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Case Study

HOLISTIC AYURVEDIC MANAGEMENT OF PSORIASIS WITH SPECIAL REFERENCE TO *EKA KUSTHA*

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ABSTRACT

Psoriasis is a chronic, autoimmune, inflammatory skin disorder characterized by erythematous, well-demarcated papules and plaques covered with silvery scales, commonly affecting the elbows, knees, scalp, and gluteal cleft. As a visible skin condition, it often leads to psychological distress, including depression and social isolation. A 52-year-old male patient presented with brownish, silvery patches on his back associated with itching and irritation for past two years with no relevant family history. He was diagnosed case of plaque psoriasis. The symptoms get aggravated during the cold season. In Ayurveda psoriasis can be correlated with *Eka Kustha* having resemblance with its sign and symptoms. *Eka Kustha* is a type of *Kshudra Kustha* predominantly caused by the vitiation of *Vata* and *Kapha doshas*. Management was planned based on Ayurvedic principles after proper evaluation of patient. Treatment protocol with *Shamana Ausadhis* like *Trikatu Churna, Panchatikta Ghrita*, *Aragyavardhani Vati*, *Gandhaka rasayana*, *Kaishore Guggulu, Khadirarishtam, Multani Mitti lepana,* local application of *Brihat Dhantaphala Thailam* along with *Pathya* and *Apathya* were instructed. Significant improvement was observed in both subjective parameters- *Vaivarnatwa* (discolouration of skin) and *Kandu* (pruritus/itching). The objective parameter was assessed using the PASI score before and after treatment. Before treatment the PASI score was 6.5 which subsequently got reduced to 1.04 after the treatment, hence the percentage of improvement was 84%. This treatment protocol can be taken into further consideration for the management of macular amyloidosis which is effective and therapeutically safe.

INTRODUCTION

Psoriasis is one of the most common dermatologic diseases affecting up to 1% of the world's population. It is a chronic inflammatory skin disorder clinically characterized by erythematous sharply demarcated papules, covered by silvery micaceous scales. Traumatized areas often develop lesions of psoriasis. Additionally other external factors may exacerbate psoriasis including infections, stress and medications. There is main five types of psoriasis: plaque, guttate, inverse, pustular and erythrodermic.[1]

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Signs: These may include Auspitz's sign - pin point bleeding is seen when scale is removed and Koebner phenomenon– psoriasis skin lesions induced by trauma to the skin.[2]

Epidemiology: Psoriasis is estimated to affect 2-4 % of the population in the West and 1% all over the world. The rate of psoriasis varies according to age, gender, region and ethnicity, a combination of environmental and genetic factors is thought to bro responsible for these differences. Psoriasis effects both sexes.[3]

Ayurvedic Descriptions: In Ayurvedic texts there is wide description of skin disorders described under an umbrella term "*Kustha*". *Ekakustha* has been described vividly under *Kshudra Kustha*. Acharya Charaka has described *Eka Kustha* in *Kustha Chikitsa Aadhaya* in *Chikitsa Sthana*[4]. The main clinical features of "*Eka Kustha*" are –

- *Aswedanam*– Absence of sweating. The patchy area which is having the distribution over the skin is devoid of perspiration.
- *Mahavastu*– Lesions extended to huge area. The area of distribution is generally large. generally, extensor surface is mainly affected.
- *Matshyashaklopama*– Skin scales resemble to the scales of the fish, flaky and white-pinkish in colour.

All of these clinical features like presentation, area of distribution and nature lesion are very much similar to that of plaque psoriasis. Owing to this fact *Kustha nashak chikitsa* was given after evaluating the *Avastha* (state) of *Dosa* and *Dusya*.

AIM

To evaluate the role of *Samshamana Karma* (Alleviating therapy) in management of *Eka Kushta.*

MATERIALS AND METHOD

Case Information: A 52-year-old male patient came to the Outpatient Department of the Kayachikitsa department of our institute in May 2025 with chief complain having brownish, silvery patches on the back associated with itching and irritation for past two years. The itching gets aggravated during the cold season. He had previously been treated with allopathic medications at a local hospital, which provided mild symptomatic relief.

On thorough evaluation and physical examination, the skin lesions showed absence of perspiration, extensive distribution, and scaling resembling to fish scales. These features clinically resembled with *Eka Kustha* as described in Ayurveda and in modern parlance we correlate its sign and symptoms with plaque psoriasis. Prior to the initiation of treatment, both *Ashtavidha* (Eight-fold examinations) and *Dashavidha* (Ten-fold examinations) *Rogi Pariksha* (examinations of patient) were conducted.

History of Present Illness: The patient was asymptomatic 2 years ago, gradually he developed white plaque patches over back. He took allopathic medicine but couldn't get much relief, so he came to our hospital at Kayachikitsa OPD.

History of Past Illness: Took anti-histaminic drugs along with steroid based emollient cream for local application.

Addiction: No such

Family History: No such

Occupation: Daily labour at iron factory

Clinical Findings

Table 1: Integumentary System Examination[5]

Nature of Eruption	Flaky, brownish-silvery, scaly lesion over the back.
Distribution	Asymmetrical
Surface	rough and irregular. no discharge from the lesion.
Site of eruption	Back
Margin	Irregular

Table 2: General Examination

Mental Status	Allert, conscious and oriented
Weight	76 kg
Height	5 feet 7 inch
Facies	Anxious
Clubbing	Absent
Pallor	Not present
Jaundice	Not present
Cyanosis	Not present
Oedema	Not present
Built	Moderate

Table 3: Vital Parameters

Pulse	74 beats / minute
Blood Pressure	124/86 mm of hg
Respiratory Rate	17 breaths / minute
Temperature	98°F

Table 4: *Ashtavidha Pariksha* (Eight-fold examinations)[6]

Nadi	*Vata-kaphaja*
Mala	*Baddha* (constipated)
Mutra	*Isat-Pita Varna* (slight yellowish in colour), 5-6 times / day)
Jihva	*Sama* (coated)
Sabda	*Sphashta* (clear)
Sparsha	*Khara* (rough)
Drik	*Prakrit* (normal)
Akriti	*Madhyam* (medium)

Table 5: *Dasavidha Pariksha* (Ten-fold examinations)[7]

Prakriti	*Vata-Pittaja*
Vikriti	*Vata-Kaphaja*
Sara	*Medasara*
Samhanana	*Madhyama* (medium)
Pramana	*Madhyama* (medium)
Samyata	*Tri rasa Samya* (three taste predominant)
Sattva	*Avara* (dull)
Ahara Shakti	Both *Abhyabharana* and *Jarana Shakti* are *Madhyama*
Vaya	*Madhyama*

Subjective Parameters: *Vaivarnatwa* (discolouration in skin) and *Kandu* (pruritus / itching).

Objective Parameter: PASI Score

Treatment

Internal medications

For first 10 days

Trikatu Churna – 3gm twice a day 1 hour before meals with lukewarm water for first 10 days. After 10 days of *Deepana* and *Pachana* other medications were advised.

For last 20 days

- *Panchatikta Ghrita*– 15ml at empty stomach every day with lukewarm water after intake of *Ghrita* and was advised not to take any by mouth till the digestion of *Ghrita.*
- *Aragyavardhani Vati* 125mg + *Gandhaka rasayana* 250mg– 1 dose twice a day after both lunch and dinner with *Madhu* (honey) 10 drops.
- *Kaishore Guggulu*– 250mg twice a day after breakfast and evening snacks with lukewarm water.
- *Khadirarishtam*– 25ml twice a day after 1/2 hour of both major meals with 25ml of room temperature water.

These medications were followed orally along with some external applications.

External Applications

1. *Multani Mitti: Multani mitti* was taken in a handful amount of 15-20gm and mixed with lukewarm water. After making a thick paste it applied all over the lesion before bath and kept for 30 minutes. After 30 minutes wash the area with lukewarm water.
2. *Brihat Dhantaphala Thailam:* Locally applied in amount of 10-15ml all over the lesions after bath.

***Pathya* and *Apathya* (Dietetics)**

Table 6: *Pathya* [9] (Wholesome diet)

Aahara	*Laghu bhojana* (light digestive foods), *Tikta rasa sevana* (taking bitter foods), *Mung* (green gram) and *Masoor Daal* (red lentil), *Ghrita* (clarified butter), *Nimba* (*Azadirachta indica*), *Haridra (Curcuma longa*), *Amalaki* (*Emblica officinalis), Jangala Mamsa* (animal meat of dry arid regions).
Vihara	*Laghu Vyama* (light exercises), *Snana* (bathing), *Abhyanga* (oil massage)

Table 7: *Apathya* (Unwholesome diet)

Aahara	*Viruddha aahara* (contradictory foods), excessive intake of *Vidahi* (fried foods), *Abhishandi dravya* (curd), excessive *Lavana* and *Amla rasa* (salt and sour foods).
Vihara	*Divaswapna* (day time sleeping), *Vega Dharana* (holding urge of urine and faeces).

RESULTS

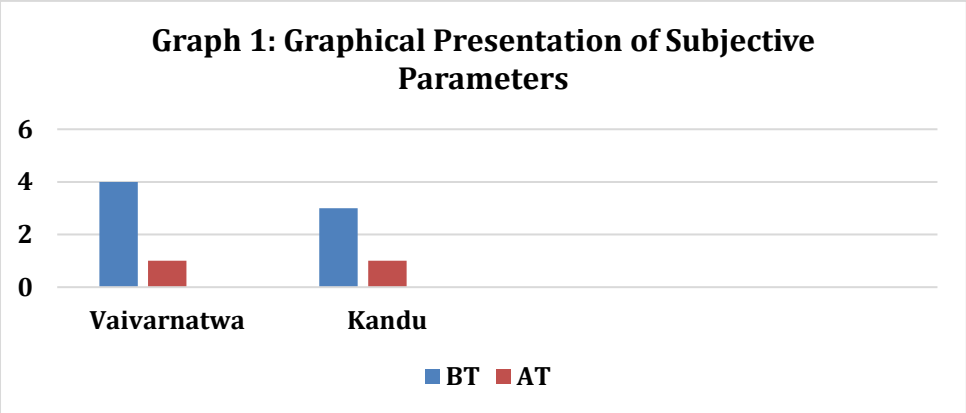
Patient was evaluated and observed weekly in 'Out-patient facility' after one month of continuous internal and external medications these things are noted:

- Skin irritation diminished.
- The scaly parts were not there over the skin.
- Patches looked normal.
- Presence of sweat of the lesion area.

Changes in the Subjective Parameters: After the treatment both *Vaivarnatwa* (discolouration of skin) and *Kandu* (pruritus) significantly reduced.

Table 8: Changes in Subjective Parameters

Complain	Before Treatment	After Treatment
Vaivarnatwa	++++	+
Kandu	+++	+



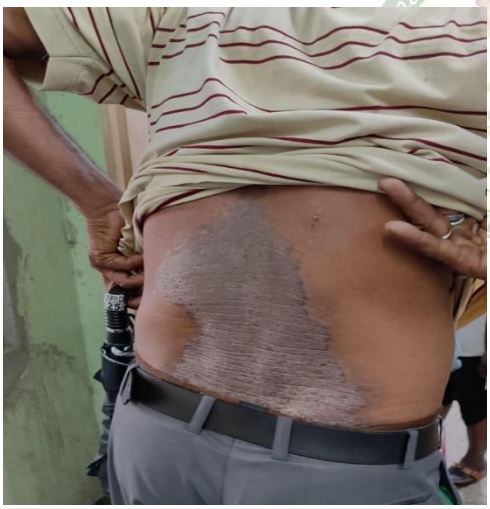


Figure 2 a: Pictorial Presentation before treatment

Figure 2 b: Pictorial Presentation after treatment

PASI Score: Pasi score[8] is a tool used to measure the severity and extent of psoriasis.

PASI is an acronym for psoriasis area and severity index. Completing a PASI score takes a few minutes and experience to calculate it accurately. Scoring system and chart is given below.

Scoring before treatment

Table 9: PASI score before treatment

Plaque characteristic	Lesion score	Head	Upper limbs	Trunk	Lower limbs
Erythema	0- None 1- Slight 2- Moderate 3- Severe 4- Very severe		1	2	
Induration/Thickness			2	1	
Scaling			2	2	

Lesion score sum (A)		5	5	

Table 10: PASI score before treatment

Percentage area affected	Area score	Head	Upper limbs	Trunk	Lower limbs
Area Score (B) Degree of involvement as a percentage for each body region affected (score each region in between 0-6)	0 = 0% 1 = 1% - 9% 2 = 10% - 29% 3 = 30% - 49% 4 = 50% - 69% 5 = 70% - 89% 6 =90%- 100%		2	2	
Multiply Lesion Score Sum (A) by Area Score (B), for each body region, to give rise the subtotals (C).					
Subtotals (C)			10	10	
Multiply each of the Subtotals (C) by amount of body surface area represented by that region, i.e. x 0.1 for head, x 0.2 for upper body, x 0.3 for trunk, and x 0.4 for lower limbs					
Body surface area	X0.1	X0.2	X0.3	X0.4	
Totals (D)		10 X 0.2 = 2	10 X 0.3 = 3		

Findings before treatment

Table 11: Findings before treatment

Plaque Characteristics	Head	Upper limbs	Trunk	Lower limbs
Erythema	0	1	2	0
Induration/thickness	0	2	1	0
Scaling	0	2	2	0
Area Score	0	2	3	0

Scoring after treatment

Table 12: Findings after treatment

Plaque characteristic	Lesion score	Head	Upper limbs	Trunk	Lower limbs
Erythema	0- None 1- Slight 2- Moderate 3- Severe 4- Very severe		0	0	
Induration/Thickness			1	1	
Scaling			1	1	
Lesion score sum (A)			2	2	

Table 13: Findings after treatment

Percentage area affected	Area score	Head	Upper limbs	Trunk	Lower limbs
Area Score (B) Degree of involvement as a percentage for each body region affected (score each region in between 0-6)	0 = 0% 1 = 1% - 9% 2 = 10% - 29% 3 = 30% - 49% 4 = 50% - 69% 5 = 70% - 89% 6 = 90% - 100%		2	2	
Multiply Lesion Score Sum (A) by Area Score (B), for each body region, to give rise the subtotals (C).					

Subtotals (C)		4	4	
Multiply each of the Subtotals (C) by amount of body surface area represented by that region, i.e. x 0.1 for head, x 0.2 for upper body, x 0.3 for trunk, and x 0.4 for lower limbs				
Body surface area	X0.1	X0.2	X0.3	X0.4
Totals (D)		4 X 0.2 = 0.8	4 X 0.3 = 1.2	

Findings after treatment

Table 14: Findings after treatment

Plaque Characteristics	Head	Upper limbs	Trunk	Lower limbs
Erythema	0	0	0	0
Induration/thickness	0	1	1	0
Scaling	0	1	1	0
Area Score	0	0.8	1.2	0

Scoring Comparison

Table 15: Scoring comparison before and after treatment

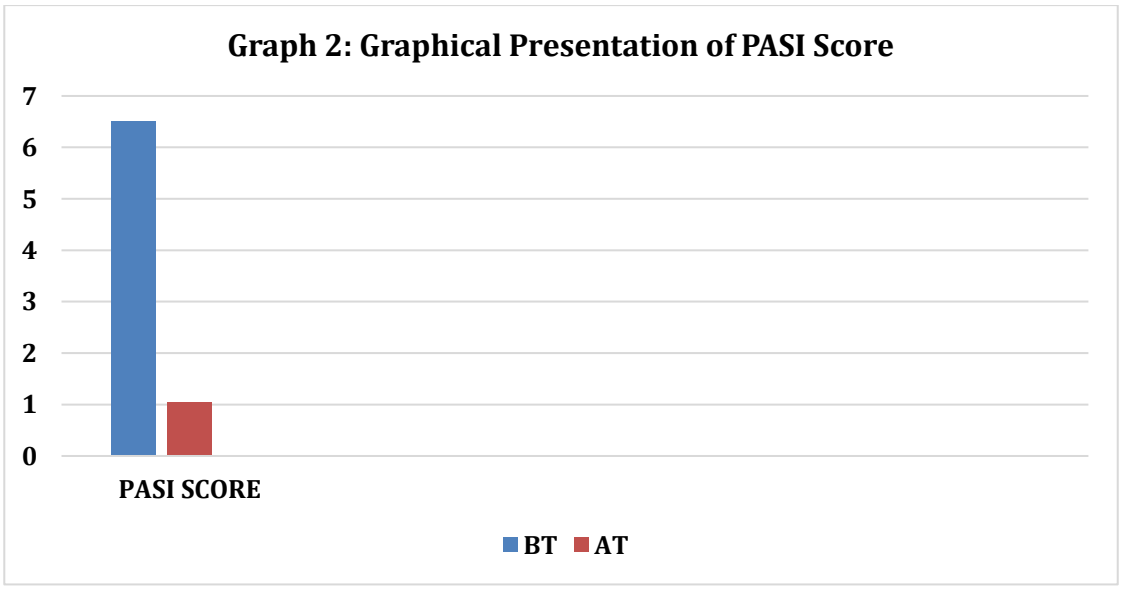
Plaque characteristic	BT (upper limb + trunk)	AT (upper limb + trunk)
Erythema	1 & 2	0 & 0
Induration/thickness	2 & 1	1 & 1
Scaling	2 & 2	1 & 1
Area Score	2 & 3	0.8 & 1.2

Pasi score calculation formula[8] = 0.1(Eh + I h+ Dh) Ah+ 0.2(Eu +I u +Du) Au + 0.3 (Et + I t + Dt) At + 0.4(E l + I l + Dl) Al; Erythema(E), Induration (I), Desquamation / Scaling (D), Area (A), Head (h), Upper limb (u), Trunk (t), Lower limb (l)

Add together each of the scores for each body region to give the final PASI Score

Table 16: PASI Score Before and After Treatment

	BT	AT
PASI score	6.5	1.04



DISCUSSION

Trikatu contains *Pippali (Piper longum), Marich (Piper nigrum), Sunthi (Zingiber officinale)*. *Trikatu* has *Katu Rasa* (pungent taste), *Ushna Veerya* (hot potency), *Laghu* (light), *Ruksha* (dry), *Deepana* (stimulating), *Kapha-Vatahara* property and *Amapachaka* (digestive) effect. By virtue of above-mentioned properties, it regulates the function of *Agni*[9].

According to Bhaisajya Ratnavali *Panchatikta Ghrita* contains *Patola (Trichosanthes dioica), Saptachchada (Alstonia scholaris), Nimba (Azadirachta indica), Vasa (Adhatoda vasica), Guduchi (Tinospora cordifolia)*. As *Prakshepa dravya triphala (Haritaki– Terminalia chebula, Vibhitaki– Terminalia bellerica, Amlaki– Embelica offecinalis)* are added with it[10]. All the drugs are *Tikta* (bitter) and *Kasaya* (astringent) *Rasa Pradhan* and in simultaneous action it acts as *Tridosaghna* (pacifies all three *Dosas*), *Kondughna* (reduces itching). *Arogyavardhini vati*[11] is an effective formulation mentioned in the context of *Yakrit vikara* (liver diseases) and *Kushta roga* (skin diseases). It promotes *Arogya* (good health). It is said to be *Sarvarogahara* (cures all diseases) as it balances the *Tridosa* (*Vata-pitta-kapha*). Its main ingredients constitute *Katuki (Pichrorhiza kurrora), Amalaki (Emblica officinalis), Haritaki (Terminalia chebula), Vibhitaki (Terminalia bellerica), Nimba (Azadirachta indica), Eranda (Ricinus communis), Guggulu (Commiphora mukul), Silajatu* (mineral pitch), *Suddha Parad* (purified mercury), *Suddha Gandhak* (purified sulphur), *Lauha Bhasma* (calcined iron), *Abhraka Bhasma* (calcined mica), *Tamra Bhasma* (calcined copper). It has significant *Kustha-nashak* (effective in skin diseases), *Medo-dosa hara* (lipolytic), *Yakrit-vikara nashak* (hepato-protective), *Jirna Jvara nashak* (useful in chronic fever) and *Ama visa nashak* (detoxicating in nature) action. In general, it has anti-inflammatory, anti-septic and rejuvenating property.

Guduchyadi Taila with its principal ingredients *Guduchi (Tinospora cordifolia), Tila taila* (sesame oil), *Go-dugdha* (cow milk), *Ashwagandha (Withania somnifera)*, *Vidari Kanda (Pureria tuberosa), Kakoli (Roscoea purpurea)* and *Kshirakakoli (Lilium polyphyllum)*. All of them have anti-inflammatory and anti-histaminic properties, thus play a major role in management of diseases like *Kushta- Vicharchika-Gatra-kandu*. *Kaishore guggulu* containing *Triphala, Giloy* and *Guggul* were used. *Triphala* acts as *Vibandha-Nashak, Rakta-shodhak* and expel out the *Mala* which accumulates in the *Srothas* (channels) and help in the breaking of pathogenesis of *Kustha roga*.

Kaishore guggulu balances *Pitta* and *Kapha*, particularly when it affects musculoskeletal system. Its main ingredients– *Guduchi (Tinospora cordifolia), Triphala (Haritaki– Terminalia chebula, Vibhitaki– Terminalia bellerica, Amlaki– Embelica offecinalis)* and *Trikatu (Pippali -Piper longum, Marich-Piper nigrum, Sunthi- Zingiber officinale)*– when combined with *Guggulu (Commiphora mukul)*, create a detoxifying and rejuvenating combination aimed primarily at removing deep-seated *Pitta* from the tissues[12]. *Guggulu* exudate is obtained in the form of oleo gum resin from the stem of the plant *Commiphora mukul (Hook. ex.).* The pharmacological properties of *Guggulu* in Ayurveda are *Tikta* (bitter) in *Rasa*, *Laghu* (light) in *Guna* (property), *Ushna* (hot) in *Virya* (potency) and *Katu* (pungent) in *Vipaka.* Pharmacological action of *Guggulu* as described in Ayurveda is *Brimhana* (corpulent), *Kaphavatahara* (reduces *Kapha* and *Vata*), *Pittala* (increases *Pitta*), *Vrishya* (aphrodisiac), *Lekhana* (reduce fat), *Deepana* (increases gastric enzyme) and *Balya* (provides strength). Therapeutic indications of *Guggulu* are multiple according to different Ayurvedic classical textbooks such as *Sthaulya* (obesity), *Vata Vyadhi* (diseases of nervous system), *Amavata* (rheumatoid arthritis), *Vidradhi* (abscess), *Udara Roga* (abdominal disorders), *Vatarakta* (gouty arthritis), *Shopha* (oedema), *Puti Karna* (otitis media) and *Vrana* (ulcer). An active compound, 5(1-methyl, 1-aminoethyl-5-methyl-2-octanone), *Guggulu* gum also showed significant antibacterial activity against gram-positive bacteria and moderate activity against gram-negative bacteria.[13,14]

Khadirarishtam is useful in *Sarvakushta* (all types of skin ailments) including psoriasis.[15] Different ingredients of *Khadirarishtam* have proven efficacy in psoriasis and work through different modes of action. *Khadira* (*Acacia catechu* Willd.) has immuno-modulatory, anti-inflammatory, and antioxidant properties that can play a beneficial role in autoimmune and chronic inflammatory conditions like psoriasis.[16] As psoriasis is a product of cytokine storm, *Khadira* can control the secretion of pro-inflammatory cytokine tumour necrosis factor-alpha (TNF-α) by increasing the secretion of interleukin-10, which augment the proliferation of β cells, thymocytes, and mast cells[17]. *Daruharidra* (*Berberis aristata* DC.) possesses anti-inflammatory properties and showed anti-psoriatic action in experimental animals.[18] *Bakuchi (Psoralia corylifolia* Linn*.)* is also known as *Kushtanashini* (heals all skin diseases), has immunomodulatory, anti-inflammatory, antioxidant, anti-psoriatic, anti-leprotic, and antibacterial properties. It acts through regulating multiple pathways to correct the pathophysiology of chronic skin ailments.[19] *Dhataki pushpa* (*Woodfordia fruticosa* Kurz.) contains various phytochemicals in its ethanolic extract and showed anti-psoriatic potential by its multi-target mechanism.[20]

The potent ingredient of *Gandhak Rasayana*[21] is *Gandhak* which is elemental sulphur. It performs tissue remodeling by activation of fibroblast and by modulation of the proteins involved in the remodeling[22]. It regulates the melanocyte cells. It has potent *Kandughna* (reduces itching), *Kusthaghna* (cures skin diseases), *Visarpahara* (cures erysipelas), *Dipta-Anala* (increases digestive fire) and *Pachaka* (carminative) properties, which makes it very much effective in *Twak-vaivarnyata* (skin-discolouration). *Multani mitti* is also known as Fuller's Earth, already popular in South Asia as a home remedy substance. For ages, it has been used as a cleanser for skin and hair in this region of the world. Any clay material that has the potential to decolourize oil or liquids without the use of chemicals is known as *Multani mitti*[23]. *Multani mitti* is a clay named after the town of Multan in pre-partitioned India, which is currently in Pakistan. Multani mitti is clay made up of primarily aluminium Silicate with trace amounts of other impurities. The composition varies according to the region from where it is mined. This clay consisting of SiO_2- 47%, Al_2O_3– 23.3%, Fe_2O_3– 6.95%, CaO– 2.9%, MgO traces. *Multani mitti* is non-plastic clay that contains enough water[24]. It nourishes the skin, hydrates the cracked skin and reduces the shedding of the skin.

The main ingredients of *Brihat Dhanta phala thailam* are *Swetha Kutaja* (*Wrightia tinctoria*), *Jyothishmati* (*Celastrus paniculatus*), *Bakuchi* (*Psoralea corylifolia*), and coconut oil base (*Cocos nucifera*). Being oil preparation external application of *Brihat Dhanta phala thailam* pacify *Vata* and *Kapha dosha* (main *Doshas* in *Eka kustha*).

The ingredients of *Brihat Dhantaphala thailam* are *Sweta-kutaja, Bakuchi, Jyotishmati, Narikela thailam* are also having *Pitta shamak* (pacifies aggravated *Pitta dhatu*), *Kusthaghana* (cures skin diseases) and *Kandughana* (reduces itching) properties. *Sweta-kutaja* (*Wrightia tinctoria*) extracts possess superior anti-psoriatic activity than betamethasone and retinyl acetate (vitamin A topical formulation). Its extract stimulates the production of collagen in human skin to relieve psoriasis symptoms. Collagen plays a vital role in providing strength, structure and durability to the skin. It maintains the skin elasticity and tightness- helps in restoration and replacement of dead skin cells also. The phytochemicals (flavonoids, saponins and beta-sitosterol) illustrate potent anti-inflammatory properties. Flavonoids slow down the production of helper T-cells which in turn slow down the release of inflammation inducing chemicals (cytokines) to relieve skin inflammation.[25] *Bakuchi* (*Psoralea corylifolia L.*) also called as *Somaraji* is a classical pharmacopeial drug extensively used in treating *Kushtha* (skin diseases) and *Shvitra* (white discolouration of skin) and in various skin conditions.[26] Its properties include *Madhura* (sweet) and *Tikta* (bitter) tastes along with *Laghu* (light), *Ruksha guna* (dry in nature) and *Katu vipaka* (pungent in digestion). These attributes of *Bakuchi* contribute to its *Deepana* (increases digestive fire)*, Pachana* (carminative in nature)*, Pittashodhaka* (eliminates vitiated *Pitta dosa*) and *Vata-Kaphashamaka* (reduces *Vata* & *Kapha dosas*) properties.[27] According to Acharya Bhavaprakasha, *Bakuchi* (*Psoralea corylifolia* L.) possesses *Twachya* (skin nourishing), *Keshya* (hair growth promoting) and *Kushthghna* (effective against skin diseases) properties.[28] Both Acharya Sushruta and Vagbhata considered *Bakuchi* as a *Rasayana dravya* (rejuvenating substance) for all skin disorders.[29,30] The coumarins, psoralen and isopsoralen, compounds found in *Bakuchi*, have shown target prediction on nuclear factor NF-kappa-B p105 and Acetylcholinesterase. NF-kappa-B p105 (NF-κB) acts as a regulator of innate immunity and an inflammatory mediator. Flavonoids have anti-oxidant, anti-inflammatory and antibacterial action, while the benzofurans in *Bakuchi* have anti-inflammatory properties. On analysing the compounds of *Bakuchi* psoralen, isopsoralen, imperatorin, bavachinin A, corylin and bakuchiol have anti-inflammatory activities. Similarly, Bavachinin A, Corylisoflavone A, Bakuchiol, Isopsoralen have antioxidant properties and Psoralin, Imperatorin, PCp-1 (a polysaccharide from PCL) have immunomodulatory effects. The anti-inflammatory and anti-oxidant properties of the drug helps in the reduction of oxidative stress, which will inhibit the pro-inflammatory cytokine release by decreasing IL-17, IL-22, and TNF – α. This will further result in the inhibition of T- cell activation and dendritic cell proliferation.[31] *Jyotismati* (*Celastrus paniculatus*) is having *Katu* (pungent)*, Tikta rasa* (bitter in taste)*, Usna virya* (hot in potency)*, Katu vipaka* (pungent in digestion) and *Kapha-Vatahara* (reduces *Vata* and *Kapha*) properties.[32] *Narikela Taila* is *Vrimhaniya* (nourishing in effect), *Bala-bardhaka* (strength promoter)*, Kesya* (hair nourishing)*, Madhura (*sweet) in taste, *Madhura vipaka* (sweet in digestion) and is beneficial to teeth, *Raktha-Pitthahara* (beneficial in haemorrhagic disorders), *Kaphahara* (reduces vitiated *Kapha dosas*), *Grahani-hara* (reduces dysenteries), having *Deepana* (promotes digestion) property, *Anaha hara* (reduces abdominal distension)[33]. Coconut oil, the base in *Thaila Kalpana*, acts as an emollient, moisturizer, and antimicrobial agent. Its medium-chain fatty acids, especially lauric acid, provide antibacterial activity and restore the skin barrier. Coconut oil also improves drug absorption when used as a vehicle in Ayurvedic formulations.[34]

CONCLUSION

While psoriasis cannot be completely cured, Ayurvedic therapies, herbal formulations, and dietary adjustments can offer considerable relief from its troublesome symptoms. Ongoing and periodic treatment is essential to reduce the chances of relapse and to improve the patient's quality of life.

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