



Case Study

AYURVEDIC MANAGEMENT OF PSORIATIC ARTHRITIS (VATARAKTA)

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ABSTRACT

Psoriatic arthritis is a chronic immune-mediated inflammatory arthropathy associated with psoriasis, characterized by joint pain, swelling, stiffness, and erythematous scaly skin lesions. In Ayurveda, the clinical presentation resembles *Vatarakta*, a disorder resulting from vitiation of *Vāta doṣa* and *Rakta dhātu*. **Case Presentation:** A 24-year-old male patient presented with multiple joint pain, swelling, prolonged morning stiffness, and erythematous scaly lesions over the trunk and extremities for eight months. The patient had previously received intermittent conventional treatment with temporary symptomatic relief. **Intervention:** The patient was managed with Ayurvedic formulations including *Panchatikta Guggulu Ghṛta*, *Panchatikta Guggulu*, *Panchanimba Cūrṇa*, *Panchavalka Kwātha*, and local application of medicated oils along with dietary and lifestyle modifications. **Results:** Marked improvement was observed in joint pain, swelling, morning stiffness, mobility, erythema, and scaling of skin lesions after completion of therapy. No adverse reactions were reported during treatment. **Conclusion:** Ayurvedic management based on the principles of *Vatarakta cikitsā* showed beneficial effects in this case of psoriatic arthritis. Further clinical studies are required to validate these findings.

INTRODUCTION

Psoriatic arthritis is a chronic inflammatory musculoskeletal disorder associated with psoriasis and affects approximately 20–30% of psoriasis patients. The disease is characterized by joint pain, swelling, stiffness, nail involvement, and erythematous scaly lesions. If left untreated, it may result in progressive joint destruction and functional disability. Conventional management mainly includes non-steroidal anti-inflammatory drugs, corticosteroids, disease-modifying anti-rheumatic drugs, and biological agents. However, prolonged use of these therapies may be associated with adverse effects and recurrence after discontinuation. In Ayurveda, the clinical features of psoriatic arthritis can be correlated with *Vatarakta*, a disorder caused by simultaneous vitiation of *Vāta doṣa* and *Rakta dhātu*.

Classical Ayurvedic texts describe symptoms such as pain, swelling, discoloration, stiffness, burning sensation, and skin manifestations resembling the presentation of psoriatic arthritis. The present case study evaluates the role of Ayurvedic management based on *Vatarakta cikitsā* in a patient suffering from psoriatic arthritis.

Case Report

A 24-year-old male patient visited the outpatient department with complaints of pain and swelling in multiple joints, prolonged morning stiffness, erythematous scaly skin lesions over the trunk and extremities, and difficulty in routine activities for the past eight months. The onset of symptoms was gradual and progressive in nature. Symptoms aggravated during morning hours and exposure to cold weather.

The patient had previously taken intermittent conventional treatment and obtained only temporary symptomatic relief. There was no significant history of diabetes mellitus, hypertension, tuberculosis, or any major systemic illness. Family history of psoriasis and autoimmune disorders was absent. On examination,

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the patient was conscious and oriented with stable vital parameters. Mild pallor was present. Local examination revealed tenderness and swelling of peripheral joints with restricted movements. Well-defined erythematous plaques with scaling were observed over extensor surfaces. Before-treatment photographs demonstrated extensive erythematous scaly plaques over the back, upper limbs, lower limbs, palms, and periungual regions associated with nail discoloration and dystrophy. Post-treatment images revealed marked reduction in erythema, scaling, plaque thickness, and improvement in skin texture and joint swelling.

Ayurvedic Assessment

Nidāna (Etiological Factors)

- Excessive intake of *Katu*, *Amla*, and *Lavaṇa rasa* dominant food.
- Irregular dietary habits
- Suppression of natural urges
- Mental stress

Samprāpti (Pathogenesis)

Improper dietary habits and excessive consumption of spicy and incompatible food resulted

Treatment Protocol

Medicine	Dose	Duration	Therapeutic Purpose
<i>Panchatikta Guggulu Ghṛta</i>	5 ml twice daily	2 months	<i>Vāta-Rakta śamana</i>
<i>Panchatikta Guggulu</i>	2 tablets twice daily	2 months	Anti-inflammatory and analgesic
<i>Panchanimba Cūrṇa</i>	3 g twice daily	2 months	<i>Raktaśodhana</i>
<i>Panchavalkala Kwātha</i>	External wash	2 months	Reduction of inflammation and scaling
<i>Cutisora oil + Nisoria oil</i>	Local application	2 months	Moisturization and reduction of scaling

The following clinical photographs are arranged in a submission-ready format with corresponding before and after treatment images.



Figure 1A. Before treatment – lesions over lower back



Figure 1B. After treatment – improvement in lesions over back



Figure 2A. Before treatment – lesions over foot and ankle



Figure 2B. After treatment – improvement in lower limb lesions



Figure 3A. Before treatment – lesions over dorsum of hands



Figure 3B. After treatment – improvement in hand lesions



Figure 4A. Before treatment – palmar lesions



Figure 4B. After treatment – improvement in palmar lesions

DISCUSSION

Vātarakta is a disorder involving both *Doṣa* and *Dhātu* pathology, predominantly *Vāta* and *Rakta*. The clinical similarity between psoriatic arthritis and *Vātarakta* includes inflammatory joint involvement, chronicity, pain, stiffness, swelling, discoloration, and associated skin manifestations.

Tikta rasa-dominant formulations used in this case contributed towards *Rakta śodhana* and reduction of inflammatory pathology. *Ghṛta*-based preparations provided *Vāta śamana* and nourishment to tissues. *Guggulu*-containing formulations possess anti-

inflammatory and analgesic properties, thereby helping in reduction of swelling and improvement in joint mobility. *Panchavalka Kwātha* and medicated oils helped reduce scaling, dryness, and skin irritation locally.

The overall treatment approach focused on correction of *Doṣa* imbalance, purification of *Rakta dhātu*, reduction of inflammation, and improvement in quality of life.

CONCLUSION

This case study highlights the potential role of Ayurvedic management based on *Vātarakta cikitsā* in improving clinical symptoms of psoriatic arthritis. A holistic treatment approach incorporating internal medicines, external applications, dietary modifications, and lifestyle regulation produced notable clinical improvement without adverse effects. Further large-scale clinical studies are required to validate these findings scientifically.

Patient Consent

Written informed consent was obtained from the patient for treatment and publication of clinical details and photographs. Patient confidentiality has been maintained throughout the study.

REFERENCES

1. Acharya YT, editor. Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary of Chakrapani

datta. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2017.

2. Acharya YT, editor. Sushruta Samhita with Nibandha sangraha Commentary of Dalhanacharya. Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2018.
3. Ministry of AYUSH, Government of India. The Ayurvedic Pharmacopoeia of India. Part I. Vol. I. New Delhi: Government of India; 2001.
4. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J. Harrison's Principles of Internal Medicine. 21st ed. New York: McGraw-Hill Education; 2022.
5. Gladman DD. Psoriatic arthritis. Dermatol Ther. 2009;22(1):40-55.
6. Ritchlin CT, Colbert RA, Gladman DD. Psoriatic arthritis. N Engl J Med. 2017;376(10):957-970.

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