VOLUME - 15, ISSUE - 01, JANUARY - 2026 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Ayurveda

MANAGEMENT OF PSORIASIS THROUGH AYURVEDA: A CASE STUDY

Dr. Bhargavi N. Acharya*	3rd year PG Scholar, PG Department of Kayachikitsa, J. S. Ayurveda Mahavidhyalaya, Nadiad. *Corresponding Author
Dr. Feni Patel	3rd year PG Scholar, PG Department of Kayachikitsa, J. S. Ayurveda Mahavidhyalaya, Nadiad.
Prof. Dr. Meghana Chaudhary	Assistant professor in the Department of Kayachikitsa, J. S. Ayurveda Mahavidhyalaya, Nadiad.
Prof. Dr. Manish V. Patel	Professor and Head, PG Department of Kayachikitsa, J. S. Ayurveda Mahavidhyalaya, Nadiad.

ABSTRACT In present era, skin diseases are major hazard among people. It affects mental health more than physical, as it disturbs the cosmetic harmony. Psoriasis is a chronic immune mediated disease with relapsing and remitting pattern in which long term steroid creams and immunosuppressive medicines are only available treatment which have limited effect and carrying many adverse effects. In *Ayurveda* psoriasis can be called as *Eka Kustha*. The *Ayurveda Shodhana* and *Shamana* therapy not only relieves the symptoms but also cures it from the root. *Ayurveda* treatment helps to prevent the reoccurrence of the disease, which conventional medicaments does not do. **Introduction:** A 42 year old married male patient came to opd with red colour plaques on b/l upper and lower limbs and back with itching and scaling and was treated with *Shodhana Chikitsa* and *Shamana Chikitsa* for 3 months. **Results:** The symptoms were assessed with the help of PASI score at pre and post therapy, and the results were noted. After 3 months of treatment as a result the scaling decreased, no new erythematous plaque formation and itching was completely relieved, normal colour of skin was regained on upper extremities. **Conclusion:** *Ayurvedic* treatment modalities like *Shodhana*, *Shamana* and *Bahirparimarjana Chikitsa* are effective in the psoriasis and it decreases the chance of reoccurrence of disease.

KEYWORDS : Ayurveda, Eka Kustha, Psoriasis, Shamana Chikitsa, Shodhana Chikitsa

INTRODUCTION

In ayurveda there is wide description of skin disorder available under a single heading *Kustha*. *Kustha roga* has involvement of *tridosa* with the vitiation of *Tvak*, *Rakta*, *Mamsa* and *Lasika*. *Eka Kustha* has been mentioned under *Kshudra Kustha*. The main clinical features of *Eka Kustha* are *Aswedanam* (loss of perspiration, *Mahavastu* (extends skin lesion), *Matsya shakalopamamskin* scales resembles the scales of fish). Psoriasis is a chronic immune mediated disease clinically characterised by well define, erythematous scaly plaques and usually follow relapsing and remitting course. Psoriasis can be corelated with *Eka Kustha* because of the similarity in the signs and symptoms. Psoriasis is derived from the Greek word psora means itching and sis means acting condition. It affects 1-3% of the general population. It is usually localised in the extremities, trunk, scalp and nails.

The disease may begin at any age, but typically starts in adulthood. The aetiology of psoriasis is still poorly understood, but the genetic component has a strong effect on disease. 35-55% of patients of psoriasis have positive family history.

The symptoms of psoriasis often worsen during winter and with certain medications, such as beta blockers or NSAIDs. There is no known cure for psoriasis, but various treatments can help control the symptoms. These treatments include steroid creams, vitamin D3 cream, ultraviolet light, immunosuppressive drugs, such as methotrexate and biologic therapies. But all of these therapies will only give symptomatic results. People with psoriasis also have low self-esteem and depression is more common among them. Many of conventional medicines used to treat psoriasis carry an increased risk of significant morbidity including skin cancers, lymphoma and liver disease. Therefore, there is need to develop an alternative management of psoriasis which can give long term benefit without any adverse effect, reoccurrence and better quality of life.

CASE REPORT

Patient Information

A 42-year-old, married, Muslim male patient visited our hospital on 24th march,2024. He had complaints of red colour plaques on b/l upper and lower limbs and back with itching and scaling since 1.5 years. There was no positive family history. The case was diagnosed as psoriasis by an allopathic doctor and he was advised to use sorvate-c ointment cream. For few days lesions subsided but later the symptoms were growing and itching aggravated. Patient took allopathic medicine for that but the lesions progressed continuously. So patient came to our hospital in march and he was advised for *shodhana* therapy but due to service he could not be admitted at that time. Then again patient visited our hospital in April and admitted.

According to patient he was working in an air-conditioned corporate office, due to high work load he was working from 9 in the morning to night either 8 or 9 pm. He is the manager in his office and he had several meetings in a day. During this duration he was eating food from his canteen, which was mostly spicy fast food. According to ayurveda *chinta* and *vidahi aahara*(*amla*,*lavana*,*katu aahara*) is the main causative factor of *tridosha* vitiation which in turn vitiates *rakta*, *mamsa* and *lasika* which caused *eka kustha* as he continued the same lifestyle.

Personal History:

- Diet: mixed
- Addiction: not any
- Past history: not any major illness
- Family history: not any
- Surgical history: not any

CLINICAL FINDINGS:

Samanya Pariksha:

- Pulse:76/min.
- B.P. 110/70 mmhg

- R.R.- 16/min
- Weight-80 kg
- Height -158 cm
- Temperature-98.7-degree Fahrenheit

Systemic Examination
- R.S.- bilateral air entry clear
- C.V.S. – S1S2 heard, no abnormal murmur heard
- CNS – conscious and oriented

ASTAVIDHA PARIKSHA:
- *Nadi* – *Pittakaphaja*
- *Mutra* – 5-6 times in a day, normal colour (pale yellow)
- *Mala* – once a day
- *Jihwa* – coated
- *Shabda* – speech and hearing was normal
- *Sparsha* –*Ruksha*
- *Druka* – normal
- *Akruti* – *Madhyama*

Integumentary System Examination
- Site- b/l hands, b/l legs, back
- Distribution- The lesions at the site were symmetrical and well demarcated.
- Colour- erythematous with white scaly lesions
- Texture- dry, rough (at site of lesion)
- Itching – present, severity- severe

TIMELINE

Table no.1 represent the timeline of occurrence of events in the present case study. It represents all the symptoms along with the treatment taken by the patient.

Table No 1. Timeline Of The Case Study

Years	Events	Intervention
June , 2022	b/l red erythematous plaque formed on b/l lower limb	At initial stage he ignored the condition
August, 2022	The red erythematous plaques increased in number	He went to physician and he was advised to use sorvate-c ointment cream.
June,2023	The red erythematous plaques with itching developed on b/l hands and legs	He again used the ointment for some months
March,2024	The itching and scaling was increased and also the red erythematous plaques are also formed on back region	He visited our hospital and he was advised for hospitalization for Panchkarma procedures
April, 2024	All the symptoms were increased	He has been admitted in our for Panchkarma procedures on 5th April,2024

Diagnostic Criteria:

1. Aswedana (loss of perspiration)
2. Mahavastu (extension of lesion)
3. Matsyashakalopam / Abhrakpatrasama(scaling)
4. Krshna aruna varna (dark/reddish brown colour/ discoloration)
5. Kandu (itching)
6. Rukshata (dryness)

Criteria For Assessment:

1. All the signs and symptoms of *Eka Kustha* (psoriasis) will be assessed before and after the treatment. The scoring pattern was applied for sign and symptoms and it is given in Table no 2.

Table No 2. Assessment Score Chart

Score	0	1	2	3	4
Loss of perspiration (Aswedana)	Normal perspiration	Little perspiration	Normal perspiration with exercise	Little perspiration with exercise	No perspiration after exercise
Extension of lesion (Mahavastu)	No lesion	Lesion on partial parts of hand,leg ,neck,scalp, back	Lesion on most parts of hand, leg, neck,scalp, back	Lesion cover maximum parts of hand, leg, neck, scalp, back	Whole body
Scaling (Matsyashakalopam / Abhrakpatrasama)	No scaling	Scaling off b/w 15-28 days	Scaling off b/w 7-15 days	Scaling off b/w 4-7 days	Scaling off b/w 1-4 days
Itching (Kandu)	No itching	Occasional	Frequent but tolerable	Not tolerable and disturbed routine	Mostly all time with disturbed routine
Dryness (Rukshata)	normal	Slight dry skin	Excessive dry skin	Lichenified skin	Bleeding through the skin
Discoloration (Krushnaaruna varna)	Normal coloration	Slight discoloration	Reddish coloration	Reddish black reddish discoloration	Black reddish discoloration

Assessment by PASI score

Therapeutic Intervention

He had been admitted and treated with *Panchkarma* procedures like *Snehpana*, *Vaman karma*, *Virechana karma*, *Niruha basti*, *Matra basti*, *Rakstamokshana karma* and oral medicines for one and half month. After one and half month of treatment, she is continuing oral medicines only and he regularly comes for followup in opd. Along with that patient was advised to follow dietary regulation and do pranayama during and after the treatment.

In phase 1. *Abhyantara sodhanartha snehpana* with *panchtikta ghrita* was given with the starting dose of 40 ml twice with *ushnodaka* and increased the quantity till 85ml until *samyaka snigdha lakshana* achieved. After that *Abhyanga* with *Jatyadi Taila* and *Swedana* with *Nimba Patra* for 2 days given. On the 2rd day *vamana karma* performed with *Madanphala churna* in 3.5 gm dose. After the *sansarjana krama* of 2 days again *abhyantara snehpana* was given till 90ml untill *samyaka snigdha lakshana* achieved. After that abhyanga and *swedana* for 3 days were done. On the 3rd day *Virechana Karma* performed with *Eranda Sneha* 60ml + *Dindayala Churna* 6 gm with *Draksha kvatha* on empty stomach. 14 *Virechana* Vega occurred and 2 days *Sansarjana krama* followed. According to the patient's sensitivity to purgatives (*kostha*) dose of the purgatives may vary.

Phase 2. After *Samsarjana krama*, *Niruha Basti*(*Pathyadi kustha Kvatha*), *Matra Basti* (*panchtikta ghrita)* on alternate day started along with oral ayurvedic medications:(1) *Manjisthadi kwatha* -40ml bd empty stomach (2) *Kaishora guggulu*- 3 tab tds with water before meal (3) *Lelitaka makshika yoga*- 2 tab bd with water before meal(4) *Haridra khnda*-3gms tds with water before meal (5) *Panchtikta ghrita* - 20ml bd with decoction for *Samanarth Snehapana*. For the

local application Tutthadi lepa was given.

Dietary Intake:
Patient is advised to take mung, mung bean soup, boiled vegetables like ridge gourd, sponge gourd, bottle gourd, pointed gourd, ash gourd, fenugreek seed leaves, drumstick, and bitter gourd, rice, wheat chapati in food and lukewarm water for drinking.

To avoid oily, spicy and fermented food, dairy products, refined wheat products, biscuit, salty items, pickles, curd, buttermilk, tomato, lemon etc.

Outcome And Follow Up
Patient was assessed before and after the treatment as well as after follow up after 1 month of discharge. The use of above mentioned drug in 15 days, showed 70% reduction of itching all over body. After 1&1/2 months the scaly patches disappeared. Relief in itching and scaling, No new patch formation were observed after the treatment. Table no.3 shows the outcome of treatment. Figure no.1 &2 shows the condition of patient before the treatment and figure no.3 & 4 shows after treatment results

Table No 3. Outcome Of The Treatment

Sign and symptom	Before treatment (05/04/2024)	After treatment (after 3 months) 17/06/2024
Loss of perspiration	3	0
Scaling	3	1
Itching	4	0
Dryness	2	0
Discoloration	2	1
Erythema	4	0
PASI score	15.2	2.4

Before treatment (05/04/2024)

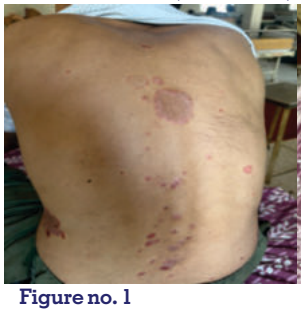

Figure no. 1

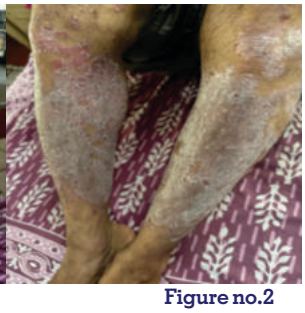

Figure no.2

After treatment(17/06/2024)

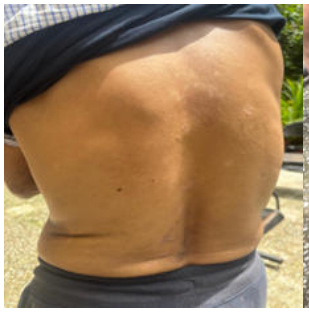

Figure no. 3

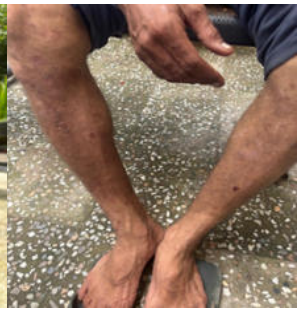

Figure no.4

DISCUSSION:
Eka kustha(psoriasis) is chronic and *Bahudoshajanya vyadhi* so both *Shamana* and *Shodhana* therapy have to be followed for better long-lasting results. In this case study *Chinta* and *Vidahi Aahara* (*amla,lavana,katu aahara*) is the main causative factor of *Tridosha* vitiation which in turn vitiates *rakta*, *mamsa* and *lasika* which caused *Eka Kustha* as he continued the same lifestyle. Depending of *Lakshana* and *dosa* the treatment was planned. i.e.*Snehpana*, *Abhyang* and *Swedana*, *Virechana karma*, *Basti*, *Raktamokshana*, *Sansaman Aushadhi* and *Bahirparimarjana chikitsa*.

Shodhana Therapy:
Then ***snehpana*** is carried out to facilitate the mobilization of doshas from the site of its manifestation to the site of elimination *i.e. Kostha*. It helps in *utkleshana* of *doshas*. *Snehpana* also helps to loosen the *Doshadushya* bonding which helps to break the pathogenesis of disease. In this study *Panchtikta ghrita* was used as this *Ghrita* is *tikta pradhana*, *Tridoshahara*, Raktashodhaka and Kusthaghna. *Ghrita* lubricates the and softens the *dosha*, improves the *agni*, regulates the bowel and improves the strength and complexion.

Abhyanga with *Jatyadi* tail is *Kaphapittahara*, *Vedanasthapaka*, *Ropaka* and *Vranashodhaka*. It was followed by ***Baspa swedana*** as it has *kandughna* and *kusthaghna* properties. It helps to open the pores of skin. When *Abhyang* and *Swedana* are done, the *doshas* gets further liquified and moves to *Kostha*, which are then easily eliminated through *Shodhana* methods.

Vamana and Virechana –after *Abhyanga* and *Swedana*, the accumulated *doshas* easily eliminated by the action of *Vamana* and *Virechana karma*. These helps in removal of disease from its root cause, hence the chance of relapse of disease is less.

After *Vamana* and *Virechana*, the *agni* becomes weak due excessive elimination of doshas and strength of patient will be decreased so ***Samsarjana karma*** helps to restore the *agni* and strength of the patient.

After completion of *Samsarjana krama*, ***Basti*** of *Pathyadi kustha* was done on daily basis. This *basti* is *Kashaya rasa pradhana* and it is *Kandughna* and *Kusthaghna*. ***Raktamokshna*** helps to detoxify the blood and beneficial in various skin disorders.

Shamana Therpay:
After *Shodhana Shaman* therapy with drugs like *Lelitaka makshika*, *Haridra khanda*, *Manjisthadi kwatha* and *Kaishor guggulu* were given along with *Panchtikta ghrita* .

Lelitaka makshik is *Saptadashakusthaghati*. Maximum ingredients of *Lelitaka makshika* yoga have *Kandughna*, *Kusthaghna*, *Rasayan* properties.

Haridra khanda it is *Pittakaphahara* in nature and also *Kanduhara* and *Raktashodhaka* by its ingredients.

Manjisthadi kwatha have the properties like *Agnidipana*, *Raktashodhaka*, *Samsrana*, *Pitakaphahara* and *Kusthaghna*. It has *Tikta-kashya* rasa and it is *Pittakaphashamaka*.

Kaishor guggulu is *Raktashodhaka*, it also has better action on *Mamsa* and *Medodhatu*. it is *Varnya* and *Tridoshahara*, *Agnidipaka* in nature. All these drugs are *Tikta rasa Pradhan*. They are *Raktashodhaka* and *Varnya* in nature and beneficial in the skin disorders.

Tutthadi lepa is *Vatakaphahara* in nature so it is also beneficial in psoriasis.

Panchtikta ghrita has *Tikta rasa, Ushna virya* helps in *rasa* and *Raktaprasadana* by pacifying *kapha&pitta doshas* and has *Rasayan* properties. Though *Shamana* therapy is beneficial in decreasing the symptoms of psoriasis but the chance of reoccurrence is more and it also takes very long time. *Shodhana* therapy helps to remove the disease from its

roots, it takes short duration of time and even it prevents the relapse of the disease.

CONCLUSION:

Psoriasis is a chronic recurrent relapsing type of disease and it manifested in favourable environment. It has high impact on the body, mind and quality of life of patient. *Shodhana* karma helps to remove the root cause of the disease and prevents the disease from its reoccurrence by eliminating aggravated doshas in the body. The orally prescribed medicines help in alleviating the symptoms and worked as Immune booster. *Nidana sevana* is the major causes of *Kushta roga*. *Nidana parivarjana* and *Pathyapathya palan* seems to play an important role in curing of this disease. After 3 months of treatment as a result the scaling decreased, no new erythematous plaque formation and itching was completely relieved, normal colour of skin was regained on upper extremities. This case study is documented evidence for effective management of psoriasis by *Ayurvedic* treatment.

Informed Consent

Written permission for publication of this case report has been obtained from the patient.

Source Of Funding

None

Conflict Of Interest

No any conflict of interest.

REFERENCES:

1. Agnivesh, Charak, Dridhbala, Charaka Samhita, Text with English Translation, volume 2 chikitsa sthana, chapter 7- verse 9-10, edited by Dr. priyavrat sharma, Chowkhamba Sanskrit series office, varanasi, India, edition 2014, pp-125
2. Agnivesh, Charak, Dridhbala, Charaka Samhita, Text with English Translation, volume 2 chikitsa sthana, chapter 7- verse 9-10, edited by Dr. priyavrat sharma, Chowkhamba Sanskrit series office, varanasi, India, edition 2014, pp-125
3. Ian D. Penman, Stuart H. Ralston, Mark W. J. Strachan, Richard P. Hobson, Davidson's principles and practice of medicine, 24 edition, Chapter 27 dermetology, page no. 1099
4. Piyush gupta,PG textbook of pediatrics, volume 3, part 8, chapter 48.14, page no- 2908
5. Joseph Loscalzo,Dennis L. Kasper,et al, Harrisons principles of internaal medicine, 21st edition, New York,2022, Page no-1535
6. https://www.webmd.com/skin-problems-and-treatments/psoriasis/psoriasis-fall-winter assessed on 21/06/2024 18:00 IST
7. https://en.wikipedia.org/wiki/Psoriasis assessed on 20/06/2024 17:00 IST
8. Thappa, D. M., & Munisamy, M . (2017). Research on psoriasis in India: Where do we stand? The Indian journal of medical research, 146(2), 147–149. https://doi.org/10.4103/ijmr.IJMR_1296_17 (Assessed on 22th june 2:00 PM IST)
9. Vigna Vyas,Manish Patel, S.N.Gupta. Ayurvedic Management of Psoriasis Vulgaris-A case report.International Journal of Ayurveda and Pharmaresearch.2023;2023;11(6):70-75 https://doi.org/10.47070/ijapr.v11i6.2817
10. Sterry.w, Paus.W,burgdorf W,sterry dermatology Ed 2006,Thieme, Newyork. Page no-267
11. shri kaviraj ambikadattashastri Mishra; Bhaisajyaratnavali of shri govinddasji volume II edited and enlarged by bhisagratna shribrahmashankarmishra visphota chikitsa prakran 58-20
12. Dr. Rajendra Joshi, Dr. N.B.Mashetti & Dr. Rakeshkumar Gujar. Comparative clinical study of Jatyadi taila and Jatyadi Ghrita in the management of Dushta Vrana.Journal of Ayueveda and Integrated medical scienecs,2018;3(03) 47-53. Retrieved from https://jaims.in/jaims/article/view/400
13. Vidyanath.R, Astanga Hrdaya of Vagbhata, sutrasthana, 1st edition, Chuakhambha surbharati prakashan oriental publishers, chapter 17 page no-276
14. Vidyanath.R, Astanga Hrdaya of Vagbhata, sutrasthana, 1st edition, Chuakhambha surbharati prakashan oriental publishers, chapter 17 page no-276
15. Trikamji VY, Acharya. Charak Samhita of Agnivesa Elaborated by Charak and Dridhbala with the Ayurved Dipika commentary by chakrapani. Chaukhambha Sanskrit sansthana, reprint 2013, chikitsa sthana 7, verse 70.
16. https://iamj.in/current_issue/images/upload/2232_2238.pdf assessed on 25/06/2024 time 18:00 IST
17. https://jaims.in/jaims/article/view/5 assessed on 25/06/2024 time 18:00 IST
18. https://www.researchgate.net/publication/285511210_An_ayurvedic_polyherbal_formulation_Kaishore_Guggulu assessed on 26/06/2024 time 18:10 IST
19. Ihttps://www.ayurmedinfo.com/2012/06/26/tutthadi-lepa-benefits-how-to-use-ingredients-side-effects/ assessed on 26/06/2024 time 18:30 IST