

Ayurvedic Management of Plaque Psoriasis: A Case Study

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Abstract— Psoriasis represents a persistent inflammatory condition primarily affecting the skin and joints. Psoriasis is a chronic autoimmune skin condition causing rapid skin cell buildup, leading to itchy, scaly plaques often on the elbows, knees, scalp, and lower back. Ayurveda categorizes all skin disorders under the broad term Kustha. Ek Kushtha, classified under Kshudra Kushtha, arises from Vata-Kapha Dosha vitiation and mirrors psoriasis clinically. This traditional system has demonstrated promising outcomes in treating psoriasis. The core approach for managing skin conditions involves sequential Shodhana (detoxification procedures) combined with Shamana (soothing remedies). Given children's delicate Sukumara avastha, treatment prioritizes gentle Shamana remedies, succeeded by Rasayana therapies to fortify immunity and avert relapse. Patient evaluations, based on the Children's Dermatology Life Quality Index (CDLQI), showed scores dropping from 72% pre-treatment to 20% post-treatment and further to 8% at follow-up. This case report highlights the efficacy of Ayurvedic interventions for plaque psoriasis.

Index Terms— Kustha, Ek Kushtha, Shodhana, Shamana, Rasayana, Psoriasis, Children's Dermatology Life Quality Index.

I. INTRODUCTION

The word Psoriasis is derived from the Greek word 'Psora' meaning 'itch', and 'sis' meaning 'acting condition'. Psoriasis is a lifelong immune-mediated inflammatory skin disease associated with morbidities such as psoriatic arthropathy, psychological, cardiovascular, and hepatic diseases. The Global Burden of Disease Study estimated that psoriasis accounted for 5.6 million all-age disability-adjusted

life-years (DALYs) in 2016, at least threefold that of inflammatory bowel disease [1].

Clinical picture of Psoriasis appears in various forms, including plaque, flexural, guttate, pustular, and erythrodermic types. Plaque psoriasis, the most prevalent variant, features sharply defined salmon-colored plaques overlaid with silvery-white scales, symmetrically distributed on extensor areas like elbows and knees, as well as the trunk and scalp. Removing scales may reveal pinpoint bleeding spots, known as the Auspitz sign. Therapeutic options for psoriasis include topical therapy, phototherapy or systemic treatment, phototherapy (narrowband ultraviolet B radiation (NB-UVB) and psoralen with ultraviolet-A radiation (PUVA)), and conventional systemic agents (methotrexate, ciclosporin, and acitretin). NB-UVB has largely superseded PUVA due to the risks of skin cancer with cumulative doses of PUVA [2].

Conventional medicine lacks effective treatments for psoriasis, but Ayurveda shows promising results in its management. In Ayurveda, all skin disorders fall under the umbrella of Kustha. Various psoriasis types correlate with conditions described in the Samhitas. References to Kushtha date back to the Vedic period, with Ek-Kushtha detailed in the Garuda Purana [3] and subsequent classics like the Brihatrayi, Laghutrayi, and later texts. Classified under Kshudra Kushtha, Ek-Kushtha primarily involves vitiated Vata and Kapha doshas [4]. Another related type, Sidhma Kushtha, features thin white or coppery lesions with prominent scaling. Etiological factors vitiate all three Doshas, particularly Vata and Kapha.

The causative factors for Ekakushtha and Sidhma Kushtha mirror those of Kushtha generally. Key

dietary triggers include Viruddha Ahara (incompatible foods), excessive intake of Drava, Snigdha, and Guru Ahara (liquid, unctuous, and heavy-to-digest foods), and Vega Dharana (suppression of natural urges), particularly vomiting. Ayurveda also lists indulgence in sinful acts as an etiological factor [5]. Acharya Charaka [6] has mentioned the symptoms of Ekakushtha as Mahavastu (big), Aswedanam (without sweating), and Matsyashakalopamam (like scales of fish), and Acharya Sushruta described its symptoms as Krishna Aruna Varnata (blackish red lesions) [7].

Patient Information- A 7-year-old male patient from BHEL, Haridwar (Haridwar, India), visited the Kaumarbhritya Outpatient Department (OPD) on 9th January, 2025 (O.P.D registration no. – B46/ 923) with chief complaints of Lesions with itching over the left hand, left knee, lower back, and below the lips, for 1 month. According to the patient’s mother, she was asymptomatic for 3 years. Then her mother noticed the gradual appearance of rashes over the left hand, left knee, lower back, and below the lips with itching and skin scaling. She took allopathic treatment for the same for 3 years on and off, but did not get satisfactory relief. So, she came to Rishikul Ayurvedic Hospital for further management. There is no relevant family history of Psoriasis or autoimmune conditions among his siblings or parents. He had neither a history of drug allergy, autoimmune disorder, nor addiction.

Baseline Findings- The patient’s general condition was average, with 23.75 kg of weight, 119 cm of height, 12.8 kg/m² of body mass index, and mid-upper arm circumference of both arms 20 cm. The patient’s vitals were 98.2°F of temperature, 78 beats/min of pulse rate, 20 breaths/min of respiratory rate, and 100/70 mmHg of blood pressure.

On systemic examination, the patient was conscious and well oriented; on auscultation of the heart, S1, S2 were heard, the chest was clear with air entry to the lungs bilaterally equal, and gastro-intestinal system examination showed that the abdomen was soft, non-tender with normal bowel sound.

II. CLINICAL FINDINGS

Physical examination- The patient was examined according to Ayurvedic Pariksha, and findings were summarized in Table 1.

Table 1: Physical examination according to Ayurvedic Pariksha:

Ashtavidhpariksha (eight-fold examination)	Dashavidha pariksha (ten-fold examination)
Nadi: Vata Pradhan Kapha Anubandhi Mutra: Samanya Pravriti, Peetabh Varn Mala: Aamyukt Jivha: Lipta Shabda: Spastha Sparsha: Ruksha, Samsheetoshana Drikka: Samanya Aakriti: Samanya	Prakriti: Kapha – Vtaja Vikriti: Rasaja, Raktaja Sara: Rasa sara Pramana: Madhyam Satmya: Madhyam Satva: Madhyam Ahara Shakti: Madhyam Vyayama Shakti: Avara Vaya: Balyavastha

Local Examination- On the basis of clinical history and examination, the condition was diagnosed. Signs and symptoms like well-circumscribed erythematous papules/plaques covered with dry, brittle, silvery grayish, white micaceous scales, Auspitz sign, Candle grease sign, etc., were present.

Lesions	Plaque
Colour	Red
Shape and size	Large oval –circular (measuring 2-4cm)
Border	Distinct, sharp, demarcated margins
Pattern	Grouped
Scales	Fine silvery scales present

III. DIAGNOSTIC ASSESSMENT

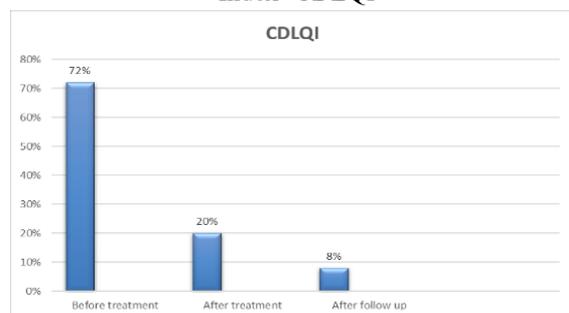
- Lab investigation: When the patient first visited the outpatient department, routine blood investigations were advised to rule out any possible associated disease. However, these investigations were found within normal physiological limits.
- Ayurveda diagnosis: Eka-Kustha
- Conventional diagnosis: Psoriasis

Criteria of assessment were based on the scoring of Children's Dermatology Life Quality Index (CDLQI) Measurement of the impact of skin disease on the quality of life is required to aid clinical decision-making, for clinical research, for audit of paediatric dermatology services, and to aid arguments for more resources for the care of children with skin disease. The Children’s Dermatology Life Quality Index (CDLQI) is a survey assessing the impacts of recent activities and emotions. It evaluates effects on work or

school, leisure, daily routines, symptoms, feelings, personal relationships, and treatment side effects. Scores sum across questions for a total from 0 (no impairment) to 30 (maximum impairment), often converted to a percentage of the full 30-point scale, where higher values signal greater quality-of-life disruption.

Before treatment	After treatment	After follow-up
72%	20%	8%

Figure 1: Children’s Dermatology Life Quality Index- CDLQI



IV. THERAPEUTIC INTERVENTION

Treatment Protocol: After a thorough interrogation with the patient and his mother regarding the diet, hygiene, lifestyle, and habits of the child and the history of present illness, and after a proper evaluation regarding the present condition of the child, he was planned for treatment with internal and external medications shown in the therapeutic intervention [Table 3]

Treatment duration - 2 months

Period of assessment - The patient was assessed at intervals of 15 days.

Table 3 - Therapeutic Intervention

OPD visit	Medication	Duration	Advice
First Visit (09/01/2025)	Arogyavardhani Vati- 65mg Giloy Satva- 125mg Panchatikta Ghrita Guggula- 125mg Brahmi Vati- 125mg Haridra Khand- 1gm 1* 2 with honey and Saunf Arka Panchatikta Ghrita – ½ tsf bid with milk or honey 777 oil- for LA	15 days	Maintain hygiene Avoid Packed food and junk food Avoid spicie food
Second Visit (25/01/2025)	Arogyavardhani Vati- 65mg Giloy Satva- 125mg Panchatikta Ghrita Guggula- 125mg Brahmi Vati- 125mg Haridra Khand- 1gm 1* 2 with honey and Saunf Arka 777 oil- for LA	15 days	Maintain hygiene Avoid Packed food and junk food Avoid spicie food
Third Visit (15/02/2025)	Arogyavardhani Vati- 65mg Giloy Satva- 125mg Panchatikta Ghrita Guggula- 125mg Brahmi Vati- 125mg Haridra Khand- 1gm 1* 2 with honey and Saunf Arka 777 oil- for LA	15 days	Maintain hygiene Avoid Packed food and junk food Avoid spicie food
Fourth Visit/Follow up (04/03/2025)	Haridra Khand – 1gm with milk Panchtikta Ghrita- LA at night	15 days	Maintain hygiene Avoid Packed food and junk food Avoid spicie food

CONDITION ON FIRST VISIT- 09/01/25



CONDITION ON SECOND VISIT-25/01/25



CONDITION ON THIRD VISIT- 15/02/25



CONDITION ON FOURTH VISIT- 26/04/25



V. DISCUSSION

The incidence of Psoriasis is increasing, so identifying and eliminating multifactorial agents associated with the disease based on Ayurvedic principles is essential. Arogyavardhani Vati contains Triphala, kutaki, Shunthi, Vidanga, Chavya, etc., has Deepana-Pachana action, Pitta-Kapha Shamana, Rakta Shodhana

properties, Anti-inflammatory + Immunomodulation – reduces keratinocyte proliferation. Giloy Satva has Tridosha-Shamaka properties, reduces inflammation, modulates immune response, purifies blood, and enhances liver and gut function (important in chronic skin diseases). Panchatikta Ghrita Guggulu contains Panchatikta dravya: Nimba, Patola, Vasa, Guduchi, Kantakari, Ghrita, Guggulu, has Raktashodhana properties and anti-inflammatory action, Guggul has Lekhana action hence reduces thick plaques, Ghrita nourishes skin and reduces dryness. Haridra Khand is well known for its anti-inflammatory, anti-itching, Raktashodhana properties. The 777 oil contains Contains oil extracts of Cocus nucifera (coconut) & Wrightia tinctoria (Shweta Kutaja) hence acts as anti-inflammatory, anti-pruritic and demulcent. Brahmi Vati has Vita-Pitta shamak and Medhya properties, it helps by reducing stress-related flare-ups, offering mild anti-inflammatory action, improving sleep, and supporting overall immune balance.

VI. CONCLUSION

In the present clinical case, the comprehensive treatment protocol was meticulously designed and implemented in strict accordance with the foundational principles of Ayurvedic Samprapti the systematic understanding of disease pathogenesis that traces the origin, progression, and manifestation of imbalances within the body. Both external applications, such as medicated oils, herbal pastes, and therapeutic procedures like Lepa and Snehpana, along with internal medications, worked synergistically to address and correct the multifaceted and deeply entrenched pathophysiology underlying psoriasis. This chronic dermatological condition involves persistent inflammation, immune dysregulation, rapid epidermal proliferation, and systemic vitiation of Doshas particularly Kapha and Vata leading to scaly plaques and recurrent flares. By targeting these root causes holistically, the integrated multimodal Ayurveda treatment protocol not only alleviated acute symptoms but also promoted profound detoxification, tissue regeneration, and long-term equilibrium, culminating in a remarkably speedy and substantial recovery from what was previously a longstanding, refractory case of psoriasis.

Declaration of Patient Consent- The authors certify that they have obtained all appropriate patient consent forms; the legal guardian has given her consent for images and other clinical information to be reported in the journal. The patient's guardian understands that her name and initials will not be published, and due efforts will be made to conceal the patient's identity, but anonymity cannot be guaranteed.

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