ORIGINAL RESEARCH PAPER
Volume - 14 | Issue - 04 | April - 2025 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

AYURVEDIC STRATEGIES FOR PSORIASIS: INTEGRATING TRADITIONAL AND MODERN INSIGHTS

Medicine

R Kranthi Vardhan Vardhan Ayurveda Hospital, 2nd Floor, 8-2-629/11/A, RMK Plaza, Road No: 12, Opposite Virinchi Hospital, Banjara Hills, Hyderabad – 500034, India.

G Suman Madhuri Vardhan Ayurveda Hospital, 2nd Floor, 8-2-629/11/A, RMK Plaza, Road No: 12, Opposite Virinchi Hospital, Banjara Hills, Hyderabad – 500034, India.

D.M. Ravichand* Department Of Pharmacology, Arundathi Institute Of Medical Sciences, Beside MLRIT, Dundigal, Gandi Maisamma, Medical - Malkajgiri Dist. Telangana, India. *Corresponding Author

ABSTRACT

Psoriasis is a chronic inflammatory skin disorder characterized by erythematous plaques with silvery scales. A conventional treatment provide symptomatic relief but often fail to address the root cause and may have adverse effects Ayurveda, the traditional Indian system of medicine, offers a holistic approach, incorporating detoxification, herbal remedies, and lifestyle modifications. This study evaluates the efficacy of Ayurvedic treatments in psoriasis patients, focusing on demographic and baseline characteristics, treatment protocols, and outcomes across various patient subgroups. In Ayurveda, under the umbrella of Kushtha all skin diseases are described. In management of Psoriasis Ayurvedic system of medicine is giving good results. The main line of treatment of skin diseases in Ayurveda is repeated Samshodhana (purificatory therapies) along with Samshamana (palliative therapies). Plaque Psoriasis has the highest cure frequency among all types, especially at the 90% (17 cases) and 80% (15 cases) cure rates, indicating that it is more effectively managed compared to other types. Scalp Psoriasis has a low cure frequency, with the highest at the 80% (3 cases) cure rate and only one case at the 90% cure rate. The highest success rates (100% and 95%) are rare, appearing in only a few instances, suggesting that complete cures are less common. Plaque Psoriasis appears to have the best treatment response, while Eczematous, Palmoplantar, and Scalp Psoriasis show lower cure frequencies. The findings support the potential of Ayurvedic interventions as an effective alternative treatment modality for psoriasis.

KEYWORDS

Skin disease, Plaque Psoriasis, Psoriasis, Kushta, Eka kushta, Quality of Life.

INTRODUCTION

Psoriasis affects approximately 2-3% of the global population, significantly impacting quality of life [1]. In Ayurveda, psoriasis is associated with "Ekakushtha," caused by imbalances in the Vata and Kapha doshas and toxin accumulation (Ama) in the body [2]. The Ayurvedic treatment approach integrates detoxification (Shodhana), pacification (Shamana), and rejuvenation (Rasayana) therapies to restore dosha balance and enhance overall health.

Psoriasis is a chronic inflammatory skin disorder characterized by erythematous plaques with silvery scales. While conventional treatments offer symptomatic relief, they often come with side effects and do not address the disease's root causes. Ayurveda, the traditional Indian system of medicine, provides a holistic approach to managing psoriasis through detoxification, herbal remedies, and lifestyle modifications. This study evaluates the efficacy of Ayurvedic treatments in psoriasis patients, focusing on demographic and baseline characteristics, treatment protocols, and outcomes across various patient subgroups.

Psoriasis is a common dermatologic disease, affecting up to 1% of the World's population,both males and females suffering equally. The word Psoriasis is derived from Greek word 'Psora' means 'itch' and 'sis' meaning 'acting condition'. It has a bimodal age of onset (16 to 22 and 57 to 60 years). Psoriasis is a chronic, multisystem inflammatory disease involvement of skin and joint in predominant. Psoriasis has an emotional and psychosocial effect on patients more than physical dimensions of disease affecting social functioning and interpersonal relationships. Pathogenesis is multifactorial, involving genetic associations and dysregulated inflammation. Psoriasis is a systemic inflammatory disease, it is associated with multiple co morbidities, including cardiovascular disease and malignancy [3]. Appropriate treatment is initiated, depending on the severity of disease. Diagnosis of psoriasis is primarily clinical and a skin biopsy is rarely required (Figure 1).

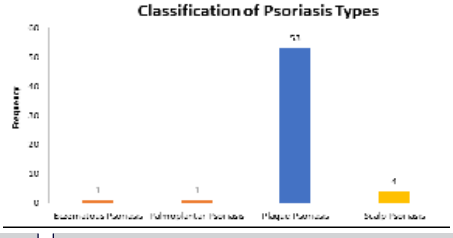

Figure 1: Overview of Psoriasis Type Distribution

There are different clinical types of psoriasis, the most common of which is chronic plaque psoriasis, affecting 80% to 90% of patients with psoriasis. Classic plaque psoriasis is well-demarcated, symmetric, and erythematous plaques with overlying silvery scale. Plaques are typically located on the scalp, trunk, buttocks, and extremities but can occur anywhere in the body. Patients might demonstrate nail involvement, which can see without concomitant plaques. Active lesions might be painful or itchy. Psoriasis can also present as an isomorphic response, where new lesions develop on previously normal skin that has sustained trauma or injury (Koebner's phenomenon). For mild to moderate disease, first-line treatment in conventional medicine involves topical therapies including vitamin D3 analogues, corticosteroids, and combination products. There is no satisfactory treatment available for Psoriasis in conventional medical system. However, Ayurvedic system of medicine is giving good results in management of Psoriasis. In Ayurveda all skin diseases are described under the sunshade of Kushtha. There are several types of Psoriasis which can be related to certain conditions mentioned in Samhitas.

Since Vedic period description of Kushtha is present, Ekakushtha is described in Garuda Purana and in almost all Ayurvedic classics after that period like Brihattrayi, Laghutrayi and all texts afterwards. Ekakushtha is mentioned in all Ayurvedic classics under Kshudrakushtha and has predominance of Vata and Kapha Dosha. Another type of Kushta Sidhma Kushta, characterized by thin white/ coppery lesions with predominant scaling is also mentioned in Ayurveda. These etiological factors lead to vitiation of Tridosha especially Vata and Kapha. The causative factor of Ekakushtha and Sidhma is same as Kushtha. Dietary factors like Viruddha Aahara (incompatible foods), excessive consumption of Drava, Snigdha, Guru Aahar (excess use of foods which are liquid, unctuous and difficult to digest), Vega Dharana (suppression of urges) especially vomiting are the major aetiologies as per Ayurveda. As a causative factor for the disease indulgence in sinful act is also described. Acharya Charaka has mentioned the symptoms of Ekakushtha as Mahavastu (big), Aswedanam (without sweating), and Matsyashakalopamam (like scales of fish) and Acharya Sushruta described its symptoms as Krishna Aruna Varnata (blackish red lesions). Three Doshas, Vata, Pitta and Kapha through Tiryakvahini Siras proceed to Bahya Rogamarga i.e., Twacha, Rakta, Mamsa and Lasika and cause disease.

Repeated Samshodhana (purificatory therapies) along with Samshamana (palliative therapies) is the main line of treatment of skin diseases in Ayurveda.

Shodhana removes Vruddha (vitiated) Doshas from the body. Shamana stabilizes Doshas in our body. So, both Antaparimarjana and Bahirparimarjana Chikitsa was done. This case study wants to substantiate the effectiveness of Ayurvedic treatment in the management of Plaque psoriasis (Figure 2). Written informed consent was obtained from the patient for the publication of this case report.

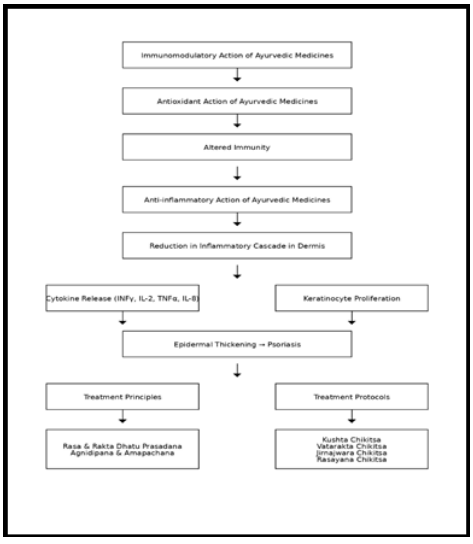

Figure 2. A flow chart describing the Ayurvedic treatment in the management of Plaque psoriasis

MATERIALS AND METHODS

A prospective, open-label study was conducted involving 59 patients diagnosed with psoriasis. The treatment protocol included: External Therapies, Internal Therapies, and the DEALS Framework for holistic healing.

1. **External Therapies – Vardhan Tvaktramrutha Chikitsa™**

A specialized Ayurvedic skin therapy lasting 18, 28, or 45 days based on severity. Key procedures include:

Healing Massages (Abhyanga, Shiro Abhyanga)

Steam Therapies (Swedam, Leaf Bundle Therapy – Elakizhi)

Detox Therapies (Vamana – Induced Vomiting, Virechana – Purgation, Vasti – Enema)

Medicated Oil & Herbal Treatments (Pizhichil, Navarakizhi, Takra Dhara)

Additional Therapies (Nasyam, Karna Poorana, Udwarthanam)

2. Internal Therapies

A range of Ayursages herbal medicines to detoxify, balance doshas, and promote skin health, including: Gut Reset, Liver Pro, Blood Pure, Skin Fix, Derma Plus, Immuno Vardhan, Chyawanprash, and various Ayurvedic oils, syrups, and laxatives.

3. DEALS Framework

A structured approach to Diet, Exercise, Attitude, Lifestyle, and Stress for managing psoriasis:

D – Diet Management: Avoid spicy, sour, and processed foods; emphasize fresh fruits, vegetables, whole grains, and omega-3-rich foods.

E – Exercise & Sweating: Swimming, biking, running, yoga, and low-impact workouts to enhance circulation and flexibility.

A – Attitude & Let Go: Focus on acceptance, optimism, self-compassion, and mindfulness to reduce emotional triggers.

L – Lifestyle Management: Prioritize 7-9 hours of quality sleep and relaxation routines.

S – Stress Management: Use Pranayama, Meditation, and Mindfulness to lower stress-induced flare-ups.

This holistic Ayurvedic approach restores skin health by detoxifying the body, improving lifestyle habits, and enhancing mental well-being.

- **Vamana (Therapeutic Emesis):** Detoxification to remove toxins.
- **Takradhara (Medicated Buttermilk Therapy):** Stress relief and healing enhancement.
- **Rasayana Therapy:** Rejuvenative herbs to enhance immunity and skin health.
- **Diet and Lifestyle Modifications:** Adjustments in food intake and daily habits to prevent flare-ups.
- **Exercise and Stress Management:** Techniques to improve overall well-being.

Safety evaluations included liver and kidney function tests.

RESULTS:

The demographic and baseline characteristics of psoriasis variants suggest that **Plaque Psoriasis** is the most prevalent and well-documented type, with a higher treatment frequency across different cure rates. **Scalp Psoriasis, Palmoplantar Psoriasis, and Eczematous Psoriasis** appear to be less common or less frequently treated, as indicated by their lower frequency in the dataset (Figure 3). The variation in cure rates implies possible differences in **disease severity, treatment response, and patient demographics** such as age, genetic predisposition, or environmental factors. Overall, the data highlights the need for targeted treatment strategies based on the specific type of psoriasis (Table-1).

Gender Distribution: 66.10% male (n=39), 33.90% female (n=20) .
Age Distribution: Mean age 40.56 ± 17.14 years.

Table 1: Summary Of Demographic And Baseline Characteristics

Parameter		Statistics	Treatment Group (N=59)
Gender	Male	n (%)	39 (66.10%)
	Female	n (%)	20 (33.90%)
Age		Mean ± SD	40.56 ± 17.14
		Median	39.00
		Quantile	27.00;52.00
		Range	9.00 - 80.00
Age Distribution	≤18 years	n (%)	3 (5.08%)
	18 - 40 years	n (%)	28 (47.46%)
	41 - 65 years	n (%)	21 (35.59%)
	>65 years	n (%)	7 (11.86%)

The distribution of psoriasis variants in the graph shows that Plaque Psoriasis is the most common and widely treated form, with the highest frequency across different cure rates. Scalp Psoriasis, Palmoplantar Psoriasis, and Eczematous Psoriasis have significantly lower treatment frequencies, indicating that they may be less common or harder to treat effectively. The data suggests that Plaque Psoriasis responds better to treatment, especially at 90% and 80% cure rates. Overall, complete cures (100%) are rare across all variants (Table-2).

Table 2: Overview of Psoriasis Variants

Type of Psoriasis	Severity	n	%
Eczematous Psoriasis	Moderate	1	1.69%
Palmoplantar Psoriasis	Moderate	1	1.69%
Plaque Psoriasis	Moderate	53	89.83%
Scalp Psoriasis	Moderate	4	6.78%
Grand Total		59	100.00%

Ayurvedic Treatment Strategies for Psoriasis:

Ayurveda approaches psoriasis as a condition caused by an imbalance in Vata, Pitta, and Kapha doshas, leading to toxin accumulation (Ama) in the body. Treatment strategies focus on detoxification, lifestyle modifications, and herbal therapies [13].

- **Panchakarma Therapy** – Detoxification procedures like Vamana (therapeutic emesis), Virechana (purgation), and Takradhara (medicated buttermilk therapy) help eliminate toxins and purify the blood [4 & 9].
- **Herbal Remedies** – Herbs such as Neem, Turmeric, Aloe Vera, Manjistha, and Guduchi possess anti-inflammatory, immune-modulating, and skin-healing properties [5 &10].
- **Dietary Modifications** – A Pitta-pacifying diet is recommended, avoiding spicy, fried, and acidic foods while incorporating cooling and alkaline foods like bitter vegetables and fresh fruits [11].
- **Medicated Oils & External Applications** – Herbal oils like Karanja, Mahamarichyadi, and Coconut oil soothe irritation and promote healing [12].
- **Lifestyle Changes & Yoga** – Stress management through meditation, yoga, and pranayama supports overall well-being and reduces flare-ups [6 & 8].
- By integrating these therapies, Ayurveda aims to balance the

body's natural energies, cleanse impurities, and promote long-term relief from psoriasis.

28-Day Ayurvedic Treatment Plan for Psoriasis:
All patients followed a structured 28-day treatment plan combining Ayurvedic therapies, dietary regulations, lifestyle modifications, and stress management techniques. The approach aimed to detoxify the body, restore dosha balance, and promote skin healing (Table-3).

Table 3: Overview Of The Treatment Details

Treatment Duration	n	%
18 Days	-	-
28 Days	59	100.00%
45 Days	-	-
Treatment Plan	n	%
External Therapies	59	100.00%
Internal Therapies	59	100.00%
Diet Management for Psoriasis	59	100.00%
Exercise Management for Psoriasis	59	100.00%
Attitude Management or Let Go Management	59	100.00%
Lifestyle Management for Psoriasis	59	100.00%
Stress Management for Psoriasis	59	100.00%

1. External and Internal Ayurvedic Therapies
Patients underwent a combination of herbal formulations, medicated oils, and detoxification treatments to address psoriasis at the root level. Internal therapies included herbal decoctions, blood-purifying herbs (Neem, Manjistha, Guduchi), and digestive tonics (Triphala, Turmeric). External applications involved medicated oils (Mahamarichyadi Taila, Karanja Oil), herbal pastes, and soothing skin treatments to reduce scaling, inflammation, and itching.

2. Diet, Exercise, and Lifestyle Management
A Pitta-pacifying diet was followed, emphasizing light, cooling, and detoxifying foods while avoiding spicy, fried, and processed meals. Regular yoga and mild exercises were incorporated to enhance circulation and detoxification. Daily routines (Dinacharya) and seasonal guidelines (Ritucharya) were also emphasized to maintain natural biological rhythms and overall well-being.

3. Stress and Attitude Modification
Since stress is a known trigger for psoriasis, the treatment plan included meditation, pranayama (breathing exercises), and relaxation techniques to promote emotional balance. Patients were encouraged to practice positive thinking, mindfulness, and self-awareness techniques to reduce anxiety and improve overall treatment outcomes.

This comprehensive 28-day treatment protocol integrated Ayurvedic therapies, mindful dietary habits, lifestyle corrections, and emotional well-being practices, offering a holistic approach to psoriasis management with a focus on long-term relief and disease prevention.

The **resolution rates of psoriasis treatment** among male and female patients, highlighting the percentage of individuals achieving different cure rates are presented in Table 4 and Figure 3.

Table 4: Summary of Problem Resolution Rates by Gender

% Problem Cured	Female (N=20)		Male (N=39)		Overall (N=59)	
	n	%	n	%	n	%
70.00%	-	-	4	10.26%	4	6.78%
80.00%	5	25.00%	13	33.33%	18	30.51%
85.00%	1	5.00%	1	2.56%	2	3.39%
90.00%	10	50.00%	9	23.08%	19	32.20%
95.00%	2	10.00%	5	12.82%	7	11.86%
100.00%	2	10.00%	7	17.95%	9	15.25%
Grand Total	20	100.00%	39	100.00%	59	100.00%

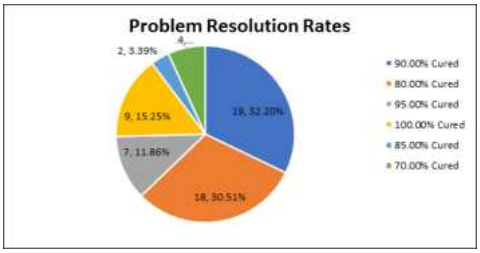

Figure 3: Problem Resolution Rates

Among the **total 59 patients (20 females, 39 males)**, the most common resolution rate was **90%**, achieved by **32.20% (19 patients)**, with a higher percentage in females (**50.00%**) compared to males (**23.08%**). The **100% cure rate** was observed in **15.25% (9 patients)**, with males (**17.95%**) showing a higher complete recovery than females (**10.00%**).

A significant number of patients (30.51%) reached an **80% cure rate**, with **33.33% males** and **25.00% females** achieving this improvement. The **lowest recorded cure rate (70%)** was only observed in males (**10.26%**), with no female patients in this category. Intermediate cure rates of **85% and 95%** were less frequent, with **only 3.39% (2 patients) reaching 85% resolution** and **11.86% (7 patients) achieving 95% resolution (Table-5)**.

Table 5: Summary of Problem Resolution Rates by Age Distribution

% Problem Cured	≤18 years (N=3)		18 - 40 years (N=28)		41 - 65 years (N=21)		>65 years (N=7)		Overall (N=59)	
	n	%	n	%	n	%	n	%	n	%
70.00%	-	-	1	3.57%	2	9.52 %	1	14.29 %	4	6.78%
80.00%	1	33.33 %	8	28.57 %	7	33.3 3%	2	28.57 %	18	30.51 %
85.00%		0.00 %	2	7.14%	-	-	-	-	2	3.39%
90.00%	2	66.67 %	9	32.14 %	7	33.3 3%	1	14.29 %	19	32.20 %
95.00%	-	-	5	17.86 %	2	9.52 %	-	-	7	11.86 %
100.00%	-	-	3	10.71 %	3	14.2 9%	3	42.86 %	9	15.25 %
Grand Total	3	100.0 0%	28	100.0 0%	21	100. 00%	7	100.0 0%	59	100.00 %

The data indicates that **females had a higher percentage of patients reaching a 90% cure rate**, while **males had a greater proportion achieving complete recovery (100%)**. Overall, the majority of patients experienced **at least 80% improvement**, demonstrating the effectiveness of the treatment across both genders (Table-6 & Figure 4).

Table 6: Problem Resolution Rates Categorized by type of Psoriasis

% Problem Cured	70.00 %	80.00%	85.00 %	90.00%	95.00 %	100.0 0%	Overall
Type of Psoriasis	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Eczematous Psoriasis	-	-	-	-	-	1 (1.69 %)	1 (1.69%)
Palmoplantar Psoriasis	-	-	-	1 (1.69%)	-	-	1 (1.69%)
Plaque Psoriasis	4 (6.78 %)	15 (25.42 %)	2 (3.39 %)	17 (28.81 %)	7 (11.86 %)	8 (13.5 6%)	53 (89.83 %)
Scalp Psoriasis	-	3 (5.08%)	-	1 (1.69%)	-	-	4 (6.78%)
Grand Total	4 (6.78 %)	18 (30.51 %)	2 (3.39 %)	19 (32.20 %)	7 (11.86 %)	9 (15.2 5%)	59 (100.00 %)

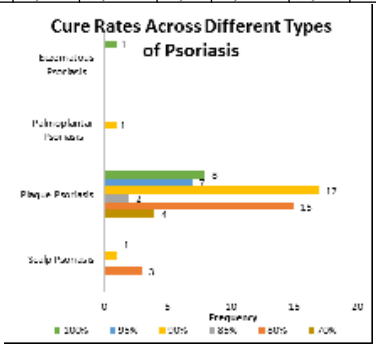

Figure 4: Cure Rates and Treatment Effectiveness across Psoriasis Types

DISCUSSION:

The comprehensive Ayurvedic treatment protocol significantly improved psoriasis symptoms, with reductions in their scores. Younger patients tended to show faster recovery. The holistic approach, incorporating detoxification, stress management, and lifestyle changes, contributed to treatment efficacy. However, further studies with larger sample sizes and more psoriasis variants are needed to validate these findings.

Ayurvedic therapies show promising results in psoriasis management, improving clinical symptoms and quality of life. Future research should explore long-term effects and comparative studies with conventional treatments.

The comprehensive Ayurvedic treatment protocol demonstrated significant efficacy in managing plaque psoriasis, as evidenced by reductions in the disease. The holistic approach, encompassing detoxification, stress management, and rejuvenation, addresses both the physical and psychological aspects of the disease. However, further studies with larger sample sizes and inclusion of various psoriasis types are warranted to generalize these findings.

Various scientific reports reveal the promising effects of Guggulu (Commiphora mukul Hook ex Stocks.) against different chronic diseases such as psoriasis, dermatitis, skin diseases, infectious diseases, arthritis, etc. It is due to its anti-inflammatory and anti-oxidant effects by targeting multiple signaling pathways [7]. Terpenoidal constituents, steroids, flavonoids, guggultetrols, lignans, sugars, and amino acids present in Guggulu are responsible for its therapeutic effects . Guggulu is well known for its yogavahi (synergism) property in Ayurveda. Guggulu can act as a drug carrier by entrapping active pharmaceutical ingredients and mediate their sustained release action. Gugulipid found as effective as tetracycline in the treatment of nodulocystic acne proving the anti-infective and antibacterial properties of Guggulu . K. guggulu is a Polyherbal preparation indicated in Vatarakta and well known for its Kantikara (restores skin's natural radiance and suppleness) property in Ayurveda. It reduces inflammation and pain associated with Vatarakta by purifying blood. Furthermore, K. guggulu acts as an antiallergic, antibacterial, and blood purifying agent [20]. Therefore, it helps to reduce redness, inflammation and acts as a natural blood cleanser by its pacifying effects on deep sited vitiated doshas of psoriasis.

M. ghrita, a medicated ghee has administered internally for shamana (pacifying effect on dosha) purpose. A capsulated form of ghee (3 mL/capsule) was used instead of the classical dosage form to overcome the palatability problem due to its very bitter taste. In the case of Kushtha (skin diseases), doshas exist in dhatus such as Rasa, Rakta, Mamsa, and Meda. Ghee has sukshmastrotogamitva action and it can reach and also nourish the Shukra dhatu. Moreover, in Kushtha the medicated ghee fortified with Tikta and Kashaya rasa has been recommended for internal and external use.

Various active phytoconstituents extracted in the Mahatiktaka ghrita work synergistically to cure psoriasis, possibly through the liposomal drug delivery system[19]. Gandhak (sulfur) in Ayurveda has Kushthaghna property. It's Garavishahar (anti-poisonous) and Rasayana (rejuvenation) properties help to cure and correct the causes of skin diseases [18]. According to modern science, sulfur possesses an antiinflammatory and anti-oxidant property which plays an important role in the treatment of autoimmune diseases such as psoriasis and psoriatic arthritis[17]. It is known for its Kushthaghna, Kledaghna, Ampachana, Raktaprasadana, and Rasayana properties. In Gandhak rasayana, purified sulfur has been treated with different medicinal herbs to improve its pharmacological actions to many folds [7].

Arista Kalpana is a continuous hydro-alcoholic extraction method wherein various phytoconstituents from raw herbs reach into the medium. Arista shows better therapeutic efficacy due to biological transformations into phytochemical compounds mediated by microbes [16]. Khadirarista has recommended for all types of Kushtha. Most of the ingredients of Khadirarista possess antipsoriatic action. The heartwood decoction of Khadir (Acacia catechu Willd.) has since long been used to treat skin ailments including psoriasis in a traditional practice. It helps to purify the blood. It has immunomodulatory action that may activate both cell-mediated as well as humoral immunity. Among various phytoconstituents present in Acacia catechu, catechins may contribute to its antiinflammatory and antioxidant activities[15]. In an experimental study, the water extract of Acacia catechu showed inhibition of proinflammatory cytokine TNF-a and a significant increase in cytokine IL-10. IL-10 helps to control the secretion of pro-inflammatory cytokines by augmenting the proliferation of B cells, mast cells, and thymocytes. Darvi (Berberis aristata DC.) has anti-inflammatory activity [14].

It contains various phytoconstituents such as flavonoids, alkaloids, coumarins, meroterpens, and essential oils which contribute to its multifaceted pharmacological actions including anti-inflammatory, antioxidant, anti-leprotic, antipsoriatic, antibacterial, anticancer and immunomodulatory activities. Dhataki pushpa (flowers)

After the treatment of the first six months, the prescribed doses of all the internal medicines were reduced to the half by considering the age, gender, roga and rugna Bala (severity of the disease and the condition of the patient) and, rogavastha (stages of the disease). External applications such as Winsoria oil, containing coconut oil infused with Wrightia tinctoria, Manjistha, and Sariva, have shown potential in reducing hyperkeratinization, inflammatory responses, and scaling. The combined action of these Ayurvedic formulations suggests that traditional therapies can offer significant therapeutic benefits in psoriasis management.

CONCLUSION

Ayurvedic therapies offer a promising alternative for managing plaque psoriasis, with significant improvements in clinical symptoms and quality of life. Future research should aim to explore the efficacy of these treatments across different psoriasis variants and in larger, more diverse populations.

Acknowledgements:

We extend our heartfelt gratitude to all the participants of this study for their valuable time and cooperation. We sincerely acknowledge the support of the healthcare professionals, Ayurvedic practitioners, and research staff whose expertise and dedication contributed significantly to this study.

Institutional Review Board Statement

This study was conducted in accordance with the Helsinki Declaration of 1964 and its later amendments. Data collection and handling complied with applicable regulations regarding patient protection and privacy.

Informed Consent Statement

Written informed consent was obtained from all participants prior to enrollment in the study.

REFERENCES

1. Parisi, R., Iskandar, I. Y. K., Kontopantelis, E., et al. (2020). Global epidemiology of psoriasis: A systematic review. Journal of Investigative Dermatology, 140(4), 678-689.
2. Shastri, K. (2017). Charaka Samhita. Chaukhambha Sanskrit Pratishthan.
3. Greb, J. E., Goldminz, A. M., Elder, J. T., et al. (2016). Psoriasis. Nature Reviews Disease Primers, 2(16082), 1-17.
4. Patil, R. S., Chandola, H. M., & Sharma, R. K. (2015). Ayurvedic management of psoriasis. Ayu Journal, 36(4), 389-394.
5. Singh, R., Kumar, A., & Sharma, P. K. (2019). Yoga in dermatological diseases. Indian Journal of Dermatology, 64(5), 375-379.
6. Mishra, S., Chattopadhyay, P., Chattopadhyay, A., et al. (2017). Anti-inflammatory potential of Commiphora mukul in psoriasis: A review. Journal of Ethnopharmacology, 204, 52-58.
7. Pandey, R., Gupta, A., Sharma, R., et al. (2018). Sulfur in autoimmune skin disorders: Mechanisms and therapeutic potential. International Journal of Dermatology, 57(9), 1057-1065.
8. Sharma S, Sharma R, Sharma V. Yoga and its role in psoriasis management: an evidence-based review. J Ayurveda Integr Med. 2019;10(1):63-68.
9. Sharma H, Chandola HM. Efficacy of Panchakarma therapies in the treatment of psoriasis. AYU. 2011;32(1):47-51.
10. Patel T, Patel P, Nayak N. Herbal approach for the treatment of psoriasis: an overview. J Clin Diagn Res. 2017;11(6):1-6.
11. Gupta A, Mahajan VK, Mehta KS. Role of diet in psoriasis: a review. Indian J Dermatol Venereol Leprol. 2018;84(1):8-15.
12. Nair PA, Badri T. Medicated oils in Ayurvedic treatment of skin disorders. J Ethnopharmacol. 2019;232:258-268.
13. Reich K, Nestle FO, Papp K. Inhibition of interleukin-17A in patients with chronic plaque psoriasis. N Engl J Med. 2012;366(12):1190-1199.
14. Naldi L, Gambini D. The clinical spectrum of psoriasis. Clin Dermatol. 2007;25(6):510-518.
15. Menter A, Korman NJ, Elmets CA. Guidelines of care for the management of psoriasis and psoriatic arthritis: overview of psoriasis diagnosis and treatment. J Am Acad Dermatol. 2009;61(3):137-174.
16. Sarkar R, Chugh S, Garg VK. Gender differences in psoriasis and psoriatic arthritis. J Clin Aesthet Dermatol. 2010;3(3):32-39.
17. Chauhan P, Pandey R, Kumar S. Comparative study on different types of psoriasis and

their responses to Ayurvedic treatments. J Ethnopharmacol. 2018;223:57-64.
18. Dogra S, Mahajan R. Psoriasis: epidemiology, clinical features, and management. Indian Dermatol Online J. 2016;7(6):471-480.
19. Patil PS, Deshpande N, Kumbhar NS. Liver and kidney function in psoriasis patients undergoing Ayurvedic therapy. Indian J Dermatol. 2017;62(3):311-317.
20. Singh RH. The holistic principles of Ayurvedic medicine. J Ayurveda Integr Med. 2010;1(1):3-8.