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ERYTHRODERMIC PSORIASIS: A CASE STUDY HIGHLIGHTING CLINICAL IMPROVEMENT

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ABSTRACT

Erythrodermic psoriasis is a rare, severe, and potentially life-threatening variant of psoriasis characterized by generalized erythema, extensive scaling. Owing to its chronicity and the adverse effects associated with long-term systemic therapy in conventional medicine, alternative treatment approaches warrant exploration. In Ayurveda, the clinical presentation of Erythrodermic psoriasis closely correlates with *Kitibha Kushtha*, a subtype of *Kshudra Kushtha* predominantly involving *Vata* and *Kapha Dosha* with *Rakta Dhatu* vitiation. This case study documents the successful *Ayurvedic* management of a patient diagnosed with Erythrodermic psoriasis using a holistic treatment protocol comprising *Shamana Chikitsa*, appropriate dietary regulation (*Pathya–Apathya*), and lifestyle modifications. The intervention resulted in marked improvement in erythema, scaling, pruritus, and systemic symptoms, along with significant enhancement in the patient's overall quality of life. No adverse effects were observed during the course of treatment. The findings suggest that *Ayurvedic* management may offer a safe and effective therapeutic option in the management of severe forms of psoriasis, including Erythrodermic psoriasis, and highlight the need for further clinical studies to validate these outcomes.

KEYWORDS: Erythrodermic Psoriasis, *Kitibha Kushtha*, *Kushtha*, Ayurveda, Case Study.

INTRODUCTION

Psoriasis is a chronic, immune-mediated inflammatory skin disorder characterized by well-demarcated erythematous plaques covered with silvery scales, often accompanied by pruritus, burning sensation, and, in severe forms, pustules or vesicles.[1] Beyond its cutaneous manifestations, psoriasis exerts a profound psychosocial impact, leading to social stigma, discrimination, and significant impairment in quality of life for affected individuals and their families.[2] The chronic and relapsing nature of the disease frequently results in psychological distress, including anxiety, depression, and social withdrawal.

Epidemiological data indicate that the global prevalence of psoriasis ranges from 0.09% to 11.43%, affecting over 100 million individuals worldwide, thereby posing a major public health concern.[1] Despite advances in modern dermatological therapeutics, there is no definitive cure for psoriasis. Conventional management includes topical agents, systemic medications, phototherapy, and biologics, which primarily provide symptomatic relief.[1] However, prolonged use of these therapies is often associated with local and systemic adverse effects, toxicity, high cost, and disease relapse upon discontinuation, necessitating exploration of safer and sustainable treatment alternatives.

In *Ayurvedic* literature, psoriasis exhibits close clinical similarity to various forms of *Kushtha*, including *Ekakushtha*,[3] *Sidhma Kushtha*, and *Kitibha Kushtha*,[4] which are predominantly caused by vitiation of *Vata* and *Kapha Dosha*. Additionally, *Vicharchika*, a type of *Kshudra Kushtha*, presents with features such as *Kandu* (itching), *Srava* (oozing), *Shyava Varna* (discoloration), *Rukshata* (dryness), and *Pidaka* (eruptions), involving *Tridosha* vitiation with predominance of *Kapha* and *Pitta Dosha*, along with *Rakta Dhatu Dushti*. The *Ayurvedic* etiopathogenesis emphasizes derangement of doshas, dhatus, and srotas due to improper diet, lifestyle, and environmental factors.

Classical *Ayurveda* texts advocate *Shodhana Chikitsa* (purification therapy) as the primary line of management for *Kushtha*, with repeated purification procedures recommended for the elimination of deeply seated vitiated *doshas*.[5] Following *Shodhana*, *Rasayana Prayoga* (rejuvenation therapy) is emphasized to restore and enhance the integrity of impaired *Dhatus*.[6] Although numerous *Rasayana* formulations are described in the classics, their optimal efficacy is achieved only when administered according to classical guidelines.[7] The comprehensive *Ayurveda* management of *Kushtha* encompasses *Shodhana* (purification),

Shamana (palliative therapy), and *Rasayana* (rejuvenation) However, in acute cases or debilitated cases, *Shamana Chikitsa* is given priority, as seen in this case.

CASE PRESENTATION

A 5-year-old female child patient was brought by her parents to the Outpatient Department on 4 November 2025 with complaints of reddish skin patches associated with thick scaling, fissuring, severe itching, and bleeding spots on removal of scales. The lesions involved the face, chest, scalp, upper limbs, and lower limbs and had been present for the past one year. According to the history provided by the parents, the condition initially began as small rashes on the dorsal aspect of the trunk. As the lesions were mild at onset, no medical attention was sought. With a gradual increase in the number of lesions, the patient was taken to an allopathic physician and received treatment for more than one month, following which temporary symptomatic relief was noted and the lesions subsided. However, over time, the parents observed a gradual recurrence and progressive spread of the lesions, covering a wider area of the body. Subsequently, similar patches appeared on the face, followed by involvement of the chest, scalp, and both upper and lower limbs.

The patient was later evaluated by a dermatologist and prescribed topical medications, which were used continuously for nearly one year. Despite this, no satisfactory or sustained improvement was achieved. Owing to the chronicity of the disease and lack of adequate relief, the parents sought *Ayurveda* treatment at our hospital for a more effective and long-term solution.

On detailed history, it was noted that the symptoms were aggravated on exposure to sunlight, and the severity of itching and discomfort interfered with the patient's daily activities. The personal history revealed frequent consumption of *Maida*-based food products and excessive intake of sour and spicy foods, which may have contributed to the pathogenesis. No other significant precipitating or associated factors were identified.

CLINICAL FINDINGS

- **Type of lesion:** Scaly, raised patches (*Kinavat Sparsham*)
- **Configuration:** Irregular
- **Color:** Reddish (*Aruna Varnam*)
- **Texture:** Rough (*Khara Sparsham*)

- **Distribution:** Symmetrical involvement of ventral and dorsal aspects of the trunk, upper limbs, and lower limbs (*Sarva Shareeram*)
- **Nails:** Unaffected
- **Mucosa:** Unaffected
- **Swelling:** Absent

DERMATOLOGICAL EXAMINATION

- Diffuse erythema involving more than 90% of the body surface area
- Thick, silvery scales
- Marked dryness with fissuring
- Positive Auspitz sign

INVESTIGATIONS

Routine hematological parameters and liver function tests were within normal limits.

ASSESSMENT AND DIAGNOSIS

Disease severity and quality of life were assessed using standardized parameters, including the Psoriasis Area Severity Index (PASI), Dermatological Life Quality Index (DLQI), and Visual Analogue Scale (VAS). The baseline scores were as follows: PASI – 51.2 and DLQI – 11, indicating severe disease with significant impairment of quality of life.

Based on the clinical presentation, chronic relapsing course, dermatological findings, and *Ayurveda* diagnostic criteria, the condition was diagnosed as *Kitibha Kushtha*. The characteristic features of erythematous, indurated, scaly, and pruritic lesions with remission and relapse closely corresponded with the classical description of *Kitibha Kushtha* in *Ayurveda* texts.

INTERVENTION

The therapeutic interventions were planned after a thorough assessment of the *Dosha* involvement. Based on the clinical presentation—severe itching (*Kandu*), pain, scaling (*Twak Sphutana*), and marked dryness (*Rukshata*)—*Vata* and *Kapha Dosha* were identified as predominantly vitiated. Considering the acute severity of the condition and the patient's age, *Shamana Chikitsa* (palliative therapy) was selected as the primary line of management.

SHAMANA CHIKITSA (PALLIATIVE TREATMENT)

The following internal and external medications were administered for a duration of one month:

INTERNAL MEDICATION

1. Brihat Manjisthadi Kwatha – 20 ml, twice daily.
2. GandhakaRasayana-50mg

   Rasamanikya – 50mg

   Giloya Satva (Guduchi Satva) – 1 g

   Administered with honey, twice daily.

EXTERNAL MEDICATIONS

- **Tritriphaladi Taila** – Local application over the affected areas, twice daily

  External therapy
- Regular application of medicated oil (*Tritriphaladi Taila*) to reduce dryness, scaling, and itching
- Strict avoidance of irritant soaps, detergents, and chemical-based skin products

  Pathya- Apathya (Dietary and Lifestyle Advice)

Pathya (Recommended)

- Light and easily digestible diet
- Inclusion of bitter-tasting vegetables and green leafy vegetables
- Adequate hydration

Apathya (To Be Avoided)

- Curd, fish, black gram, brinjal, ladies' finger
- Sour, spicy, fermented, fried, and junk foods
- Psychological stress and sleep deprivation

Follow-Up and Outcomes

Marked clinical improvement was observed within 15 days of initiating therapy. There was a clear arrest in the progression of erythematous patches, scaling, and pruritus. At the first follow-up, a significant reduction in scaling was noted, and itching was only occasional. Progressive improvement was observed with continued treatment.

Objective assessment using standardized outcome measures demonstrated substantial improvement, which correlated well with the clinical findings. Serial photographic documentation was maintained before, during, and after treatment for record and comparison.

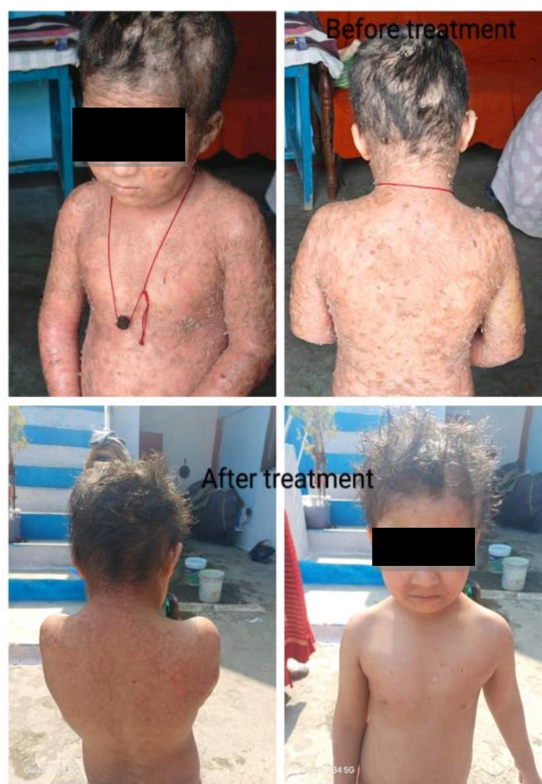
Outcome Measures (Before and After Treatment)

- **Itching:** Severe → Subsided
- **Scaling:** Severe → Subsided
- **Thickness:** Severe → Subsided
- **Redness:** Moderate → Subsided

PASI, DLQI, and VAS Scores

- **PASI score:** 51.2 → 25.5
- **DLQI score:** 25 (baseline) → significantly reduced post-treatment
- **VAS score:** 7 → 0

The substantial reduction in PASI, DLQI, and VAS scores reflects significant clinical improvement and enhancement in the patient's quality of life, indicating the effectiveness of *Shamana Chikitsa* in the management of severe *Kitibha Kushtha*.



BEFORE TREATMENT.

AFTER TREATMENT.

DISCUSSION

Kushtha (skin diseases) is described in Ayurveda as one of the *Ashtamahagada* (eight major diseases) and is categorized under *Santarpanajanya Vyadhi* (diseases arising from over-nutrition). The pathogenesis of *Kushtha* involves vitiation of all three *Doshas* along with impairment of the *Sapta Dhatus*, making it a chronic and difficult-to-treat condition. Classical Ayurvedic texts classify *Kushtha* into two broad categories—*Maha Kushtha* and *Kshudra Kushtha*—based on the severity and depth of tissue involvement, with each type elaborately described in terms of *Dosha* predominance and clinical features.

Due to the chronicity of *Kushtha*, deeper *Dhatu* involvement, and persistent *Dosha* aggravation, *Shodhana Chikitsa* (purificatory therapy) is advocated as the primary line of management. The *Acharyas* emphasize repeated *Shodhana* procedures depending on the strength of the patient and *Dosha* predominance. However, classical texts also recognize that in acute, severe, pediatric, or debilitated cases, *Shamana Chikitsa* (palliative therapy) should be prioritized to stabilize the condition before considering purification therapies.

Clinically, psoriasis has been correlated with *Ekakushtha*, *Sidhma Kushtha*, and *Kitibha Kushtha*, all of which are predominantly *Vata–Kapha* disorders. *Kitibha Kushtha* is characterized by rough, dry, scaly, erythematous plaques with severe itching, closely

resembling the clinical presentation of erythrodermic psoriasis. In the present case, the involvement of *Vata* and *Kapha Dosha* was inferred from symptoms such as excessive dryness, scaling, intense pruritus, and erythema. Based on these features, the case was diagnosed as *Kitibha Kushtha*. As the patient had already undergone a skin biopsy prior to presentation, only routine blood investigations were conducted to rule out systemic abnormalities.

From a contemporary medical perspective, erythrodermic psoriasis is managed using systemic agents such as methotrexate, systemic corticosteroids, cyclosporine, and biologics like secukinumab and infliximab. Although these therapies effectively control inflammation, they are associated with serious adverse effects including hepatotoxicity, nephrotoxicity, immunosuppression, high cost, and frequent relapses after discontinuation. These limitations necessitate the exploration of safer, long-term treatment modalities.

In this case, *Shamana Chikitsa* was employed using classical Ayurvedic formulations.
Gandhaka Rasayana, a well-known *Rasayana* formulation in *Kushtha*, contains purified *Gandhaka* processed with milk, *Chaturjataka*, *Guduchi*, *Triphala*, *Shunthi*, *Bhringaraja*, *Ardraka* juice, and sugar candy. It enhances *Agni*, purifies *Rakta*, and exhibits antibacterial, antifungal, and antiparasitic properties, making it effective in chronic inflammatory skin disorders.

Brihat Manjisthadi Kwatha was administered for its *Raktashodhaka*, anti-inflammatory, antihistaminic, and antipruritic properties. *Manjistha* plays a crucial role in chronic skin diseases by reducing immune hypersensitivity and improving microcirculation.

Rasamanikya, containing *Tamra Bhasma*, *Hartala*, and *Abhraka Bhasma*, aids in correcting *Rakta Dushti*, enhancing immunity, restoring skin complexion, and maintaining skin integrity.

Giloya Satva (Tinospora cordifolia) is widely recognized for its immunomodulatory, antibacterial, antifungal, and anti-inflammatory activities. Studies have demonstrated its effectiveness against both gram-positive and gram-negative organisms, along with its ability to stimulate macrophage activity and regulate immune responses. Its bioactive compounds such as magnoflorine, cordifolioside A, syringin, and tinocordiside contribute significantly to its therapeutic efficacy in inflammatory and autoimmune skin disorders.

The combined action of these formulations, along with dietary regulation and lifestyle modification, resulted in marked clinical improvement, significant reduction in PASI and DLQI scores, and enhancement of the patient's quality of life. This case highlights the potential role of Ayurveda, particularly *Shamana Chikitsa*, as a safe and effective approach in the management of severe psoriasis.

CONCLUSION

Erythrodermic psoriasis is a severe and challenging dermatological condition with limited safe long-term treatment options. This case study demonstrates that *Ayurvedic* management using *Shamana Chikitsa*, along with dietary regulation and lifestyle modification, can result in significant clinical improvement without adverse effects. The substantial reduction in PASI, DLQI, and VAS scores reflects effective control of erythema, scaling, and pruritus, leading to improved quality of life. Dosha-specific classical formulations with *Raktashodhaka*, anti-inflammatory, and immunomodulatory properties played a pivotal role in disease management. This case highlights Ayurveda's potential as a safe and holistic therapeutic option for severe psoriasis, warranting further clinical evaluation.

Conflict of interest

None.

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REFERENCE

1. World Health Organization. Psoriasis; 2016; Accessed July 27; 2018. www.who.int [Google Scholar]
2. Mattei PL, Corey KC, Kimball AB. Psoriasis Area Severity Index (PASI) and the Dermatology Life Quality Index (DLQI): The correlation between disease severity and psychological burden in patients treated with biological therapies. J Eur Acad Dermatology Venereol 2014. Mar; 28(3): 333-7. Accessed July 19, 2018. http://www.ncbi.nlm.nih.gov/pubmed/23425140 [DOI] [PubMed] [Google Scholar]
3. Patel JR, Bhatted S. A comparative study on Vamana Karma with Madanaphala and Krutavedhana in Ekakushtha (Psoriasis). Ayu 2011. Oct; 32(4): 487-93. Accessed July 19, 2018. http://www.ncbi.nlm.nih.gov/pubmed/22661842 [DOI] [PMC free article] [PubMed] [Google Scholar]

4. Navoday Raju N, Kamalakar PS, Deepika S, Tripathy TB. Management of kitibha kushta (psoriasis): A case study. Int J Res Ayurveda Pharm., 2017. Mar; 8(1): 72-76. Accessed July 27, 2018. www.ijrap.net [Google Scholar
5. Vagbhata. Chikitsasthana. In: Ashtanga Hridayam with commentaries of Ayurveda Rasayana by Hemadri and Sarvanga Sundara by Arunadatta, Vaidya HP, editor. Varanasi: Chaukamba orientalia, 2010; 19/96: p 718. [Google Scholar]
6. Mehta C, Dave A, Shukla V. Comparative effect of Navayasa Rasayana Leha and Medhya Rasayana tablet along with Dhatryadhyo Lepa in Ekkushtha (psoriasis). AYU (An Int Q J Res Ayurveda, 2013. Jul-Sep; 34(3): 243. Accessed July 19, 2018.
7. Bismi HB, Sharma AR, Prathibha CK. Manibhadraguda shodhana rasayana in psoriasis, best practices in Panchakarma by group of authors. Wardha: Datta Meghe Institute of Medical Science: 1st Edition, 2017; 79-92.
8. Sachin S. Sheth, Gangaprasad R. Asore, & Pooja A. Tambe. Preparation of Gandhak Taila by Patalyantra method and Pharmaceutico-analytical Study of Gandhak Taila cream. Journal of Ayurveda and Integrated Medical Sciences, 2022; 7(3): 41 - 46.
9. Amruthavalli. G. V, Aruna V, Gayathri R. Clinical trial of combination therapy for the efficacy, safety, tolerability and improvements in quality of life in patients with moderate to severe plaque psoriasis. Int J Clin Trials, 2018 July 24; 5(3): 121. https://doi.org/10.18203/2349-3259.ijct20183180
10. Shivhare et al journal of drug delivery and therapeutics, 2019; 9(6-s): 276-269 at http://jddtonline.info