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# SIGNIFICANT RESOLUTION OF PSORIASIS WITH AYURVEDIC MANAGEMENT: A CASE STUDY

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## ABSTRACT

**Introduction:** Psoriasis is a chronic, immune-mediated inflammatory disease affecting approximately 2–3% of the global population, as reported by the World Health Organization.[1] It is increasingly recognized as a systemic disorder with significant physical, psychological, and socioeconomic impact.[2] In Ayurveda, psoriasis is correlated with *Ekakustha Kushta*, a subtype of Kshudra Kushta, characterized by dryness, scaling, and discoloration of the skin.[3] **Aim:** To evaluate the efficacy of Ayurvedic management in a patient with chronic psoriasis using the Psoriasis Area and Severity Index (PASI).[4] **Materials and Methods:** A 43-year-old female presented with diffuse scaly lesions over the scalp, bilateral upper and lower limbs, abdomen, and back, associated with itching and powdery appearance for 3 years. The condition was diagnosed as psoriasis (*Ekakustha*) based on clinical features.[5] The patient was managed with *Deepana*, *Pachana*, *Virechana* karma and *Kushtahara Shamana Aushadhis* for a duration of one month.[6] PASI scoring was performed before and after treatment. **Results:** The PASI score decreased from 20.0 to 6.5 indicating a 67.5% reduction. Significant clinical improvement was observed in erythema, scaling, induration, and associated itching. **Discussion:** The therapeutic effect may be attributed to the combined action of *Shodhana* and *Shamana* therapies, which exhibit immunomodulatory and anti-inflammatory properties.[7] Additionally, strict adherence to Pathya-Apathya plays a crucial role in preventing recurrence and maintaining long-term remission.[8] **Conclusion:** Emerging evidence suggests that Ayurveda provides a safe, holistic, and sustainable approach

for the long term management of psoriasis, with no adverse effects.[9] Initial PASI score was 20, which reduced to 6.5 after treatment, showing an overall improvement of 67.5%.

**KEYWORDS:** *Panchakarma, Virechana, PASI Score, Psoriasis, Kitibha Kushta, Ayurveda, Shodhana Chikitsa.*

## 1. INTRODUCTION

Psoriasis is a chronic, autoimmune skin disorder characterized by rapid skin cell proliferation leading to scaling, inflammation, and redness.[10] It is one among the Kshudra Kushta, the signs and symptoms of which are similar to Plaque psoriasis.[11] It is one of the Rakta Pradoshaja Vikara caused by vitiation of *Vata* and Kapha Dosha predominantly and is characterized by Shyava Varna Kina Khara Sparsha, Parushatva, Rukshata, Ugra Kandu.[12] Kushta manifests due to vitiation of Sapta Dushya viz. Tridosha, Twak, Rakta, Mamsa and Lasika.[13] The treatment is to be carried out according to the predominance of *Dosha* based on Roga and Rogi Bala (Strength of disease and patient). In *Kushtha*, repeated *Shodhana* is indicated due to Bahu Doshavastha in order to eliminate the aggravated *Dosha*.[14] Classical features of Ekakustha Kushtha include "*Asvedanaṁ mahā-vāstu yan matsya-śakalopamam, tad eka-kuṣṭham.*"[15] along with symptoms such as pruritus, discoloration, burning sensation, and numbness, significantly affecting quality of life.[16] A holistic Ayurveda regime, in this case, resulted in satisfactory recovery from psoriatic lesions, with no recurrences in a span of 5 months.

## 2. Patient Information

A 43-year-old female approached the Panchakarma outpatient department of SDM Ayurveda Hospital, Bangalore with a 3-year history of diffuse scaly skin lesions over the scalp, bilateral upper and lower limbs, abdomen, and back, associated with itching and a powdery appearance. She was diagnosed with severe psoriasis exhibiting features of both plaque and erythrodermic types. Over the years, she sought treatment from multiple dermatologists and was managed with topical and systemic immunosuppressive medicines, which provided temporary symptomatic relief. However, due to recurrence of symptoms and adverse effects from prolonged allopathic treatment, possibly triggered by unidentified factors, she opted to pursue Ayurvedic management as an alternative approach.

**Associated complaints:** She had a history of hypothyroidism and was on regular medication.

**Table 1: Timeline of the Case.**

| Date | Relevant Medical History |
|---|---|
| April 2023 | Acute onset of well-defined, elevated skin margin with scales below the umbilicus and B/L legs, associated with itching. Gradual development of skin lesions over other body parts. |
| July 2023 | Lesions over scalp, dryness and scales on scratching. |
| September 2023 | Disturbed sleep due to itching and lesions. |
| October 2023 | Started allopathic treatment. and was followed up for 1 month. |
| 13/12/2025 | Symptoms reappeared after discontinuing medication. Consulted in outpatient department of SDM Hospital and admission advised. |
| 21/12/2025 | Admitted in Shree Dharmasthala Manjunatheshwara Ayurvedic collage and Hospital, Bangalore. |

## 3. Clinical Findings

On general examination, a female patient with moderately nourished having normal vital signs. Other parameters like pallor, icterus, central cyanosis, oedema, digital clubbing and local lymphadenopathy were absent. On Integumentary system examination, distribution of the skin lesion was over scalp, bilateral upper limb and lower limb, abdomen and back. The patient reported intense itching and intermittent burning sensation. The skin appeared dry, inflamed, and scaly powdery discharge. The skin color was blackish brown associated with rough surface and itching. Test- Candle grease sign were positive.

**Before treatment**: Images are taken with patient consent.

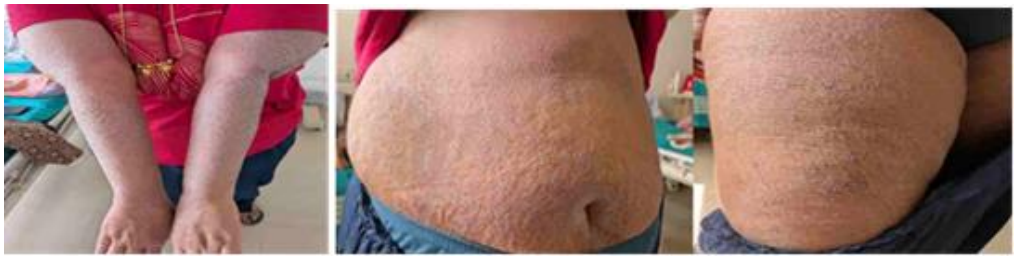

IMAGE - 1IMAGE -2 IMAGE -3

## 4. Diagnostic Assessment

*Raktavaha Srotas* involved with symptoms like *Vyanga* (pigmentation) *Kushta*. Based on clinical features such as diffuse erythema, exfoliation, and systemic symptoms, the condition was diagnosed as *Kitibha Kushtha* (psoriasis).

**Diagnosis:** Ekakustha (Psoriasis)

## 5. Therapeutic Interventions

All contemporary oral and topical medications were discontinued before initiating Ayurvedic treatment. Based on the evaluation of clinical features — such as *Daha* (burning sensation), *Kandu* (itching), *Raktavarnata* (blackish brown), and the patches are exudative, rough, and thick morphological presentation of the skin lesions — the condition was identified as predominantly involving *Pitta* and *Kapha Doshas*. The imbalance of these doshas was considered a key factor in the onset and progression of the disease. Therefore, in accordance with classical Ayurvedic principles, *Virechana Karma* was chosen as the primary *Shodhana* therapy to eliminate the aggravated *Pitta* and *Kapha Doshas* and restore systemic equilibrium.

**Table 2: Timeline of Intervention.**

| Date | Intervention | Dose |
|---|---|---|
| 21/12/26 – 22/12/26 | Orally: Agnitundi Vati 1-1-1 B/F<br>Chitrakadi Vati 1-1-1 A/F<br>Sunthi Choorna 3 pinch with 200 ml hot water 1-0-0 B/F<br>Sarvanga Utsadana with guduchi choorna followed by Parisheka | 2 days |
| 23/12/26 – 26/12/26 | Snehapana with Panchatikta Ghrita | Day 1: 30 ml-kshrutapravrutti attend-12pm Jeerna lakshana- Udgar shuddhi, Mutra-purushamaruta pravruthi. Day 2: 60 ml kshrutapravrutti attend-1:30 pm Jeerna lakshana- Udgar shuddhi, Anna Akanksha Day 3: 100 ml kshrutapravrutti attend- 3:10 pm Jeerna lakshana- Udgar shuddhi, Sharir laghuta Day 4: 120 ml kshrutapravrutti attend- 4:00 pm Jeerna lakshana- Udgar shuddhi, Indriya prasannatma, deeptagni |
| 27/12/26 – 29/12/26 | Sarwanga Abhyanga with Yashtimadhu Taila and Nalpamaradi Taila mixed in equal quantity followed by Sarwanga Baspa Swedana | 3 days of vishrama kala |
| 30/12/26 | Sarwanga Abhyanga with equal quantity of Yasthimadhu Taila and Nalpamaradi Taila followed by Sarwanga Baspa Swedana; Virechana karma with Trivrit Lehya, Anupana with milk | 80 gm Lehya + Hot water<br>Abhyanga duration- 40min<br>Baspa sweda- till the samyak snigdha lakshana Pradhurbhava. |

Total Virechana Vegas were 18. (Madhyam Suddhi)

*Samsarjana Krama*Advised for 5 days peyadi krama.

- *Pathya Apathya* and *Nidana Parivarjana* was advised.

**Table 3: Shamana Aushadhi (Discharge Medicine for 1 Month).**

| DAYS | DIET ADVICE | | |
|---|---|---|---|
| | **Morning** | **Afternoon** | **Evening** |
| 1. | Warm water | Warm water | Rice-Ganji |
| 2. | Rice-Ganji | Rave-Ganji | Rave- Ganji |
| 3. | Ragi-Ganji | Ragi-Ganji | Rice buttermilk |
| 4. | Rice buttermilk | Moong dal khichdi | Moong dal khichdi |
| 5. | Rice rasam | Rice rasam | Normal diet |

| S.No | Medicine / Treatment | Dosage / Instructions |
|---|---|---|
| 1 | Krimikuthar Rasa | 1-1-1 after food |
| 2 | Arogyavardhini Rasa | 1-1-1 after food |
| 3 | Vidangarishta | 10 ml–10 ml–10 ml with hot water |
| 4 | Manibhadra Gulika | 0-0-10 gram with hot water |
| 5 | Yasthimadhu Taila / Nalpamaradi Taila | External application |
| 6 | Sidharthaka Snana Choorna / Panchavalkala Kwatha Choorna | For bath |

**Assessment Subjective Criteria**

1. Cardinal Signs of Eka Kushta
2. Candle Grease Sign

**OBJECTIVE CRITERIA**

1. PASI Score.[17]
2. Pruritus Visual Analog Scale (PVAS)

**RESULT**

| Parameter | Before Treatment | After Treatment |
|---|---|---|
| Erythema (Redness) | 3 (Moderate) | 1 (Mild) |
| Induration (Thickness) | 3 (Moderate) | 1 (Mild) |
| Scaling (Desquamation) | 4 (Severe) | 1 (Mild) |
| Head Area Score | 3 (30–49%) | 0.5 |
| Upper Limbs Score | 5.8 (70–89%) | 1.2 |
| Trunk Score | 5.2 (70–89%) | 2.0 |
| Lower Limbs Score | 6 (90–100%) | 3.0 |
| **Total PASI Score** | **20.0** | **6.5** |
| **PVAS Score** | 9 | 1 |

**After treatment:** Images are taken with patient consent.

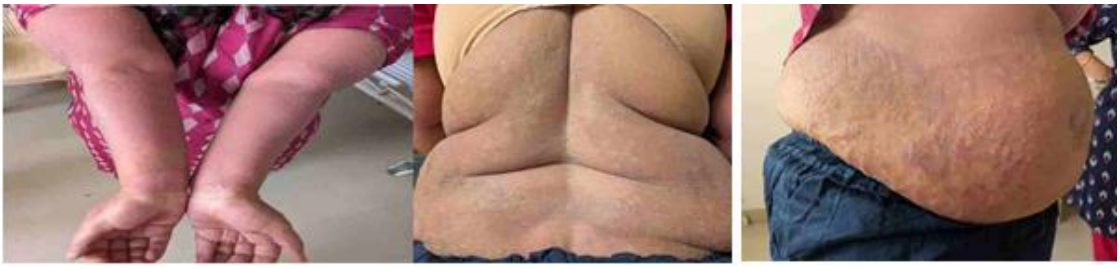

IMAGE-1 IMAGE-2 IMAGE-3

**Follow-Up and Outcomes**

The follow-up details with timeline, treatment protocol, and periodic clinical outcome are detailed in Table No. 4. The psoriatic lesions with all its signs and symptoms were cured. No adverse events were witnessed during the treatment. The patient was kept only on a strict dietary regimen for the next 2 months but no recurrence was observed.

**After 15 days of treatment: -** Images are taken with patient consent.

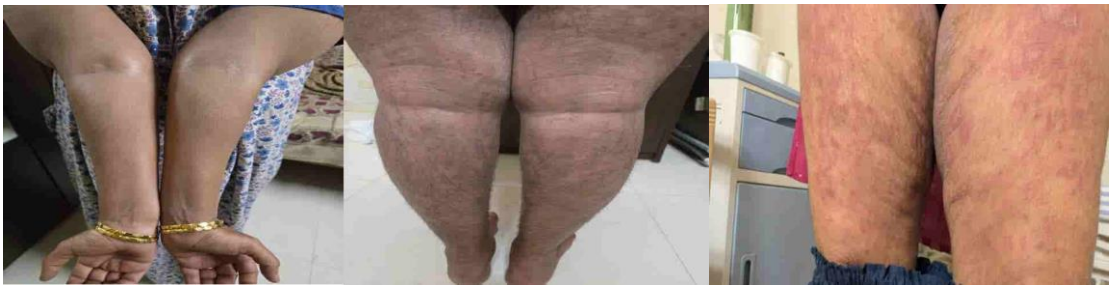

IMAGE -1 IMAGE -2 IMAGE -3

**Table 4: Follow-Up History and Clinical Outcomes.**

| Timeline | Dates | Treatment Plan / Oral Medications | Periodic Clinical Outcomes |
|---|---|---|---|
| Onset of treatment | 21/12/2025 | As per Table 2 | Ayurveda treatment started. |
| Follow-up 1 | 29/01/2026 | C/o gastritis; Added: Laghushootashekhara Vati 1-1-1 A/F; Sarivadyasava 10–0–10 ml with warm water | Subjective improvement in signs and symptoms. Itching and redness reduced. |
| Follow-up 2 | 2/02/2026 | Added: Chandraprabha Vati 1-1-1 A/F | Observational changes in signs and symptoms. |
| Follow-up 3 | 5/03/2026 | Advised to continue the same medications. | Significant improvement in all signs and symptoms. No itching and burning sensation. |
| Follow-up 4 | 9/03/2026 | . Kaishora Guggulu DS 1-1-1 A/F<br>2. Laghushootashekhara Vati 1-1-1 A/F<br>3. Sarivadyasava 10–0–10 ml;<br>4. Chandraprabha Vati 1-1-1 A/F; Moist lotion for e/a; Follow-up | Recovered 80%. No itching and burning sensation. |

| | | | |
|---|---|---|---|
| | | after 1 month. | |
| Follow-up 5 | 9/04/2026 | Dose of medicines reduced to half. | No recurrence found. Normal biochemical profile. |

## DISCUSSION

Psoriasis is a chronic autoimmune disorder characterized by a relapsing–remitting course, making its long-term management challenging.[1] Conventional therapeutic approaches primarily aim at symptomatic control and disease suppression, with limited potential for sustained remission.[2] In contrast, Ayurvedic treatment modalities, when applied based on classical principles, have demonstrated encouraging clinical outcomes, including complete resolution of lesions in certain cases, without reported complications or recurrence during the follow-up period.[9] The present case of psoriasis was correlated with the *Sama* stage of *Pitta-Rakta-Vata* predominant *Kushtha*.[3] The first line of treatment, *Amapachana* and *Agnideepana*, was carried out using *Agnitundi Vati*, *Chitrakadi Vati*, and *Sunthi Churna Jala*. These formulations act by stimulating *Jatharagni* and correcting *Mandagni*, thereby digesting *Ama* and preventing its further formation.[13] *Chitrakadi Vati* provides *Deepana-Pachana* action, *Agnitundi Vati* enhances metabolic activity and digestion, and *Sunthi Churna Jala* aids in reducing heaviness and improving circulation. Collectively, they help to improve digestion, eliminate *Ama*, restore *Agni*, and balance vitiated *Doshas*, preparing the body for further treatment.[14] *Snehapana* with *Panchatikta Ghrita* is widely indicated in the management of *Kushtha* due to its therapeutic properties.[6] It is predominantly composed of *Tikta Rasa* (bitter taste) along with *Laghu* (light) and *Ruksha* (dry) *Guna*, which help in alleviating vitiated *Doshas* and *Dhatus*. It primarily acts on *Kleda*, *Meda*, *Lasika*, *Rakta*, *Pitta*, and *Kapha*, thereby addressing the underlying pathological factors involved in skin disorders. This formulation facilitates *Srotoshodhana* (cleansing of body channels), *Raktashodhana* (purification of blood), and *Raktaprasadana* (improvement of blood quality). Additionally, it exhibits *Kandughna* and *Varnya* (enhancing skin complexion) properties, which contribute to symptomatic relief and restoration of normal skin appearance.[8] The mechanism of action of *Virechana* can be understood at multiple levels.[5] It helps in correcting *Agnimandya*, thereby improving metabolic processes and preventing further formation of *Ama*. By expelling accumulated toxins and vitiated doshas, it reduces inflammation, erythema, and scaling.[7] Additionally, *Virechana* aids in *Rakta Prasadana*, which is essential in managing skin disorders.[11] In the present case, *Virechana* therapy resulted in significant clinical improvement — there was a marked reduction in PASI score.[4] and pruritus intensity, along with the disappearance of classical signs such as *Candle grease*

*sign*. The reduction in scaling (*Matsyashakalopam*) and normalization of skin texture further indicate effective disease control.[15] Thus, *Virechana Karma* plays a pivotal role in the management of psoriasis by targeting the root cause (*Dosha Dushti*), detoxifying the body, and restoring physiological balance.[10,12]

**Patient Perspective**

The patient shared her perspective about the Ayurveda treatment in her local language. She had severe itching, burning sensation, and stress at the time of presentation, while she was free upto 80% of all the signs and symptoms at the end of treatment.

## CONCLUSION

In this case, the treatment was planned according to Ayurvedic principles, focusing on the underlying cause (*samprapti*) rather than only treating the visible symptoms. The patient showed noticeable improvement earlier compared to previous allopathic treatment, suggesting a better response to the Ayurvedic approach.[9] The treatment included both internal medicines and external applications, which together helped reduce symptoms such as scaling, itching, and inflammation. Along with medicines, following a proper and balanced diet played an important role in the recovery process. Avoiding triggering foods and maintaining a healthy lifestyle further supported the treatment outcome. Importantly, no recurrence was observed after completion of the active treatment during the follow-up period, which indicates sustained improvement. This suggests that Ayurvedic treatment may help in managing not only the symptoms but also the root cause of chronic conditions like psoriasis.

**Informed Consent:** Consent of the patient was obtained for the photographs and before reporting the case report for publication.

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