

CHRONIC PLAQUE PSORIASIS AND PANCHAKARMA: A HOLISTIC HEALING APPROACH

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ABSTRACT

Background: Psoriasis is a chronic inflammatory disorder that arises due to dysfunction of the body's immune system. It leads to characteristic changes in the skin, often accompanied by additional symptoms. Although it cannot be completely cured, appropriate treatment can effectively control and manage the condition. **Case Presentation:** a 34 years old male presented with plaque psoriasis which result from guttate psoriasis, exhibiting dry scaly plaques all over the body with severe itching and burning sensation. The laboraotry investigation revealed results normal. **Intervention:** Treatment focused on ayurvedic principles, *Shodhana* (bio purification method) and *Shamana* (palliative medicine) was administered. *Shodhana* involved *Snehapana* (oral intake of fats), *Vamana karma* (therapeutic emesis), *Virechana karma* (therapeutic purgation) followed by *Samsarjana krama* (special diet plan after

purification). **Result:** From measured PASI score and subjective assessment, the treatment resulted in significant improvement with in the patient. PASI score reducing 42.5 to 4. No relapse was noted during the follow up period. **Conclusion:** This case highlights the successful management of plaque psoriasis through an Ayurvedic approach, underscoring the importance of individualized therapeutic interventions. The marked clinical improvement

observed, along with the absence of recurrence, suggests the promising potential of Ayurveda in effectively managing chronic conditions such as Psoriasis.

KEYWORDS: The laboratory investigation revealed results normal.

INTRODUCTION

Psoriasis is a multifactorial disorder with a complex etiopathogenesis involving genetic predisposition, immunological dysregulation, and environmental triggers.^[1] In recent years, it has been increasingly recognized not merely as a skin condition but as a systemic inflammatory disease associated with significant comorbidities. Among its various forms, plaque psoriasis is the most common, accounting for nearly 80–90% of cases.^[2] It is clinically characterized by well-demarcated, symmetrical erythematous plaques covered with silvery-white scales, most commonly affecting the elbows and knees. In Ayurveda, skin disorders are broadly classified under the term *Kushtha*. The condition *Ekakustha*, described with lesions resembling fish scales, closely correlates with plaque psoriasis based on its clinical presentation.^[3]

Due to its chronic, recurrent nature and visible manifestations, psoriasis exerts a profound impact on a patient's psychological and social well-being. Conventional management includes therapies such as corticosteroids, methotrexate, cyclosporine, phototherapy, and biologic agents. While these modalities may offer symptomatic relief, they are often associated with adverse effects such as local skin changes, burning sensation, contact dermatitis, nausea, diarrhoea, and vomiting.^[4]

Therefore, a comprehensive understanding of the disease and its management options is essential. Effective treatment requires addressing the underlying etiopathogenesis along with individual risk factors. Ayurveda adopts a holistic and personalized approach, focusing on individualized treatment protocols that include appropriate drug selection, dietary regulation, and lifestyle modifications to restore balance and promote healing.

In the present case, an integrative Ayurvedic regimen resulted in satisfactory resolution of psoriatic lesions, along with significant relief from itching and burning sensations, and no recurrence observed over a follow-up period of seven months.

Patient information-On January 27, 2025, a 34-year-old male labourer presented to the outpatient department of Panchakarma at the National Institute of Ayurveda, Jaipur, with

complaints of reddish skin lesions distributed over the upper and lower limbs, back, and trunk. The lesions were covered with excessive scaling and were associated with intense itching and a burning sensation.

On clinical examination, the Koebner phenomenon was found to be positive. Additionally, the patient exhibited redness and burning in the eyes, along with marked erythema and scaling over the body, particularly involving the face and limbs. The patient reported that these symptoms had been persistent for the past five years. According to his personal history, his general health was otherwise good, with no evidence of any underlying comorbid conditions. He had previously undergone treatment with corticosteroids for approximately two years. However, due to the recurrent nature of the disease and associated irritation, which also affected his mental well-being, he discontinued the medication and sought Ayurvedic management.

General and systemic examination-The patient's general physical condition was satisfactory. However, he reported reduced appetite, disturbed sleep, and constipation. All vital parameters were within normal limits, with a pulse rate of 80 beats per minute, body temperature of 97.4°F, and blood pressure recorded at 125/85 mm Hg. A thorough systemic examination revealed no significant abnormalities, and all systems were functioning normally except for the skin.

Skin examination-The patient presented with erythematous plaques involving both upper and lower limbs, extending to the trunk, back, and face. The lesions were irregular in shape, varied in size, and were asymmetrically distributed, without significant elevation above the skin surface. The plaques were covered with prominent silvery-white scales. Notably, marked thickening was not evident, possibly reflecting a suppressive effect of prior medication. Koebner phenomenon was positive, as new lesions appeared at sites of trauma or irritation, which is a characteristic diagnostic feature of psoriasis. No pustules or ulcerations were observed. Additional involvement of the scalp and nails was also noted.

Ashtavidha Pariksha (Eight-fold Examination)

Nadi Pariksha (Pulse examination): Indicated predominance of *Vata–Pitta* dosha.

Mutra Pariksha (Urine examination): Found to be *Prakrita* (within normal limits).

Mala Pariksha (Stool examination): Revealed hard stools, suggestive of constipation.

Jihva Pariksha (Tongue examination): Showed a *Sama* (coated) tongue.

Sparsha Pariksha (Palpation): Lesions were hot, dry, rough, and scaly on touch.

Drika Pariksha (Eye examination): Presence of redness in the eyes.

Shabda Pariksha (Voice examination): Voice was *Prakrita* (normal).

Akruti Pariksha (General appearance): Characterised by visibly discoloured plaques with whitish scales and areas of fissured skin.

Timeline: The patient had previously undergone allopathic management, including both oral and topical corticosteroid therapy. However, due to the frequent recurrence of symptoms such as itching and burning, he opted for Ayurvedic treatment.

During treatment period, the patient was admitted to the inpatient department (IPD) for approximately two months to undergo *Shodhana* therapy. Following discharge, he was regularly followed up every month in the outpatient department (OPD), where *Shamana* (pacifying) treatment was administered. The total duration of the therapeutic intervention was seven months.

Diagnostic Assessment

The Ayurvedic evaluation of plaque psoriasis in this case was carried out using the principles of *Dashavidha Pariksha* (ten-fold examination). Assessment of *Prakriti* (body constitution) revealed a predominance of *Vata–Pitta* dosha. The clinical presentation suggested the involvement of *Kapha*, contributing to itching and plaque formation, while *Vata* was responsible for dryness and fissuring, and *Pitta* accounted for redness and burning sensation.

The *Vikriti* (current pathological state) indicated vitiation of *Tridosha*, with a prominent involvement of *Kapha*, *Vata*, and *Pitta*, along with the impairment of Rakta Dhatu. This dosha imbalance played a central role in the manifestation and progression of the disease. Evaluation of *Sara* (tissue quality) revealed compromised health of *Rakta* and *Twaka* (skin), leading to discoloration and scaling. *Samhanana* (structural integrity) of the skin was found to be weak, making it more susceptible to external irritants. *Pramana* (body proportions) was within normal limits. Dietary assessment (*Satmya*) indicated the intake of incompatible foods (*Viruddha Ahara*), which may have contributed to disease aggravation. *Satva* (mental strength) assessment highlighted the role of psychological stress as a potential triggering and aggravating factor. Additionally, *Ahara Shakti* (digestive capacity) was impaired, indicating *Mandagni* (low digestive fire), which leads to the formation of *Ama*, a key factor in the pathogenesis of psoriasis according to Ayurveda.

Among the eighteen types of *Kushtha*, psoriasis can be closely correlated with *Ekakushtha*, a subtype of *Kshudra Kushtha*, based on the similarity in clinical features. *Ekakushtha* is considered a *Tridoshaja* condition with predominant involvement of *Vata* and *Kapha* doshas, which play a key role in its manifestation and progression.

The diagnosis of plaque psoriasis was established based on the presence of erythematous plaques covered with prominent silvery-white scales, along with a positive Koebner phenomenon. To monitor disease progression and therapeutic response, the Psoriasis Area Severity Index (PASI) score was utilised. Initially, assessment was based on general clinical observation. Clinically, a significant improvement was observed at the follow-up visits following *Shodhana* therapy and *Shamana* therapy. The patient demonstrated marked symptomatic relief, particularly in terms of reduced burning sensation and significant alleviation of severe itching.

Therapeutic Interventions

After assessing the stage and extent of *Dosha* vitiation, an individualized treatment plan was formulated. At baseline, the patient presented with severe itching, dryness with scaling, and a burning sensation throughout the body, indicating the involvement of *Vata*, *Pitta*, and *Rakta* Doshas. This imbalance was understood to affect the *Rasa*, *Rakta*, and *Mamsa Dhatus* reflecting deeper tissue involvement.

Considering the *Bahudoshavastha* (state of aggravated Doshas), *Shodhana Chikitsa* was planned on an inpatient (IPD) basis. Initially, *Snehapana* was administered for 7 days using *Mahatikta Ghrita*, followed by *Vamana Karma*. After completing *Sansarjana Krama*, a second course of *Snehapana* was given for 5 days, which was followed by *Virechana Karma* and another *Sansarjana Krama* phase.

For *Shamana Chikitsa* (pacifying therapy), *Arogyavardhini Vati* was administered to support and improve liver function. Additionally, *Khadirarishta* and *Gandhak Churna*, in combination with *Amalaki powder*, were administered for their *Pitta-shamaka* (Pitta-pacifying) and *Rakta-prasadana* (blood-purifying) properties. For external application, *Brihat Marichyadi Taila* was advised over the affected areas, which contributed to relief from itching and overall improvement in the skin condition. [Table 2]

Dietary factors were identified as a major contributing cause in this case. The patient had a history of consuming incompatible and aggravating foods, including excessive intake of salty, sour, spicy foods, and curd. As part of the treatment protocol, strict dietary regulation (*Pathya*) along with Ayurvedic medications was recommended to prevent further aggravation of the condition. The patient was also advised to discontinue all previously used topical as well as internal medications throughout the treatment period.

At each follow-up visit, the patient demonstrated consistent clinical improvement. The lesions, along with associated signs and symptoms such as severe itching and burning sensation, showed gradual and sustained recovery. Assessment based on PASI parameters indicated a notable degree of improvement [Table 1]. No adverse effects were observed throughout the course of treatment, and there was no recurrence of symptoms during the follow-up period. Detailed follow-up data, including the treatment timeline, therapeutic interventions, and periodic clinical outcomes, are summarized in Table 1.

Table 1: Timeline of interventions, and clinical outcomes and Follow-up.

Timeline	Dates/years	Clinical events and interventions	Clinical outcome
Since 5 years	Since 5 years	Acute itching and burning sensation, took corticosteroid from locally	Symptomatically relief but recurs frequently
Baseline visit	28/1/25	Visit the OPD of NIA, Jaipur. A comprehensive history was obtained, followed by thorough clinical assessment, detailed examination, and subsequent confirmation of the diagnosis.	Dry erythematous plaques with silvery scales all over body with burning sensation and severe itching. Kobner phenomenon was found positive. PASI score- 42.5 Following evaluation, the patient was admitted to the inpatient department (IPD) ward for further management.
	29/1/25- 31/1/25	<i>Panchakola choorna</i> was given	<i>Ama Pachana</i> and planned for <i>Snehapana</i> .
	1/2/25 to 7/2/25	<i>Snehapana</i> with <i>Mahatikata ghrita</i> was given for 7 days in 50ml, 75 ml, 90 ml, 115 ml, 130 ml, 145ml, 155 ml respectively	<i>Samyak snehana lakshana</i> appeared
	8/2/25	<i>Abhyanga</i> and <i>swedana karma</i>	<i>Kapha vridhdhikara Ahara</i> was given in evening prior to <i>vamana karma</i>
	9/2/25	<i>Vamana karma</i> with mixture of <i>Madhuyashti phant</i> , <i>Madanphala Pippali churna</i> , <i>Madhu</i> and <i>Saindhava lavana</i>	
	10/2/25- 16/2/25	<i>Sansarjana karma</i>	Relief in itching and burning sensation

	18/2/25-20/2/25	<i>Snehapana</i> was given 50 ml, 70ml, 90 ml respectively	<i>Samyak Snigdha lakshana</i> appeared
	21/2/25-23/2/25	<i>Abhyanga</i> and <i>swedana karma</i>	<i>Laghu, Ushna</i> diet was given in evening prior to <i>virechana karma</i>
	24/2/25	<i>Virechana karma</i> with <i>Ichhabhedhi rasa</i> and <i>Abhayadi modaka</i>	
	25/2/25-1/3/25	<i>Sansarjana krama</i>	Relief in previos complaints, marked improvement in erythema, scalings,
	2/3/25	Discharged to the patient, <i>Shamana</i> medicine advised	PASI score – 31.4 improvement in sleep quality, Kobner phenomenon was negative
Visit 1 in OPD	3/4/25	<i>Shamana</i> medicine	PASI-18.6, no itching and burning sensation
Visit 2 in OPD	7/5/25	<i>Shamana</i> medicine	PASI-14, advised for pathya sevana
Visit 3 in OPD	4/6/25	<i>Shamana</i> medicine	PASI-9.8
Visit 4 in OPD	6/7/25	<i>Shamana</i> medicine	PASI -6
Visit 5 in OPD	5/8/25	<i>Shamana</i> medicine	PASI-4

Table no 2: List of *Shamana* medicine.

S.no.	intervention	route	Dosage	duration
1.	<i>Kaishore guggulu</i>	orally	500 mg before food	5 months
2	<i>Maha Manjisthadi kwatha</i>	orally	40 ml BD before food	5 months
3	<i>Khadiraristha</i>	orally	20 ml BD after food with equal amount of water	5 months
4	<i>Aarogyavardhini vati</i>	orally	500 mg BD after food	5 months
5	<i>Aamlaki churn</i> -2 gm <i>Vidanga churn</i> -2 gm <i>Rasmanikya</i> -250 mg <i>Shuddha gandhak</i> -250 mg	orally		5 months
6	<i>Brihut Marichyadi taila</i>	External application	Two times a day	5 months

Figures

B.T.

A.T.



DISCUSSION

Charaka Samhita places special emphasis on repeated *Shodhana* (purificatory therapy) in conditions of *Bahudosha Avastha*, as seen in *Kushtha*.^[5] It is clearly stated that diseases managed through *Shodhana* therapy are less likely to recur, whereas those treated solely with *Shamana* (pacifying therapy) may reappear over time.^[6] Furthermore, the administration of *Shamana* medicines following proper *Shodhana* enhances therapeutic efficacy and contributes to more complete disease resolution.

Among the *Panchakarma* procedures, *Vamana Karma* (therapeutic emesis) is considered the most effective for eliminating aggravated *Kapha Dosha*, while *Virechana Karma* (therapeutic purgation) is primarily indicated for *Pitta Dosha* but is also beneficial in managing *Kapha* and *Vata* involvement. *Samshodhana* plays a crucial role in expelling the aggravated doshas from the body. Following this, *Shamana Chikitsa* is administered to pacify any residual doshic imbalance and to restore the normal physiological state of the *Dhatus*, thereby ensuring sustained therapeutic outcomes.

Deepana–Pachana is an essential preparatory step before administering *Abhyantara Snehapana* (internal oleation). These drugs enhance *Agni* (digestive fire) and facilitate *Amapachana* (digestion of metabolic toxins), thereby reducing the *Pichchila* (stickiness) of morbid doshas and making them easier to mobilize and eliminate. In this case, *Panchakola Churna* was administered for three days for this purpose.

For *Snehapana*, *Mahatikta Ghrita* was used, which contains herbs such as *Nimba*, *Patola*, *Vyaghri*, *Guduchi*, *Vasa*, and *Triphala*. These drugs possess properties like *Ushna*, *Tikshna*, *Vyavayi*, and *Vikasi*, with *Katu* and *Tikta Rasa* and *Katu Vipaka*. Collectively, they exhibit actions such as *Deepana*, *Pachana*, *Amapachana*, *Srotoshodhana*, *Rakta Prasadana*, *Rakta Shodhana*, *Kandughna*, *Kushthaghna*, and *Varnya*. During *Snehapana*, the *Sneha* facilitates *Vata Nigraha* and liquefaction of doshas, thereby alleviating symptoms like itching, dryness, and discoloration associated with aggravated *Vata* and *Kapha*. Subsequently, *Snehana* and *Swedana* help in relieving *Srotorodha* (channel obstruction) and mobilizing doshas toward the *Koshtha*, from where they are expelled through *Vamana* and *Virechana Karma*.

Vamana Karma is considered the most effective therapy for eliminating vitiated *Kapha Dosha*, which plays an important role in *Ekakushtha*. Clinical features such as scaling (*Matsyashakalopama*) and itching (*Kandu*) are predominantly attributed to *Kapha*. Hence, *Vamana* significantly reduces these symptoms. Classical texts, including teachings of *Sushruta*, recommend its repeated administration at regular intervals (e.g., fortnightly) due to the rapid accumulation of *Kapha* owing to its *Snigdha*, *Pichchila*, and *Sandra* qualities.

Virechana Karma is primarily indicated for the elimination of vitiated *Pitta* and *Rakta*, which are also involved in *Kushtha* due to their *Ashraya–Ashrayi Bhava* relationship. As *Kushtha* is

considered a *Raktapradoshaja Vikara*, *Virechana* plays a key role in detoxifying the system and restoring balance.

Together, *Vamana* and *Virechana* act at a microcellular level to eliminate vitiated doshas, purify the body, and restore normal physiological functions. *Shodhana Karma*, being a bio-purificatory process, removes *Dushita Doshā–Dushya*, enhances immune strength, and helps prevent recurrence of the disease.

Mahamanjistha Kwatha is beneficial due to its strong blood-purifying action, thereby aiding in symptom relief and improving overall skin health. Gandhaka (purified sulphur) is well known for its *Kushthaghna*, *Kledaghna*, *Amapachana*, *Rakta Prasadana*, and *Rasayana* properties, which collectively help in correcting the underlying pathology of skin diseases. Rasmanikya acts as a potent *Raktashodhaka* (blood purifier), thereby helping to cleanse the blood and provide relief in skin disorders. *Aarogyavardhini vati* was administered for mild purgative due to its *Pitta*-pacifying properties. *Kaishora Guggulu* are highly effective in managing various skin conditions such as *Kushtha*, *Vatarakta*, *Vishphota* etc.

CONCLUSION

In Ayurveda, the management of Psoriasis emphasizes pacification of vitiated *Doshas* and elimination of *Ama* through *Panchakarma*, particularly *Vamana* and *Virechana*, which cleanse body channels and restore balance. Although plaque psoriasis is difficult to cure, it can be effectively managed with a personalized approach combining *Shodhana*, *Shamana*, and appropriate diet and lifestyle modifications. In this case, sequential *Vamana* and *Virechana* followed by Ayurvedic medications led to significant resolution of lesions, with notable improvement confirmed by SPASI assessment.

Declaration of Patient Consent

Written informed consent was obtained from the patient for the publication of this case report. The patient consented to the use of clinical details, photographs, and relevant medical information, with the assurance that all personal identifiers would be kept confidential and anonymity would be strictly maintained in accordance with ethical guidelines for medical publication.

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Conflicts of Interest

The authors declare no conflicts of interest.

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