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Case Series

MANAGEMENT OF PLAQUE PSORIASIS THROUGH AYURVEDIC TREATMENT PROTOCOL

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ABSTRACT

Plaque psoriasis is a chronic, relapsing, immune-mediated inflammatory skin disorder characterized by erythematous plaques with scaling and considerable physical and psychological burden. Ayurveda approaches such conditions through individualized assessment of *Dosha, Dooshya,* and disease chronicity, with emphasis on *Shodhana, Shamana,* and dietary modification. The present case series describes the clinical outcomes of an individualized Ayurvedic treatment protocol in three patients with chronic plaque psoriasis. Three male patients aged 31–45 years, clinically diagnosed with plaque psoriasis and assessed as *Sidhma Kushta* according to Ayurvedic parameters, were managed with individualized treatment protocols. The interventions included *Takrapana, Sodhana Snehapana, Abhyanga, Ushma Sweda,* and *Virechana*, followed by *Dhara* and topical therapies such as medicated wet compression and oil application. Internal medicines possessing *Pachana, Deepana, Kledahara, Rakta-prasadana,* and *Kushtaghna* properties were selected according to the individual *Dosha* predominance, along with *Pathya Ahara* advice. Clinical response was assessed using the Psoriasis Area Severity Index (PASI). Marked clinical improvement was observed in all three patients. PASI scores decreased from 31.7 to 1.3 (95.9% improvement) in Case 1, from 35.4 to 1.0 (97.2%) in Case 2, and from 40.4 to 2.4 (94.1%) in Case 3. Improvement was accompanied by reduction in itching, erythema, scaling, burning sensation, and skin thickening. The findings suggest that an individualized Ayurvedic protocol incorporating *Shodhana* and *Shamana* therapies may be beneficial in reducing clinical severity of plaque psoriasis.

INTRODUCTION

Plaque psoriasis, commonly referred to as psoriasis vulgaris, is a chronic immune-mediated inflammatory skin disorder characterized by clearly defined erythematous plaques covered with silvery-white scales[1]. It is the most common type of psoriasis, representing about 80–90% of all cases. It is usually a chronic, lifelong condition with periods of remission and relapse, where flare-ups may be triggered by factors such as infections, stress, medications, or trauma[2]. The cause of psoriasis is multifactorial, involving genetic susceptibility, immune system dysfunction, and environmental influences. Although the exact cause is not completely known, it is generally considered an immune-mediated condition that develops in genetically predisposed individuals[3]. Excessive proliferation and abnormal differentiation of keratinocytes, resulting from dysregulated interactions between the innate and adaptive immune systems[4]. It most commonly affects the extensor surfaces of the elbows and knees, as well as the scalp and lumbosacral region[5]. Immunological and genetic research has identified IL-17 and IL-23 as major contributors to the pathogenesis of psoriasis. Targeting these cytokines, along with TNF-α, through biological therapies has significantly transformed the management of severe chronic plaque psoriasis[6]. In Ayurveda, management focuses on reducing both physical and psychological burden by initiating early treatment, identifying and preventing associated comorbidities, encouraging

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lifestyle modifications, and adopting a personalized treatment approach.

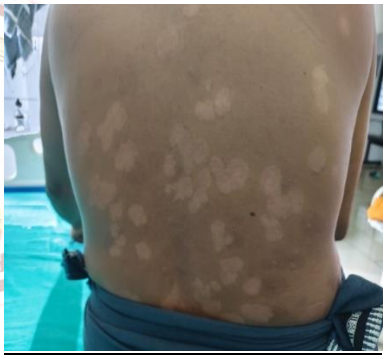
MATERIAL AND METHODS

Case Series

Case 1

A 34-year-old male presented with complaints of hyperpigmented, itchy lesions with scaling over the bilateral lower limbs, abdomen, hairline, and forehead. The lesions had shown remission and relapse for the past 10 years. He also reported the development of hypopigmented lesions over the arms, upper back, and lower back for the past 1 year. The patient had been working abroad as a driver, and his job required frequent exposure to both hot outdoor temperatures and cold air-conditioned environments.

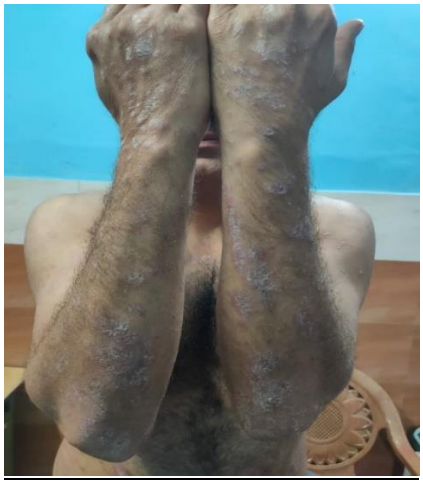
On examination, hyperpigmented patchy lesions were observed predominantly over the extensor aspects of the limbs, forehead, and abdomen. These lesions were circular to polygonal in shape and showed a symmetrical distribution. Hypopigmented patches were noted over the thoracic and lumbar regions, appearing nearly circular with clear margins. The chest and cervical regions were spared. Onycholysis of the ring fingernails and great toenails was also observed. The patient was found to have a *Pitta-Kapha Prakruti*, while the *Vikruti* was assessed as *Tridosha* with *Vata Kapha* predominance.

Before treatment	After treatment
	
	
	

Case 2

A 45 years old male patient presented with erythematous scaly lesions all over the body, sparing the face and neck, associated with itching for the past 2 months. There was a history of similar lesions 14 years ago, for which the patient received Ayurvedic inpatient management and got relieved. On examination, symmetrical, erythematous, nearly-circular and polygonal plaque lesions with scaling were observed over the bilateral upper and lower limbs, predominantly on the extensor aspects, as well as the abdomen, upper and lower back, and scalp.

The patient was found to have a *Pitta-Kapha Prakruti*, while the *Vikruti* was assessed as *Tridosha* with *Pitha* predominance.

Before treatment	After treatment
	
	
	
	

Case 3

A 31-year-old moderately built male working in a finance company presented to the OPD of the Government Ayurveda College, Kannur, with complaints of multiple itchy, erythematous, scaly lesions distributed over the body, predominantly on the bilateral upper and lower limbs, abdomen, chest, back, neck, and post-auricular region. The patient had been suffering from these lesions for three years, with exacerbation of symptoms, including severe burning sensation and pruritus, during the last three weeks. The patient was found to have a *Pitta-Kapha Prakruti*, while the *Vikruti* was assessed as *Tridosha* with *Pitha Kapha* predominance.

In all cases, the lesions were *Rooksha* (dry) externally and *Snigdha* (unctuous) nature internally. They were *Sweta* (whitish) and *Tamra* (coppery) in colour and showed the characteristic feature of *Ghrishta Raja Kiret* (scaling). Hence, the condition can be diagnosed as *Sidhma Kushta* according to Ayurveda.

Before treatment	After treatment
	
	
	
	

Therapeutic Intervention

In all these chronic cases, *Agnimandhya* caused by various *Nidanas* such as *Rooksha, Vidahi, Abhishyandi, Viruddha*, and *Guru Ahara* led to *Tridosha Dushti*, *Agni Mandhya* and further led to *Ama* formation. The resulting *Kleda* accumulation in *Twak, Lasika, Rakta*, and *Mamsa dhatu* contributed to persistent inflammation and dermatological manifestation. Treatment aimed at reversing the *Samprapti* through *Ama Pachana, Agni Deepana, Sophahara, Kledahara,* and *Rakta Prasadana* therapies, administered through appropriate *Shodhana, Shamana*, and *Pathya Ahara.*

The treatment protocol included wet compression (using *Kashaya)* and the external application of medicated oils along with it, for reducing the external *Rookshata*. 2 days of *Takrapana* was given as a preparatory procedure for *Sodhana Snehapana*. After that, *Sodhana Snehapana* was administered, followed by two days of *Abhyanga* and *Ushma Sweda*, and then *Virechana*. This was followed by a topical *Dhara* procedure. The internal medications and medicines used for each procedure were selected based on the individual *Dosha, Dooshya*, and *Prakruti* of the patient.

Internal Medicines of Case 1

S.No	Medicines prescribed	Dose	Duration
1	*Nimbadi Kashayam*	15ml *Kashayam* mixed with 45 ml of lukewarm water, twice daily, half an hour before food	20 days
2	*Triphala Choornam*	1 tsp along with *Nimbadi Kashayam*, twice daily	10 days
3	*Aragwatha Mahatiktakam Gritham*	¼ tsp – bedtime	10 days

Internal Medicines of Case 2

S.No	Medicines prescribed	Dose	Duration
1	*Guluchyadi Kashayam*	90ml twice daily before food	28 days
2	*Nimbarajanyadi* tablet	1 Tablet, twice daily, after food	18 days
3	*Avipathy Choornam*	10 grams along with hot water, night after food	18 days
4	*Aragwatha Mahatiktakam Ghritham*	15 ml bedtime	18 days

Internal Medicines of Case 3

S.No	Medicines prescribed	Dose	Duration
1 2	*Guluchyadi Kashayam +* *Punarnavadi Kashayam*	90 ml twice daily before food	28 days
3	*Trivrit Choornam*	10 grams along with hot water, twice daily, before food	18 days
4	*Gopichandanadi Gulika*	2 tabs at noon and evening, after food	28 days

Pathyapathya

Advised to avoid curd, black gram, potato, sour fruits, spicy food, fried food items, cheese, fish, meat. Foods to be included- Gooseberry, green gram, vegetables, buttermilk.

Treatment Protocol

Procedure	Case 1	Case 2	Case 3	Duration		
Wet compression And External oil application	Wet wrap with *Guluchyadi Kashayam* followed by external application of *Chembarathyadi keram* and Psorset oil	*Guluchyadi Kashayam*	Wet wrap with *Guluchyadi Kashayam* followed by external application of *Satadhouta ghritham*	1 12 days	2 28 days	3 28 days
Takrapana	With *Triphala choornam*	With *Triphala choornam*	With *Triphala choornam*	2 days	2 days	2 days
Snehapana	*Aragwadha mahatiktakam ghritham*	*Aragwadha mahatiktakam ghritham*	*Aragwadha mahatiktakam ghritham*	7 days	7 days	8 days

	(Anupana- Rajanyadi choornam)	*(Anupana- Rajanyadi choornam)*	*(Anupana- Rajanyadi choornam)*			
Abhyanaga and *Ushma sweda*	*Chembarathyadi keram* + Psorset	*Chembarathyadi keram+* Psorset	*Chembarathyadi keram+* Psorset	2 days	2 days	2 days
Virechana	*Avipthy choornam*- 30 g, with honey	*Avipathy choornam* – 30g, with honey	*Avipathy choornam* – 25g, with honey	1 day	1 day	1 day
Dhara	*Dasamoola ksheera dhara*	*Takra dhara*	*Takra dhara*	7 days	12 days	7 days

RESULT AND DISCUSSION

Psoriasis Area Severity Index (PASI)[7]

Case 1

Body parts	**% of area covered**		**Severity score**							
			Itching		**Erythema**		**Scaling**		**Skin thickness**	
	BF	**AF**	**BF**	**AF**	**BF**	**AF**	**BF**	**AF**	**BF**	**AF**
Head and neck	60% (4)	<10	2	0	2	0	3	0	3	1
Upper extremities	70% (5)	<10	3	0	2	0	2	0	2	0
Body	40% (3)	<10	2	0	1	0	2	0	2	0
Lower extremities	70% (5)	<10	3	0	3	1	3	1	3	1

Total score before treatment: 31.7

Total score after treatment: 1.3

Percentage of improvement- 95.9%

Case 2

Body parts	**% of area covered**		**Severity score**							
			Itching		**Erythema**		**Scaling**		**Skin thickness**	
	BF	**AF**	**BF**	**AF**	**BF**	**AF**	**BF**	**AF**	**BF**	**AF**
Head and neck	50% (4)	<10	2	0	2	0	2	0	2	1
Upper extremities	70% (5)	<10	3	0	3	0	3	0	3	1
Body	50% (4)	<10	2	0	2	0	1	0	2	1
Lower extremities	70% (5)	<10	3	0	3	0	3	0	3	1

Total score before treatment: 35.4

Total score after treatment: 1.0

Percentage of improvement: 97.2%

Case 3

Body parts	**% of area covered**		**Severity score**							
			Itching		**Erythema**		**Scaling**		**Skin thickness**	
	BF	**AF**	**BF**	**AF**	**BF**	**AF**	**BF**	**AF**	**BF**	**AF**
Head and neck	20% (2)	<10%	2	0	2	0	3	0	2	0
Upper extremities	80% (5)	26%	3	0	3	0	3	1	3	1
Body	65% (4)	20%	3	0	4	0	3	0	3	0
Lower extremities	86% (5)	25%	4	0	4	0	3	1	2	1

Total score before treatment: 40.4

Total score after treatment: 2.4

Percentage of improvement: 94.1%

DISCUSSION

Systemic Therapy

According to Ayurveda, *Agnimandhya* is considered the root cause of disease, and the maintenance of immunity is dependent on the proper functioning of *Agni*. Any derangement of *Agni* is believed to result in immune dysregulation. Psoriasis, a chronic T-cell-mediated autoimmune skin disorder driven by dysregulation of the Th1 and Th17 pathways, is characterized by excessive and uncontrolled proliferation of keratinocytes[8]. Therefore, in the present cases, treatment was primarily focused on *Ama Pachana* and *Agni Deepana* to correct the underlying metabolic dysfunction and to modify immune dysregulation. In addition, drugs possessing *Raktaprasadana*, *Kledahara* and *Sothahara* properties were administered to address the inflammatory pathology and promote clinical improvement.

Case 1

The patient presented with both hyperpigmented and hypopigmented lesions of chronic nature, along with scaling and severe itching. All these features indicate *Tridosha Dushti* with slightly predominant *Vata Kapha Dushti*. *Nimbadi Kashayam* was administered for their *Pachana* and *Kledahara,* properties[9]. *Aragwadha Mahatiktaka Ghrita* was administered as a *Samana Aushadha* due to its *Kushtaghna* property.

In addition to that, *Nitya Virechana*, administered in small quantities, served as an effective approach for the gradual elimination of *Bahu Dosha*. Hence, in this case, *Nitya Virechana* was performed using *Triphala Choornam* to alleviate aggravated *Tridoshas*[10].

Case 2

The patient presented with erythematous scaly lesions associated with itching and subacute onset, indicating clear *Pitta*-predominant *Tridosha Dushti*. For alleviating the condition, *Guluchyadi Kashayam* and *Avipathy Choornam* were selected, as both possess *Pitta-Kaphahara* properties[11]. Along with the other medications, *Aragwadha Mahatiktaka Ghrita* was administered as a *Shamanaushadha* owing to its potent *Kushtaghna* property.

The patient also had a history of similar lesions 14 years earlier, which had completely resolved but recurred after many years. This recurrence may be attributed to *Shesha Dosha* acting as *Dooshivisha*. This aspect of the pathogenesis was addressed using *Nimbarajanyadi Gulika* because of its *Vishahara* property. In this case, *Nitya Virechana* was carried out using *Avipathy Choornam*, considering its pronounced *Pittahara* property, which helped in effectively alleviating the aggravated *Pitta dosha*[12].

Case 3

The patient presented with chronic hyperpigmented, thickened lesions associated with severe pruritus for the past three years. The chronicity (*Chirakarita*), marked thickening of lesions, and intense itching collectively indicate *Kapha*-predominant *Tridosha dushti*. At the same time, the presence of severe burning sensation reflects significant involvement of *Pitta dosha* as well.

Guluchyadi Kashayam and *Gopichandanadi Gulika* were selected because of their effective *Pitta-Kapha shamana* action. These formulations helped in pacifying the aggravated *Pitta Dosha*, thereby reducing the burning sensation, while simultaneously alleviating *Kapha Dushti* responsible for the itching and thickened nature of the lesions.

Furthermore, the pronounced thickening of the lesions suggests the involvement of *Kapha, Meda,* and *Rakta Dushti* associated with excessive *Kleda* accumulation. This aspect of the pathology was addressed through *Sramsanam* with *Trivrith Choornam*, which facilitated *Kleda* and *Prabhoota Dosha* elimination. In addition, *Punarnavadi Kashayam* was administered for its *Shophahara* and *Rakta-Prasadana* properties[13].

Common Treatment Protocol

Takra Pana

Takrapana is the internal administration of *Takra* processed with *Deepana* drugs. *Takra* itself possesses *Deepana* and *Pachana* properties[14]. These actions are further enhanced by adding drugs like *Triphala Choorna*. It is administered for two days prior to *Snehapana* to achieve an optimal *Deepana* state of *Jatharagni*, and also making internally *Rooksha*, thereby making it capable of properly digesting the subsequently administered *Sneha*.

Snehapana

After achieving *Rookshana, Snehapana* was administered, with *Aragwadha Mahatiktaka Ghrita* selected as the drug of choice. *Aragwadha Mahatiktaka Ghrita* is a modified proprietary preparation of *Mahatiktaka Ghrita* described in *Kushta Chikitsa*, in which the ingredients are processed with *Aragwatha moola kwatha*. It effectively alleviates *Kushta vyadhi*, especially *Pitta-Kaphaja* conditions associated with *Bahu Kleda*. Additionally, the *Ghrita* preparation itself helps pacify the aggravated *Vata Dosha*.

In addition to that, *Snehapana* helps to restore the skin barrier by replenishing essential lipids, reducing trans epidermal water loss, and improving skin hydration, thereby decreasing scaling. Since the epidermal barrier is predominantly lipid-rich, the

ghee-based medium facilitates better absorption and deeper penetration of fat-soluble herbal constituents, enhancing their therapeutic efficacy[15].

Abhyanga* and *Ushma Sweda

Following *Snehapana*, two days of *Abhyanga* and *Ushma Sweda* were administered to mobilize the vitiated *Doshas* from the *Shakha* to the *Koshta*, bringing them into *Utklesha Avastha* and making them suitable for elimination.

Sodhana

As the patient presented with *Prabhoota Dosha*, *Shodhana* therapy was indicated. In this case, *Virechana* was selected as the primary *Shodhana* procedure. Considering the *Kleda*-dominant nature of the disease, *Rooksha Virechana* using *Avipathy Choorna* is administered. This formulation possesses significant *Pitta-Shamaka* properties due to its ingredients and helps in reversing the *Samprapti* of the disease. *Pitta Rakta Kapha Dosha* plays a major role in the pathogenesis of *Twak Roga*; hence, this medicine acts as *Pitta-Rakta-Kapha Shamaka*, *Vatanulomana*, *Agnivardhaka*, and *Kledanasaka*.

By thoroughly cleansing the enteric system, this therapy interrupts the inflammatory signals traveling along the gut-skin axis. This reset effectively slows down the overproduction of cytokines, the immune proteins responsible for the rapid, out-of-control skin cell turnover seen in psoriasis flares[16].

Topical Therapy

Wet Compression or Wet Wrap

Shodhana therapy eliminates internal *Dushta Doshas*, while *Bahya Chikitsa* was administered to alleviate the *Shesha Dosha* located in the *Shakha*. Wet compression was a procedure in which clean cotton cloth pieces were soaked in *Kashaya* and applied externally over the lesions. In all these cases, *Guduchyadi Kashaya* was used, which was *Tikta-Pradhana*, *Kapha-Pitta Shamaka*, and possessed *Kushtaghna* properties. It contained drugs like *Padmaka* and *Rakta Chandana*, which were *Raktaprasadana*, *Twachya*, and *Kandughna* in nature. In addition to that, the immunomodulatory and antioxidant properties of these drugs likely played a role in controlling the inflammatory response and promoting skin recovery.

***Abhyanga* along with wet wrap**

Frequent application of this medicated wet compression facilitated topical absorption of the drug, thereby reducing inflammation of skin cells and promoting healing. Along with this, Psorset oil, a proprietary formulation containing *Brihat Dantapala*, and *Chembarathyadi Tailam* were applied externally. These formulations possessed *Kushtaghna* and *Kandughna* properties. In addition to that topical application of *Chemparathyadi* and Psorset oil helped to keep the skin well hydrated and may have contributed to reducing the release of pro-inflammatory cytokines[17]. Combined with wet compression, these medicated oils helped reduce dryness and scaling caused by *Pratiloma Vata*, moisturized the skin, and alleviated dryness.

Dhara

In the first case, *Dashamoola Ksheeradhara* was administered to pacify *Vata-Kapha* predominant *Tridosha. Dashamoola* possesses *Vata-Kaphahara* properties, while *Ksheera* itself helps pacify aggravated *Pitta Dosha,* thereby contributing to *Tridosha Shamana*. It also reduces skin dryness, anti-inflammatory and support the healing process. In the other two cases, *Takradhara* was administered. *Takra* possesses *Vata-Kaphahara* properties, and it was processed with *Pitta-Kaphahara* drugs, thereby promoting *Tridosha Shamana*, which may have contributed to the reduction of scaling, inflammation, and induration of the lesions. Additionally, the lactic acid naturally present in buttermilk acts as a mild alpha-hydroxy acid (AHA) with keratolytic properties, facilitating the removal of accumulated dead skin cells and softening hyperkeratotic scales[18]. This action may have further aided in reducing scaling and improving skin texture.

CONCLUSION

This case series suggests that an individualized Ayurvedic treatment approach for patients with plaque psoriasis, incorporating both *Shodhana* and *Shamana* therapies, reduced key clinical features such as itching, scaling, erythema, burning sensation, and skin thickening. Interventions including *Takrapana, Snehapana, Virechana,* topical applications, were selected according to the patient's clinical presentation to facilitate *Samprapti Vighatana* and improve overall clinical outcomes. These findings highlight the potential of an individualized Ayurvedic approach in the management of plaque psoriasis.

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