ISSN: 2322 - 0902 (P)
ISSN: 2322 - 0910 (O)

International Journal of Ayurveda and Pharma Research

Case Study

AMRITA BHALLATAKA: A POWERFUL ALLY IN PLAQUE PSORIASIS AND ITS COMPLICATIONS MANAGEMENT

Arjun Raj A[1]*, Manila M[1], Sunil John Thykkattil[2]

*[1]PG Scholar, [2]Associate Professor, Department of Kayachikitsa, Government Ayurveda College, Tripunithura, Kochi, Kerala, India.

Article info

Article History:
Received: 05-01-2026
Accepted: 15-02-2026
Published: 15-03-2026

KEYWORDS:
Plaque psoriasis, *Kushta, Amrita Bhallataka Lehya, Rasayana*, PASI, DAPSA.

ABSTRACT

Psoriasis is a chronic relapsing inflammatory skin disorder often associated with systemic and arthropathic complications. In Ayurveda, such conditions are understood under *Kushta*, a *Tridoshaja* disorder involving vitiation of *Vata, Kapha*, and *Rakta* with progressive *dhatu* involvement. Chronicity and recurrence indicate deeper pathology requiring both *dosha Shodhana* and *Dhatu poshana* through *Rasayana* therapy. This case study presents the management of a 43-year-old male with long-standing plaque psoriasis and joint involvement who was admitted to the *Kayachikitsa* inpatient department of Government ayurveda medical college hospital, Tripunithura, for ayurvedic management. Clinical features included erythematous scaly plaques, severe itching, nail pitting, and multiple joint pains. Management followed classical ayurvedic principles employing sequential *Shodhana, Shamana*, and *Rasayana* therapies. *Amrita bhallataka lehya*, described in *Yoga ratnakara*, was administered as a discharge *Rasayana* considering its *Deepana, Pachana, Kusthaghna*, and *Rasayana* properties, aiming to correct *Agnimandya*, support *Dhatu poshana,* and prevent recurrence. Significant improvement was observed. The Psoriasis Area and Severity Index (PASI) decreased from 17.4 to 7.3, indicating a marked reduction in lesion severity and extent. The Disease Activity in Psoriatic Arthritis (DAPSA) score reduced from 32.5 to 6.5, showing improvement in arthropathic symptoms. The patient also reported better digestion, reduced itching, and improved general well-being with no major relapse during follow-up. This case highlights the potential role of *Amrita bhallataka lehya* as a supportive *Rasayana* in the long-term management of plaque psoriasis and its complications, contributing to sustained remission and improved quality of life.

INTRODUCTION

Psoriasis is a chronic immune-mediated inflammatory disorder predominantly affecting the skin, characterized by accelerated keratinocyte proliferation that results in well-defined erythematous plaques covered with silvery scales, commonly involving the scalp, elbows, and knees.[1] The exact etiopathogenesis remains incompletely understood; however, immune dysregulation with excessive cytokine activity and rapid epidermal turnover is considered central to disease development.[1,2]

Access this article online

Quick Response Code

https://doi.org/10.47070/ijapr.v14i2.3986

Clinical severity varies from mild localized lesions to extensive disease associated with physical discomfort, psychological distress, and impaired quality of life. Although a definitive cure is not available, current therapies mainly aim at symptom control and disease suppression.[1]

Psoriasis presents in multiple clinical types including plaque, guttate, flexural, pustular, and erythrodermic variants. Plaque psoriasis is the most prevalent form, accounting for nearly 80–90% of cases, and is characterized by raised erythematous plaques with adherent silvery scales.[1,2] Its chronic relapsing course and cosmetic visibility significantly affect daily functioning and psychosocial well-being, making long-term management essential.[1]

In Ayurveda, psoriasis can be clinically correlated with *Kustha*, a *Tridoshaja vyadhi* (disease involving all three *Doshas*) affecting *Twak* (skin), *Rakta*

(blood), and *Mamsa* (muscle tissue). Classical texts describe that *Viruddha ahara* (incompatible diet), *Mithya ahara vihara* (improper diet and lifestyle), and *Vega dharana* (suppression of natural urges) lead to *Dosha-dushya samurchana* (interaction between vitiated *Doshas* and tissues) and progressive *Dhatu* involvement.[3] Impairment of Agni (digestive and metabolic fire) results in formation of *Vikrita rasa* and *Srotorodha* (channel obstruction) with predominance of *Vata* and *Kapha* along with *Rakta dushti*.[3,4]

Complications

Individuals with psoriasis, particularly those with severe disease, show a greater tendency to develop systemic comorbidities. Psoriatic arthritis occurs in up to 30% of patients, while features of metabolic syndrome are reported in nearly 20–50%, increasing the risk for cardiovascular disease and diabetes. Psychological comorbidities are also frequent, with depression affecting about 18%, anxiety around 30%, and suicidal ideation reported in 7–17% of patients. Beyond cutaneous manifestations, psoriasis can impair physical functioning, emotional health, and social participation, even when skin involvement appears limited. Many extracutaneous complications arise within the first few years after disease onset and are more common in individuals with higher disease severity. Therefore, early recognition and routine screening for these associated conditions are vital components of holistic psoriasis care and should be incorporated into standard clinical evaluation and management.[5]

When untreated*, Kustha* progresses from superficial tissues to deeper *dhatus*, a stage termed *Dhatu-gambhirata* (deep tissue involvement). Early features include *Sparsha-Hani* (sensory changes), *kandu* (itching), *Rukshata* (dryness), and *Vaivarnya* (discoloration). With deeper spread, *Supti* (numbness), *Pidaka* (eruptions), *Kathinya* (induration), and *Gambhira vrana* (deep lesions) may appear.[6] Advanced involvement of *Asthi* and *Majja dhatus* leads to structural deformities and functional limitation. Such *Dhatugata* progression is considered difficult to treat and shows similarity to *Vatashonita*, where aggravated *Vata* and vitiated *Rakta* affect joints and deeper tissues.

Classical Ayurvedic management of *Kustha* emphasizes *Shodhana chikitsa* (purificatory therapy) as the primary approach, followed by *Shamana* (pacifying therapy) and *Rasayana* (rejuvenative therapy) for sustained remission.[7] Repeated *Vamana* and *Virechana* are advised based on *Dosha* predominance, and post-purificatory *Rasayana (Shuddhasya rasayana sevana)* is recommended to restore *Dhatu bala* (tissue strength) and prevent relapse.[7]

Role of *Rasayana*

Kustha is a *Tridoshaja vyadhi* in which prolonged *Nidana sevana* (causative factors) leads to *Dosha-dushya samurchana* (interaction of vitiated *doshas* and tissues) affecting *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle) and *Lasika* (lymph). With chronicity, *Doshas* penetrate deeper tissues in a stage termed *Uttarottara dhatu avagahitwa* (progressive tissue involvement), resulting in *Punaravritti* (recurrence), *Dhatu kshaya* (tissue depletion) and *Upadrava* (complications) such as *Sandhi shoola* (joint pain).[8,9]

Classical texts emphasize that when disease becomes *Dhatu-Gambhira* (deep-seated), symptomatic management alone is inadequate. *Rasayana* (rejuvenative therapy) administered after *Shodhana* (purification) is therefore advised for *Dhatu poshana* (tissue nourishment), *Dhatu prasadana* (tissue correction) and enhancement of *Vyadhikshamatva* (disease resistance), thereby reducing recurrence.[10]

Chronic plaque psoriasis can be correlated to *Tridoshaja kustha* predominantly involving *Vata-kapha* with *Rakta dushti*, where long disease duration may lead to deeper *dhatu* and *Sandhi* involvement resembling *Dhatugata kustha* or *Gambhira vatarakta*. In such conditions, *Rasayana* with *Deepana-pachana* and *Dhatu vardhana* properties becomes especially relevant.[8,11]

In the present case*, Tuvaraka Rasayana* was initially administered after *Shodhana* for its *Kusthaghna* and *Dosha-shamaka* effects. Subsequently, *Amrita Bhallataka rasayana* described in *Yoga Ratnakara* was used as a discharge *Rasayana* to address *Dhatu kshaya*, support tissue restoration and reduce complications such as arthropathy. The combined actions of *Bhallataka* (*Deepana, Pachana, Kusthaghna*) and *Amrita* (*Rasayana, Tridosha-shamana,* immunomodulatory) make it suitable for long-term control of chronic psoriasis.[12]

This case report aims to present the successful management of chronic plaque psoriasis through a classical Ayurvedic protocol involving sequential *Shodhana, Shamana*, and *Rasayana* therapies, with special emphasis on *Amrita bhallataka lehya* as a discharge *Rasayana*. Objective assessment using the psoriasis area and severity index (PASI) and disease activity in psoriatic arthritis (DAPSA) scoring, along with long-term follow-up, demonstrated sustained clinical improvement and reduced recurrence.

Case Report

Patient Information

A 43-year-old male patient was apparently healthy until the age of 23 years, after which he migrated to the Gulf region for employment and worked as a driver. During this period, he was

regularly exposed to extreme climatic variations, including both heat and cold, while traveling and during working hours. His dietary habits predominantly consisted of junk food and frequent consumption of non-vegetarian and spicy food. Within one year of migrating, he gradually developed papule-like lesions over the forehead and scalp. Initially, he presumed the condition to be dandruff and neglected it, using various hair creams and shampoos for symptomatic relief. Over the subsequent five years, the lesions increased in number, appearing as four to five discrete lesions over the scalp and forehead. Scratching of the lesions produced white, powdery flakes. During a visit to his hometown, he consulted a cosmetologist in Kollam, who suggested that the condition might not be dandruff and advised dermatological consultation. He subsequently consulted a dermatologist and was prescribed topical ointments, which resulted in partial symptomatic relief, particularly in reducing itching. However, after returning to Dubai and completing the course of treatment, the symptoms recurred, and he again sought dermatological care, where topical medications provided only temporary relief.

Around 2013, the lesions began to spread to the lower back and lower limbs as scattered papular eruptions, which gradually enlarged and coalesced into dry, scaly, white plaques over the trunk and lower limbs due to persistent scratching. The lesions were aggravated by exposure to cold climate and intake of spicy and non-vegetarian food, leading to widespread involvement of the body with intense itching. The itching was more severe at night and during cold exposure, and scratching was associated with a severe burning sensation along with shedding of white, powdery scales. There was no history of oozing, pus discharge, or secondary infection. Despite continued use of topical allopathic medications, complete and sustained relief was not achieved.

Around 2018, the patient developed pain involving both major and minor joints, predominantly affecting the cervical region, bilateral shoulder joints (left more than right), left knee joint, left thumb, and the index finger of the right hand. In 2019, following his return to India, he sought ayurvedic consultation and was initiated on internal medications, after which he experienced significant improvement with reduction in itching and scaling of the lesions. However, over the past one year, due to continued occupational exposure and a mixed diet, the skin lesions reappeared over the body with occasional itching. The lesions were described as circular, dry, white, scaly plaques of intermittent occurrence, with no history of oozing or discharge. At present, the patient also complains of persistent neck pain along with pain involving both major and minor joints. He was subsequently admitted to the Kayachikitsa inpatient department of Government Ayurveda Medical College Hospital, Tripunithura, on 3 march 2024 for further management.

Clinical Findings

Drug History

Daivobet ointment – E/A

Psoralin ointment – E/A

Cheluric capsule

Family History

Elder sister had History of psoriasis since 2 years

19 yr old son had footwear dermatitis, also excessive sweating of hands

14 yr old son has hair dandruff issues, c/o white powder flakes after scratching of scalp

History of Past Illness

Nil

comorbidities

H/O DLP Since 5years (under ayurvedic medicines)

Personal History

Bowel- Regular, once/day, occasionally hard stools
Appetite- Good

Micturition- Normal

Sleep- Sound

Addictions- Nil

Diet- Mixed

Breakfast - Appam, dosa, puttu veg curry, tea

Lunch- Rice, vegetable curry, chicken curry, fish curry

Dinner- Chappathi, porotta, vegetable curry, non veg curry

Habit- Nil

Allergy- on cold exposure lesions gets aggravated along with itching.

Mental stress- Present

General Examination: Normal

Systemic Examination

Integumentary System Examination

Inspection

- Distribution of lesions: Disseminated lesions predominantly involving the bilateral lower limbs and trunk, with moderate involvement of the bilateral upper limbs (Left > Right), abdomen, and scalp.
- Symmetry: Asymmetrical distribution.

Palpation

- Candle grease sign: Negative
- Auspitz sign: Positive

Morphology of Lesions

- Type of lesion: Erythematous, dry, whitish-grey scaly lesions.

- Primary lesions: Papules progressing to well-defined plaques.
- Secondary lesions: Scaling (marked), excoriation marks. due to scratching. No evidence of oozing, crusting, or purulent discharge.

Site and Distribution

- Predominantly involved areas: Bilateral lower limbs and trunk.
- Moderately involved areas: Bilateral upper limbs (Left > Right), abdomen, and scalp.
- Distribution pattern: Asymmetrical, disseminated involvement with predilection for extensor surfaces.

Number, Shape, and Color

- Number: Numerous, disseminated lesions
- Shape: Round to irregular
- Color: Whitish-grey plaques over erythematous base

Associated Symptoms

- Itching: +++ (severe), aggravated during night time and cold exposure
- Scaling: +++ (marked), with powdery flakes on scratching
- Burning sensation: Present on scratching

Associated Integumentary Findings

- Hair: Thinning and hair fall noted
- Nails: Nail pitting present, suggestive of psoriatic nail involvement

Table 1: Psoriasis Area and Severity Index (PASI) Score[13]

Body Region	Erythema (E)	Induration (I)	Desquamation (D)	Severity Score (E+I+D)	Area Involved (%)	Area Score	Weighting Factor	Regional PASI Score
Head	0	1	3	4	1–9	1	0.1	(4 × 1) × 0.1 = 0.4
Upper Limbs	1	1	3	5	30–49	3	0.2	(5 × 3) × 0.2 = 3.0
Trunk	1	1	3	5	50–69	4	0.3	(5 × 4) × 0.3 = 6.0
Lower Limbs	1	1	3	5	50–69	4	0.4	(5 × 4) × 0.4 = 8.0

Total PASI Score = 0.4 + 3 + 6 + 8 = 17.4

Severity Grade: Severe Psoriasis (PASI > 10)

Table 2: Locomotor System Examination

Joint	Inspection	Palpation	Range of Motion (ROM)
Cervical Spine	No deformity	Grade 2 tenderness	Flexion, extension, lateral flexion and rotation possible with pain bilaterally
Shoulder (right)	Normal	Grade 1 tenderness	Movements preserved with mild pain
Shoulder (left)	Swelling present	Grade 2 tenderness	Movements preserved with pain
Elbow (right)	Normal	Grade 1 tenderness	Flexion and extension possible
Elbow (left)	Swelling present	Grade 2 tenderness	Flexion and extension possible with pain
Knee (right)	Normal	Grade 1 tenderness	Flexion restricted; extension possible
Knee (left)	Swelling present	Grade 2 tenderness with warmth	Flexion and extension painful
DIP joints (right hand)	Swelling in 2nd & 3rd digits	Grade 2 tenderness	Movements possible with pain
DIP joints (left hand)	Normal	Grade 1 tenderness (1st & 2nd digits)	Movements possible

DAPSA Assessment at Admission

DAPSA (Disease Activity in Psoriatic Arthritis) scoring at admission showed a tender joint count of 10 and a swollen joint count of 5.[14] The patient pain VAS was 8/10 and patient global assessment VAS was 7/10. C-reactive protein level was 2.5mg/dL. The total DAPSA score was 32.5, corresponding to high disease activity.

Table 3: Timeline of Disease Progression and Complications

Year	Disease Progression and Complications
2005 (Age 23)	Migration to Gulf region for work; exposure to extreme climate and irregular diet (junk, spicy, non-vegetarian foods).
2006	Onset of papular lesions over forehead and scalp.
2006–2011	Gradual increase in scalp lesions with scaling; mistaken for dandruff; self-managed with shampoos and creams.
2011	Dermatology consultation; diagnosed with psoriasis; topical treatment gave temporary relief.
2013	Spread of lesions to lower back and lower limbs; transformation into dry scaly plaques.
2013–2017	Recurrent flare-ups triggered by cold exposure and diet; severe itching and burning (chronic plaque psoriasis established).
2018	Development of joint pain involving cervical region, shoulders, knee, and fingers (onset of psoriatic arthropathy – systemic complication).
2019	Initiation of ayurvedic treatment; significant reduction in itching and scaling.
2020–2023	Periods of remission with intermittent exacerbations (relapsing–remitting course).
2023–2024	Recurrence of lesions due to occupational exposure and diet; occasional itching.
3rd March 2024	Extensive plaque psoriasis with persistent joint pain and functional discomfort (established cutaneous disease with arthropathic complication). Admitted for ayurvedic inpatient management.

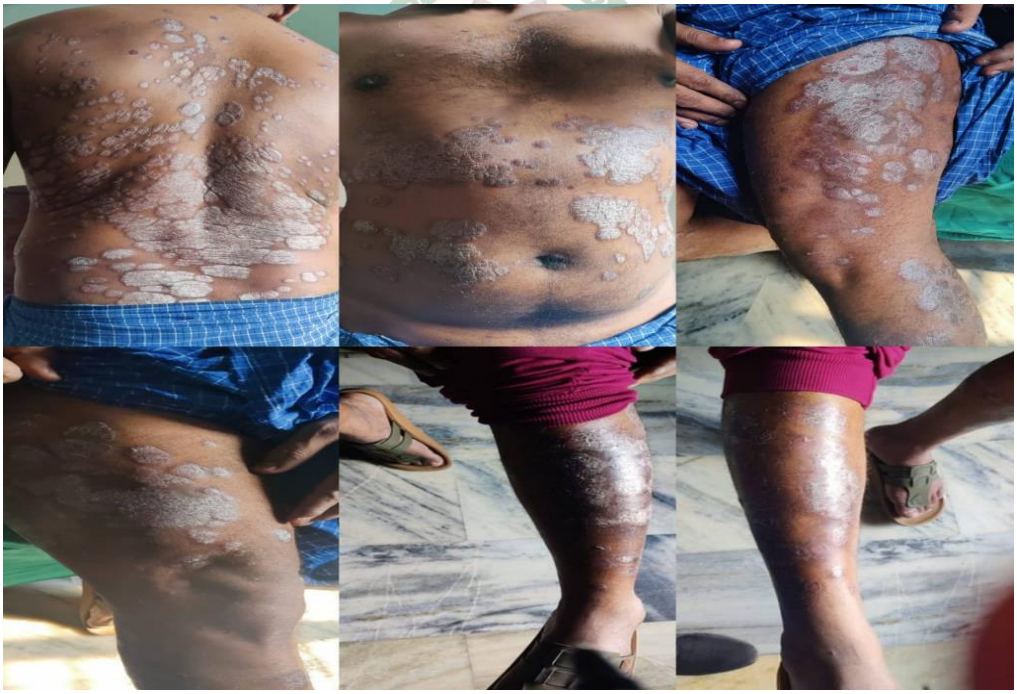

Figure 1: At time of admission

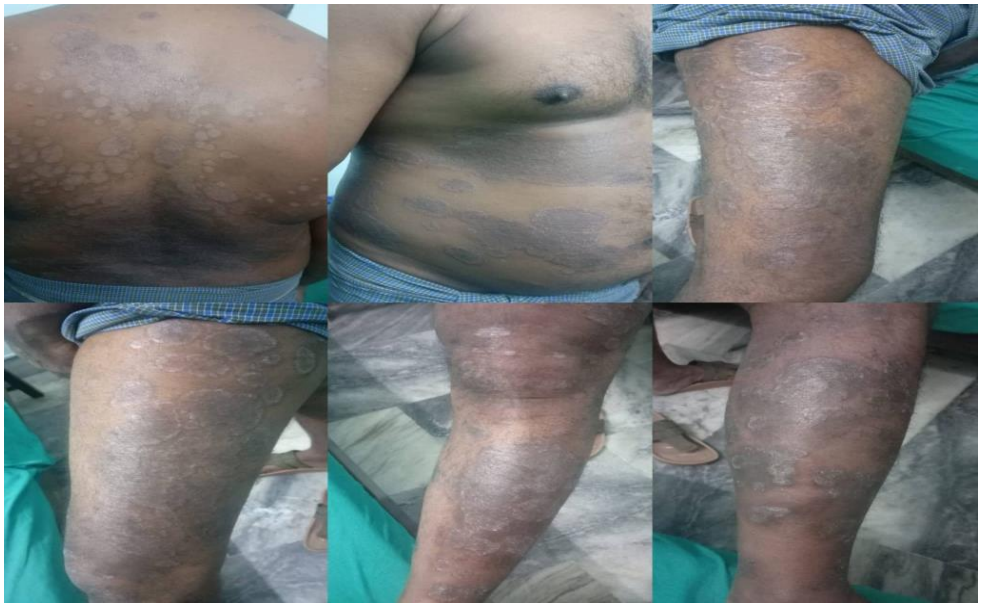

Figure 2: At time of discharge

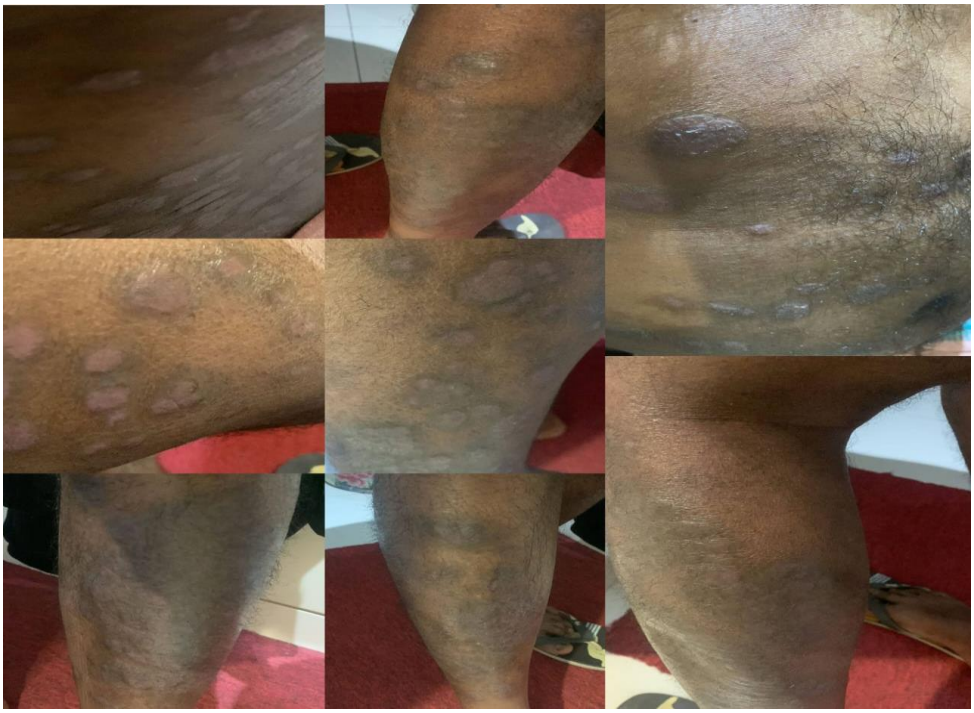

Figure 3: At time of follow up (after 2 months)

MATERIALS AND METHODS

Principle of management

Management was planned based on classical ayurvedic principles considering psoriasis as *kustha* with *tridosha* involvement, predominantly *Vata kapha* with *Rakta dushti*. The chronic relapsing course and joint involvement indicated deeper dhatu participation, necessitating a comprehensive approach. *Deepana pachana* was initially administered to correct *Agnimandya* and prepare the patient for *Shodhana*. Sequential *Shodhana* procedures including *Virechana*, *Vamana*, *Snehapana*, *Swedana*, and *Basti* were performed to eliminate vitiated *Doshas* and reduce systemic inflammation.

Post *Shodhana*, *Shamana* medications were given to maintain *Dosha* balance and control residual symptoms. *Takradhara* was included for relief of itching and mental relaxation.

Rasayana therapy was incorporated to address chronicity and prevent recurrence. *Tuvaraka rasayana* was used during the inpatient phase, followed by *Amrita bhallataka rasayana* as discharge medication to support tissue restoration and manage arthropathic complications.

Table 4: Management

Date	Internal medication	External medication	Remarks
3/03/2024	*Amruthotharam kashayam* 90ml tds b/f *Shaddharanam choornam* -5gm tds with *Kashayam* *Aragwadharishtam* 25ml tds a/f *Vilwadi lehyam* - 1 tsp hs	*Aragwadhadhi kashayadhara*- 6 days	Improved appetite and bowel movement, intensity of itching reduced
9/03/2024		*Virechana* with *Patolamooladi kashaym* 90ml – 7am empty stomach	5 Vegas passed *Virechana* contributed to reduction in erythema, burning sensation, and inflammatory component of lesions.
10/03/2024	*Peyadi karma* -3 days		
13/03/2024		*Achasnehapana* with *Guggulutikthaka ghrtha* starting from 30ml (*Hruseeyasimatra*) upto 200ml for 8 consecutive days as observing *Agni* and other signs.	*Samyak snigdha lakshanas* obtained on 8th day.
21/03/2024	-	*Abhyanga* and *Ushmasweda* with *Sudhadurvadi taila* for 1 day.	*Utkleshana aharas on evening*
22/03/2024		*Vamana* with *Nimba Kashaya* prepared with *Yashti*-15gm, *Indrayava*-15gm, *Madanaphala* -15gm (boiled in 800ml water reduced to 200ml) -100ml *Kashaya* + *Madanaphala-pippali choorna* – 5gm+ *Saindhava* –Quantity sufficient + Honey –Quantity sufficient	No. of *Vegas* – 7, no.of *Upavegas* – 10 marked reduction in itching, and heaviness of body was observed.
23/03/2024	*Peyadi karma* for -3 days		
26/03/2024		*Snehapana* with *Aragwadha Mahatikthaka ghritham* from dose 50ml to 200ml for 5 consecutive days.	*Samyak snigdha lakshanas* obtained on 5th day.
31/03/2024		*Abhyangam ushma swedam* – 3days	
03/04/2024		*Virechana* with *Patolamooladi kashaya choornam* – 10gm + 3 glass water boiled reduced to 1 glass – empty stomach 7 am	*4 Vegas* Patches and scales completely reduced by 60%
04/04/2024	*Peyadi krama* for 3 days		
7/04/2024	*Panchatikthakam kashayam* 90ml bd – 6am, 6pm *Guduchyadi kashaya panam* *Kaisora guggulu* 2 bd with *Kashayam* *Manibhadra gulam*- 10gm HS	*Takradhara* for 7 days – with *Musta, Puranadhatri, Nimbadi choornam*	*Śamana* drugs sustained the benefits of *Shodhana* and controlled intermittent itching., with *Takradhara,* there was a marked reduction in itching, along with improved mental

			calmness and better sleep.
14/04/2024	Morning medicines stopped	*Panchatikthaka ksheera vasti* for 3 days	*Basti* helped in alleviating arthralgia and further reduced lesion thickness.

Tuvaraka Rasayana

Tuvaraka taila was administered in gradually increasing doses on alternate days for five days, with *Seeta jala* as *Anupana*, on an empty stomach.

Table 5

Date	Dose	Remarks
18/04/2024	10ml	No. of *Urdha vegas* – 4 No. of *Adho vegas* -2 Patient felt slight tiredness
20/04/2024	10ml	No. of *Urdha vegas* – 2 No. of *Adho vegas* -2, patient was stable appetite improved
22 /04/2024	15ml	No. of *Urdha vegas* – 2 No. of *Adho vegas* -1, patient was stable and slightly tired
24/04/2024	18ml	No. of *Urdha vegas* – 2 No. of *Adho vegas* -2 Patient felt slight tiredness
26/04/2024	18ml	No. of *Urdha vegas* – 2 No. of *Adho vegas* -3 Patient was stable

Discharge medicines

Amrita bhallataka rasayana – 1 teaspoon in empty stomach (morning)- *Anupana* – warm milk – 2 months

RESULTS AND DISCUSSION

Table 6: Comparative PASI Score Assessment at Different Time Intervals

Body Region	Admission	Discharge	Follow-up
Head	0.4	0.2	0.1
Upper limbs	3.0	2.4	1.2
Trunk	6.0	4.8	3.6
Lower limbs	8.0	6.4	2.4
Total PASI score	17.4	13.8	7.3
Severity grading	Severe	Severe	Moderate

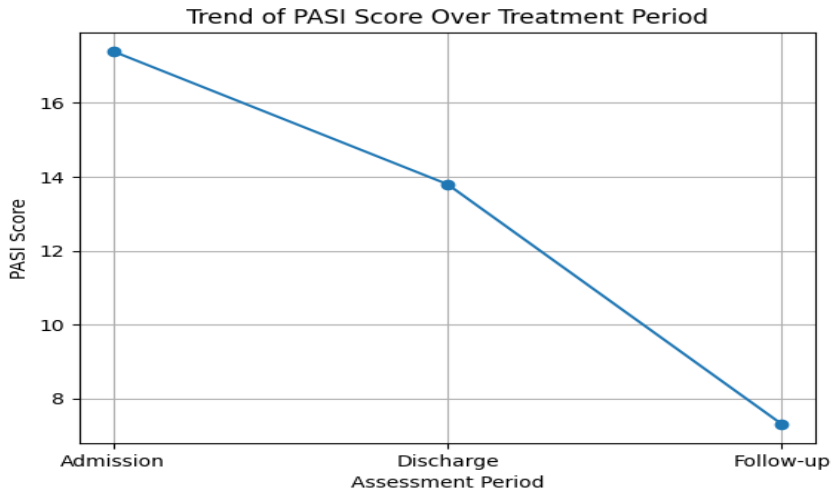

Figure 4

Table 7: DASPA Scoring at Different Time Intervals

DAPSA Domain	At Admission	At Discharge	At Follow-up
Tender Joint Count (68)	10	6	2
Swollen Joint Count (66)	05	01	0
Patient Pain VAS (0–10)	8	5	2
Patient Global Assessment VAS (0–10)	7	4	2
C-reactive protein (mg/dL)	2.5	1.5	0.5
Total DAPSA Score	32.5	17.5	6.5
Disease Activity Category	High disease activity	Moderate disease activity	Low disease activity

Plaque psoriasis is a chronic, immune-mediated inflammatory dermatosis characterized by erythematous plaques with silvery scaling and recurrent course. In Ayurveda, based on clinical presentation, chronicity, and pathophysiological involvement, the present case can be correlated with *Sidhma kuṣṭha*, a type of *Kṣudra kuṣṭha* described in classical texts.

Ayurvedic interpretation of disease (*Roga nirṇaya*)

The patient had a history of *Nidana sevana* such as improper dietary habits (*Viruddhahara, Guru Snigdha ahara,* excessive dairy intake), irregular food timings, and psychological stress. These factors are well known to vitiate *Kapha* and *Vata doṣas* and impair *Agni*, leading to *Rasa dushti*. As described in *Kuṣṭha Nidana*, the vitiated *Doṣas* circulate through *Rasavaha Srotas*, resulting in *Marga avaraṇa* and deposition of morbid *Doṣas* in the *Bahya rogamarga*, particularly *Tvak*.

Classically, *Kuṣṭha* involves *Tridoṣa* with predominance of specific *Doṣas* depending on the type. In *Sidhma kuṣṭha*, *Kapha vata pradhanya* is noted, with involvement of *Rasa* and *Rakta dhatus*, and associated *Tvak* and *Lasika dushti*. The presence of *Rukṣata*, *Sveta tamra varṇa*, *Alpa puya lasika*, and powdery scaling on scratching (*Ghṛṣṭe rajaḥ kiryate*) strongly supports this diagnosis.

Clinical Correlation with Plaque Psoriasis

The hallmark features of plaque psoriasis, well-demarcated plaques, erythema, induration, and desquamation, closely resemble the classical *Lakṣaṇas* of *Sidhma kuṣṭha*., predominant involvement of the *Urdhvakaya*, minimal oozing, chronic relapsing course, and dry scaling further strengthen this correlation. Thus, the present case was approached as *Sidhma Kuṣṭha vyadhi*, managed on classical *Kuṣṭha cikitsa* principles.

***Samprapti* (Pathogenesis)**

Nidana sevana resulted in *Agnimandya*, leading to formation of *Vikṛta rasa*. The vitiated *Kapha* and *Vata* obstructed normal *Rasa* circulation, causing *Rasa Marga Avaraṇa*. This impaired nourishment of the skin resulted in *Tvak vaiṣamya*, manifesting externally as dryness, scaling, discoloration, and induration. Chronicity of the disease suggests deeper *Dhatu* involvement, necessitating a comprehensive therapeutic approach.

Rationale and Outcome of Treatment Modalities

***Deepana pacana* and *Amapacana* phase**

Initial administration of *Deepana pacana* therapy using *Amṛuthotharam kaṣhaya*, *Shaḍdharaṇa curṇa*, *Aragwadharishtam*, and *Vilwadi lehya* was aimed at correcting *Agnimandya*, which is described in classical texts as the primary pathogenic factor in *Kuṣṭha*. According to *Charaka*, impaired *Agni* leads to the formation of *Vikṛta rasa*, resulting in further vitiation of *Doṣhas* and *Dhatus.* By enhancing digestive and metabolic fire, these formulations facilitated *Ama Nirharaṇa* and prepared the body for subsequent *Shodhana* Therapies.

In addition*, Aragwadhadi kaṣhaya dhara* was employed as a localized external therapy to address *Kapha pitta dushti* at the *Twak* level. *Aragwadha* possesses *Raktashodhana, Kuṣṭhaghna*, and *Kleda hara* properties, which help reduce scaling, itching, and inflammation. The *Dhara* procedure aids in softening lesions, improving skin circulation, and providing symptomatic relief, thereby complementing internal *Deepana pacana* measures. Clinically, this combined approach resulted in improved appetite, better bowel regularity, and a noticeable reduction in itching intensity, indicating effective correction of the underlying metabolic and cutaneous derangements.

***Virechana* (First Phase)**

Virecana karma with *Patolamooladi kaṣhaya* was administered considering the predominance of *Pitta rakta duṣhṭi*, which plays a crucial role in the pathogenesis of *Kuṣṭha*, particularly in conditions presenting with erythema, burning sensation, and inflammatory activity. *Patola* and associated drugs possess *Tikta rasa*, *Raktashodhana, Pittasamana*, and *Kuṣṭhaghna* properties, making them suitable for eliminating morbid *Pitta* and *Rakta doṣas* from the *Koṣṭha.* The attainment of an adequate number of *Vegas* indicated proper *Doṣa nirharaṇa* and effective *Virecana*. Clinically, this was reflected by a reduction in erythema, burning sensation, and inflammatory component of the lesions, thereby facilitating further

disease regression and preparing the patient for subsequent therapeutic interventions. And this initial purgation supports better assimilation of *Sneha* during the forthcoming *Snehapana*.

Snehapana* with *Guggulutiktaka ghṛita* & *Aragwadha mahatikthaka ghrita

Snehapana with *Guggulutiktaka ghṛita* was employed as internal oleation considering the chronicity of the disease, associated joint involvement, and the presence of deep seated *Doṣhas* in a *Dhatuleena Ama avastha*. In such conditions, classical texts emphasize *Snehapana* as the most appropriate intervention to dislodge morbid *Doṣhas* adhered to the *dhatus* and facilitate their mobilization towards the *Koṣṭha*. The *Sara* and *Sukṣhma guṇas* of *Ghṛita* enable deeper tissue penetration, ensuring effective *Doṣa utkleshana. Guggulutiktaka ghṛita*, was specifically selected as *Tikta rasa* alleviates *Pitta doṣa*, purifies *Rasa rakta dhatus*, and is classically indicated in *Kuṣṭha* with *Asthi sandhi* involvement.[15]

Prior to the second *Virechana, Snehapana* with *Aragwadha mahatikthaka ghṛita* was administered to specifically address residual *Pitta rakta duṣhṭi*, persistent scaling, and inflammatory activity. *Aragwadha mahatikthaka ghṛita*, owing to its *Tikta Kaṣaya rasa*, *Raktashodhana*, *Pitta samaka*, and *Kuṣṭhaghna* properties, facilitated effective *Utkleshana* of remaining morbid *Doṣhas* and enhanced the efficacy of subsequent *Virechana*. Attainment of *Samyak Snigdha lakṣaṇas* in both phases confirmed adequate oleation and readiness for *Shodhana*, contributing to marked clinical improvement.

Vamana Karma

Vamana karma using *Nimba kaṣhaya* processed with *Madanaphala, Yaṣṭimadhu*, and *Indrayava* was administered considering *Kapha pradhana kuṣṭha*, characterized by severe scaling, pruritus, and lesion thickening. Classical texts advocate *Vamana* as the prime therapy for *Kapha-dominant Kuṣṭha*, particularly when lesions are superficial yet widely disseminated.[16] *Nimba* possesses *Tikta kaṣaya rasa*, *Raktashodhana*, and *Kuṣṭhaghna* properties, while *Madanaphala* acts as a safe and effective *Vamaka dravya*; *Yaṣṭimadhu* protects the mucosa and mitigates irritation, and *Indrayava* enhances *Kapha* elimination. Attainment of an adequate number of *Vegas* and *Upavegas* Indicated proper *Doṣa Nirharaṇa*, which was clinically reflected by a marked reduction in itching, scaling, and plaque thickness.

Second *Virechana*

A second *Virechana karma* was performed using *Patolamooladi kaṣhaya* after achieving adequate *Snehapana* with *Aragwadha mahatikthaka ghṛita* and proper *Utklesa,* with the objective of eliminating residual *Pitta rakta doṣas* that persisted after initial *Shodhana*. Classical texts recommend repeated *Virechana* in chronic *Kuṣṭha* when features of *Rakta Pitta duṣhṭi* continue.[16] The *Tikta pradhana* formulation acts as *Raktashodhana, Pittashamana***,** and *Kushtaghna*, thereby addressing ongoing inflammation and scaling. Clinically, this intervention resulted in an approximate 60% reduction in patches and scales, indicating effective *Doṣa nirharaṇa* and enhanced therapeutic response.

Samana Cikitsa

Administration of *Panchatiktaka kaṣhaya*, *Guduchyadi kaṣhaya*, *Kaishora guggulu*, and *Manibhadra guḷa* was instituted as *Shamana* therapy to maintain *Doṣha* balance following *Shodhana* and to prevent disease relapse. The *Tikta pradhana* formulations act on *Rasa Rakta dhatus*, providing *Raktashodhana*, *Kuṣṭhaghna*, and *Pitta kapha shamaka* effects, while *Guduchi* and *Guggulu* contribute immunomodulatory and anti-inflammatory actions. *Kaishora guggulu* is classically indicated in *Kuṣṭha* and *Sandhi shoola*, addressing both cutaneous and joint manifestations, whereas *Manibhadra guḷa* facilitates mild *Virechana* and bowel regulation, preventing reaccumulation of *Doṣhas*.[17,18] Clinically, this regimen helped sustain lesion regression, control pruritus, and reduce the likelihood of recurrence during follow-up.

Takradhara

Takradhara was selected for its *Kapha pitta shamaka* and *Twak prasadana* properties, making it particularly suitable in *Kuṣṭha* associated with excessive scaling, pruritus, and mental stress. *Takra* is described as *Laghu* and *Rukṣha* in *Guṇa*, *Madhura amla rasa* with *Kaṣhaya anurasa*, *Uṣhṇa virya*, and *Tridoṣhahara*, and is known for its *Agnideepana* and *Lekhana* actions, which help reduce *Kapha* induced scaling and itching.[19] The procedure was performed using *Takra* processed with *Musta, Puraṇa amalaki,* and *Nimbadi Choorṇa*, which further enhanced *Kapha pitta shamana*, *Raktashodhana*, and *Kuṣṭhaghna* effects. Continuous *Dhara* produces a calming effect on the *manas* by modulating the *Manovaha srotas*, thereby reducing stress, a recognized precipitating factor in psoriasis. Clinically, the patient experienced a marked reduction in pruritus along with significant mental relaxation and improved sleep quality.

***Basti* Therapy**

Panchatikta ksheera vasti is mentioned in the *Siddhi sthana* of *Charaka Samhitha* with specific indication of *Kushta*.[20] It was administered considering the *Vata* involvement, associated *Sandhi shoola*, and chronic nature of the disease. *Vasti* is described as the *Ardha chikitsa* and is the treatment of choice for *Vata* predominant and chronic disorders. The *Tikta dravyas* act as *Raktashodhana* and *Kuṣṭhaghna*, while *Kṣhira* provides *Bṛṃhaṇa* and *Vata shamana,* counteracting excessive *Rukṣhata* produced by repeated *Shodhana*. Clinically, this intervention

resulted in reduction of joint pain, improvement in mobility, and helped in sustaining remission of cutaneous lesions.

Rasayana Therapies

Rasayana therapy was introduced to prevent relapse and improve *Dhatu bala.* Classical texts recommend *Rasayana* in chronic *Kuṣṭha* to restore tissue integrity and immunity. It acts by improving nourishment of skin and modulating abnormal immune responses. *Tuvaraka Rasayana* and *Amṛita bhallataka rasayana* were administered as *Uttara rasayana* therapy to address *Dhatu kṣhaya*, enhance *Vyadhi kṣhamatva*, and prevent disease recurrence in this chronic case of *Kuṣṭha*. Classical texts advocate *Rasayana* therapy following *Shodhana* to restore tissue integrity, correct metabolic derangements, and strengthen immunity. *Tuvaraka* aids in *Lekhana, Doṣa Shamana*, and *Kuṣṭhaghna* action, while *Bhallataka* is described as a potent *Deepana, Rasay*ana, and immunomodulator, particularly beneficial in chronic skin disorders. Clinically, this phase contributed to sustained remission, absence of new lesions, and overall improvement in skin texture during follow-up.

Amṛitabhallataka rasayana in Plaque psoriasis

Amrita bhallataka rasayana, described in the *Vajikarana adhyaya* of *Yoga ratnakara*, is traditionally indicated in long-standing diseases, debility, and conditions requiring deep metabolic correction and tissue rejuvenation.[12] The formulation primarily contains purified *Bhallataka* processed with supportive *Rasayana* and *Deepana-pachana* drugs, making it suitable for chronic disorders marked by *Agnimandya, Dhatu kshaya*, and recurrent morbidity.

Classically, it is attributed with properties such as *Bala Vardhana* (enhancement of strength), *Varna prasada* (improvement of complexion), *Medha vardhana* (cognitive support), and *Roga hara* (disease alleviation), along with the ability to counter chronic illness and promote longevity. These actions reflect its combined *Rasayana* and restorative potential at both systemic and tissue levels.

In the present case of chronic plaque psoriasis with arthropathic features, the disease can be understood as *Tridoshaja kushta* with predominance of *Vata-kapha* and *Rakta* involvement, showing *Dhatugata* progression and *Upadrava* formation. After appropriate *Shodhana* and interim *Rasayana* measures, *Amrita bhallataka rasayana* was administered as a discharge *Rasayana* for two months to consolidate therapeutic gains.

Bhallataka, with its *Deepana, Pachana, Lekhana*, and *Kusthaghna* properties, supports *Ama pachana, Srotoshodhana,* and reduction of *Kapha medohara* pathology, thereby helping to reduce plaque thickness, scaling, and chronic inflammation. *Amrita* provides *Rasayana*, *Tridosha shamana, Rakta-prasadana*, and immunomodulatory effects, supporting tissue recovery and disease resistance.

Clinically, its use was associated with sustained reduction in scaling, itching, and plaque activity, along with improvement in joint symptoms. This was objectively supported by reduction in PASI scores and a shift of DAPSA from high to low disease activity, indicating benefit in both cutaneous and arthropathic components. Thus, *Amrita bhallataka rasayana* in this case functioned as a maintenance *Rasayana* that aided metabolic correction, *Dhatu* nourishment, and prevention of recurrence, highlighting its relevance in chronic *Kushta* and its systemic complications.

Outcome Assessment

Clinical outcomes were assessed using the Psoriasis Area and Severity Index (PASI) for cutaneous involvement and the Disease Activity in Psoriatic Arthritis (DAPSA) score for arthropathic components.

The PASI score reduced from 17.4 at admission (severe disease) to 13.8 at discharge and further to 7.3 at follow-up, indicating a meaningful decline in lesion extent, erythema, scaling, and plaque thickness, with associated relief in pruritus.

Similarly, the DAPSA score showed progressive improvement from 32.5 (high disease activity) at admission to 17.5 at discharge and 6.5 at follow-up, corresponding to low disease activity. This reduction paralleled decreases in tender and swollen joint counts, pain intensity, and inflammatory markers.

Overall, the concurrent decline in PASI and DAPSA scores reflects improvement in both cutaneous and joint manifestations. Sustained symptomatic relief and the absence of major exacerbations during follow-up suggest effective disease control and reduced recurrence.

CONCLUSION

This case shows that a classical Ayurvedic protocol combining *Shodhana, Shamana*, and *Rasayana* therapies can yield significant improvement in chronic plaque psoriasis with arthropathic involvement. The approach addressed both skin lesions and joint symptoms.

Amrita bhallataka rasayana, appeared to support sustained remission, metabolic correction, and reduction in recurrence. Reductions in PASI and DAPSA scores objectively reflected improvement in both skin lesions and arthropathic involvement.

These findings suggest that *Rasayana* therapy, administered after proper purification, may be beneficial in the long-term management of chronic *Kushta* like disorders.

Patient Perspective

I had been suffering from skin lesions, itching, and joint pain for many years. The disease kept coming back despite using different ointments. After

undergoing Ayurvedic treatment, especially the cleansing therapies and medicines, my itching and scaling reduced significantly. My joint pain also improved, and I feel better physically and mentally. I am satisfied with the treatment and hopeful that the disease will not return as before.

Informed Consent

Informed consent was obtained from the patient for publication of de-identified medical information.

REFERENCES

1. Griffiths CEM, Barker JNWN. Pathogenesis and clinical features of psoriasis. Lancet. 2007; 370(9583): 263-271.
2. Boehncke WH, Schön MP. Psoriasis. N Engl J Med. 2015; 373: 731-743.
3. Sharma RK, Dash B. Agnivesa's Caraka Samhita. Vol 2. Varanasi: Chowkhamba Sanskrit Series Office; 2015. Ch. 5, p. 67–71.
4. Murthy KRS, trans. Illustrated Sushruta Samhita. Vol 1. Varanasi: Chaukhambha Orientalia; 2017. p. 494.
5. Armstrong AW, Harskamp CT, Armstrong EJ. Psoriasis and metabolic syndrome: a systematic review and meta-analysis. J Am Acad Dermatol. 2013; 68(4): 654–662.
6. Murthy KRS, trans. Illustrated Sushruta Samhita. Vol 1. Varanasi: Chaukhambha Orientalia; 2017. p. 500.
7. Sharma RK, Dash B. Caraka Samhita. Vol. 3. Varanasi: Chowkhamba Sanskrit Series Office; 2015. p. 329.
8. Sharma RK, Dash B. Caraka Samhita. Vol. 2. Varanasi: Chowkhamba Sanskrit Series Office; 2015. p. 75
9. Murthy KRS. Susruta Samhita. Vol. 1. Varanasi: Chaukhambha Orientalia; 2017. p. 501
10. Sharma RK, Dash B. Caraka Samhita. Vol. 3. Varanasi: Chowkhamba Sanskrit Series Office; 2015. p. 8
11. Murthy KRS. Astanga Hrdayam. Vol. 2. Varanasi: Chowkhamba Krishnadas Academy; 2021. p. 160.
12. Suresh Babu MS, editor and translator. Yoga Ratnakara. Vol. II (Uttarardha). Banaras Ayurveda Series 7. 1st ed. Varanasi: Chowkhamba Sanskrit Series Office; 2008. Vajikarana Adhyaya, Amritabhallataka paka; p. 1231–1232.
13. Schmitt J, Wozel G. The Psoriasis Area and Severity Index is the adequate criterion to define severity in chronic plaque-type psoriasis. Dermatology. 2005; 210(3): 194–199.
14. Healy PJ, Helliwell PS. Measuring clinical disease activity in psoriatic arthritis: comparative validity of six composite indices in a clinic cohort. Arthritis Care Res (Hoboken). 2008; 59(5): 648–655.
15. Murthy KRS. Astanga Hrdayam. Vol. 2 (Nidana–Chikitsasthana–Kalpasiddhi). Varanasi: Chowkhamba Krishnadas Academy; 2021. Chikitsasthana, Ch. 21, p. 508.
16. Sharma RK, Dash B. Caraka Samhita. Vol. 3 (Chikitsasthana). Varanasi: Chowkhamba Sanskrit Series Office; 2015. Chikitsasthana, Kushta Chikitsa, p. 329.
17. Sharangdhara. Sharangdhara Samhita. Acharya Shastri R, editor. Varanasi: Baidyanath Ayurveda Bhawan Prakashan; 2012. Madhyama Khanda, Chapter 7, verses 70-81.
18. Sharma RK, Dash B. Caraka Samhita. Vol. 3 (Chikitsasthana). Varanasi: Chowkhamba Sanskrit Series Office; 2015. Chikitsasthana, Kushta Chikitsa (Ch. 7), p. 477.
19. Sharma RK, Dash B. Caraka Samhita. Sutra Sthana, Takra Varga (Chapter 27). Varanasi: Chowkhamba Sanskrit Series Office; 2014. p. 601–603.
20. Sharma RK, Dash B. Caraka Samhita. Vol. 6 (Kalpa-Siddhi Sthana). Varanasi: Chowkhamba Sanskrit Series Office; 2015. Siddhi Sthana, p. 311.

Cite this article as:
Arjun Raj A, Manila M, Sunil John Thykkattil. Amrita Bhallataka: A Powerful Ally in Plaque Psoriasis and its Complications Management. International Journal of Ayurveda and Pharma Research. 2026;14(2):32-43.
https://doi.org/10.47070/ijapr.v14i2.3986
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Arjun Raj A
PG Scholar
Department of Kayachikitsa,
Government Ayurveda college
Tripunithura, Kochi, Kerala.
Email: drarjunraja@gmail.com