PUVA

Treatment with psoralen-based topical and systemic drugs in conjunction with UVA (PUVA) is used today for some patients with psoriasis. This treatment combination was first described by Tronnier and Schule in 1972 and has since been shown by numerous other researchers to be effective.
Psoriasis is most responsive to UVA administered in conjunction with oral or topical **psoralen** sensitization
(PUVA). There are beneficial effects of **psoralen with UVA** (**PUVA**) in the treatment of scleroderma.
In patients with **vitiligo,** PUVA is thought to act by creating a favourable milieu for the growth of melanocytes.
It is thought that psoralen reduces the appearance of psoriatic plaques because it causes cross-links to
form between adjacent strands of DNA when activated by UVA, thus interfering with cell replication and preventing the excessive cell proliferation characteristic of psoriasis.
Now a days, UV radiation is used primarily for the treatment of psoriasis and other dermatological conditions, including scleroderma, eczema, atopic dermatitis, cutaneous T-cell lymphoma (mycosis fungoides), vitiligo, and palmoplantar pustulosis. These treatments may be applied in conjunction with a range of topical medications.
PUVA may be used for the treatment of psoriasis and other skin disorders, including eczema, acne, pityriasis
lichenoides, vitiligo, pruritus, and polymorphic light eruption. PUVA or UVA radiation alone is also used for the treatment of eczema, urticaria, lichen planus, graft-versus-host disease, cutaneous T-cell lymphoma,
urticaria pigmentosa, and a variety of photosensitive disorders.
Psoriasis is not responsive to UVC and is minimally responsive to UVA without drug sensitization. Use of UVA alone is not recommended because the dose that does effectively clear psoriatic plaques also causes severe erythema and pigmentation, and increases the risk of melanoma.
The use of UV sensitizers in conjunction with UV radiation for the treatment of psoriasis has been studied
extensively. Previously, the most commonly used sensitizers were tar-based topicals and psoralen-derived drugs. However, studies on the use of tar-based derivatives in conjunction with UV radiation in the management of psoriasis have yielded mixed results, with some reporting that these products are valuable adjuncts to treatment, and others reporting that tar-based products are no more effective than simple oil-based ointments.