



Case Study

AYURVEDIC APPROACH IN THE SUCCESSFUL MANAGEMENT OF PSORIASIS

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ABSTRACT

Psoriasis is an autoimmune skin disorder characterized by dry, scaly patches and inflammation, often exacerbated by environmental factors, stress, and local injuries. Ayurveda, addresses psoriasis as a result of *Tridosha* imbalance, particularly the vitiation of *Pitta* and *Kapha*, alongside the involvement of *Raktadhatu* and *Mamsadhatu*. The disease is managed through a holistic approach, combining *Sodhana* (purification therapy) and *Shamana* (palliative therapy). In this case, a 21-year-old male patient presented with symptoms of scaly, reddish-black patches along with itching and burning on the whole body for one year. After clinical examination and diagnosis of *Ekakushtha* (psoriasis), a tailored Ayurvedic treatment protocol was implemented, integrating *Panchakarma* therapies and internal medicines. Key interventions included *Deepana* (digestive stimulation) with *Panchkola Churna* along with *Takradhara*, *Snehpana* (internal oleation) with *Murchchita Goghrita*, followed by *Vamana Karma* (emesis) and *Virechana* (purgation) followed by *Samsarjana Krama*. The treatment was complemented by oral medications and oil for local application. Over a period of 90 days, significant clinical improvements were observed, with reduced itching, burning, and scaling, leading to complete recovery. The patient showed no recurrence of symptoms, demonstrating the efficacy of this multimodal Ayurvedic approach. This case highlights the potential of Ayurveda to manage chronic, autoimmune conditions like psoriasis by addressing the root causes of the disease, offering long-term relief and improved quality of life. Further research is needed to validate these findings and explore the broader applicability of Ayurvedic treatments for chronic inflammatory skin diseases.

INTRODUCTION

Psoriasis is an autoimmune disorder characterized by dry, itchy, and scaly patches on the skin. This condition can present in various forms, ranging from small, localized patches to widespread areas covering the entire body, including the scalp, palms, and soles. Although it is an autoimmune disease, its symptoms can worsen due to environmental factors, general illnesses, stress, or local injuries.^[1] Ayurveda attributes this condition to an imbalance in the *Tridoshas*. Psoriasis is a long-term immune-mediated inflammatory disorder that primarily affects the skin and joints.

In India, its prevalence ranges from 0.44% to 2.8%. The condition is observed to affect males twice as frequently as females. It can manifest on various parts of the body, including the scalp, face, trunk, limbs, palms, and soles.^[2] Skin diseases are generally treated in a sequence involving *Shodhana* (purification), *Shamana* (palliative therapy), and *Rasayana Chikitsa* (rejuvenation therapy). However, managing psoriasis poses a challenge due to its recurring and fluctuating nature. In this case, internal medications were prescribed alongside *Panchkarma* Therapy. The chronic, recurring nature and visible symptoms of psoriasis significantly impact patients psychological well-being and social interactions, often leading to psychosocial disability that disrupts daily activities and relationships. In Ayurveda, skin diseases are broadly classified under the term *Kushtha*. Many formulations described in *Kushtha Chikitsa* have been effectively utilized by practitioners to address various skin conditions. However, due to the complex

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pathology and relapsing nature of psoriasis, a multimodal treatment approach has been adopted, incorporating principles from *Jirnajwara Chikitsa*, *Vatarakta Chikitsa*, and *Rasayana Chikitsa* alongside *Kushtha Chikitsa*. In this case, the multimodal Ayurvedic treatment led to a rapid recovery from psoriatic lesions, with no recurrence observed to date.

Case Report

A 21-year-old male came to OPD NIA Hospital, Jaipur, with the chief complaints of scaly, reddish-black patches on chest and back along with itching and burning for 1 year. He was unable to sleep because of itching. On the basis of clinical symptoms, the case was diagnosed as *Ekakushtha* (psoriasis). However, there were no indications of psoriatic arthritis or nail bed involvement.

Past History

- No history of hypertension, diabetes, hypothyroidism.
- No any history of chronic illness and surgery.

Personal History

- Occupation History- Student
- Addiction- Not specific
- Family History- Not specific
- Sleep- disturbed due to itching

- Appetite- Reduced
- Bowel Habits- Irregular and incomplete evacuation.
- Diet- Vegetarian (predominant *Rasa* (taste) was *Madhura* (sweet))

General Examination

- *Ashtavidha Pariksha* is described in Table I.
- Upon general examination, the patient was found to be fit and well-oriented.
- Body temperature - 98°F
- Blood Pressure- 120/70 mm Hg
- Pulse- 72 /min
- Respiratory Rate- 20/min
- Pallor- Absent
- Edema- Absent
- Icterus- Absent
- All routine blood investigations yielded results within normal ranges.
- In systemic examination, respiratory and cardiovascular system found normal. The patient was restless due to itching and burning sensation over psoriatic lesions.
- Integumentary system Examination- Lesions were scaly patches, present on chest, and neck.

Table 1: Ashtavidha Pariksha

Nadi	<i>Hamsa Vata</i>
Mala	<i>Ama</i>
Mutra	<i>Samyaka</i>
Jihwa	<i>Kaphavrita</i> (coated), <i>Shlakshana</i> (bold tongue)
Shabda	<i>Spashta</i>
Sparsha	<i>Ushna</i>
Drika	<i>Spashta</i>
Akriti	<i>Madhyama</i>

Therapeutic Intervention: Both *Panchkarma* procedures and medicines were administered simultaneously. Details are mentioned in table II and III.

Table 2: Details of the Panchkarma procedures administered

Sr.No.	Panchkarma Procedures	Duration
1	<i>Deepana Pachana</i> with <i>Panchkola Churna</i> along with <i>Takradhara</i>	5 days
2	<i>Snehpana</i> with <i>Murchchita Goghrita</i>	5 days
3	<i>Sarvanga Abhyanga Swedana</i>	2 days
4	<i>Vamana</i> with <i>Madanphaladi Yoga</i>	-
5	<i>Samsarjana Krama</i>	7 days
6	<i>Gap day</i>	1 day
7	<i>Snehpana</i> with <i>Murchchita Goghrita</i>	3 days
8	<i>Sarvanga Abhyanga Swedana</i>	4 days
9	<i>Virechana</i> with <i>Trivrut Avaleha</i>	-
10	<i>Samsarjana Krama</i>	7 days

Table 3: Details of the medicines administered

Sr.No.	Medicines	Dose	Anupana
1	<i>Amlaki Churna -1g + Shudhha Gandhak - 125 mg+ Vidanga Churna - 2g+ Chopchini Churna - 1g</i>	BD/AF	<i>Ushnodaka</i>
2	<i>Brihat Manjishthadi Kwatha</i>	40ml BD/BF	<i>Ushnodaka</i>
3	<i>Khadirarishta</i>	40 ml BD/AF	<i>Ushnodaka</i>
4	<i>Panchtikta Guggulu Ghrita</i>	20 ml BD/Bf	<i>Ushnodaka</i>
5	<i>Nalpamaradi taila</i>	Local application	-

Timeline

Sr.No.	Assessment	Treatment Protocol	Clinical Outcomes
1	Initial Assessment (At 0 th day)	<i>Deepana Pachana</i> with <i>Panchkola Churna</i> along with <i>Takradhara</i> .	Ayurveda treatment started PASI score was 21.1
2	After <i>Shodhana</i> (34 th day)	<i>Snehpana</i> with <i>Murchchita Goghrita</i> .	Observational changes in signs and symptoms. Redness reduced. PASI score was 14.2
3	Follow Up I (After 60 days)	As per Table III	Significant improvements in signs and symptoms. No itching and burning sensation. PASI score was 10.2
4	Follow Up II (After 90 days)	As per Table III	Recovered completely. Improvement in previous complaints. PASI score was 1.3

Diagrams Showing Improvements in Symptoms

Day	Diagram
Day 0	
After <i>Shodhana</i>	

1st Follow up	
2nd Follow up	

DISCUSSION

Psoriasis is a complex autoimmune disease influenced by both genetic predisposition and environmental factors. Cytokines, inflammatory pathways, and keratinocyte dysfunction significantly contribute to its pathogenesis. Its autoimmune nature makes psoriasis difficult to treat. In Ayurveda, a holistic approach is adopted, integrating treatment principles such as *Jirnajwara Chikitsa*, *Vatarakta Chikitsa*, *Rasayana Chikitsa*, and *Kushtha Chikitsa* for effective management. In the present case, the vitiation of *Pitta*, *Kapha*, and *Rakta Doshas*, along with involvement of *Rasadhatu*, *Raktadhatu*, and *Mamsadhatu*, played a central role in the disease's progression. The *Dosha-Dushya Samurcchana* (pathological accumulation) and *Sthanasa-mshraya* (localization) in the *Tvaka* (skin) were evident through clinical symptoms of psoriasis.^[3] The treatment aimed at *Samprapti Bhedana* (breaking the disease pathophysiology) by utilizing therapies that targeted *Pitta-Kaphahara*, *Jirnajwarahara*, *Vataraktahara*, *Rasayana*, and *Kushthaghna* principles. Internal medicines were employed to *Agnidipana* (improve digestion), *Ampachana* (metabolize toxins), and *Rasaprasadana* (enhance blood quality). *Panchakarma*, a cornerstone of Ayurvedic medicine, plays a pivotal role in managing chronic and autoimmune conditions like psoriasis. Psoriasis, being a complex autoimmune disorder characterized by skin inflammation, scaling, and itching, often requires a multifaceted approach for effective management. *Panchakarma* involves five primary purification therapies-*Vamana* (emesis), *Virechana* (purgation), *Basti* (enema), *Nasya* (nasal administration), and *Raktamokshana* (bloodletting)-

designed to detoxify the body, balance the doshas (*Vata*, *Pitta*, *Kapha*), and enhance overall health. In the case of psoriasis, *Panchakarma* therapies are particularly beneficial because they address the root causes of the disease by balancing the vitiated doshas and detoxifying the body.^[4]

Deepana and Pachana (Digestive Stimulation and Detoxification)

In Ayurveda, the pathogenesis of psoriasis is often linked to the accumulation of toxins (*Ama*) due to impaired digestion. *Deepana* refers to the stimulation of digestive fire (*Agni*), while *Pachana* helps in the digestion and elimination of toxins. In this context, *Panchakola Churna* for *Deepana* and *Pachana* was used. The bitter, pungent, and astringent properties of these herbs help regulate digestion, cleanse the digestive system, and eliminate waste products. Proper digestion is key to preventing the formation of toxins, which could otherwise manifest as skin diseases such as psoriasis.

Kradhara

The term *Takra* refers to medicated buttermilk, while *Dhara* means a steady, continuous stream. In the therapy known as *Takradhara*, this cool, herb-infused buttermilk is gently and rhythmically poured either over the forehead (*Shirodhara*) or across the body, depending on the individual's needs. The buttermilk is prepared by fermenting and churning fresh yogurt, then blending it with specific herbal decoctions commonly made with *Amalaki*. These herbs are valued in Ayurveda for their cooling, purifying, and skin-calming effects. From an Ayurvedic standpoint,

psoriasis often stems from a disturbed balance of *Pitta* (excess heat and inflammation) and *Kapha* (thickening, stickiness, and sluggish detoxification). This dual imbalance disrupts *Rakta dhatu* (blood tissue) and *Mamsa dhatu* (muscle and skin tissue), resulting in the characteristic red, scaly lesions. In addition, mental and emotional stress recognized in Ayurveda as aggravation of *Manasika doshas* can further intensify flare-ups.

Snehana and Swedana (Oleation and Sudation)

Snehana (oleation) and *Swedana* (sudation) are two vital preparatory steps in *Panchakarma* therapy, often used before administering more intense cleansing procedures like *Virechana* (purgation). Internal oleation or *Sneha Pan* is one of the key practices in Ayurveda, specifically designed to nourish and lubricate the body from within. It involves the consumption of medicinal oils or ghee (*Ghrita*) to balance the doshas, promote detoxification, and strengthen the body's natural healing processes. This technique is often used in Ayurvedic treatments, particularly in the preparation for more intensive cleansing therapies like *Panchakarma*. *Bahya Snehana* involves the application of medicated oils or ghee to lubricate the body and loosen accumulated toxins, while *Swedana* uses steam to open the pores and induce sweating, thereby facilitating the release of toxins through the skin.

Vamana (Emesis)

In Ayurveda, psoriasis is considered to result from an aggravated *Kapha* and *Pitta* imbalance that contaminates the blood (*Rakta dhatu*) and skin tissue (*Mamsa dhatu*), producing the hallmark thick, scaly plaques and inflammation. *Vamana*, the therapeutic emesis procedure of *Panchakarma*, is particularly indicated when *Kapha* predominance is seen- such as in cases with extensive thick scaling, oozing, heaviness, and sluggish digestion. This therapy aims to expel excess *Kapha* and associated toxins (*Ama*) from the upper gastrointestinal tract and respiratory channels, thereby cleansing and restoring the balance of the system. The process begins with preparatory measures like internal oleation (*Snehapana*) and fomentation (*Swedana*), which loosen and mobilize *Kapha* from the tissues toward the stomach. On the *Vamana* day, specific emetic herbs- such as *Madanaphala*, *Yashtimadhu*, or *Vacha*- are administered with medicated liquids to induce safe and controlled vomiting under supervision. By clearing the *Kapha* load, *Vamana* helps improve skin metabolism, reduce scaling, lighten the skin texture, and enhance the absorption of subsequent therapies. Patients often report a sense of clarity in the head and chest, improved digestion, and reduced heaviness in the body.

4. Virechana (Purgation)

Virechana is one of the most important *Panchakarma* therapies in the treatment of psoriasis. It involves the administration of purgative medicines to cleanse the gastrointestinal tract and eliminate excess *Pitta* from the body. Psoriasis is often associated with *Pitta dosha* imbalance, and *Virechana* helps in reducing the inflammatory process by purging excess *Pitta* from the system. This cleansing process has a profound impact on skin conditions, as it directly targets the root cause of inflammation and restores the body's natural balance. In psoriasis, *Virechana* helps reduce the redness, itching, and burning sensations that are common in the lesions. It also purifies the blood, which is crucial since skin diseases like psoriasis are closely linked to blood toxins and metabolic impurities.

Dietary modifications were crucial in managing psoriasis, as the consumption of incompatible foods (*Viruddha Ahara*), such as excess salty and sour items, old butter and curd, and certain combinations, aggravated the condition. While prior allopathic treatments offered temporary relief, relapses occurred due to the failure to address underlying dietary and lifestyle triggers. A strict Ayurvedic dietary regimen (*Pathya*) was prescribed alongside treatment to ensure lasting recovery and prevent recurrence. The multimodal Ayurvedic treatment protocol incorporated internal medicines and external applications:

1. **Kaishor Guggulu:** A polyherbal preparation with anti-inflammatory, antioxidant, and blood-purifying properties, it effectively reduced redness and inflammation while promoting skin regeneration.
2. **Brihat Manjishthadi Kashaya:** This bitter formulation helped purify blood (*Rasadhatu* and *Raktadhatu Prasadana*), pacify *Pitta* and *Kapha Doshas*, and manage symptoms such as itching and burning sensations.^[5]
3. **Panchtikta Guggulu Ghrita:** A medicated ghee that reached deep-seated tissues (*Sukshmastrotto gamitva*) to pacify doshas in *Rasa*, *Rakta*, and *Mamsa Dhatus*. Its bitter compounds worked synergistically through a potential liposomal drug delivery mechanism.^[6]
4. **Khadirarishta:** A fermented herbal preparation with ant psoriatic action that purified blood and provided immunomodulatory benefits. Its key ingredients, such as *Acacia catechu* and *Berberis aristata*, showed anti-inflammatory and antioxidant activity, inhibiting pro-inflammatory cytokines while enhancing protective ones.^[7]

For external use, *Nalpamaradi taila*, is used in itching, scabies, *Visarpa* (erysipelas), and *Kushta* (skin disease), was prescribed. The oil improved psoriasis symptoms by reducing scales, inflammation, and discoloration. Sesame oil, a base for *Nalpamaradi Taila*, enhanced skin hydration, and supported barrier function restoration.^[8]

This personalized approach ensured sustainable improvements without relapse. In conclusion, this case highlights the efficacy of a comprehensive Ayurvedic treatment plan, integrating internal and external therapies alongside dietary modifications, in managing chronic and recurrent conditions like psoriasis. By addressing the root cause and providing long-term relief, this approach exemplifies the holistic principles of Ayurveda in treating autoimmune skin diseases.

CONCLUSION

The case highlights the effectiveness of a comprehensive Ayurvedic treatment protocol in managing plaque psoriasis. The integration of *Panchakarma* therapies with targeted herbal formulations led to significant clinical improvements, alleviating symptoms and restoring the patient's quality of life. The absence of recurrence over the observation period further supports the efficacy of Ayurveda in addressing the root causes of psoriasis. This case emphasizes the need for further research to validate these findings and explore the broader applicability of Ayurvedic approaches in managing chronic inflammatory skin diseases.

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