Integrative Management of Psoriasis through Panchakarma and Nutritional Modulation: A Case Study

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Abstract- Background: Psoriasis is a chronic autoimmune skin disorder that presents with erythematous plaques covered by silvery-white scales, leading to physical discomfort and psychological stress. Conventional management strategies often involve corticosteroids and immunosuppressants, which may provide temporary relief but fail to prevent recurrence and carry long-term side effects. Objective: This case study evaluates the effectiveness of an integrative Ayurvedic approach comprising Panchakarma therapy and nutritional modulation in managing chronic plaque psoriasis. Methods: A 35-year-old male with a 5-year history of plaque psoriasis was assessed through classical Ayurvedic diagnostic parameters and modern scoring systems (PASI). The treatment involved classical Shodhana (Vamana, Virechana, and Raktamokshana), internal medications, external applications, and personalized dietary interventions aimed at Dosha balance, immune modulation, and gut health. Results: Significant clinical improvement was observed after 45 days of treatment, with PASI score reduced from 14.2 to 3.5, and VAS score for itching reduced from 9 to 2. Skin scaling, sleep disturbance, and psychological distress also showed marked improvement. Conclusion: This case highlights the potential of a holistic integrative protocol involving Panchakarma and Ahara (nutrition) in achieving long-lasting remission in psoriasis without dependency on chemical immunosuppressants.

Keywords: Psoriasis, Panchakarma, Kitibha, Ayurvedic dermatology, Nutrition, Integrative therapy

INTRODUCTION

Psoriasis is a long-lasting, immune-driven, inflammatory skin disorder that affects approximately 2–3% of the population globally. It manifests through red, scaly, and itchy patches that typically appear on extensor areas, the scalp, and the trunk. Although it is not contagious, the chronic and recurring aspects of psoriasis can significantly affect an individual's physical health, emotional state, and social interactions. Current scientific understanding links psoriasis to an impaired immune reaction and increased turnover of skin cells, yet its causes are complex and involve a variety of factors, including genetics, psychological stress, infections, dietary habits, and imbalances in gut bacteria.

In Ayurveda, psoriasis is largely associated with Kitibha Kushta, one of the 18 types of Kushta. This condition involves the imbalance of the three doshas—primarily Vata and Kapha—as well as the disruption of the blood (Rakta) and skin tissues (Twak Dhatu). The development of psoriasis is significantly influenced by factors such as improper diet (Viruddha Ahara), lifestyle issues, and weakened digestive fire (Agni). These elements contribute to the buildup of Ama (toxic substances) and imbalanced doshas, resulting in a chronic condition characterized by Srotorodha (blockage of the channels) and Dhatu Dushti, which becomes evident through noticeable skin lesions.

In Ayurvedic treatment for Kushta, there is a strong focus on Shodhana Chikitsa, which includes bio-purificatory therapies like Vamana, Virechana, and Raktamokshana. These methods aim to remove underlying toxins. Following this, Shamana Chikitsa, or palliative treatment, and Rasayana therapy are employed to restore tissue health and bolster immunity. Additionally, the importance of Ahara Vidhi, or dietary regulation, has gained attention, especially concerning inflammatory and autoimmune skin disorders, as it is linked to the gut-skin-immune axis.

This case study explores a holistic method that combines Panchakarma and nutritional interventions for the treatment of chronic plaque psoriasis in a 35-year-old male patient. It illustrates how tailored Ayurvedic treatments, along with specific dietary approaches, can work together to effectively manage not just the physical manifestations of the condition, but also its systemic and psychological aspects.

Aims and Objectives

- To evaluate the effect of Panchakarma procedures in the management of chronic plaque psoriasis.
- To assess the role of Ayurvedic dietetics and nutritional modulation in disease management.
- To document clinical improvement using PASI score and symptomatic relief.

MATERIALS AND METHODS

Patient Profile:

- Name: XYZ
- Age/Gender: 35 years / Male
- Occupation: IT Professional
- Duration of illness: 5 years
- Chief complaints: Erythematous scaly plaques on elbows, trunk, and scalp, severe itching, scaling, dryness, disturbed sleep.

General Examination

- Vitals: Normal
- Appetite: Irregular
- Bowel: Hard stools, occasional constipation
- Sleep: Disturbed due to itching
- Stress: High (job-related)

Clinical Examination & Findings

- Lesions: Thick, dry, silvery-white scales
- Sites: Elbows, lower back, scalp
- Skin: Rough, discolored, cracked edges
- PASI Score (Pre-treatment): 14.2
- Prakriti: Vata-Kapha
- Agni: Vishamagni
- Mala: Sakrit Kathina

Dasavidha Pariksha (Tenfold Ayurvedic Examination)

The classical Dasavidha Pariksha aids in understanding the patient's constitution, strength, and disease prognosis.

Pariksha	Observation
Prakriti	Vata-Kapha dominant – dry skin, irregular appetite, tendency to worry
Vikriti	Vata and Kapha aggravation – dryness, scaling, itching, and stiffness
Sara	Rakta-Sara moderate – slow wound healing, dull skin tone
Samhanana	Medium – well-knit body frame
Pramana	Above average height and weight (BMI 25.1)
Satmya	Madhyama – accustomed to spicy and oily foods
Satva	Avara – high stress reactivity, low tolerance to disease discomfort
Ahara Shakti	Madhyama – variable appetite, early satiety
Vyayama Shakti	Avara – sedentary lifestyle, easily fatigued
Vaya (Age)	Madhyama – 35 years

Diagnosis

Modern: Chronic Plaque Psoriasis
Ayurvedic: Kitibha Kushta (Vata-Kapha predominant)

Treatment Protocol
1. Purvakarma (Preparatory Procedures)

Deepana-Pachana: Trikatu Churna – 3g twice daily with warm water for 5 days
Snehapana: Mahatikta Ghrita (incremental dosage) – 5 to 60 ml for 7 days
Abhyanga: Tiktaka Ghrita Taila with mild massage
Swedana: Sarvanga Bashpa Sweda (steam therapy)

2. Pradhanakarma (Main Procedure)

Vamana Karma: Using Madana Phala, after proper Samsarjana Krama
Virechana Karma: With Trivrit Lehya (after 10 days) to remove residual Pitta-Kapha
Raktamokshana: Local leech therapy (Jalaukavacharana) over elbow patches

3. Paschatkarma and Internal Medication
Rasayana: Guduchi Satva 500 mg BD
Lepa (Local application): Jatyadi Ghrita mixed with Haridra

Oral Medicines:

- Arogyavardhini Vati 500 mg BD
- Mahamanjistadi Kwatha 20 ml BD
- Khadirarishta 15 ml BD after meals

4. Nutritional Modulation
Avoided: Dairy, red meat, spicy, fermented, and nightshade vegetables

Included:

- Warm water
- Green moong soup, red rice gruel
- A2 ghee, turmeric, coriander, bitter vegetables (neem, patola)
- Triphala water at night

RESULTS

Parameter	Before Treatment	After 45 Days
PASI Score	14.2	3.5
Itching (VAS Score)	9/10	2/10
Scaling	Severe	Minimal
Sleep	Disturbed	Normal
Psychological distress	High	Mild

Before and After Treatment Outcomes

Clinical Parameter	Assessment Method	Before Treatment	After 45 Days Treatment	% Improvement
PASI Score	PASI Index	14.2	3.5	75.35%
Itching	Visual Analog Scale (VAS)	9/10	2/10	77.77%
Scaling	Clinical Observation	Severe	Mild	-
Skin Thickness	Palpation	Thickened plaques	Normal to mild	-
Sleep Quality	Patient Reporting	Disturbed	Restful	-
Psychological Stress	Self-report	High	Mild	-
Overall Patient Satisfaction	Likert Scale	Poor	Very Satisfied	-

Note: Quantitative parameters like PASI and VAS allow for direct percentage calculation. Qualitative parameters are described narratively. Patient satisfaction was self-reported using a 5-point Likert scale.

DISCUSSION

The persistent and recurring characteristics of psoriasis require a treatment approach that focuses on more than just alleviating symptoms. Traditional treatments like topical corticosteroids, systemic immunosuppressants, and biologics may provide temporary relief but typically do not deliver a long-term resolution and can lead to considerable side effects such as liver damage, metabolic imbalances, and immune system suppression. Conversely, Ayurveda presents a comprehensive method based on the concepts of Dosha, Dhatu, Srotas, and Agni, aiming to address the underlying causes, restore overall balance within the body, and avert the likelihood of future flare-ups.

In this instance, the patient exhibited typical characteristics of Kitibha Kushta, a skin condition primarily associated with Vata and Kapha according to Ayurvedic literature. The features included parusha (rough texture), kandu (itchiness), shyava varna (dark pigmentation), and utsanna mandala (elevated plaques). The persistent nature of the condition and its lack of response to conventional treatments suggested a significant imbalance in the Dosha and a potential disturbance in the Raktavaha Srotas. Therefore, Shodhana (bio-purification) was deemed necessary as the initial approach to treatment.

Role of Panchakarma:

- Snehapana with Mahatikta Ghrita played a crucial role in internal oleation (Abhyantara Snehana) and also acted as a disease-specific formulation due to its Tikta Rasa, Rakta-Prasadana, and Kushtaghna properties.
- Vamana Karma effectively expelled accumulated Kapha Dosha and Ama, which are major pathogenic factors in skin disorders, particularly those with thick, scaling lesions.

- Virechana Karma helped clear Pitta and Rakta-related toxins, further supporting the healing of inflamed skin.

Internal medications such as Arogyavardhini Vati, Khadirarishta, and Mahamanjistadi Kwatha supported the Shamana Chikitsa phase by promoting Rakta Shuddhi, liver function enhancement, and restoration of Agni (digestive fire). Guduchi Satva acted as an immunomodulator and adaptogen, enhancing the body's resistance to allergens and autoimmunity. Topical applications like Jatyadi Ghrita mixed with Haridra served as a soothing, antimicrobial, and healing agent, reducing dryness and scaling effectively.

Nutritional Modulation:

Emerging evidence in both Ayurveda and modern medicine supports the strong link between gut health, immunity, and skin inflammation. The concept of the gut-skin axis aligns with the Ayurvedic view of Agni and Ama as central to disease pathogenesis.

The personalized dietary regimen avoided psoriasis-aggravating foods such as dairy, nightshades, fermented foods, and red meat while emphasizing gut-healing and anti-inflammatory foods such as warm soups, red rice gruel, green leafy vegetables, turmeric, coriander, and A2 ghee. This diet not only balanced Doshas but also addressed underlying Agni Mandya and reduced systemic inflammation.

Stress and psychological well-being, often overlooked in conventional treatment, were considered and addressed in this integrative model. Regular Dinacharya (daily routine), mindfulness, and improved sleep contributed to enhanced Satva and stress tolerance.

Clinical Outcomes:

The substantial reduction in PASI score (from 14.2 to 3.5) and VAS itching score (from 9 to 2), along with improvement in sleep, energy levels, and mental calmness, demonstrate the success of this integrative protocol. Importantly, no adverse events were reported, and the patient did not require any modern pharmacological intervention during the treatment period.

This case reaffirms the therapeutic value of integrating Panchakarma, Ayurvedic pharmaceutics, and Nutritional science in chronic autoimmune disorders. It also highlights the need for individualized treatment based on Prakriti, Vikriti, Satmya, and lifestyle, which is a cornerstone of Ayurvedic medicine.

Raktamokshana, in the form of local Jalaukavacharana (leech therapy), provided quick relief from inflammation and itching, showcasing its efficacy in Rakta Dushti conditions. This aligns with Acharya Sushruta's emphasis on bloodletting in Kushta Rogas.

CONCLUSION

This case study provides insight into the effectiveness of an integrative Ayurvedic approach for managing chronic plaque psoriasis. The treatment involved classical Panchakarma therapies, such as Snehapana, Vamana, Virechana, and Raktamokshana, alongside disease-specific internal medications and strategic nutritional adjustments. Over a period of 45 days, the patient reported a substantial and lasting decrease in symptoms, as indicated by improvements in the PASI score, itching severity, scaling, and sleep quality, with no adverse effects observed. This situation underscores the necessity of viewing psoriasis not solely as a skin disorder but as a systemic imbalance that encompasses Dosha, Dhatu, Agni, and Manas. The findings support the Ayurvedic principle that combining Shodhana (cleansing therapies) with Shamana (palliative care) can effectively restore balance when customized to the individual's constitution (Prakriti) and disease condition (Vikriti). Furthermore, the use of nutritional strategies based on Ayurvedic dietary guidelines emerged as a crucial support mechanism, enhancing gut health, minimizing inflammation, and preventing the formation of Ama. The strategy included avoiding foods that trigger psoriasis while incorporating digestive-friendly, immune-boosting elements, which were essential for reducing the likelihood of disease recurrence and improving overall health. This holistic approach also considered the psychological and emotional aspects of psoriasis, enhancing the patient's mental resilience (Satva), stress management, and sleep quality—components that are frequently overlooked in traditional treatment methods.

REFERENCE

[1] Sharma RK, Dash B. Caraka Samhita: Text with English Translation and Critical Exposition based on Cakrapani Datta's Ayurveda Dipika.

Vol 4. Varanasi: Chowkhamba Sanskrit Series Office; 2012. Chikitsa Sthana, Kushta Chikitsa.
[2] Tripathi I. Ashtanga Hridayam of Vagbhata, Vol 2. Chaukhambha Sanskrit Pratishthan; 2015. Uttara Tantra, Kushta Nidana.
[3] Mishra S. Bhaishajya Ratnavali. Varanasi: Chaukhambha Surbharati Prakashan; 2013. Kushta Rogadhikara.
[4] Singh RH. Panchakarma therapy: A unique contribution of Ayurveda. Anc Sci Life. 1986; 6(1):17–22.
[5] Manohar PR. Ayurveda and Psoriasis: Understanding pathogenesis and management. J Ayurveda Integr Med. 2013; 4(1):38–46.
[6] Majeed M, Nagabhushanam K, Arumugam S. The role of curcumin in the modulation of inflammatory cytokines and immune regulation. Phytother Res. 2020; 34(8):1834–1847.
[7] Gupta A, Singh RL, Yadav RK. Effect of Ayurvedic dietary regimen in the management of chronic skin diseases: A clinical review. Ayu. 2018; 39 (4):245–251.
[8] Dutta S, Debnath PK. Ayurvedic management of psoriasis (kitibha): A case report. J Ayurveda Integr Med Sci. 2019;4 (2):104–109.
[9] Langley RG, Krueger GG, Griffiths CE. Psoriasis: Epidemiology, clinical features, and quality of life. Ann Rheum Dis. 2005; 64 Suppl 2:ii18–23.
[10] Bowe WP, Logan AC. Acne vulgaris, probiotics and the gut-brain-skin axis: From anecdote to translational medicine. Benef Microbes. 2011; 2 (2):71–79.