

A CASE STUDY ON AYURVEDIC MANAGEMENT OF PLAQUE PSORIASIS

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ABSTRACT

Psoriasis is a chronic inflammatory disorder that primarily affects the skin and joints. inflammatory proliferation of the ailing cells of the skin known as Psoriasis. In Ayurveda, all skin diseases are broadly categorized under the term "Kushtha." Ayurvedic medicine has shown promising results in the management of psoriasis. The core approach to treating skin conditions in Ayurveda involves repeated *Samshodhana* (purificatory therapies) in combination with *Samshamana* (palliative treatments). We report about Ayurveda treatment in a 45 -year-old male patient with plaque psoriasis presented with erythematous plaques on the both legs, both forehead, and neck, shoulder region. The Auspitz sign and Koebner phenomenon were positive. The treatment protocol was implemented based on the Ayurvedic *samprapti*

(pathophysiology), resulting in complete recovery of the patient without any reported adverse events during the treatment period. No recurrence was observed even one year after discontinuation of the treatment. Comprehensive multimodal Ayurvedic treatment resulted in a rapid and significant improvement in a chronic case of psoriasis.

KEYWORDS: Skin disease, Plaque Psoriasis, Psoriasis, Auspitz sign, Kushta, virechan, saman chikitsa, pranayama.

INTRODUCTION

Psoriasis is a chronic, non-communicable, chronically recurring, an autoimmune disease characterized by various sized silvery-white, scaly patches.^[1] It has been increasing due to the

modern stressful lifestyle, lack of adequate physical activities, and associated risk of metabolic syndrome. Plaque psoriasis is the usual form of presentation in adults. The lesions vary in number from one to several and in size from 0.5 to 30cm or more. If the disease is active, the plaques will merge to form surfaces of the elbows, knees and scalp, but the skin on any part of the body may be involved, either with or without lesions elsewhere.^[2]

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^[3] and in almost all Ayurvedic classics after that period like Brihatrayi, 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 KushtaSidhma 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.^[4]

CASE REPORT

A male patient, clear aged 45yrs came in Kayachikitsa OPD in M. A. Podar Ayurvedic Hospital, in the month of October 2023. it was suffering from symptoms त्वक् दलन, उत्सेद श्वेत रक्त वर्णी त्वक् वेवर्णीये (RISED SILVERY WHITE SCALES AND REDDISH WHITE DISCOLORATION ALL OVER BODY) कण्डु (ITCHING), संताप (IRRITATION), अनियमित निद्रा (DISRUPTED SLEEP), तंद्रा, क्लम since 1.5yr

Personal history

AAHAR – NON-VEGETARIAN, VEG(mix)

DONINANT RAS – KATU, LAWAN, MADHUR, AMAL

GUNA – ABHISYANDI, RUKSHA, USAN-SHEETA, GURU

NATURE OF WORK – SITTING

NINDRA – ANIYAMIT

AGANI - VISHMAGNI

ASTHAVIDHA PARIKSHA-

NADI – 74/MIN., NIYAMIT

MUTRA – PRMAN–MADHYAM, VARNA-ALPAPIT

MALA - PRAKRUT

JIVHA – SAM

SABGA- SNIGDHA

SPARSH – RUKSA

DRIK – SAMANYE

AKRUTI –MADHYAMA

HETU

DAHI SEVAN DAILY

USAN TIKSAN PADRATH SEVAN (VADAPAV, SAAMOSHA, CHAI CHPATI, SNACKES, NAMKEEN)

FISH TWICE IN A WEEK

MILK AFTER FOOD, STRESS

Samprapthi Ghataka

- Dosha - Tridosha, Kaph- Vata prdhan
- Dushya - Dhatu - Twak, Rakta, Mamsa, Lasika (Ambu)
- Srotas - Rasa, Rakta, Mamsa, manovah
- Agni - vishamagni
- Sroto Dushti - Sanga & Vimargagamana
- Udbhava Sthana - Amashaya
- Sanchara Sthana - Tiryaga Sira
- Vyakta Sthana - Twak
- Rogamarga - Bahya
- Swabhava – Chirkari

Clinical findings – silvery white scaly patches, Auspitz sign and Koebner phenomenon were positive.

Diagnostic Assessment - Plaque Psoriasis On the basis of clinical history and examination the condition was diagnosed. Signs and symptoms like well-circumscribed erythematous plaques covered with dry, brittle, silvery grayish, white micaceous scales, Auspitz sign, Koebner phenomenon, Candle grease sign, etc. were present.

Criterion of assessment was based on the scoring of Dermatology life quality index (DLQI)^[5] and PASI score.^[6]

Therapeutic intervention

Plan of treatment –

1. dipan pachan
2. sodhan chikitsa- snehpan , vrechana , samsarjan kram
3. saman chikitsa
4. Sthanika Chikitsa

BHAYE CHIKITSHA -AMRGANDHI HARIDRA, YASTI, VIDANGH, TRIPLA PRISHEK done for 7 days.

ABHYANTR CHIKITSHA

S.N.	medicine	matra	kal	days
1	AROGYEVARDHINI VATI ^[7]	250 mg	APAN KAL	7
2	RASPACHAKT VATI WITH LAGHU MANJITADI KWATH ^[8]	250MG WITH 15ML	VYAN – UDAN	7
3	DUSHIVISHADI Agad	250MG	APAN	7
4	AVIPATIKAR TAB	250MG	RATRI	7

SODHAN CHIKITSHA

SNEHPAN – GO GHRUT - 7 DAYS

s.no.	dose	time	Onset of hunger
1	30	6.10 am	11:00 AM
2	60	6.00 am	01:10 AM
3	90	6.05 am	01:50AM
4	120	6.15 am	02:40 AM
5	150	6.10 am	04:50 AM
6	180	6.15 am	06:40 PM
7	200	6.20 am	07:00PM

ABHYANGH SWEDAN 3 DAYS

VIRECHAN – MANIBHADR AVLEH^[9] 100GM WITH

ARAGHVADH, TRIPHLA KWATH 100ML

TOTAL VEG – 20

SAMSARJAN KRM – 5 DAYS

YOG & PRNAYAM

ANULOM VILOM 10 FREQUENCY

SWASTIK ASAN WITH GYAN MUDRA FOR 10 MIN

BHRAMRI 10 FREQUENCY

Medications advised on discharged, Arogyavardhini vati – 500mg TDS Gandhak Rasayan^[7] - 500mg TDS Mahamanjishthadi Kwath – 20ml BD Avipattikar Churna 2gm – HS.

Follow up and outcome

Parameters	Before Treatment	After Treatment	After Follow up
scaling symtoms (त्वक् दलन)	+3	Absent	absent
Thickening(उत्सेद)	+2	absent	absent
Redness(श्वेत रक्त वर्णी त्वक् वेवर्णी)	+2	absent	Blakish discoloration present
Itching (कण्डु)	+3	+1	absent
Dryness(रुक्षता)	+3	absent	absent

Parameters	Before Treatment	After Treatment	After Follow up
PASI SCORE	27	10	4
Dermatology life quality index -DLQI	80	20	10





AFTER

DISCUSSION

As preparatory procedures, **Snehapana** with Go gruth done, Snehana provides snigdhatta to all the cells of the body. This leads to mardavata and vilayana of the doshas.

Swedan (nadi swedan) Swedan leads to the dravata of the doshas and facilitates their gati toward the koshtha.

Virechan is induced by manibhadr avleh which contain Vidanga, Amalaki, Haritaki, Trivrutta, Guda this combination is sukhvirechak by haritaki, trivrutta, krimihar by vidangh.

Virechana was induced with manibhadr Avleha to expel out the Prakupita Doshas from the Koshta. When Doshas reaches in Kosta. Trivrit (*Operculina turpethum*) known as a Sukha Virechana Dravya, enhances koshtha gati and facilitates the expulsion of prakupit doshas from the adhobhaga in drava form. Trivrit possesses Madhura and Tikta rasas, which have a Pitta-shamaka effect. Additionally, its Katu and Tikta rasas, along with Ushna veerya, contribute to Kapha-shamana and Vata anulomana properties.

Vidanga (*Embelia ribes*), one of the ingredients of Manibhadra Avaleha, possesses Ushna Veerya and acts as a Kapha-shamaka and Krimighna agent.

Amalaki (*Emblica officinalis*), with its Tridosha-shamana and Rasayana properties, helps in Srotoshuddhi.

One of the main drugs used in the present trial is Arogyavardhini Vati. The Pradhana Dravya in Arogyavardhini is Kutaki (*Picrorhiza kurroa*), which is well-known for its Bhedana and Rechana Karma. It is also considered one of the most effective herbs for promoting Pittasrāvana.

Excessive accumulation of malas is one of the primary causes of Tridosha prakopa. By virtue of its Bhedana Guna, Kutaki helps to disintegrate Grathita Mala Sanghātana, thereby facilitating the easy elimination of malas.

Similarly, Triphala, due to its Anulomaka property, supports the normal excretion of malas.

Nimba (*Azadirachta indica*), with its Tikta Rasa exhibits Pitta-shāmak action. It is also known for its Kushtaghna (anti-skin disease) and Kandughna properties.

Tamra Bhasma, known for its Visha-nāshaka properties, helps eliminate Āma-Visha formed due to the consumption of Viruddha Ahara, which is considered a causative factor in Kushtha.

Chitraka (*Plumbago zeylanica*), being Katu Rasa and possessing Ushna Veerya, primarily acts as an Agnidīpaka, thereby enhancing digestion and metabolism.

One of drug I used in this trial is **Avipattikara churna**^[10] which helps in elimination of pitta, which is responsible in manifestation of twak roga and It also promotes the pachana of ama.

Another drug used in the trial is **Laghumanjishthadi Kashaya**, which predominantly contains Tikta Rasa dravyas. Due to this, the formulation exhibits actions such as Raktashodhaka, Dāhahara, Krumighna, and Kushtaghna.

Dushivishari Gulika^[11], as mentioned in the Ashtanga Hridayam, is a classical formulation composed of Dīpana, Pachana, Sūkshma Srotogāmi, and Śīta (cool dravyas. This combination facilitates the pachana of Leena Dosha.

Raspachak vati^[12] contains key ingredients such as Patola, which is Tikta Rasatmaka and possesses Kapha-Pitta-hara, Raktashodhaka, Kandughna, and Kushtaghna properties. Another major component, Kutaki (*Picrorhiza kurroa*), is also Tikta Rasatmaka and known for its Bhedana, Dīpana, Kapha-Pitta-shāmaka, Krimināśaka, Kushtanāśaka, and Rechana actions.

Indrayava (*Holarrhena antidysenterica*), another important ingredient in the formulation, exhibits Tridosha-shāmaka properties and plays a supportive role in enhancing Dīpana and Pachana functions. It is also recognized for its effectiveness in the treatment of Kushtha.

Collectively, this formulation acts on Rasa Dhatvagni and facilitates the proper formation and purification of Rasa Dhatu, thereby supporting overall metabolic and dermatological health.

Gandhaka rasayana, Gandhaka Rasayana plays a vital role in the management of Twak Roga and its use is often considered essential due to its unique pharmacological properties. It predominantly acts on the Twak and Rakta Dhatu and functions as a Rasayana.

Gandhaka being Ushna Veerya and having a Katu Vipaka exhibits Kaphaghna and Kledaghna properties. These attributes enable it to interrupt the Samprapti of Kshudra Kushth.

pranayam and yoga^[13] play a significant role in calming the mind and promoting mental well-being. As mentioned in Charaka Samhita, Sutrasthana 11, there exists a close interrelationship between the mind and skin, indicating that psychological balance is crucial in the management of Twak Rogas.

RESULT

With the help of Ayurvedic Shodhan and shaman chikitsa patient got benefits in symptoms of त्वक् दलन, उत्सेद श्वेत रक्त वर्णी त्वक् वेवर्णीये (RISED SILVERY WHITE SCALES AND REDDISH WHITE DISCOLORATION ALL OVER BODY) कण्डु (ITCHING), संताप (IRRITATION), अनियमित निद्रा (DISRUEDBED SLEEP), तंद्रा, क्लम.

CONCLUSION

Even though plaque psoriasis is a chronic relapsing condition, depending on the dosha involvement it can be cured by Ayurvedic intervention. The quality of life can be improved with help Ayurveda in patients of plaque psoriasis.

REFERENCES

1. World health organization, WHO library cataloguing-in-publication data. global reports on psoriasis. isbn 9789241565189. published in 2016.
2. Sehgal VN. Textbook of Clinical Dermatology, 5th Edition, Jaypee Brothers medical publishers (P) Ltd., New Delhi, 2011; 110002: P- 137-140.
3. Bhattacharya RS. Garuda Purana: Maharshi Vedvays. Varanasi: Chaukhambha Sanskrit Series; 1964; Ga. Pu. 1/164/20: 3.
4. Pandey K, Chaturvedi G. Charak Samhita, Savimarsha Vidyotini-Hindi Vyakhya; Varanasi: Chaukhamba Sanskrit Sansthana; 2011; Ch. Chi. 7/29-30: 253.
5. <https://www.cardiff.ac.uk/medicine/resources/quality-of-life-questionnaires/dermatology-life-quality-index>
6. Finlay AY, Khan GK. Dermatology Life Quality Index (DLQI)—a simple practical measure for routine clinical use. Clin Exp Dermatol, 1994; 19: 210–6. [DOI] [PubMed] [Google Scholar]

7. <http://www.dermnetnz.org/topics/pasi-score/> web address was used which display intensity of each and every sign mentioned for measurement of PASI. For calculation of PASI score, <http://pasi.corti.li> web address was used which provide the PASI calculator online.
8. Singh TN. Rasatantrasaara and Siddhaprayoga Sangraha Part-1. 27th ed. Ajmer: Krishna Gopal Ayurved Bhawan, 2017; p. 225, 250, 258, 266.
9. Kaviraj. Gopal prasad Sharma Kaushik, Bhaishajya Ratnavali, Tejkumar Press, Lucknow, 641: 655.
10. Jyotir Mitra, Ashtangsamgraha, Chikitsa Sthan 21, Chaukhamba Sanskrit Bhawan, Varanasi, 3rd Edition, 2012; 551.
11. Sri Bhavamishra, Bhavaprakash Nighantu, Commentary by K C Chuneekar, edited by G S Pandey, Chaukhamba Bharati Academy, Varanasi: Revised & Enlarged ed., 2010; 776-780.
12. K. R. Srikantha Murthy, English commentary, Ashtanga Samgraha of Vagbhata, chaukhambha Orientalia Varanasi, Uttarsthan, ch 35, verse 39. Pg403-4.
13. Dr. Brahmanand Tripathi editor Charak Samhita Chikitsa Sthan 14/32 Varanasi Chaukhamba Surbharati Prakashan, (2007).
14. https://www.researchgate.net/publication/342877865_POTENTIAL_APPLICATION_OF_YOGA_THERAPY_IN_PSORIASIS