

AYURVEDIC MANAGEMENT OF PSORIASIS: A COMPREHENSIVE CASE STUDY

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ABSTRACT

Today, Modern medical science, have lots of facilities and upgraded technologies for treatment portion of patient, even though many diseases may still in progressive phase in the society. Psoriasis is one of such kind of disorders, which has substantial psychological and social impact on a patient's life. Being skin manifestations psoriasis goes beyond a cosmetic problem. Psoriasis is a non-infectious, chronic inflammatory disease that produces plaques of thickened, scaling skin. Psoriasis is commonly affecting the skin of elbow, knees & scalp. Some people may have severe Psoriasis involving their entire body. The quality of life of patient with Psoriasis is often diminished because of the appearance of skin. However, Ayurveda offers a holistic approach for long-term management. This case study showcases the successful management of psoriasis in a 43-year-old male using individualized Ayurvedic

therapies and treatments, including shodhan by Vaman with Madanfal Kashay and Virechana. Snehan using Guggulutiktak Ghrith, followed by Shaman Chikitsa with

Guggulutiktak Ghrit, Aragvadhadi Kashay, Kaishore Guggulu, and Ayyapaladikera Tailam for local application. The patient experienced significant improvement in his lesions after the treatment, and he continues to maintain his health through periodic Ayurvedic Shaman and Shodhan Chikitsa with Vaman, Virechan, and Raktamokshan.

KEYWORDS: Vaman, Virechana, psoriasis, Shodhan, Shaman, Raktamokshan.

INTRODUCTION

Psoriasis is a chronic, inflammatory, immunemediated proliferative, disfiguring and disabling disease for which there is no cure. Psoriasis affects both genders equally. Patients suffering from psoriasis are at higher risk of developing cardiovascular and other Non Communicable Diseases. Ayurveda, a 5,000-year-old traditional Indian healing system, views psoriasis as an outcome of vitiated doshas and aims to address root imbalances for effective management. In Ayurveda, skin disorders, including psoriasis, fall under the category of “Kushtha” roga, which encompasses various dermatological conditions. Kushtha is considered a result of imbalanced doshas, particularly Vata and Kapha, which lead to the accumulation of ama and impurities in the skin tissues. Understanding the Ayurvedic perspective on Kushtha provides valuable insights into the holistic approach taken in this case study to manage psoriasis effectively.

The etiology of psoriasis is still poorly understood, but there is clearly a genetic component to the disease. Over 50% of patients with psoriasis report a positive family history. Psoriatic lesions demonstrate infiltrates of activated T cells that are thought to elaborate cytokines responsible for keratinocyte hyperproliferation, which results in the characteristic clinical findings. Agents inhibiting T cell activation, clonal expansion, or release of pro-inflammatory cytokines are often effective for the treatment of severe psoriasis. Marked socioeconomic load is considered on an individual level because of lost opportunities in professional life and elevated economic burden for treatment expenses as per WHO (World Health Organization 2016)

Kushtha – The Ayurvedic Perspective

In Ayurveda, “Kushtha” refers to a group of skin diseases, including psoriasis. It is believed to result from imbalances in the three doshas – Vata, Pitta, and Kapha. Among these, Vata and Kapha vitiation play a significant role in the development of psoriasis. The accumulation

of ama (toxins) further aggravates the condition, leading to the appearance of red, scaly patches on the skin.

In Ayurveda, almost all skin disease can be taken under generalized term “Kushtha”. Psoriasis is considered as type of kushtha and may be well correlated to various varieties of kushta among them ekkushta, kitibha(1, 2) are the commonest due to the resemblance of signs & symptom. Treating various types of kushtha are challenges, psoriasis is not an exception due to remission & exacerbation nature of psoriasis. It has become even a great challenge for treatment. Ayurveda has given a remedy for such burning disease.

Ayurvedic management in chronic psoriasis involves medicaments like some combination of herbal choorna with medicine virechana, takradhara, siravedha, awagah, nadi-sweda, also advised.

CASE PRESENTATION

In the present case, a 43 years old male with a history of red and white lesions (scaly thickened skin) predominantly on his elbows, knees, and scalp, chest and back in patches with associated itching, burning and increasing size of patches from 5 years. He took various modules of treatment but patient was reluctant, because remission of symptoms occurs after withdrawal of medicine so he opted for conservative treatment. Past history of patient included excessive fasting along with exertion before starting of symptoms initially. Symptoms especially itching increase with cold wind, cloudy environment and winter season along with increase in stiffness of joints like knee, phalanges. Declaration of Helsinki was followed during case handling.

During Astavidha pariksha; Nadi (~pulse) was Vata-Kaphaja; Jihva (~tongue) was clear/uncoated; Mala (~stool) was Niram; Mutra (urine) was of light yellow coloured; Sabda(speech), Sparsa(touch), Drika(eyesight), Akriti were found normal. Prakriti (~constitution) of patient was kapha-pitta, Vikriti(~pathogenesis) was Vata-Kaphaj, Samhana(~body composition): medium and Vyayam Shakti (~exercise capacity) was Pravar, Jarana Shakti(~digestion capacity), Ahara Shakti, Satva, Satyama, Bala(strength) were found Pravar, Agni (~metabolism) was Vishamagni (~altered) during Dashvidha Pariksha.

Treatment Approach

Based on the Ayurvedic assessment, which revealed an aggravated Vata and Kapha dosha with mild Pitta involvement, the treatment approach aimed to achieve the following objectives:

1. Detoxify the body and eliminate accumulated toxins (ama): *Ama*, the toxic residue of incomplete digestion, was believed to contribute to the patient's psoriasis. Detoxification by *Panchakarma* was a key aspect of the treatment plan.
2. Pacify Vata and Kapha doshas: Balancing these doshas was crucial to reduce inflammation and excessive cell proliferation associated with psoriasis.
3. Nourish and rejuvenate the skin: The patient's skin needed nourishment and care to support its natural healing mechanisms.
4. Strengthen the immune system: Enhancing the patient's immunity would help reduce the inflammatory response involved in psoriasis.

THERAPEUTIC INTERVENTIONS

Purification

VASANTIK VAMAN- Stepwise plan as follows

Therapy	Drugs	Days
Deeepan-pachan	Shankha vati	3 days
Snehapan	Guggulutiktak ghrut	5 days
Sarvang abhyang- Followed by Vashp sweda-	Prasarini tail Dashmool kwath	1 day
Vamana	1. Go dugdha- 2 liter 2. Madanfal kwatha- 150 ml 3. Madhuyashthi fant-2 liter 4. Lavanodak	1 day
Sansarjan Krama	For Madhya Shuddhi (Peyadi)	5 days

TREATMENT	THERAPY	MEDICATIONS
Detoxification	Virechan (<i>Purgation</i>)	1.Trivrut avaleha
Internal oleation	Snehapaan	1.Guggulutiktak ghrut

Post-Purification - SANSARJAN KARMA

Palliative care	Shaman chikitsa	1.Guggulutiktak ghrut 2.Aragvadhadi Kashay 3.Kaishore Guggulu 4.Ayyapaladikera Tailam
Follow up	Periodic Shaman chikitsa & Shodhan chikitsa (Vaman, Virechan)	1. Panchtiktaghrut guggul- 2 TDS before meal 2.Aragvadhadi Kashay – 30 ml BD 3.Kaishore Guggulu- 2 BD 4.Ayyapaladikera Tailam- L/A

		All for 1 month
	Raktamokshan	Every 6 months

NIDANA PARIVARJANA- Patient was advised to avoid Guru, Viruddha ahara, Amla Rasa, Dahi, Fish meat, Tila & Gud (jaggery), Excessive milk products etc.

SHARDIK VIRECHANA -Considering the long lasting and relapsing nature of disease Patient was advised to readmit in our hospital in the month of September (Sharada Ritu) for further management. After Deepana- pachana and snehapana as explained above, Virechana by Trivritta Awleha 50 gm was administered and then followed by SHAMAN for one month and NIDANA PARIVARJANA as above.

Adherence and tolerability of intervention was assessed by the patient. There was no adverse or unanticipated event during treatment. No diagnostic or other tests were performed after treatment.

Outcome

After the Vaman, Virechana and Shaman Chikitsa, the patient experienced significant improvement in his psoriasis lesions within 45 days. The redness and scaling of the plaques had reduced, and itching subsided. The patient's overall health and well-being improved.

In the follow up of 6 months, patient has no recurrence of previous patches, also no new patches developed on body. This case report is significant as it is a severe psoriasis and the patient had tried all possible conventional treatment modalities with no relief in symptoms even with continuation of medicine. Severe burning, itching was prevalent and compromising quality of life. This case report intended to check the efficacy of Vaman and Virechana as shodhan, Ayyapaladikera Tailam and Panchtiktaghrit guggulu as shaman in management of severe Psoriasis.

Vaman is the best remedy for Kapha dosha and also the first remedy for kaya shodhana, carried out in the month of Vasant ritu which is the period of aggravation (Prakopa) of kapha dosha and best time to eliminate the aggravated kapha dosha. During the Snehapana it was noticed that firstly skin lesions increased up to 20% but after Vaman and Sansarjana karma they tend to decrease and after one month of shaman and nidana parivarjana excellent remission was achieved.

In Sharada ritu the pitta dosha get aggravated so to pacify this and for the anulomana of vata dosha Virechana was carried out with trivritta awaleha, both are the best Virechana drugs for kushtha. Complete recovery was noticed after Virechana.

Secondary, Pitta is site of agni and thus responsible for maintenance of all kriya (~catabolism – anabolism process) and for glowing of skin chhaya. In Psoriasis, keratinocytes secrete inflammatory markers like interferons, cytokines (T et al. 2018). These markers can be considered vitiated pitta leading to psoriatic lesions. Considering pitta vitiation in this disease, virechana was planned as it is best in imbalanced pitta. Panchatikta Ghrita Guggulu have nutritive and Shodhana (~purifying) effect on all dhatus seen by effect on present disease in which all dhatus are involved in pathogenesis. Positive effect on osteoarthritis (Akhtar et al. 2010) supports its anti-inflammatory and nutritive activity. Snehapana and shodhana are main line of treatment for kushta (Shastri, 2011). In Panchatikta ghrita guggul, action of Snehana is carried out by ghrit and Shodhana by tikta rasa.

Methotrexate used as conventional treatment of psoriasis limits epithelial hyperplasia by inhibiting DNA synthesis. Also decreases the synthesis of a range of proinflammatory cytokines such as tumour necrosis factor α and interleukin-1 (Czarnecka and Anna, 2014). Shodhana procedure prevents the recurrence of doshas and same effect found in patient condition. Decrease in Erythrocyte Sedimentation Rate, Low-density lipoprotein cholesterol (LDL), total cholesterol, Blood urea nitrogen (BUL), total serum protein, serum Creatinine, plasma histamine and plasma adrenaline along with increase in high-density lipoprotein cholesterol (HDL), Very Low Density Lipoproteins, and Immunoglobulin E level after 15 days of Vamana in healthy volunteers (Gupta et al. 2012) indicate towards the purification of Rakta which is basis for healthy skin. In a case control study on Psoriasis, evidence of electrolyte imbalance among psoriasis patients were found as an increase of electrolyte levels of sodium as compared to the controls (T et al. 2018). Increased sodium levels in the body cause raised sodium to potassium ratio, which leads to dry skin and mucosal membrane presenting as scaly patches on skin of psoriasis patients. Significant decrease in level of serum sodium was found after virechana. (Rais and Bhatted, 2013) Improvements found in study support this evidence.

In further studies, there is need to validate the findings with deeper insights. Forthcoming studies that integrate symptomatic findings after procedure with changes in metabolomic and

genomic parameters may facilitates a broader system level understanding and mechanistic insights into these integrative practices that are employed to promote health and wellbeing.

BEFORE TREATMENT



AFTER 45 DAYS OF TREATMENT-



Continued Management

To maintain his health and prevent recurrence, the patient continued with periodic Shaman Chikitsa sessions and Shodhan Chikitsa. Every 6 months, he undergoes Shodhan Chikitsa with Vaman and Virechan, according to the seasonal ritu (climate). Additionally, he undergoes Raktamokshan (bloodletting) therapy every 6 month to further promote detoxification and balance doshas.

DISCUSSION

This case study demonstrates the successful management of psoriasis using personalized Ayurvedic therapies. The combination of vasantik Vaman with madanfal kashaya and Virechana with Snehpan using Guggulutiktak Ghrit, followed by Shaman Chikitsa with Guggulutiktak Ghrit, Aragvadhadi Kashay, Kaishore Guggulu, and Ayyapaladikera Tailam, played a significant role in the patient's positive outcome.

Ayurvedic treatment focuses on addressing the root cause of psoriasis rather than just symptom relief. Virechana, an important Panchakarma procedure, helped eliminate toxins from the body, leading to a reduction in inflammation and skin lesions. Shaman Chikitsa further balanced the doshas and nourished the skin, promoting natural healing.

CONCLUSION

Ayurveda's holistic approach, tailored treatments, and emphasis on detoxification and balancing doshas can provide effective and sustainable management for psoriasis. The combination of Virechana and Shaman Chikitsa, along with regular follow-up treatments, has allowed the patient to lead a healthy and improved quality of life. Continued adherence to Ayurvedic principles and periodic follow-up treatments can further support long-term remission and overall well-being. As in this case report, patient got significant relief, it may be concluded that Vaman-Virechana and panchtiktaghrit gugglu prove to be effective in the management of Psoriasis with mild arthritis by virtue of its Tridosha Shamaka property. Randomised Clinical Trial needs to be conducted to validate result in larger sample which will generate evidence for support.

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