dose 1 bd for < 1year chronicity, 1 tds for >1year chronicity, 1 od for child < 5 years. (n=15)	15	21	Cured 46.66%, marked 40%, mild 13.33%
Thaker A V et al. [28] (MD, 1985)	Gp A: Kampillaka Malahara (KM) [29] prepared with Siktha Taila Ext (n=15), Gp B: KM prepared with Vaseline(n=15). Int in both Gps: Kampillaka powder in a capsulated form (500mg) twice a day with water.	30	28	In Gp A & B respectively, Cured 60% & 26.66%, marked 26.66% & 20.00%, mild 13.33% & 33.33%. No relief in Gp B 20%.
Thaker H et al. [30] (MD, 1999)	Gp A: Gandhaka druti <sup>[31]</sup> (Classical) 3 to 5 drops with Nagavalli patra swarasa once in a morning (n=6), Gp B: Gandhaka druti (Modified) with Batasa (n=21)	27	30	In Gp A & B respectively, marked 33.33% & 47.14%, moderate 66.67% & 42.86%.
Mishra D K et al. [32] (MD, 1999)	Gp A: <i>Rasamanikya</i> <sup>[33]</sup> 100 mg once in morning with water (n=7), Gp B: <i>Yasadamrta malhara (YM)</i> <sup>[34]</sup> qs for local application twice a day(n=6), Gp C: <i>RM</i> Int. & <i>YM</i> Ext(n=9).	22	30	In Gp A, B & C respectively, cured 4.55%, 13.64% & 36.36%, marked 27.73%, 13.64% & 4.55%. moderate 4.55% in Gp A.
Mashru M et al. [35] (MD, 2001)	Gp A: Madhusunuhi (MS) Rasayana prepared by classical method (n=12) Gp B: MS Rasayana prepared by Kwatha (n=9) (Dose- 12 gm with warm water once a day)	21	30	In Gp A & B respectively, marked 16.67% & 11.11%, moderate 58.33% & 66.67% ,mild 25% & 22.22%

Cured   9.09% & 3.03%, marked   39.09% & 9.09%, while moderate   36.36% & 39.39%   9.09% & 30.39%   9.09%   while moderate   36.36% & 39.39%   9.09% & 30.39%   9.09%   marked   39.09% & 9.09%   marked   39.09% & 9.09%   marked   39.09% & 9.09%   marked   39.09% & 30.39%   9.09%   marked   39.09% & 30.39%   9.09%   mild in Gp   A while   3.03% unchanged in Gp B.	Al.   186    Propared by classical method (n=31)   Gp-B: Kanakabindvarishta prepared by adding yeast (n=31)   Dose: in both Gps- 20 ml twice a day after meal   Dose: in both Gps- 20 ml twice a day after meal   Dose: in both Gps- 20 ml twice a day after meal   Dose: in both Gps- 20 ml twice a day after meal   Dose: in both Gps- 20 ml twice a day after meal   Dose: in both Gps- 20 ml twice a day after meal   Dose: in both Gps- 20 ml twice a day after meal   Dose: in both Gps- 20 ml twice a day after meal   Dose: in Gp B: Gradhaka Malahara QS for topical application (n=29).   Dose: in Gp B: Gradhaka Malahara QS for topical application (n=30). Int. in both Gps- 3 g of Rasayana Churma along with water   Ekakushtha (Psoriasis)    Barvalia R et al.   Psoriasis   Barvalia R et al.   SpA: Panchatika Ghrita prepared with Ghrita Murcchana & Triphala Kalka (n=13), Gp B: Panchatika Ghrita prepared with out Ghrita Murcchana & Triphala Kalka (n=11) Dose: 5 ml twice a daily in all Gps.   Dose: 5 ml twice a daily in all Gps.   Dose: 5 ml twice a daily in all Gps.   Dose: 5 ml twice adily & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) &	Druve K et	C. A. V. 1.1: 1:.1[37]	62	30	In Cn A & D respectively
(PhD, 2013) Gp-B: Kanakabindvarishta prepared by adding yeast (n=31) Dose: in both Gps- 20 ml twice a day after meal  Pandya K et al. [38] topical Application (n=29).  (MD, Gp B: Gandhaka Malahara QS for topical application (n=30). Int. in both Gps- 3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R et al. [89] (MD, 2000)  Zala U et al. [40] Dose: 5 ml twice a daily in all Gps.  Zala U et al. [41] Dose: 5 ml twice a daily in all Gps.  Zala U et al. [41] Dose: 5 ml twice a daily in all Gps.  Zala U et al. [41] Expanding Gp B: Aurchaita Ghrita Panchaitka Ghrita prepared without Ghrita Murcchana & Triphala Kalka (n=11) Dose: 5 ml twice a daily in all Gps.  Zala U et al. [41] Chila Gp B: Aurathaika Ghrita (n=10) Dose: 10 gm per day int.  Zala U et al. [42] (MD, 2006)  Zala U et al. [43] (MD, 2006)  Zala U et al. [44] (MD, 2006)  Zala U et al. [45] (MD, 2006)  Zala U	(PhD, 2013)		Gp-A: Kanakabindvarishta <sup>[37]</sup>	02	30	In Gp A & B respectively,
by adding yeast (n=31) Dose: in both Gps- 20 ml twice a day after meal  Pandya K et al. [188] Pandya K of A: Kampillaka Malahara QS for topical Application (n=29).  (MD, Gp B: Gandhaka Malahara QS for topical application (n=30). Int. in both Gps- 3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R et al. [191] (MD, 2000)  Zala U et al. [141] Dose: 5 ml twice a daily in all Gps.  Zala U et al. [141] (MD, 2004)  Zala U et al. [141] Chyphanashi GpA: Murchhita Panchatikta Ghrita (n=10), Gp B: Avartita Panchatikta (Mnta Call) & Ext. Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext. Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext. Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext. Gp B: Guduchi Ghrita orally (5 gm twice per day. (n=12) Gp C: Placebo (starch) 250 mg twice per day. (n=10)  Umrethiya Be et al. [141] (MD, 2006)  Shrimanna rayan (MD, Gp B: Guduchi Ghana prepared by soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps.)  Agrawal S et al. [141] (MD, Gp B: Guduchi Ghana prepared by soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps.)  Agrawal S et al. [141] (MD, Gp B: Guduchi Ghana prepared by soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps.)  Agrawal S et al. [141] (MD, Gp B: SBGC 2 (Swarasa prepared with more duration of the control of the cont	Dose: in both Gps- 20 ml twice a day after meal  Pandya K Gp A: Kampillaka Malahara QS for topical Application (n=29).  (MD, Gp B: Gandhaka Malahara QS for topical application (n=30). Int. in both Gps- 3 g of Rasayana Churna along with water with Ghrita Murcchana & Triphala Kalka (n=13). Gp B: Panchatikta Ghrita prepared with Ghrita Murcchana & Triphala Kalka (n=13), Gp C: Panchatikta Ghrita prepared with Ghrita Murcchana & Triphala Kalka (n=11), Dose: 5 ml twice a daily in all Gps.  Zala U et GpA: Murchita Panchatika Ghrita (MD, 2004)  Vaghmashi R et al. [43] (MD, 2004)  Vaghmashi Shrimanna GpA: GpA: Guduchi Taila orally (5 gm twice daily) & Ext Cp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Cp B: Guduchi					-
Dose: in both Gps- 20 ml twice a day after meal  Dose: in both Gps- 20 ml twice a day after meal  Pandya K et al. [88]  Pandya K op A: Kampillaka Malahara QS for topical Application (n=29).  (MD, Gp B: Gandhaka Malahara QS for topical application (n=30). Int. in both Gps- 3 g of Rasayama Churna along with water  Ekakushtha (Psoriasis)  Barvalia R et al. [89]  (MD, Ghrita Gp A: Panchatikta Ghrita[40] prepared with Ghrita Murcchana & Triphala Kalka (n=13), Gp B: Panchatikta Ghrita Murcchana & Triphala Kalka (n=13), Gp B: Panchatikta Ghrita Murcchana & Triphala Kalka(n=11) Dose: 5 ml twice a daily in all Gps.  Zala U et al. [40]  (MD, Gp B: Auartita Panchatikta Ghrita Murchana & Triphala Kalka(n=11) Dose: 10 gm per day int.  Gp A: Guduchi Taila orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Rasa Manikya 125 mg twice per day. (n=10)  Gp A: Guduchi Taila orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm gm twice daily) & Ext Gp B: Guduchi Ghrita orally	Dose: in both Gps- 20 ml twice a day after meal  Pandya K of pa. Kampillaka Malahara QS for totological Application (n=29). Int. in both Gps- 3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R of pa. Panchatikta Ghrita Murcchana & Triphala Murcchana (n=13), Gp B: Panchatikta Ghrita murcchana & Triphala Kalka (n=11) Dose: 5 ml twice a daily in all Gps.  Zala U et GpA: Murchhita Panchatikta Ghrita Murcchana & Triphala Kalka (n=11) Dose: 5 ml twice a daily in all Gps.  Zala U et GpA: Murchhita Panchatikta (n=10), Gp B: Avarita Panchatikta (n=10), Gp B: Rasa Manikya 125 mg twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi (n=10) Gp B: Rasa Manikya 125 mg twice per day. (n=12) Gp C: Placebo (starch) 250 mg twice per day. (n=12) Gp C: Placebo (starch) 250 mg twice per day. (n=10)  Quota Dose: Sala U et al. [40] Guduchi Ghana prepared by Sala Murita (n=10) Gp B: SBGC 2 (Swarasa prepared with more duration of immerssion) (n=22) 2g tablets TID before meal for both Gps with Luke  Dose: Simi twice adaily in both Gps. Sala Comparative relief of treatment regimens on cinical parameters was 55.5% in Gp A & B respectively, and the signs & Symptoms of Exa Kushtha were relief of treatment regimens on cinical parameters was 55.5% in Gp A. Hartina Murcchana daily in	(PhD,				
Pandya K of p A: Kampillaka Malahara QS for et al. [181] topical Application (n=29).  (MD, Gp B: Gandhaka Malahara QS for topical application (n=30). Int. in both Gps- 3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R of p A: Panchatikta Ghrital Murcchana & Triphala (MD, 2000)  Ghrita prepared with Ghrita Murcchana & Triphala (Ghrita prepared without Ghrita Murcchana & Triphala (MD, 2004)  Dose: 5 ml twice a daily in all Gps.  Zala U et GpA: Murchhita Panchatikta Ghrita (n=10), Gp B: Avaritia Panchatikta Ghrita (n=11)) Dose: 10 gm per day int.  Waghmashi R et al. [42] (MD, Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Rasa Manikya 125 mg twice per day. (n=10) Gp B: Rasa Manikya 125 mg twice per day. (n=10) Gp B: Rasa Manikya 125 mg twice per day. (n=10) Gp B: Rasa Manikya 125 mg twice per day. (n=10)  Umrethiya B et al. [44] (MD, Gp B: Guduchi Ghana prepared by 2008)  Shrimanna rayan S of A: SBGC 1 [47] (Swarasa prepared with more duration of limerssion)  Gp A: SBGC 1 [47] (Swarasa prepared with more duration of limerssion)  (MD, Giba B: Avarita or ally (5 gm twice daily) & Ext Gp B: Guduchi (1-16) (1-16	after meal  after meal  A while 3.03% unchanged in Gp B.  A while 3.03% unchanged in Gp B.  A while 3.03% unchanged in Gp B.  Banvalia R (Psoriasis)  Barvalia R (Psoriasis)  Barvalia R (Boriasis)  Barvalia R (Boria prepared with Murchana & Triphala Kalka (n=13), Gp C: Panchatikta Ghrita prepared without Ghrita Murcchana & Triphala Kalka (n=11)  Dose: 5 ml twice a daily in all Gps.  Zala U et (Gp A: Murchhita Panchatikta Ghrita (n=10) Dose: 10 gm per day int.  [mail [14] (n=10) Dose: 10 gm per day int.  [mail [14] (n=10) Dose: 10 gm per day int.  [mail [11] Nose: 10 ft ph. Sarvalia prepared with Cured 20% moderate 22.22% & 20% mit Cured 20% moderate 44%, marked 36%, mild 10.53%.  [mail 11.11% and 10 ft ph. Sarvalia prepared day. (n=12) Gp C: Placebo (starch) 250 mg twice per day. (n=12) Gp C: Placebo (starch) 250 mg twice per day. (n=10) Cp B: Rasa Manikya 125 mg once per day. (n=10) Cp B: Rasa Manikya 125 mg once per day. (n=10) Gp B: Rasa Manikya 10 both the Gps in comparison with control Gp. Dimension with control Gp. B. Guduchi Ghana prepared by soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps.)  Gp B: Guduchi Churna-Swarasa Bhavita dal. (41) Gp B: BBGC 2 (Swarasa prepared with more duration of immersion) (n=22) 2g tablets TID before meal for both Gps with Luke	2013)	by adding yeast (n=31)			
Pandya K Gp A: Kampillaka Malahara QS for topical Application (n=29).  (MD, Gp B: Gandhaka Malahara QS for topical application (n=30). Int. in both Gps. 3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R Gp A: Panchatikta Ghrital With Ghrita Murcchana & Triphala (MD, 2000)  Zala U et al. (191) Dose: 5 ml twice a daily in all Gps.  Zala U et al. (191) Gp B: Avartita Panchatikta Ghrita prepared with unit proposed (n=10). Gp B: Avartita Panchatikta Ghrita (n=11) Dose: 10 gm per day int.  Waghmashi (MD, Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi (n=10)  Umrethiya Gp A: Rasa Manikya 125 mg once per day (n=10)  Gp B: Guduchi Ghana prepared by soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps.)  Agrawal S Gp A: SBGC 1 [197] (Swarasa Bhavita et al. [181] Guduchi Churna-Swarasa prepared with more duration of twice daily with more duration of twice daily with more duration of twice daily with exaction of immerssion)  (mD, 2015) (n=21) Gp B: SBGC 2 (Swarasa prepared with more duration of twice daily with exaction of immerssion)	Pandya K of p A: Kampillaka Malahara QS for topical Application (n=29).  (MD, Gp B: Gandhaka Malahara QS for topical application (n=30). Int. in both Gps- 3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R of A: Panchatikta Ghrita Murcchana & Triphala (MD, 2000)  Ghrita prepared with Ghrita Murcchana & Triphala Ghrita Ghrita prepared with Ghrita Murcchana & Triphala (n=10), Gp C: Panchatikta Ghrita Ghrita prepared with United Ghrita Murcchana & Triphala (n=10), Gp C: Panchatikta Ghrita Ghrita (n=11) Doss: 5 mt lwice a daily in all Gps.  Zala U et GpA: Murchhita Panchatikta Ghrita (n=11) Doss: 10 gm per day int.  2004)  Vaghmashi R et al. [42] (MD, 2004)  Vaghmashi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twi		Dose: in both Gps- 20 ml twice a day			39.39%. 9.09% mild in Gp
Pandya K Gp A: Kampillaka Malahara QS for topical Application (n=29). (MD, Gp B: Gandhaka Malahara QS for topical application (n=30). Int. in both Gps-3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R Gp A: Panchatikta Ghritatian Ghrita Murcchana & Triphala (MD, Ghrita prepared with Ghrita Murcchana (n=13), Gp B: Panchatikta Ghrita Murcchana (n=13), Gp C: Panchatikta Ghrita Murcchana & Triphala Kalka(n=11) Dose: 5 ml twice a daily in all Gps.  Zala U et al. (191) (MD, Gp B: Avarita Panchatikta Ghrita prepared without Ghrita Murcchana (n=11) Dose: 10 gm per day int.  Waghmashi (MD, Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi (n=10)  Umrethiya Gp A: Guduchi Ghana prepared by soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps.)  Agrawal S Gp A: SBGC 1 (59) (Swarasa Bhavita et al. [46] (Ghrita orally Gp B: SBGC 2 (Swarasa prepared with more duration of twice daily with curca doratic difference or day (n=10) (n=21) Gp B: SBGC 2 (Swarasa prepared with more duration of twice daily with curca (of 66.67% & 59.05% mild while 4.76%	Pandya K Gp A: Kampillaka Malahara QS for topical Application (n=29).  (MD, Gp B: Gandhaka Malahara QS for topical application (n=30). Int. in both Gps-3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R Gp A: Panchatikta Ghrita Ghrita Murcchana & Triphala Kalka (n=13), Gp B: Panchatikta Ghrita Murcchana (m=13), Gp C: Panchatikta Ghrita Murcchana & Triphala Kalka (n=13) Doss: 5 ml twice a daily in all Gps.  Zala U et GpA: Murchhita Panchatikta Ghrita (n=10), Gp B: Avartita Panchatikta Ghrita (n=11) Dose: 10 gm per day int.  2004)  Vaghmashi R et al. [42] (MD, Gp A: Guduchi Taila orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orall		after meal			A while 3.03% unchanged
Pandya K et al. [38] topical Application (n=29).  (MD, Gp B: Gandhaka Malahara QS for topical application (n=30). Int. in both Gps- 3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R Gp A: Panchatikta Ghrita Murcchana & Triphala Kalka (n=13), Gp B: Panchatikta Ghrita Murcchana (m=13), Gp C: Panchatikta Ghrita Murcchana (m=11), Dose: 5 ml twice a daily in all Gps.  Zala U et al. [491] (m=10) Dose: 10 gm per day int.  Zala U et al. [491] (m=10) Dose: 10 gm per day int.  Vaghmashi R et al. [491] (m=10) Gp A: Guduchi Taila orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice per day. (n=12) Gp C: Placebo (starch) 250 mg twice per day. (n=12) Gp C: Placebo (starch) 250 mg twice per day. (n=10)  Gp A: Guduchi Ghana prepared by Soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps.)  Agrawal S Gp A: SBGC 1 [491] (Swarasa Bhavita prepared with more duration of moderate, deform of merssion)  (MD, (m-201) Gp B: SBGC 2 (Swarasa prepared with more duration of moderate, deform of all the signs & symptoms of Vicharchika  FU: 10	Pandya K et al.					in Gp B.
topical Application (n=29).  (MD, Gp B: Gandhaka Malahara QS for 2013) topical application (n=30). Int. in both Gps- 3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R Gp A: Panchatikta Ghrita Murcchana & Triphala Kalka (n=13), Gp B: Panchatikta Ghrita prepared with Ghrita Murcchana & Triphala Kalka (n=13), Gp C: Panchatikta Ghrita prepared without Ghrita Murcchana & Triphala Kalka(n=11) Dose: 5 ml twice a daily in all Gps.  Zala U et GpA: Murchhita Panchatikta Ghrita (n=10), Gp B: Avartita Panchatikta Ghrita (n=10), Gp B: Avartita Panchatikta (MD, Ghrita (n=11) Dose: 10 gm per day int.  Vaghmashi R et al. (MD, Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Rasa Manikya 125 mg twice per day. (n=15) Gp B: Rasa Manikya 125 mg twice per day. (n=12) Gp C: Placebo (starch) 250 mg twice per day. (n=10) (mD, Gp B: Guduchi Ghana prepared by 8 et al. (MD, Gp B: Guduchi Ghana prepared by 30 soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps.)  Agrawal S Gp A: SBGC 1 <sup>[47]</sup> (Swarasa Bhavita prepared with more duration of moderate, 66.67% & 59.05% mild while 4.76% prepared with more duration of mall the signs & symptoms of Vicharchika ll the signs & symptoms of Vicharchika  FU: 14 highly significant relief on all the signs & symptoms of Vicharchika  Il the signs & symptoms of Vicharchika  Il the signs & symptoms of Vicharchika  FU: 14 highly significant relief on all the signs & symptoms of vicharchika  Il the signs & symptoms of Vicharchika for treatment regimens on clinical parameters was 55.5% in Gp A. B Packatikta Ghrita	topical Application (n=29).  (MD, Gp B: Gandhaka Malahara QS for topical application (n=30). Int. in both Gps- 3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R Gp A: Panchatikta Ghrita Murcchana & Triphala Kalka (n=13), Gp B: Panchatikta Ghrita Murcchana (n=13), Gp C: Panchatikta Ghrita Murcchana & Triphala Kalka (n=10). Doss: 5 mit twice a daily in all Gps. Doss: 5 mit twice a daily in all Gps. Doss: 6 mit wice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Rasa Manikya 125 mg once per day (n=10). Gp R: Rasa Manikya 125 mg twice daily) & Ext GMD, 2006)  Shrimanna Gp A: Rasa Manikya 125 mg once per day (n=10)  Umrethiya B et al. [43] (MD, 2006)  Shrimanna Gp A: Guduchi Ghana prepared by R et al. [44] (MD, 2006)  Shrimanna Gp A: Guduchi Ghana prepared by Soxhlet method (n=16) (Dose: 250 mg twice daily) in both Gps in twice daily in both Gps.  Agrawal S Gp A: SBGC 1 [437] (Swarasa Bhavita et al. [46] Guduchi Churna- Swarasa* [48] prepared (MD, with less duration of immerssion) (n=22) 2g tablets TID before meal for both Gps with Luke	Pandva K	Gp A: Kampillaka Malahara OS for	59	28	•
(MD, Gp B: Gandhaka Malahara QS for topical application (n=30). Int. in both Gps- 3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R Gp A: Panchatikta Ghrita Ghrita Murcchana & Triphala Kalka (n=13), Gp B: Panchatikta Ghrita prepared with Ghrita Murcchana (n=13), Gp C: Panchatikta Ghrita prepared with Ghrita Murcchana & Triphala Kalka (n=13), Gp C: Panchatikta Ghrita prepared without Ghrita Murcchana & Triphala Kalka(n=11) Dose: 5 ml twice a daily in all Gps.  Zala U et GpA: Murchhita Panchatikta Ghrita (n=10), Gp B: Avartita Panchatikta Ghrita (n=10). Gp B: Avartita Panchatikta Ghrita (n=11) Dose: 10 gm per day int.  Waghmashi Gp A: Guduchi Taila orally (5 gm twice daily) & Ext Ghrita orally (5 gm twice per day (n=10)	(MD, 2013) Gp B: Gandhaka Malahara QS for topical application (n=30). Int. in both Gps- 3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R et al. [39] (with Ghrita Murcchana & Triphala (MD, 2000)  Zala U et Ghrita prepared without Ghrita Murcchana & Triphala (MID, 2004)  Zala U et Ghrita (n=13), Gp C: Panchatikta Ghrita prepared without Ghrita Murcchana & Triphala Kalka(n=11) Dose: 5 ml twice a daily in all Gps.  Zala U et Ghrita (n=10), Gp B: Avartita Panchatikta Ghrita (m=10), Gp B: Avartita Panchatikta Ghrita (m=10), Gp B: Avartita Panchatikta Ghrita (n=11) Dose: 10 gm per day int.  Waghmashi R et al. [41] (MD, Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi (MD, 2006)  Shrimanna rayan day. (n=15) Gp B: Rasa Manikya 125 mg once per day. (n=10)  Umrethiya Gp A: Guduchi Ghana prepared by Soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps) in Gp A B respectively, mid 11.11% in Gp A were relieved by Rasa Maniky (n=15) Gp B: Rasa Manikya 125 mg once per day. (n=10)  Umrethiya Gp A: Guduchi Ghana prepared by soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps in Gp B. Unchanged (MD, with less duration of immerssion) (n=21) Gp B: SBGC 2 (Swarasa prepared with more duration of immerssion) (n=22) 2g tablets TID before meal for both Gps with Luke	1				
topical application (n=30). Int. in both Gps- 3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R et al. [39] (MD, (MD, 2000)  Zala U et al. [41] (n=10), Gp B: Avartita Panchatikta Ghrita (n=11) Dose: 5 ml twice a daily in all Gps.  Vaghmashi R et al. [42] (MD, 2006)  Vaghmashi R et al. [42] (MD, 2006)  Vaghmashi R et al. [43] (MD, 2006)  Umrethiya B et al. [43] (MD, 2006)  Umrethiya B et al. [44] (MD, 40)  Umrethiya	topical application (n=30). Int. in both Gps- 3 g of Rasayana Churna along with water  Ekakushtha (Psoriasis)  Barvalia R et al. [391] (MD, Ghrita prepared with Ghrita prepared with Ghrita forita prepared without Ghrita forita forita prepared without Ghrita forita forita prepared without Ghrita forita				10.11	
Gps- 3 g of Rasayana Churna along with water	Gps- 3 g of Rasayana Churna along with water	` '				0 7 1
With water   Ekakushtha (Psoriasis)	With water   Ekakushtha (Psoriasis)	2013)				vicnarcnika
Barvalia R of A: Panchatikta Ghrita (Psoriasis)  Barvalia R of A: Panchatikta Ghrita (Psoriasis)  with Ghrita Murcchana & Triphala (MD, Ghrita prepared with Ghrita Murcchana (n=13), Gp B: Panchatikta Ghrita Murcchana (n=13), Gp C: Panchatikta Ghrita Murcchana (n=13), Gp C: Panchatikta Ghrita Murcchana (n=13), Gp C: Panchatikta Ghrita Murcchana & Triphala Kalka(n=11)  Dose: 5 ml twice a daily in all Gps.  Zala U et GpA: Murchhita Panchatikta Ghrita (n=10), Gp B: Avartita Panchatikta Ghrita (n=11) Dose: 10 gm per day int.  (MD, GpA: Guduchi Taila orally (5 gm Ret al. (141) (MD, Ghrita orally (5 gm twice daily)) & Ext Gp B: Guduchi (MD, Ghrita orally (5 gm twice daily)) & Ext Gp B: Guduchi (MD, Placebo (starch) 250 mg twice per day (n=10)  Umrcthiya B et al. (141) (MD, Gp B: Guduchi Ghana prepared by Soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps.)  Agrawal S Gp A: SBGC 1 (Swarasa Bhavita (MD, with less duration of immerssion)  (n=21) Gp B: SBGC 2 (Swarasa prepared with more duration of more in comparison wild while 4.76%)	Barvalia R et al. [391]   with Ghrita Murcchana & Triphala (MD, 2000)   Marcchana (In-13), Gp B: Panchatikta (In-13), Gp B: Panchatikta (In-14), Gp B: Assa (In-14) (In-14) (In-14), Gp B: Assa (In-14)					
Barvalia R et al. [39] with Ghrita Murcchana & Triphala (MD, 2000)  Ghrita prepared with Ghrita Murcchana (n=13), Gp B: Panchatikta Ghrita prepared without Ghrita Murcchana & Triphala Kalka (n=11) Dose: 5 ml twice a daily in all Gps.  Zala U et al. [41] (m=10), Gp B: Avaritia Panchatikta Ghrita (n=11) Dose: 10 gm per day int.  Yaghmashi R et al. [42] (MD, Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Rasa Manikya 125 mg twice daily) & Ext Gp B: Rasa Manikya 125 mg twice per day. (n=15) Gp B: Rasa Manikya 125 mg twice per day. (n=10)	Barvalia R et al. [39] with Ghrita Murcchana & Triphala (MD, 2000)   Ghrita prepared with Ghrita Murcchana (n=13), Gp B: Panchatikta Ghrita Murcchana (n=13), Gp C: Panchatikta Ghrita murcchana (n=13), Gp C: Panchatikta Ghrita murcchana & Triphala Kalka (n=11) Dose: 5 ml twice a daily in all Gps.					
et al. [39] with Ghrita Murcchana & Triphala (MD, 2000)  (MD, 2000)  Evaluate to the prepared with Ghrita (m=1), Gp B: Panchatikta (m=13), Gp C: Panchatikta (m=13), Gp C: Panchatikta (m=14), Dose: 5 ml twice a daily in all Gps.  Evaluate to the prepared without Ghrita (m=10), Gp B: Avartita Panchatikta (m=10), Gp B: Avartita Panchatikta (m=10), Gp B: Avartita Panchatikta (m=11) Dose: 10 gm per day int.  Evaluate to the prepared without Ghrita (m=10), Gp B: Avartita Panchatikta Ghrita (m=11) Dose: 10 gm per day int.  Evaluate to the prepared without Ghrita (m=11) Dose: 10 gm per day int.  Evaluate to the prepared without Ghrita (m=11) Dose: 10 gm per day int.  Evaluate to the prepared without Ghrita (m=11) Dose: 10 gm per day int.  Evaluate to the prepared with more duration of clinical parameters was 55.5% in Gp A, 35.93% in Gp B. 25.55% in Gp A. 35.93% in Gp B. 29.31% in Gp C.  Evaluate to the prepared without Ghrita (m=10), Gp B: Avartita Panchatikta (m=11) Dose: 10 gm per day int.  Evaluate to the prepared without Ghrita (m=10) Dose: 10 gm per day int.  Evaluation (m=10) Dose: 10 gm per day int.  Evaluation (m=11) Dose: 10 gm per day int.  Evaluation (m=10) Dose: 10 gm per day int.  Evaluation (m=10) Dose: 10 gm per day int.  Evaluation or ally (5 gm twice daily) & Ext (m=10) & Ext	et al. [39] with Ghrita Murcchana & Triphala Kalka (n=13), Gp B: Panchatikta Ghrita prepared with Ghrita Murcchana (n=13), Gp C: Panchatikta Ghrita prepared without Ghrita Murcchana & Triphala Kalka(n=11) Dose: 5 ml twice a daily in all Gps.  Zala U et al. [41] (n=10), Gp B: Avarita Panchatikta (n=10), Gp B: Avarita Panchatikta Ghrita (n=10), Gp B: Guduchi Ghrita orally (5 gm R et al. [42] twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice per day (n=15) Gp B: Rasa Manikya 125 mg twice per day (n=10)  Shrimanna (ay. (n=15) Gp B: Rasa Manikya 125 mg twice per day (n=10)  Umrethiya B et al. [44] (MD, Placebo (starch) 250 mg twice per day (n=10)  Umrethiya B et al. [44] (MD, Gp B: Guduchi Ghana prepared by soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps.)  Agrawal S Gp A: SBGC 1 [49] (Swarasa Bhavita 43 (n=16) (Guduchi Churna- Swarasa prepared with more duration of immerssion) (n=21) Gp B: SBGC 2 (Swarasa prepared with more duration of immerssion) (n=21) Gp B: SBGC 2 (Swarasa prepared with more duration of immerssion) (n=21) 2g tablets TID before meal for both Gps with Luke			2=	20	
Kalka (n=13), Gp B: Panchatikta Ghrita prepared with Ghrita Murcchana (n=13), Gp C: Panchatikta Ghrita prepared without Ghrita Murcchana & Triphala Kalka(n=11) Dose: 5 ml twice a daily in all Gps.  Zala U et (n=10), Gp B: Avartita Panchatikta Ghrita (n=11) Dose: 10 gm per day int.  (MD, 2004)  Vaghmashi R et al. [42] (MD, 2006)  Shrimanna rayan (MD, 2006)  Chrita orally (5 gm twice daily) & Ext Gp B: Guduchi Ghrita orally (5 gm twice daily) & Ext Gp B: Rasa Manikya 125 mg once per day. (n=10)  Gp A: Rasa Manikya 125 mg once per day. (n=10)  Gp A: Rasa Manikya 125 mg once per day. (n=10)  Umrethiya B et al. [44] (MD, 2006)  Umrethiya B et al. [44] (MD, 2008)  Agrawal S Gp A: Suduchi Ghana prepared by soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps.)  Agrawal S Gp A: SBGC 1 [47] (Swarasa Bhavita difference of the comparison)  (mD, 2015)  (mC) (n=21) Gp B: SBGC 2 (Swarasa prepared with more duration of simmerssion)  (mC) (n=21) Gp B: SBGC 2 (Swarasa prepared with more duration of simmerssion)	(MD, 2000)    Comparison of the properties of th	1	1 1	37	30	1
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Murcchana (n=13), Gp C: Panchatikta Ghrita prepared without Ghrita Murcchana & Triphala Kalka(n=11) Dose: 5 ml twice a daily in all Gps.  Zala U et GpA: Murchhita Panchatikta Ghrita (m=10), Gp B: Avartita Panchatikta Ghrita (n=11) Dose: 10 gm per day int.  Vaghmashi R et al. [42] (MD, Gp A: Guduchi Taila orally (5 gm twice daily) & Ext Gp B: Guduchi (MD, Ghrita orally (5 gm twice daily) & Ext 2006)  Shrimanna Gp A: Rasa Manikya 125 mg once per day. (n=15) Gp B: Rasa Manikya 125 mg once per day. (n=10)  Umrethiya B et al. [44] GmB, Gp A: Guduchi Ghana prepared by Soxhlet method (n=10)  Umrethiya B et al. [44] GmB, Gp A: Guduchi Ghana prepared by soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps.)  Agrawal S Gp A: SBGC 1 [47] (Swarasa Bhavita diff) (MD, Gp B: SBGC 2 (Swarasa prepared with more duration of grain of the standard for the s	Murcchana (n=13), Gp C: Panchatikta Ghrita prepared without Ghrita Murcchana & Triphala Kalka(n=11) Dose: 5 ml twice a daily in all Gps.	(MD,				
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(MD, 2004)  Vaghmashi R et al. [42] (MD, 2006)  Umrethiya B et al. [44] (MD, 2006)  Umrethiya B et al. [44] (MD, 2006)  Umrethiya B et al. [44] (MD, 2008)  Agrawal S Gp A: SBGC 1 [47] (Swarasa Bhavita twice daily in both Gps.)  Agrawal S Gp A: SBGC 1 [47] (Swarasa Bhavita 40, 125) (MD, 2015)  (MD, 2015)  (MD, 2016)  Waghmashi R et al. [42] (MD, 2006)  Umrethiya Gp A: Rasa Manikya 125 mg once per day. (n=12) Gp C: placebo (starch) 250 mg twice per day. (n=12) Gp C: placebo (starch) 250 mg twice per day. (n=12) Gp C: placebo (starch) 250 mg twice per day. (n=16) (Dose: 250 mg twice daily in both Gps.)  Agrawal S Gp A: SBGC 1 [47] (Swarasa Bhavita 43) (MD, with less duration of immerssion) (n=21) Gp B: SBGC 2 (Swarasa prepared with more duration of sponsored twice daily moderate (A7.05%) mind while 4.76%	(MD, 2004)  Vaghmashi R et al. [42] (MD, 2006)  Shrimanna rayan day. (n=15) Gp B: Rasa Manikya 125 mg twice per day. (n=12) Gp C: (MD, 2006)  Umrethiya B et al. [44] (MD, Gp B: Guduchi Ghana prepared by B et al. [44] (MD, Gp B: Guduchi Ghana prepared by soxhlet method (n=16) (Dose: 250 mg twice daily in both Gps.)  Agrawal S et al. [46] Guduchi Churna- Swarasa [48] prepared (MD, with less duration of immersion) (n=21) Gp B: SBGC 2 (Swarasa prepared with more duration of immersion) (n=22) 2g tablets TID before meal for both Gps with Luke   Gp A: Guduchi Taila orally (5 gm twice daily) & Ext 228 FU: Gp A shows better result with Cured 20%, moderate 44%, unchanged 11.11% in Gp A with Cured 20%, moderate 44%, marked 36%, mild 10.53%.  28 FU: 30 Spmptoms of Eka Kushtha were relieved by Rasa Manikya in both the Gps in comparison with control Gp.  8 FU: 30 Moderate 47.05% in Gp A Secured 25.00% in Gp B. Mild 52.94% in Gp A & 62.50% in Gp B. Unchanged 12.50% in Gp B. Unchanged 10.53%.			37		
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Agrawal S Gp A: SBGC 1 <sup>[47]</sup> (Swarasa Bhavita 43 60 FU: In Gp A & B respectively, 30 4.76% & 9.09%marked, 4.76% with less duration of immerssion) (n=21) Gp B: SBGC 2 (Swarasa prepared with more duration of 59.05% mild while 4.76%	Agrawal S Gp A: SBGC 1 <sup>[47]</sup> (Swarasa Bhavita et al. <sup>[46]</sup> Guduchi Churna- Swarasa <sup>[48]</sup> prepared (MD, with less duration of immerssion) (n=21) Gp B: SBGC 2 (Swarasa prepared with more duration of immersion) (n=22) 2g tablets TID before meal for both Gps with Luke (Go FU: In Gp A & B respectively, 4.76% & 9.09%marked, 19.05% & 31.82% moderate, 66.67% & 59.05% mild while 4.76% unchanged in both.		`			1
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prepared with more duration of 59.05% mild while 4.76%	prepared with more duration of immersion) (n=22) 2g tablets TID before meal for both Gps with Luke  59.05% mild while 4.76% unchanged in both.	1 '	· ·			
propured with more duration of	immersion) (n=22) 2g tablets TID before meal for both Gps with Luke unchanged in both.	2013)				· ·
immersion) (n=22) 2g toblets TID	before meal for both Gps with Luke		1 1			
minicipion) (ii 22) 25 moreta 115			, , , -			unchanged in both.
before meal for both Gps with Luke	warm water.		before meal for both Gps with Luke			
warm water			warm water.			

Mitra S et al. [49] (PhD, 2007)	Gp A: Gandhaka Rasayana <sup>[50]</sup> Bhavana given with Kwatha Dravya's Arka (distillate) Gp B: Gandhaka Rasayana Bhavana given with Kwatha Gp C: Placebo control Gp (roasted Suzi) Tila Taila (Ext) for all Gps	34	30	In Gp A, B & C respectively, cured 11.70%, 14.70%, & O%, marked 38.23%, 5.88% & 0%, moderate 29.10%, 26.47% & 0%, mild 11.70%, 20.58% & 2.94%, unchanged: 8.82 %, 32.35 % & 97.05%.
Mukhadushii Rameshcha ndra Arun et al. [51] (MD, 2002)	Gp A: Shankha Bhasma 250 mg with luke warm water thrice a day orally (n=8), Gp B: Yauvanpidikahara lepa QS with milk for local application (n=8), Gp C: Shankha Bhasma orally & Yauvanpidikahara lepa locally (n=14).	30	35	In Gp A Cured 21.43% & marked 14.70%. In Gp B & Gp C respectively, moderate 50% & 87.50% & mild 50% & 12.50%
Amrutiya A et al. [52] (MD, 2009)	Gp A: <i>Kumkumadi ghrita</i> <sup>[53]</sup> prepared by Keshara (n=24), Gp B: <i>Kumkumadi ghrita</i> prepared by <i>Nagakesara</i> (n=25), (to wash face by luke warm water & do <i>Abhyanga</i> (Massage) with for 15 minutes	49	30	In Gp A & B respectively, marked 12% & 15.38%, Moderate 44% & 26.92%, Mild 16% & 23.07%. unchanged 28% & 34.61% Respectively.
Agraval U  et al. [54] (MD, 1990)	Gp A: Shvitraghna yoga A (20 herbal drugs indicated for Shvitra) (n=10), Gp B: Shvitraghna yoga B (20 herbs along with Rassindura) (n=10). Dose: Orally 2 gm for adult & 1 gm for child thrice a day with water. Ext Shvitraghna Taila in both.	20	135	In Gp A & B respectively, 30% & 50% cured, 20% & 40% marked, while 30% mild in gp A & 10% unchanged in Gp B.
Zankhana G et al. [55] (PhD, 2006)	Gp A: Vit-8 lepa QS Ext (n=31) Gp B: Vit -8 oil QS Ext (n=31) Gp C: Khadira 1gm, Amalaki 1gm & Bakuchi 500mg Int. twice a day with water. Bakuchi Oil QS Ext. (n=32) (lepa & Oil was applied once followed by rising sun exposure for 4 to 5 min.)	94	90 FU: 60	In Gp A, B & C respectively, marked 3.23%, 3.23% & 0.00%, moderate 29.03%, 6.45% & 34.38%, mild 64.52%, 61.29% & 53.13%, unchanged 3.23 %, 29.03 % & 12.50%.
Goyal M et al. [56] (MD, 2008)	Gp A: Karpanpatru (KP) Taila (Gomutra) (n=12) Gp B: KP Taila (Kanji) (n=12) Gp C: KP Taila (Takra) (n=12). QS for LA once a day followed by exposure to Sunlight for 5 minutes in the morning.	36	60 FU: 30	In Gp A, B & C respectively, marked 00%, 16.66% & 8.33%, moderate 8.33%, 8.33% & 16.66%, mild 58.66%, 50% & 33.33%, unchanged 33.33%, 25 % & 41.66%.

Jadav HR	Gp A (n = 25) Apamarga Kshara Yoga	50	60	In Gp A & B respectively,
et al. [57]	$Lepa^{[58]}$ . Gp B $(n = 25)$ Apamarga		FU: 30	52% moderate in each, 32%
(MD,	Kshara Yoga ointment. Int. in both			& 36% mild & 16% & 12%
2014)	Gps, 3 g of Rasayana churna <sup>[59]</sup> along			unchanged.
	with Madhu & Ghrita twice a day.			
Shingadiya	Gp A: Savarnakara Lepa <sup>[61]</sup> for LA	52	60	In Gp A & B respectively,
RK et al.	(n=24), Gp B: Savarnakara ointment		FU: 30	20.83% & 17.86%
[60]	for LA (n=28). In both Gps Int.			moderate, 75% & 60.71%
(MD,	Kanakabindvarishta <sup>[62]</sup> 20ml with			mild & 4.17% & 14.29%
2015)	equal quantity of water twice a day.			unchanged.

Gp= Group, FU: Follow Up, Ext= Externally, Int= Internally, LA= Local application, QS= Quantity sufficient

Table 2: Studies showing comparison between classical and contemporary modified formulations

Study	Name of formulation	Classical form	Modified	Better results
			form	
Mehta N et al.	Rasa karpura drava	Drava	Jel	-
Thaker A V et al.	Kampillaka Malahara	Siktha Taila	Vaselline	Classical
Druve K et al.	Kanakabindvarishta	Dhataki Pushpa	Yeast	Classical
Umrethiya B et al.	Guduchi Ghana	Kwatha	Soxhlet	Classical
			method	
Mitra S et al.	Gandhaka Rasayana	Kwatha	Distillate	Almost same
Tank ZG et al.	Vit-8 Yoga	Lepa	Oil	Almost same
Jadav HR et al.	Apamarga Kshara	Lepa	Ointment	Almost same
	Yoga			
Shingadiya RK et	Savarnakara Yoga	Lepa	Ointment	Almost same
al.				

Table 3: Studies showing pharmaceutical modifications of the classical formulations

Study	Name of	Modified	Group A	Group B	Group C	Better
	formulation	part				results
Anadakat HA	Rasamanikyam	Method	sarava	Abhraka	Kupi	Gp B
et al.			samputa	Patra	pakva	
Zala U et al.	Panchatikta	Method	Murchhit	Avartita	-	Gp B
	Ghrita		a			
Vaghmashi R	Guduchi Sneha	Method &	Taila	Ghrita	-	Gp A
et al.		Media				
Yadav P et al.	Gandhaka	Shodhana	Gomutra	Bhringraja	-	Gp A
		Media				
Mitra S et al.	Gandhaka	Media	Kwatha	Distillate	-	Almost
	Rasayana					same

Goyal M et al.	Karpanpatru	Media	Gomutra	Kanji	Takra	Gp B
	Taila					
Thaker H et al.	Gandhaka	Anupana	Nagavalli	Batsa	-	Gp B
	druti	Media	patra	Swarasa		
			Swarasa			
Shriman	Rasa Manikya	Dose	125 mg/	250 mg/ day	-	Almost
narayan			day			same
K et al.						
Agrawal S et	Guduchi	Time	1 hour	12 hours	-	Gp B
al.	churnakriya	duration				
Swayam	Rasasindoora	Time	168 hours	6 hours	-	Gp A
Prakashma K		duration				
et al.						
Dhruve K et	Khadirarista	Ingredient	Sugar	Jiggery	-	Gp B
al.						
Amrutiya A et	Kumkumadi	Ingredient	Keshara	Nagkeshara	-	Almost
al.	ghrita					same

Table 4: Assessment criteria included in the studies

Disease	Main symptoms	Special scores	
Kshudra kushtha	Vatika: Rukshta (Dryness), Shoola (Pain), Shyava	Not found	
(common skin	(blackish brown), Aruna (Reddish) Khara		
diseases)	(Abrasive)		
	Paitika: Daha (Burning), Raga (Redness),		
	Paristrava (Discharge), Paka (Swelling), Kleda		
	(Sticking)		
	Shleshmika: Kandu (Itching), Utsedha (Elevation),		
	Shveta (Whitening), Sheeta (Cold in touch)		
Vicharchika	Main Symptoms: Kandu, Pidika (Papillae),	Not found	
(Eczema)	Shyava, Srava (Discharge)		
	Associate symptoms: Vaivarnya (Discoloration),		
	Shoola, Daha, Matsyashakalopamam (Scaling),		
	Avadarana (Crack), Rukshata		
Ekakushtha	Main Symptoms: Aswedanam (Anhydrosis),	PASI score, Candle	
(Psoriasis)	Mahavastu (Extent of lesion),	grease sign, Auspitz	
	Matsyashakalopamam (Scaling)	sign, Koebner	
	Associate symptoms: Rukshata, Daha, Srava,	phenomena	
	Unnati, Kandu		
Mukhadushika Number and area of papules, Discoloration,		Not found	
(Acne)	Itching, burning, discharge		
Shvitra (Vitiligo)	Main Symptoms: Area, size, colour and number of	VASI score, Body surface percentage	
	the patches		
Associate symptoms: Mandalottpatti (Circular skin		chart, Candle grease	
	lesion), Rukshata, Saparidaha, Bahalatva	sign, Auspitz sign,	
	(Thickening of skin), <i>Kandu</i>	Koebner phenomena	

Table 5: Criteria for assessment of overall effect of therapy

Percentage (%)	Effect of therapy
0 - 24	No change
25 – 49	Mild improvement
50 – 74	Moderate improvement
75 – 99	Marked improvement
100	Cured