



Case Study

AN AYURVEDIC MANAGEMENT OF PSORIATIC ARTHRITIS WITH DACTYLITIS

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ABSTRACT

Psoriatic arthritis is an autoimmune, inflammatory arthritis. It affects 30% of people who have psoriasis. Psoriatic arthritis mostly affects age group of 30 to 50yrs. This disease development may relate to genetic, but environmental, psychological and dietary habits flare up its progression. In the present case study, a 36yrs old male came to OPD of Rajiv Gandhi Post Graduate Ayurvedic Hospital Paprola with complaint of itchy rashes on whole body, Pain and swelling in big joints, Pain and burning sensation in bilateral finger and toes since last 9 yrs. **Aims and Objectives:** To study the efficacy of *Shodhan Shaman* and *Sthanik Chikitsa* in psoriatic arthritis. **Methodology:** *Aam Pachana, Snehpana, Vamana, Virechana* followed by *Jaloka Avcharan*. **Result:** After this treatment patient had moderate relief in his symptoms. **Conclusion:** *Shanshodhan Chikitsa* has a holistic approach and paid prime concern while treating *Anshans Anubandh* of *Dosha* in developing a disease.

INTRODUCTION

Psoriatic arthritis is a long-term, progressive inflammatory condition. The onset of psoriatic arthritis is usually seen in patients in their 30s and 40s and occurs about equally in men and women.^[1] In most cases (around 68%), skin symptoms appear before joint issues. In about 15% of cases, skin and joint symptoms start at the same time, while in 17% of individuals, joint symptoms appear before skin involvement. The epidemiology of psoriatic arthritis is heterogeneous and varies widely among various population groups. This condition has been estimated to have a prevalence of 0.05% to 0.25% in the general population and around 6% to 41% in patients with psoriasis.^[2] The prevalence of psoriatic arthritis in patients with psoriasis is 19.7%, with 21.6% in adults and 3.3% in children^[3]. A key pathological feature of psoriatic arthritis is enthesitis-inflammation at the points where tendons, ligaments, or joint capsules attach to bones. From an Ayurvedic perspective, psoriatic arthritis shows similarities to *Gambhira*

Vatarakta, as it displays characteristics of *Kushtha* and affects *Rakta, Mamsa, and Twak* tissues^[4]. In chronic stages, the disturbed *Doshas* (particularly *Vata, Kapha, and Rakta*) can infiltrate deeper tissues such as *Asthi* (Bone) and *Majja* (Bone marrow), resulting in joint-related symptoms. Ayurveda emphasizes the need for personalized treatment, as the underlying causes and progression of the disease differ from person to person^[5]. The holistic approach of Ayurveda offers a promising alternative, emphasizing the correction of systemic imbalances and detoxification while promoting overall health and immunity^[6].

Case Report

A 36yrs old male patient visited at Rajiv Gandhi Post Graduate Ayurvedic college and Hospital, Paprola, in Panchkarma OPD with complaint of itchy rashes on whole body, pain and swelling in big joints, pain and burning sensation in bilateral fingers and toes past 8-9 yrs. He could not make fist and walks with support as he had severe pain in joints. Patient weight was 54kg and his *Prakrati* was *Vata Pittaj* and *Madhyam Koshtha*. Patient had lesions on whole body especially scalp and extensor surfaces last 10 yrs. He had been undergoing treatment for the past 6-7 yrs with private hospital but had not experienced any relief.

History of Past Illness: History of same skin lesions 10 yrs back k/c/o psoriasis. No history of HTN, DM2, thyroid dysfunction, tuberculosis or any other medical illness.

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History of Surgery: No history of any surgical intervention.

Family History: Nothing significant.

Personal History: Cigarette smoking and alcoholic. No other significant history.

Clinical Examination

BP	110/60 mmhg
Pulse	84/min regular
Temperature	98°F
R. R	16/min
Height	5' 8"
Weight	54kg
BMI	18.1
<i>Agni</i>	<i>Manda</i>
<i>Koshtha</i>	<i>Madhyam</i>

Systemic Examination

Respiratory System: Air entry bilaterally adequate

No added sounds bilaterally

CVS: S1 S2 audible

Abdomen: Soft and non-tender

Integumentary Examination

Skin:

Color: Normal skin colour

Lesions: Secondary

Characteristics of Lesions

Size	Large
Colour	Blackish
Shape	Asymmetrical

Individual Lesions

Extensor surface	Irregular shape
Itching	Present
Discharge	Absent

Distribution of Lesions: Symmetrical extensor surfaces and almost covering whole body.

Joint Examination

Joints	Pain	Swelling	Tenderness	Burning Sensation
Elbow joint	++	++	++	-
Knee joint	++	++	++	-
Ankle joint	-	-	-	-
Finger and toes	+++	+++	+++	++
Palm and sole	+++	+++	+++	++

Nail Examination: No pitting, no onycholysis.

Dashvidh Pariksha

<i>Prakriti</i>	<i>Vata pittaj</i>
<i>Vikriti</i>	<i>Lakshan Nimitja</i>
<i>Saar</i>	<i>Ashthisaar</i>
<i>Samhana</i>	<i>Madhyam</i>
<i>Pramana</i>	5'8"
<i>Satamya</i>	<i>Sarva rasa except Amla rasa</i>
<i>Satva</i>	<i>Madhyam</i>
<i>Agni</i>	<i>Abhyaran shakti -Madhyam</i>
	<i>Jaran shakati- Heen</i>
<i>Vyayam</i>	<i>Heen</i>
<i>Vaya</i>	<i>Madhyam Avashtha</i>

Ashthavidha Pariksha

<i>Nadi</i>	<i>Niyamita</i>
<i>Mala</i>	<i>Abadha</i>
<i>Mutra</i>	<i>Samanya</i>
<i>Jihva</i>	<i>Moist</i>

<i>Shabda</i>	<i>Spashta</i>
<i>Saparsha</i>	<i>Ushna</i>
<i>Netra</i>	<i>Samanya</i>
<i>Akriti</i>	<i>Samanya</i>

Samprapti Ghatak

<i>Dosha</i>	<i>Vata (Vayan vayu), Pittaj (Bharajak pitta), Kaphaj</i>
<i>Dushya</i>	<i>Rasa, Rakta, Mansa</i>
<i>Agni</i>	<i>Jathragni and Dhatuagni Mandya</i>
<i>Sarotas</i>	<i>Rasa, Rakta, Mansavaha sarotas</i>
<i>Sarotodushti</i>	<i>Sanga</i>
<i>Adhistan</i>	<i>Twak, Lasika, Rakta, Mansa</i>
<i>Marga</i>	<i>Madhyam Rogamarga</i>
<i>Sadhya- Asadhyta</i>	<i>Kriccha sadhya</i>
<i>Swabhav</i>	<i>Chirkari</i>

Investigations

LFT

TSB: 1.1mg/dl, DSB: 0.4mg/dl, SGOT: 69 IU/L, SGPT: 68IU/L

ESR: 50 MM fall after 1st hr, TG: 140 mg/dl

Plan of Treatment

Samshodhan chikitsa

Deepan Pachana

Snehpana

Vaman Karma

Sansarjan krama

Snehpana

Virechan karma

Sansarjan krama



Vaman Karma

<i>Deepan Pachana</i>	3 days	<i>Trikatu Churan 3gm bid</i>
<i>Snehpana</i>	4 days	<i>Panchtikta Ghrita</i>
<i>Sarvang Abhyang Svedana</i>	1 day	<i>Marichyaadi oil, maximum dose 120ml</i>
<i>Vaman Karma</i>		<i>Pittant, Uttam shuddhi</i>
<i>Sansarjan Krama</i>	7 days	

Virechan Karma

<i>Deepan Pachana</i>	3 days	<i>Trikatu Churan 3gm bid</i>
<i>Snehpana</i>	3 days	<i>Panchtikta Ghrita, maximum dose 120ml</i>
<i>Sarvang Abhyanga Svedana</i>	3 days	<i>Marichyaadi oil</i>
<i>Virechan Karma</i>		<i>14 Vega, Madhyam shuddhi</i>
<i>Sansarjan Krama</i>	7 days	

Jaloka Avcharan

<i>Jaloka Avcharan</i>	2 sittings	weekly
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Shaman Chikitsa

After Samshodhan Chikitsa Shaman Aushadh given to patient:

S.No.	Drug	Contents	Dose
1	<i>Panchtikta Ghrith Guggul</i>	<i>Nimba, Patola, Vasa, Guduchi, Kantkari, Guggul</i>	2 bid
2	<i>Chandanaasav</i>	<i>Safed Chandan, Sugandhbala, Nagarmotha, Gambhariphal, Manjishtha Priyangu etc</i>	20ml bid with equal water
3	<i>Rasmanikya</i>	<i>Shudh Hartala, Shudh Manashilla, Shudh, Gandhak, Shudh Parad, Nag bhasam, Bang bhasam</i>	125mg bid with honey
4	<i>Dhatri Rasayan</i>	<i>Amla, Goghrita, Godugdha</i>	5gm bid with milk
5	<i>Shudh Gandhak</i>		250mg bid

Pathya- Apathya

<i>Pathya</i>	Shali rice, wheat, millet, munga, masoor, karvella, patola etc.
<i>Apathya</i>	<i>Amla, Lavan, curd, fish and black gram etc.</i>

Treatment Progress Timeline

Date	Clinical Findings	Therapeutic Interventions
20/07/22	Visited hospital Pain, swelling and stiffness in small joints of hand and feet bilaterally. Burning sensation in palm and sole of feet bilaterally. Patient unable to walk. k/c/o Psoriasis Patient was reexamined in IPD for skin lesion and joint movement.	Planned for <i>Samshodhana Pachana Deepana</i> with <i>Chitrakadi Vati</i> 250mg bid for 3 days
23/07/22	Minimal improvement in symptoms of pain and swelling and stiffness of joints	<i>Snehpana</i> with <i>Panchtikta Ghritha</i> for 4 days in increasing order and maximum dose given was 120 ml
27/07/22	Patient can make fist of hands bilaterally	<i>Sarvang Abhyanga Svedana</i> with <i>Marichayadi oil</i>
28/07/22	Mild decrease in skin lesions, pain, swelling and stiffness in joints, Patient can able to walk a little now.	<i>Sarvanga Abhyanga Svedana</i> with <i>Marichyadi oil</i> at 6:00 am <i>Vaman Karma, Dhoompana, Sansarjana Krama</i> for 7 days
04/08/22	Itching in skin lesions reduced markedly, lesion color was improving	One rest day, <i>Snehpana</i> with <i>Panchtikta Ghritha</i> for 3 days, maximum dose taken 120ml, <i>Sarvang Abhyanga Svedana</i> with <i>Marichayadi oil</i> for 3 days
08/08/22	Patient able to walk and do his routine work, the burning sensation palms and feet sole were remained same	<i>Sarvanga Abhyanga Svedana</i> with <i>Marichayadi oil</i> at 8:30 am, <i>Virechana</i> drug given at 9:30 am, <i>Triphla kwath</i> 150ml + <i>Trivrit Avleha</i> 80gm, <i>Sansarjana Krama</i> for 7 days
19/08/22	After 2 sitting of <i>Jaloka</i> reduction in burning sensation of palms and feet sole bilaterally	<i>Jaloka Avcharana</i> done bilateral feet 2 sittings at the gap of 7 days Local application of <i>Chandanaadi oil</i>

RESULT

The assessment was done before and after the treatment by using PASI Score (Psoriasis Area and Severity Index) to measure the severity and extent of Psoriasis. The range of absolute PASI scores is (0-72). A score of (0) indicates no psoriasis, while a score higher than (10) suggests severe psoriasis. Before treatment, the score was 20.4 and after one and half months of treatment, the score was found to be reduced up to 3.7.^[7]

Trunk (T)	Score (BT)	Score (AT)
Erythema	2	1
Induration	1	0
Desquamation	2	1
Sum	5	2
x Area	2	1
x 0.3	3	0.6

Upper limb (UL)	Score (BT)	Score (AT)
Erythema	1	0
Induration	2	1
Desquamation	2	1
Sum	5	2
x Area	2	1
x 0.3	3	0.6

Lower limb (LL)	Score (BT)	Score (AT)
Erythema	2	1
Induration	1	0
Desquamation	2	0
Sum	5	1
x Area	2	1
x 0.4	4	0.4

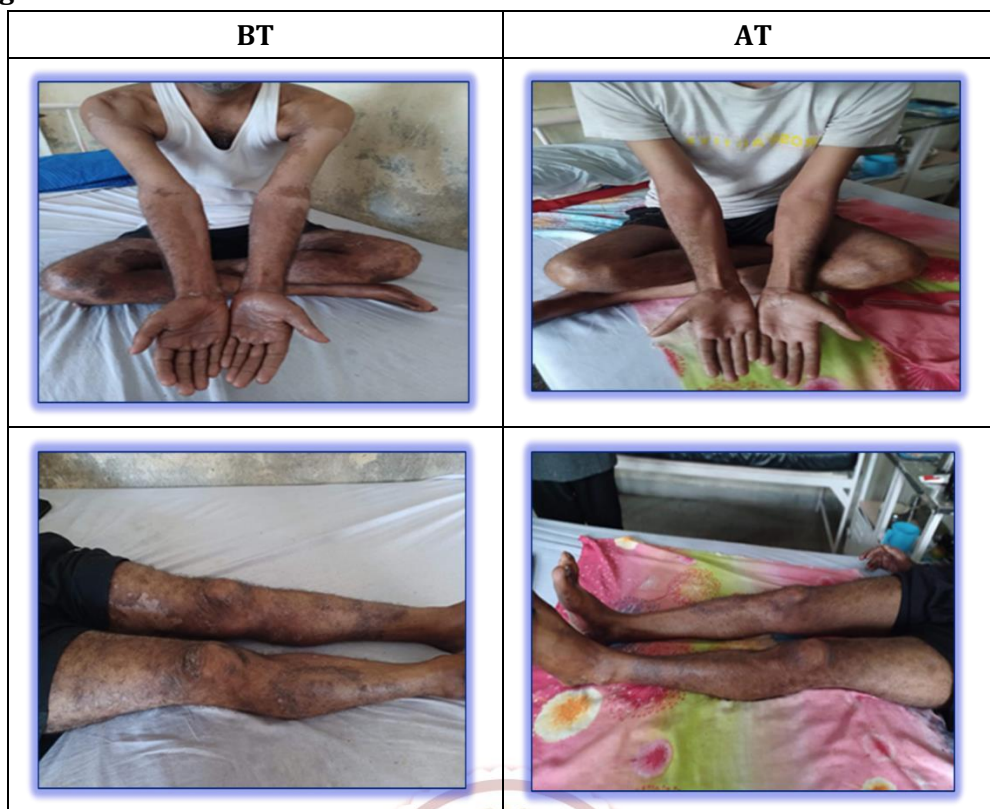
PASI Score (BT) = 3(T)+3(UL)+4(LL) = 10

PASI Score (AT) = 0.6(T)+ 0.6(UL) + 0.4(LL) = 1

CASPAR Criteria used for Psoriatic Arthritis diagnosis^[9]

S.No	Criteria	Score (BT)	Score (AT)
1	Evidence of psoriasis Current psoriasis Personal history of psoriasis Family history of psoriasis	2+1	1
2	Psoriatic nail dystrophy Pitting, onycholysis, hyperkeratosis	0	0
3	Negative test result for rheumatoid factor	1	1
4	Dactylitis Current swelling of an entire digit History of dactylitis	2	0
5	Radiologic evidence of juxta-articular new bone formation Ill-defined ossification near joint margins on plain x-rays of hand and foot	0	0

Subjective changes were observed before and after the treatment



Objective changes were observed before and after the Treatment

	BT	AT
ESR	50mm fall 1st hr	6mm fall 1 st hr
TSB	1.1mg/dl	0.6mg/dl
DSB	0.4mg/dl	0.2mg/dl
SGOT	69 IU/L	18 IU/L
SGPT	68 IU/L	19 IU/L
TG	140mg/dl	110mg/dl

DISCUSSION

Psoriatic arthritis is a complication that can arise from chronic psoriasis and is often triggered by both internal and external factors. Scientific evidence suggests that environmental influences and immune system dysfunction at the cellular level play a key role in its development. Today, psoriatic arthritis is a growing health issue. Modern medical treatment typically includes the use of steroids, ointments, and pain relievers, which may provide short-term relief but often lead to recurrence of symptoms once discontinued. According to Ayurveda, psoriatic arthritis is primarily caused by the aggravation of *Vata* and *Pitta Doshas*, which leads to the accumulation of *Ama* (toxins) in the body. Ayurvedic treatment focuses on balancing the *Doshas* and eliminating toxins through dietary adjustments, herbal remedies, and detoxification therapies. Both psoriasis and psoriatic arthritis are seen as outcomes of disturbances in the *Tridoshas- Vata, Pitta, and Kapha*. Treatment

emphasizes restoring this balance through lifestyle changes, medicinal herbs, and therapeutic procedures to manage symptoms and improve overall health. Ayurveda interventions aim to manage symptoms effectively and improve overall health. *Snehana* and *Swedana* and finally *Shodhana* have to be administered according to the condition and *Bala* of the patient. It is very important to bring the *Doshas* from the *Shakha* to *Kostha* which is very necessary for *Shodhana*. *Shodhana* can be employed only in the case of *Upasthitha Doshas* i.e., when *Doshas* are in *Kostha* and in *Pradhana Avastha*. The *Deepana Pachana* drugs owing to *Agnideepana* and *Amapachana* properties removes the *Ama* associated with *Doshas*. *Sneha* owing to their *Sukshma* and *Vishyandan* property helps in the easy flow of vitiated *Doshas* and also toxic waste materials from *Shakha* to *Kostha*. *Vaman* and *Virechana Ayoga* expel out *Doshas* and normalizes *Pitta* and *Kapha Dosh*a by extracting them out of body. Acharya

Charaka has mentioned *Raktamokshana* (bloodletting) with *Shringa* (horn), *Jalauka* (leech), *Suchi* (needle), *Alabu* (hollow bitter gourd), *Pracchana* (scratching) or *Siravyadha* (venesection), depending upon the morbid *Doshas* and the strength of the patient^[10]. *Snehpana* with *Panchtikta Ghrita* and *Shodhan* (*Vaman*, *Virechana*) are the main line of treatment of psoriatic arthritis.

The use of *Panchatikta Ghrita Guggulu*, with its *Tikta Rasa* (bitter taste) and *Katu Vipaka* (pungent post-digestive effect), targeted *Amapachana* (toxin digestion) and pacification of *Pitta* and *Kapha*^[11,12].

Rasamanikya, is a type of preparation made out of *Shuddha Haratala* (Orpiment). It has been commonly used in various *Kustha Roga* (skin diseases), *Shwasa* (bronchial asthma), *Vicharchika* (eczema), *Bhaganadara* (fistula), *Vatarakta* (gout) and *Phirana Roga* (syphilis)^[13].

Panchtikta Ghrit have *Nimba* which has anti-inflammatory activity, *Guduchi* act as antioxidant and immunomodulator.

Vasa has antihistaminic antioxidant and anti-inflammatory action. *Patola* has antioxidant and *Kantkari* has anti histaminic property. *Purana Guggul* has anti-inflammatory and immunomodulator activity.

Chandanaasav is an anti-inflammatory, anti-microbial, and anti-proliferative agent. It is beneficial for treatment of acne, psoriasis, eczema. It is used as a coolant, diaphoretic and diuretic. *Shuddha Haratala* is its main ingredient which has *Kushthahara* properties.

Shudh Gandhak is *Deepan Pachana* and used as blood purifier. *Jaloka* works on *Pittaj Dosha* of body so it relieves the burning sensation of sole of feet b/l.

CONCLUSION

This single case is documented evidence for the successful management of psoriatic arthritis through *Shodhan*, *Shaman* and *Jaloka Avcharan*. *Shodhan* plays a major role in elimination of *Doshas*, *Shaman Chikitsa* intended to act upon both integumentary system and musculoskeletal disorder.

REFERENCES

1. Gladman DD, Antoni C, Mease P, Clegg DO, Nash P. Psoriatic arthritis: epidemiology, clinical features, course, and outcome. *Ann Rheum Dis*. 2005 Mar;64 (Suppl 2): ii14-7.
2. Ogdie A, Weiss P. The Epidemiology of Psoriatic Arthritis. *Rheum Dis Clin North Am*. 2015 Nov; 41(4): 545-68.
3. Alinaghi F, Calov M, Kristensen LE, Gladman DD, Coates LC, Jullien D, Gottlieb AB, Gisondi P, Wu JJ, Thyssen JP, Egeberg A. Prevalence of psoriatic arthritis in patients with psoriasis.
4. Harrison's Principles of Internal Medicine, 19th Edition. Chapter 384, The Spondyloarthritis. Mc Graw-Hill Education, 2015
5. The Charak Samhita, Yadavji Trikamji Acharaya: Chaukhambha publication, Reprint edition 2009, Chikitsa Sthana Chapter 29 verse 21-page no732.
6. Kothari M, Mehta A. Panchakarma: A Comprehensive Approach to Ayurvedic Healing. *J Ayurveda Integr Med*. 2019; 10(3): 193-201.
7. Harrison's Principles of Internal Medicine, 21st edition. Chapter 384, Psoriasis, Mc Graw-Hill Education, 2022.
8. Pustake M, Vidhale T, Nadgire S. Psoriatic Arthritis with Dactylitis: A Case Report and Concise Review of Treatment Options. *Cureus*. 2021 Aug 6;13(8): e16966. doi: 10.7759/cureus.16966.
9. Davidson's Principles and Practice of Medicine, 23rd edition. Chapter 24 Rheumatology and bone disease, Elsevier, 2018
10. Shastri, K., Chaturvedi, G., Vidyotini Hindi Commentary on Charaka Samhita of Agnivesa. Vol. 2, Chapter 29th, p. 824, Verse 36.
11. Patgiri BJ, Galib R. Panchatikta Ghrita: An Ayurvedic medicated ghee for skin diseases. *Ayu*. 2011; 32(4): 543-548.
12. Shrivastava R, et al. Role of Panchatikta Kashaya in psoriasis: A clinical evaluation. *Ayu*. 2015; 36(2): 124-129.
13. Acharya Agnivesha. Charak Samhita. In: Trikamji AY, editor. *Ayurveda Deepika Commentary of Chakrapani Datta*. 5th ed Varanasi: Chaukhambha Sanskrita Samsthana; 2001. pp. 56-7. (84-5). 92-5.

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