



**Case Study**

**AYURVEDIC MANAGEMENT OF PSORIASIS**

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**Article info**

**Article History:**

Received: 30-12-2024

Accepted: 12-01-2025

Published: 07-02-2025

**KEYWORDS:**

Psoriasis, PASI Score, *Eka Kusta, Tridosha, Sodhana, Samana.*

**ABSTRACT**

Psoriasis is a common chronic, immune-mediated dermatological condition characterized by the rapid proliferation of keratinocytes, leading to the formation of erythematous thick, scaly indurated plaques. It is affecting approximately 2-3% of the global population, it possesses significant physical and psychological burdens. The aetiology of psoriasis is multifactorial, involving genetic predisposition, environmental triggers, behavioural changes and immune system dysregulation. This disease commonly manifests on the skin over elbows, knees, scalp, chest, lumbo-sacral areas, and intergluteal clefts. At present, there is no permanent cure, and modern medical science focuses on providing symptomatic relief. However, skin disorders often respond better to Ayurvedic treatment. A 37-year-old male, presented to the OPD with complaints of itching all over his body, along with thickened silvery scaling, especially over the scalp, with an erythematous base and red patches all over his body for 10 years. He was exhausted and depressed after finding no relief on trying various systems of medicine. After examination of the patient, an Ayurvedic treatment protocol was designed, including external and internal medication. Significant improvement was noticed in all symptoms. Assessment was done using PASI score which reduced from 24.8 to 6. The duration of treatment was 45 days, follow-up after a month.

**INTRODUCTION**

Psoriasis is a persistent non-infectious chronic inflammatory dermatological disorder with a significant genetic predisposition and autoimmune mechanism with a worldwide prevalence of approximately 2%, but the incidence of psoriasis varies according to different geographical regions<sup>[1]</sup>. It is characterized by well-defined erythematous indurated papules and plaques with large loose silvery scales, particularly over the extensor surfaces of elbows, knees and scalp<sup>[2]</sup> and is influenced by genetic, environmental, and lifestyle factors. Though psoriasis is not contagious, it affects people of all ages and in all countries. It can have a potential impact on a person's quality of life due to visible skin lesions and has an unpredictable course of symptoms, various external triggering factors, and significant comorbidities,

including arthritis, metabolic disorder, inflammatory bowel disease cardiovascular diseases and depression<sup>[3]</sup>.

In psoriasis, the main abnormality is the excessive proliferation of epidermal cells due to the rapid multiplication of cells in the basal layers. The transit time of keratinocytes is shortened, and the epidermal turnover rate is drastically reduced to 5-6 days from 28-30 days<sup>[4]</sup>. Due to, defective skin maturation, immature cells accumulate on the surface which manifests as psoriasis. Even though the exact aetiology is unknown, genetic, biochemical, and immune-pathological factors are involved. Beyond the physical impact of the disease, psoriasis significantly affects patient's emotional and psychosocial domains affecting their inter personal relationship and social interactions.<sup>[5]</sup> Psoriasis can also be provoked by external and internal triggers, including mild trauma (Koebner phenomenon), sunburn, infections, systemic drugs and stress The diagnosis is mainly clinical, although a skin biopsy may be necessary in certain cases.<sup>[5]</sup> Since, there is no available permanent cure for the disease, it remains a major challenge for the patients. Therefore, there is need to develop a

Access this article online	
Quick Response Code	<a href="https://doi.org/10.47070/ijapr.v13i1.3499">https://doi.org/10.47070/ijapr.v13i1.3499</a>
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management for psoriasis that provides lasting benefit on a long run without any adverse effects. The goal of the treatment is to alleviate symptoms that interfere with the patient's life physically, mentally and socially. The conventional management of psoriasis includes corticosteroids, photo chemotherapy with PUVA, coal tar preparations, methotrexate and cyclosporine -A and ultraviolet radiations<sup>[6]</sup>. These treatments usually provide good symptomatic control, they often cause several side effects on long-term use.

In Ayurveda, skin diseases are collectively classified under a common term *Kushtha*. When the vitiated *Doshas* like *Vata*, *Pitta*, *Kapha* and *Dooshya* like *Twak*, *Mamsa*, *Raktha* and *Lasika* become impaired, results in the manifestation of *Kushtha*. *Eka Kushtha* is mentioned in all Ayurvedic classics under *Kshudra Kushtha* predominantly involving *vata* and *kapha dosha*<sup>[7]</sup>. The causative factor of *Eka Kushtha* is similar to those of other forms of *Kushtha*. According to Ayurveda classics, it is mentioned that dietary factors such as *Viruddha Ahara* (incompatible foods), excessive consumption of *Drava* (liquid), *Snigdha* (oily), *Guru Ahara* (heavy foods), *Navanna* (new grains), *Vega dharana* especially of vomiting are major etiological factor of *Twak roga*. In addition, sinful acts and negative mental states (*Manovritti*) are also associated to the cause of this disease.

While the description of *Kushtha* with sign and symptoms such as reduced sweating (*Asweda*), widespread skin lesions (*Mahavastu*), scaling of skin lesion similar to the scales of the fish (*Matsya shakalopama*), can be correlated with *Ekakusta*<sup>[8]</sup>. *Sushruta* described the symptoms as having *Krishna-Aruna Varnata*. The etiological factors lead to vitiation of *Tridosha* predominantly *Vata* and *Kapha*, spread through the *Tiryakvahini Siras* to the *Bahya Rogamarga* affecting *Twacha*, *Rakta*, *Mamsa*, and *Lasika* and cause the symptoms of disease. The line of management involves repeated *Samshodhana* along with *Samshamana*.

## AIM AND OBJECTIVES

To evaluate the efficacy of *Samsodhana* and *Samsamana* therapy in psoriasis.

**Place of study:** The present case study was done in the Department of Agada tantra, Government Ayurveda College, Thiruvananthapuram, Kerala.

## Case report

A 37-year-old male construction worker presented to the Department of Agada Tantra, Government Ayurveda College, Thiruvananthapuram, with a 10 year history of erythematous, thickened, silvery, scaly lesions all over his body associated with severe itching.

Initially, he noticed whitish, powdery exfoliative flakes on his scalp while combing hair.

Subsequently, he experienced itching on both lower limbs and his upper back where erythematous, papular eruptions developed that later turned into plaques of varying sizes. Similar plaque-like lesions appeared symmetrically scattered all over his body. Exposure to cold, heat, and contact with cement during his work aggravated the condition. He had undergone various allopathic treatments but was reluctant to continue due to remission occurring after withdrawal of the medication. There was no oozing or burning sensations, and he reported no known history of other systemic illnesses.

## History of Past Illness

Underwent infertility treatment 13 years ago.

## Personal History

1. Diet- Mixed: Usually skip lunch/breakfast (intake of curd + fish daily prefer *Amla*, *Lavana*, *Katu ahara*) prefer curd, pickles, fried item dishes, bakery items.
2. Bowel- Frequency -1/day, evacuation- complete, stool consistency- well formed
3. Appetite- Moderate
4. Micturition- WNL
5. Sleep- Disturbed; Day sleep- Present occasionally
6. Allergy- Contact to cement
7. Addiction- Chain smoker for 20 years (2-3 cigarettes daily); alcohol occasionally
8. Exercise- Moderate
9. Stress - Present due to financial issues and personal issues

## Family History

Nothing relevant

## On Examination

General condition was fair and afebrile.

Cardiovascular system, central nervous system, respiratory system and per abdomen examinations had shown no abnormality.

## Integumentary System

- Site of onset- Scalp
- Mode of spread- Centripetal
- Colour- Erythematous papule and plaques covered with silvery, scales over body and erythematous patches with white scales over scalp.
- Size- Papule and plaques of varying size
- Primary lesion- Maculopapular and plaques
- Secondary lesion- Scales
- Consistency- Thick, dry
- Configuration- Annular and coalesced- body; grouped in scalp
- Margination- Well demarcated-body, ill defined-scalp
- Surface characteristic's- Rough, dry with scales

- Distribution- Symmetrical, bilateral scattered all over body
- Involvement of genitalia -Not involved
- Itching -severe
- Nail changes- Pitting present, hyperkeratosis
- Auspitz sign: Positive
- Candle grease sign: Negative

- *Sparsha* (touch)– *Ushna*
- *Drik* (vision) – *Prakrita*
- *Aakriti* – *Madhyam* (medium built)

**Examination of Roga**

**Nidana**

**Aharaja:** Intake of *Viruddhahara*, *Vidahi Anna*, untimely intake of food (*Pramitashana*), *Raktadustikara ahara* like pickles, sour foods.

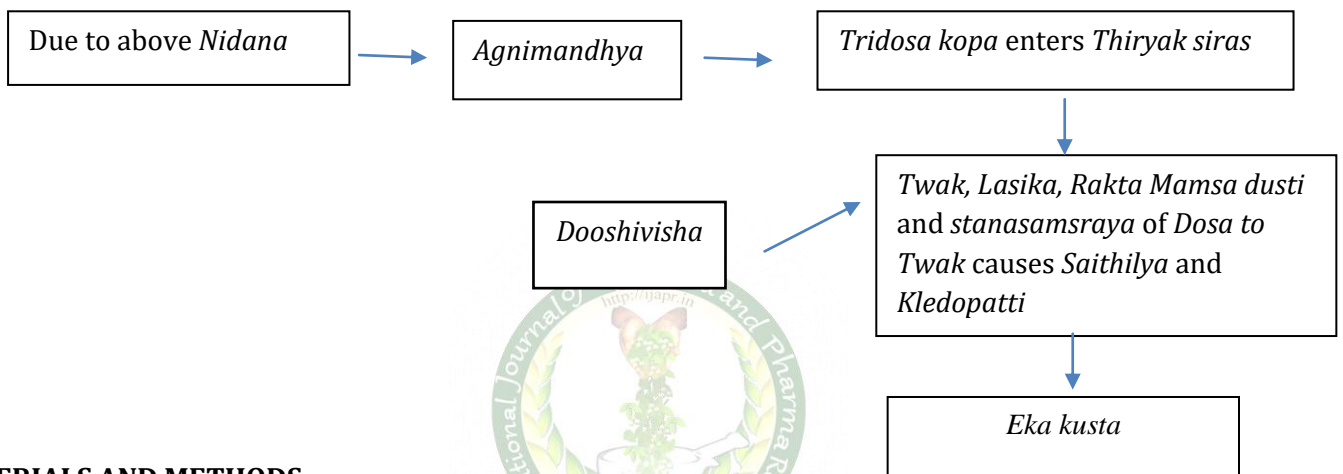
**Viharaja:** Due to his job, excessive exposure to heat (sunlight), cold, cement dust.

Chain smoker since 20 years

**Manasika:** Mental stress due to financial and personal issues.

**Ashtastana Pareeksha**

- *Nadi* (pulse) – *Pittakaphaja*
- *Mutra* (urine) – *Prakrita*
- *Mala* (stool)– *Sandra-Picchila*, bowel habit was regular
- *Jivha* (tongue)– *Shveta-Picchila*, *Sama* (coated)
- *Shabda* – *Prakrita*



**MATERIALS AND METHODS**

*Amapachana, Srothosodahana, Sodhananga Snehapana, Virechana Rasayana.*

**Table 1: Medication**

S.no	Internal Medicine	Dose, time	Duration
1	<i>Shaddharana choorna</i>	6gm along with lukewarm water at 11AM and 4pm	5 days
2	<i>Patoladigana kasaya</i>	48 ML: 6AM & 6PM before food	Given first 7 days (stopped during <i>Snehapana</i> and restarted after <i>Virechana</i> )
3	<i>Kaisooraguggulu</i>	1-0-1 along with <i>Kasaya</i> (1)	Given first 7 days (stopped during <i>Snehapana</i> and restarted after <i>Virechana</i> )
4	Psorset oil+ coconut oil- (Psorset oil purchased from <i>Oushadhi</i> contains <i>Swetakutaja</i> , <i>Tankana</i> and coconut oil are its key ingredients)	for external application	

**Treatment Protocol****Table 2: Procedures Done**

S.No	Procedure	Duration							Remarks
1.	<i>Kasaya dhara with Aragwadadhi kasaya sookshma choorna</i>	7 days							Itching slightly reduced
2.	<i>Acha snehapanam with Mahatiktaka ghrita</i>	1 <sup>st</sup> Day	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	<i>Twak, Gatra and Purisa snigdghata. Klama, Angalaghava on 7<sup>th</sup> day of Snehapana</i>
		20	40	60	100	120	140	170	
3.	<i>Abhyanga+Usnodaka Snana with psorset oil + coconut oil</i>	3 days							<i>Anga mardhava</i>
4.	<i>Virechana with Avipathy choornam</i>	25gm for one day							<i>Kosta Shuddhi</i> thickness of skin lesion, scales and itching reduced
5.	<i>Takradhara with Mahatiktaka kasaya sookshma choorna</i>	7 days							Symptoms and stress reduced
6.	<i>Rasayana with Rasasindhooram capsule 75 mg</i>	13 days							Symptoms reduced around 90%

Advice on discharge

1) *Manibadra gula* 10gm at 9 pm

2) Psorset oil along with coconut oil for external application

Instructed to avoid curd, pickles, blackgram, pappad, fish especially shell fish, dried, sour fruits.

**Assessment of the Patient****Criteria for Assessment**

The Psoriasis Area and Severity Index score (PASI) assessment was done in the patient before starting the treatment and after the completion of treatment schedule. It is a widely used instrument for psoriasis that assesses and grade the severity of psoriatic lesions and the patient response to treatment. The score ranging 0 to 72, with a Score of 1 to 10 is considered moderate and above 10 is severe. PASI Score combines the severity (erythema, induration, and desquamation) and percentage of affected area.

**Table 3: Area Score**

Score	Area
0	0
1	1-9%
2	10-29%
3	30-49%
4	50-69%
5	70-89%
6	90-100%

**Table 4: Lesion Score**

Score	0	1	2	3	4
Erythema Thickness Scaling	No symptoms	Mild	Moderate	Severe	Very severe

**Table 5: PASI Score**

Lesion	Head and neck		Upper limb		Trunk		Lower limb	
	BT	AT	BT	AT	BT	AT	BT	AT
Erythema	3	0	2	0	3	0	3	1
Induration	3	0	2	0	2	1	2	2
Scaling	4	0	2	0	1	0	2	0
Sum	10	0	6	0	6	1	7	3
Percentage of the affected area								
Area score	5	0	2	0	5	2	3	2
Subtotal=sum*area score	50	0	12	0	30	4	21	12
Bodyarea=subtotal*amount indicated	50×0.1	0×0.1	12×0.2	0×0.2	30×0.3	4×0.3	21×0.4	12×0.4
Total	5	0	2.4	0	9	1.2	8.4	4.8

Before treatment is 24.8

After treatment is 6

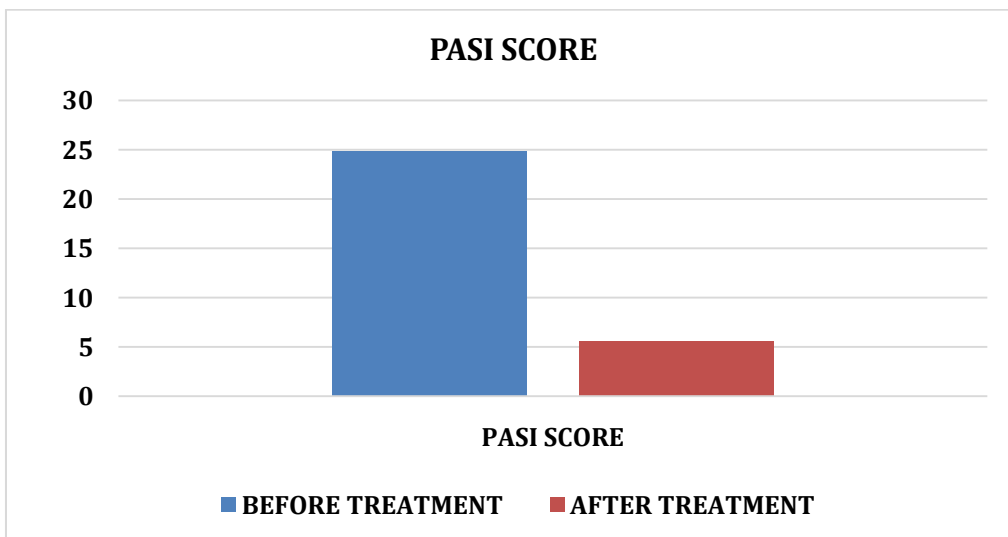
**Before treatment**

**After treatment**





Follow-Up



## RESULTS AND DISCUSSION

Psoriasis is a chronic inflammatory noninfectious dermatological disorder characterized by well-defined erythematous plaques with silvery scales. The skin manifestations of psoriasis may vary, but plaque psoriasis or psoriasis vulgaris being the most common form. This case of plaque psoriasis can be correlated to *Eka Kushta*. As *Eka Kushta* is mostly chronic and *Bahudoshajanya*, both *Sodhana* and *Samana* therapies must be followed to provide long-lasting results and enhance patient's quality of life.

*Sodhana* is of prime importance in the management of *Kushta*. Involvement of *Dooshivisha* can be seen in the manifestation of skin disorders. The treatment principle of *Dooshivisha* is *Shodhana chikitsa* which has been adopted here. In the present case, there is *tridosha dusti* predominantly involving *Vata* and *Kapha*, with *Rasa*, *Rakta*, and *Mamsadhatu* being the *Dushyas*. *Dosha-dushya samurcchana* occurs due to the circulation of vitiated *Doshas* and their *Sthanasamshraya* in the *Tvaka* (skin), presenting clinically as *Eka Kushta* (psoriasis) with widely extended skin lesions (*Mahavastu*), scaling of the skin similar to the scales of a fish (*Matsya shakalopama*), and *Krishna Aruna Varnata*.

The treatment protocol was adopted for *Samprapti Bhedana* (to counteract the pathophysiology), including *Tridosha Samana* and *Rasa Rakta Prasadana*. Selected medicines were having properties like *Agnidipana*, *Amapachana*, *Srothosodana*, *Vishahara* and *Rasayana*. Intake of *Viruddha Ahara* (unwholesome dietary practices) is one of the important causative factors in the etiopathogenesis of skin diseases. As alleged patient's diet included excessive salty and spicy foods, blackgram and curd, salted foods, simultaneous use of milk products and salty snacks, non-vegetarian items, etc. Thus, a strict dietary regimen (*Pathya*) was advised as an mitigating intervention along with Ayurveda medicines. Other identified causative factors exacerbating his skin conditions were contact with cement and chain smoking. Hence patient was advised to abstain from consumption of *Viruddha Ahara* for better treatment response, speedy recovery, and to avert the recurrence of chronic skin ailments.

In this case initially there is a need for *Bahirmalavinashana* which can be achieved through *bahirparimarjana chikitsa* like *Kasayadhara* was done with *Aragwadhadi Kasaya Sookshma Choorna*, which is *Kapha-Vata hara*. Itching reduced considerably, after 7 days of *Kasayadhara*. Prior to *Acchasnehapana* with *Mahatiktaka Ghrita* for the enhancement of digestive fire (*Agni Deepthi*), *Shadharana Choorna* was used for 5 days.

*Mahatiktaka Ghrita*, was administered internally as *Acchasnehapana*, with the dose increased up to 170ml on the 7<sup>th</sup> day, as the patient attained

*Samyak snigdha lakshana*. Ghee possesses *Sukshmastrotogamitva*, allowing it to penetrate deep into *Srothas* and nourish all dhatus from *Rasa* to *Shukra dhatu*. Moreover, in *Kushtha*, medicated ghee fortified with *Tikta* and *Kashaya Rasa* is recommended for internal and external use. Various active phytoconstituents extracted in *Mahatiktaka Ghrita* work synergistically to relieve symptoms of psoriasis, possibly through the liposomal drug delivery system<sup>[9]</sup>.

Prior to *Usnodaka snana*, *Sarvadaihika abhyanga* was done with Psorset oil mixed with equal quantity coconut oil. *Twak Mardavata* and *Anga Laghava* were noted. Following *abhyanga*, there was significant improvement in *Mastysashakala* and *Shyavaarunata*. *Sarvanga Swedana* is contraindicated in *Kushta*, hence *Ushna jala snana* was performed. To eliminate systemic impurities from the body and to expel inflammatory and other toxic metabolites, *virechana* with *Avipathy choorna* was administered. *Avipathy choorna* having properties of *Sarvavishasamana*, *Sodhana* and *Pittaharatwa*. After *Virechana*, complete relief of itching and scaling was observed.

The *Samsarjana Krama* following *Virechana* was done to restore *Agni* and *Sharira Bala*, which may have been compromised due to illness and to gradually clear the body channels of any residual *Dosha*.

*Thakradhara* done with *Takra* prepared in *Mahatiktaka kashaya* poured over the head, helps in relieving stress, a psychosomatic factor contributing to psoriasis. *Takradhara* stimulates *Siro Marmas* and improves circulation. After a well-executed treatment protocol patient was prepared to receive *Rasayana* therapy which is highly effective in regulating the exaggerated immune and inflammatory responses of the body while promoting healthy tissues. *Rasayana* works by acting as an immune stimulant, adjuvant, suppressor or by immune modulators. For this *Rasasindoor* capsules 75mg was selected and administered for 13 days. Patient followed *Patya* of *Rasa seva*. *Rasasindoor* primarily aids in balancing *Vata-kapha doshas*, possesses *Deepana*, *Pachana*, and *Srothoshodhaka* properties. It has the ability to detoxify and purify the body, aiding to eliminate toxins that contributes to the disease. It is effective in treating infectious diseases, reducing inflammation and has immunomodulatory effects. Medicines were well tolerated by the patient and no adverse effects occurred during the course of treatment.

As oral medication, *Patola Katurohinyadi Kashaya* and *Kaisora Guggulu* were administered internally during the treatment course. *Patola Katurohinyadi Kashaya* is enriched with *Tikta Rasa* (bitter) *Dravyas* that help in the *Rasadhatu* and *Raktadhatu prasadana* by pacifying vitiated *Kapha* and

*Pitta doshas*. It has *Kushthaghna*, *Jwaraghna* (antipyretic), and *Vishaghna* (anti-poison) properties. It is also an effective medicine for liver detoxification. Along with *Patola Katurohinyadi Kashaya*, *Kaisora Guggulu* was added. It acts as *Vibandhanashak*, *Raktashodhaka*, and expels the *Mala* which accumulates in the *Srotas* (channels) and helps in breaking the pathogenesis of *Kustha Roga*. *Guggulu* is again *Srotoshodhaka*, which reaches the minute channels of the body and helps break down the *Dosha-Dushya Samoorchana*. *Manibadra gulam* was prescribed as a discharge medicine for one month. It has *Kustahara* and *Rasayana* properties. To assess the improvement of lesions, PASI scale was selected, before starting treatment PASI score was 24.8 and after 2 months of treatment his PASI score reduced to 6.

### CONCLUSION

A comprehensive therapy involving systemic *Shodhana* and *Rasayana* therapy has proven effective in alleviating psoriasis symptoms. While complete eradication of psoriasis is not possible, Ayurvedic therapies and medications along with strict controlled diet and proper life style can provide excellent relief from its annoying symptoms. Recurrent treatment are essential to prevent relapse and to improve the quality of life for patients. This case report highlights the effectiveness of Ayurvedic management of Psoriasis showing that the mode of treatment was found to be safe, cost effective and easy to carry out.

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#### Cite this article as:

Keerthy S L, Seemaja G, E Anusankar. Ayurvedic Management of Psoriasis. *International Journal of Ayurveda and Pharma Research*. 2025;13(1):92-99.

<https://doi.org/10.47070/ijapr.v13i1.3499>

Source of support: Nil, Conflict of interest: None Declared

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