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

International Journal of Ayurveda and Pharma Research

Review Article

DOSHA-DHATU-MALA BASED AYURVEDIC APPROACH IN CHRONIC PSORIASIS MANAGEMENT

Harishchandra Nanasaheb Patankar[1]*, Sheetal Roman[2], Dushyant Patil[3]

*[1]PhD Scholar, [2]Professor, [3]Associate Professor, Department of Kriya Sharir, Dr D Y Patil College of Ayurved & Research Centre Pimpri Pune, Maharashtra, India.

Article info

Article History:
Received: 23-05-2026
Accepted: 28-06-2026
Published: 19-07-2026

KEYWORDS:
Chronic Plaque Psoriasis, Psoriasis Vulgaris, Ayurvedic Management, *Dosha, Twak Vikara.*

ABSTRACT

Psoriasis is a chronic relapsing inflammatory skin disorder characterized by scaling, itching, dryness, and erythematous lesion. Chronic plaque psoriasis is a persistent inflammatory dermatological disorder. It is associated with immune dysregulation, inflammatory cytokine activation, and abnormal keratinocyte proliferation. Modern dermatology describes psoriasis as an immune-mediated disease involving T-cell activation, inflammatory cytokine and accelerated keratinocyte proliferation leading to chronic inflammation and plaque formation. (Griffiths CEM et al., The Lancet, 2021). Despite availability of various therapeutic modalities its chronic and relapsing nature makes long term management challenging. The present case report describes a 62-year-old male patient suffering from chronic plaque psoriasis since 20 years. The disease initially started with dryness and excessive scaling over the back region, followed by progression of lesions with severe burning sensation and scalp involvement associated with dandruff. The patient had previously taken conventional treatment with temporary symptomatic relief. Ayurvedic assessment was performed based on *Roga-rogi pariksha, Dosha, Dhatu, Mala, Dushya* involvement. Integrative Ayurvedic management consisting of internal medicines, local applications, and supportive care was initiated. Progressive clinical regression in symptoms was observed during follow-up, with approximately 60% improvement by April 2026 and 90-95% clinical resolution by June 2026.

INTRODUCTION

Psoriasis is a chronic, immune-mediated, inflammatory disorder of the skin characterized by well-defined erythematous plaques with overlying silvery scales, associated with itching, dryness, burning sensation, and recurrent exacerbations. It is a multifactorial disease influenced by genetic susceptibility, environmental triggers, and dysregulation of innate and adaptive immune responses. Chronic plaque psoriasis (Psoriasis vulgaris) is the most common clinical variant, accounting for nearly 80–90% of cases and commonly involving the scalp, trunk, and extensor surfaces.[1]

The pathogenesis of psoriasis involves hyperactivation of antigen-presenting cells, T-helper cell differentiation, and release of pro-inflammatory cytokines such as TNF-α, IL-17, and IL-23, resulting in epidermal hyperplasia, increased keratinocyte turnover, and chronic inflammatory changes.[2] The disease follows a relapsing-remitting pattern and is associated with significant impairment in quality of life. Although modern therapeutic modalities including topical corticosteroids, vitamin D analogues, phototherapy, immunosuppressive agents, and biological therapies have shown efficacy, long-term disease control remains challenging due to recurrence, adverse effects, and treatment dependency.[3]

From an Ayurvedic perspective, chronic plaque psoriasis can be classified under *Kushtha*. Ayurveda explains *Kushtha* as a disorder involving vitiation of *Tridosha*, particularly *Vata* and *Kapha*, along with impairment of *Twak, Rakta, Mamsa Dhatu*. The disease process involves disturbance of *Agni*, formation of *Ama*, and subsequent *Srotodushti* leading to manifestation of skin pathology.[4]

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https://doi.org/10.47070/ijapr.v14i7.4299

Charaka Samhita describes *Eka Kushtha* with clinical features such as *Aswedanam* (absence of sweating), *Mahavastu* (large area involvement), and *Matsyashakalopamam* (scaling resembling fish scales), which closely resemble the clinical presentation of chronic plaque psoriasis.[5] The Ayurvedic approach emphasizes understanding of *Nidana, Dosha-Dushya Sammurchana*, and *Samprapti* before planning treatment. Principles such as *Nidana Parivarjana*, *Shodhana, Shamana, Rasayana* therapy, and *Pathya-Apathya* are described for management of *Kushtha*.[6]

One of the fundamental differences between modern medicine and Ayurveda lies in the approach to diagnosis and treatment planning. In contemporary medicine, disease identification and management are largely based on establishing a specific diagnosis or nomenclature, following which standardized treatment protocols are selected. In contrast, Ayurveda considers the disease name to be of secondary importance. The primary focus is on understanding the underlying *Dosha-Dhatu-Mala* involvement and the complete *Samprapti* (pathogenesis) of the individual patient[29]. Therapeutic decisions are therefore guided by *Dosha-Dhatu-Mala Sangati* and *Samprapti Vighatana*, rather than by disease nomenclature alone. Consequently, two patients diagnosed with the same clinical condition may receive different Ayurvedic interventions if their underlying pathophysiology differs. This individualized approach forms the cornerstone of Ayurvedic disease management.

The present case report focuses on a patient diagnosed with chronic plaque psoriasis, presenting with long-standing history of dryness, excessive scaling, burning sensation, and scalp involvement. The case highlights the importance of a *Samprapti*-based, individualized Ayurvedic approach and its role in improving clinical manifestations and quality of life in chronic dermatological disorders.

Case Presentation

A 62-year-old male patient weighing 61kg presented with complaints of chronic skin lesions associated with dryness, excessive scaling, itching, and burning sensation. The patient was a known case of psoriasis since approximately 20 years. The disease initially started over the back region with dryness and scaling, which gradually progressed with itching and burning sensation. The patient also had scalp involvement with dandruff and itching. The patient is involved in grape farming, with regular exposure to chemical sprays, which may act as an aggravating factor. The patient first visited the OPD on 24/11/2021. After regular treatment, approximately 90% relief was observed by September 2022. However, the patient discontinued treatment for around 5–6 months, after which symptoms reappeared in September 2023 in a mild form. Again, the patient discontinued treatment for approximately 11 months. The patient revisited the clinic on 08/24 and treatment was restarted. After continuation of treatment, around 60% improvement was observed within 5–6 months, followed by complete relief after another 2–3 months. The patient had a past history of Inguinal hernia repair surgery. Previous allopathic treatment was taken, but symptoms showed recurrence after discontinuation. On clinical examination, dry scaly plaques with itching and burning sensation were observed. Based on clinical presentation, the condition was diagnosed as **Chronic Plaque Psoriasis**.

On Clinical Examination

The patient showed features suggestive of chronic plaque psoriasis. Multiple well-defined, dry, erythematous plaques with excessive scaling were present over the affected areas. The lesions were associated with roughness of skin and recurrent episodes of exacerbation.

The following clinical features were noted:

- Dryness of skin *(Rukshata)*- excessive scaling/desquamation
- Thickened and rough skin texture
- Severe itching *(Kandu)*
- Burning sensation *(Daha)*
- Scalp involvement with dandruff and scaling Chronic recurrent nature of lesions.
- History of aggravation after discontinuation of treatment.

The patient's occupational history revealed grape farming with repeated exposure to chemical pesticide sprays, which may contribute as an external aggravating factor. The lesions showed gradual improvement with Ayurvedic treatment, with approximately 90% relief during the first treatment period. After discontinuation, recurrence of symptoms was observed. On restarting treatment, significant improvement was again noted, followed by complete relief.

Ayurvedic clinical assessment the clinical features predominant signs observed were *Rukshata* (dryness), *Kandu* (itching), *Khara Sparsha* (roughness), and scaling, indicating involvement of *Vata-Kapha Dosha* with *Twak, Rasa*, and *Rakta Dhatu* involvement.

Diagnostic Assessment

Skin Analysis using 50X and 200X Lens

Clinical examination revealed multiple well-defined erythematous plaques with dry, thick scaling over the affected areas. The lesions were associated with itching, dryness, and burning sensation. Chronicity, recurrent episodes, and plaque morphology suggested chronic plaque psoriasis (Psoriasis vulgaris).

Scalp Analysis using 50X and 200X Lens

Scalp examination showed dryness with excessive scaling and dandruff-like flakes along with itching, suggestive of scalp involvement in psoriasis.

Ayurvedic Assessment

Ayurvedic assessment of the patient was carried out through a comprehensive evaluation based on the principles of Ayurveda, including *Tridosha* assessment, *Trimala* evaluation, *Ekadashavidha Bhava Pariksha, Panchadhatu* assessment, *Shad Rasa* analysis, *Nadi Pariksha*, and detailed *Roga–Rogi Pariksha*. These classical parameters were considered to understand the underlying *Dosha* imbalance, *Dhatu* involvement, *Mala* status, *Agni* condition, and overall *Rogi Bala,* thereby aiding in diagnosis, prognosis, and formulation of an individualized therapeutic approach.

Therapeutic Intervention

Integrative Ayurvedic management was initiated on 24/11/21. The patient was managed with an individualized Ayurvedic treatment.

Internal Medicine

1. Combination of churna containing Rasmanikya(125mg), Guduchi Satva, Darvi, Khadeer and Nimbtvak
   Dose- 1 gm twice daily after meal
2. Tab Psoriasis Formula no.1(500mg)
   Dose- Twice daily after meal
3. Tab Psoriasis Formula no.2(500mg)
   Dose- Twice daily after meal
4. Tab Avipattikar (500mg)
   Dose- 1 tab at night

External Application

1. 777 Oil- Apply over the affected area (At morning)
2. Karanj Taila- Apply over the affected area (At night)
3. Triphala Soap- For daily body wash

Pathya - Apathya

Recommended

- Green vegetables
- Bitter-tasting foods
- Adequate hydration
- Early sleep

Restricted

- Curd
- Fermented foods
- Bakery products
- Excess spicy food
- Seafood
- Junk food

Follow up and Outcomes

Date	Clinical Findings and Management
24/11/21	Integrative Ayurvedic treatment initiated
17/12/21	*Avipattikar Vati* was replaced by Tab Skin all (500mg) twice a day. Tab *Krumikuthar Ras* (250mg) twice a daily and *Sarjaras Malhar* for external application on face were added to the treatment regimen.
24/01/22	Same treatment was continued. Minimal clinical improvement observed.
09/03/22	Before and after skin photography was performed and up to 60% improvement was observed.
20/09/22	The same therapeutic intervention was continued, resulting in up to 90% improvement in clinical features.
31/03/23	The patient discontinued the treatment for 5 months, following which a slight increase in symptoms was observe. *Panchatikta Ghrita* 2 tsp daily at morning with lukewarm water and shampoo for hair wash twice a week were added to the treatment regimen. The patient was advised *Vamana Karma, Virechana Karma* and *Basti karma* (*Panchakarma* procedure) considering the clinical presentation and Ayurvedic assessment.
06/06/23	Treatment protocol was continued without modification.
23/09/23	Previous complaints recurred in mild intensity, with mild burning sensation and mild heat sensation. Following Treatment were given- 1. Combination of powder containing *Rasmanikya, Guduchi Satva, Darvi, Khadeer* and *Nimbtvak*, 1mg twice a day after meal. 2. Tab Psoriasis Formula no.1 (500mg) 1 BD after meal 3. Tab Psoriasis Formula no.2 (500mg) 1 BD after meal 4. Tab Skin all (500mg) 1BD after meal 5.Tab Avipattikar (500mg) at night

	External application 1. 777 oil 2. *Triphala* soap 3. *Dandrion* lotion 4. *Twakdoshhar malam* 5. *Keshayu* anti-dandruff shampoo
21/08/24	The patient reported to the hospital after an 11-month gap in treatment discontinuation. The same medications as prescribed during the recent follow-up were continued.
26/12/24	Before and after skin photography was performed. Mild symptomatic relief was noted in the patient.
08/03/25 24/04/25 14/06/25	Treatment protocol was continued without modification.
04/04/26	Before and after skin photography was performed and up to 60% improvement was observed. Following Treatment were given- 1. Combination of powder containing *Rasmanikya, Guduchi Satva, Darvi, Khadeer* and Nimbtvak. Dose-1mg twice a day after meal 2. *Kayadoshhar Vati* (500mg) 1BD after meal 3. *Kayakandughna Vati* (500mg) 1BD after meal 4. *Krumikuthar Ras* (500mg) 1HS External application 1. Dandrion lotion 2. Winsoria Oil 3. *Triphala* soap 4. *Twakdoshhar Malam* 5. I-Tone eye drops 2-2 drops in each eye.
28/05/26	At the last follow-up, the patient reported up to 90-95% relief in symptoms. Clinical improvement was noted, and the patient was advised to continue the prescribed treatment.

Patient Perspective

The patient reported marked improvement in itching, scaling, burning sensation, and overall skin health following the Ayurvedic treatment. He expressed that the visible skin lesions had previously caused considerable self-consciousness during social interactions and public gatherings. After treatment, he felt significantly more confident while meeting people and attending social functions. The patient also reported noticeable improvement in sleep quality, which he attributed to the reduction in itching and burning sensation. Overall, he expressed a high level of satisfaction with the treatment outcome and appreciated the holistic approach adopted during management.

DISCUSSION

Psoriasis is a chronic, immune-mediated inflammatory disorder of the skin characterized by abnormal keratinocyte proliferation, epidermal hyperplasia, altered differentiation, and persistent inflammatory changes. Chronic plaque psoriasis is the most common clinical variant and presents with well-defined erythematous plaques covered with silvery-white scales, associated with dryness, itching, burning sensation, and recurrent exacerbations. The pathogenesis of psoriasis involves a complex interaction between genetic susceptibility, environmental triggers, immune dysregulation, and impairment of skin barrier function. Activation of dendritic cells and T lymphocytes leads to increased production of inflammatory cytokines such as tumour necrosis factor-alpha (TNF-α), interleukin-17 (IL-17), and interleukin-23 (IL-23), resulting in increased epidermal turnover and chronic inflammation.[7,8]

Although modern therapeutic modalities including topical agents, phototherapy, systemic therapies, and biologic agents provide significant symptomatic improvement, psoriasis remains a chronic relapsing disease due to persistent immune activation and involvement of multiple genetic and environmental factors. Recent advances have emphasized the important role of IL-17 and IL-23 pathways in psoriasis pathogenesis and the development of targeted biological therapies.[9,10,11,12]

The present case demonstrates that successful Ayurvedic management depends more on understanding the patient's unique *Samprapti* than on

assigning a disease label. Although the patient carried a diagnosis of chronic plaque psoriasis for nearly twenty years, treatment planning was not based on the disease name but on the findings obtained through detailed *Roga-Rogi Pariksha.* The patient's presentation revealed long-standing *Vata-Kapha* predominance with associated *Pitta* involvement, progressive affection of *Twak, Rakta, Mamsa* and *Rasa Dhatu*, impaired *Agni* and persistent disturbance in *Mala Nirharana*. Therefore, every therapeutic intervention was selected to interrupt this *Samprapti* rather than merely suppress the visible skin lesions.

Ayurveda considers imbalance of *Dosha, Dhatu* and *Mala* as the fundamental basis of disease manifestation. The classical principle *"Rogastu Dosha Vaishamyam, Dosha Samyam Arogyata"* explains that disease occurs due to vitiation of *Dosha*, whereas restoration of equilibrium represents health. The concept of *Roga-Rogi Pariksha* emphasizes assessment of both disease and patient factors before planning individualized treatment.[13,17]

The clinical presentation of psoriasis can be correlated with *Kushtha* described in Ayurvedic classics, where *Twak, Rakta, Mamsa* and *Lasika* involvement with *Tridosha* predominance is explained. *Kushtha* is considered a chronic disorder requiring correction of underlying *Dosha* imbalance and elimination of vitiated *Dosha* rather than only symptomatic management.[15,18,19]

One of the important observations in this case was the patient's occupational exposure. Being a grape farmer, he was routinely exposed to fungicides and pesticide sprays while inspecting the fields immediately after spraying. From an Ayurvedic perspective, this repeated chemical exposure acted as a continuous *Bahya Hetu,* repeatedly provoking *Doshas* and preventing complete restoration of equilibrium. Identification and removal of *Hetu* is considered essential for *Samprapti Vighatana* and successful management of disease.[17]

The selection of medicines in this case was guided by a comprehensive Ayurvedic assessment based on *Hetu, Dosha, Dhatu, Mala, Lakshana*, and *Samprapti*, following the principle of individualized treatment rather than disease-specific prescribing. Instead of selecting medicines solely because the patient had psoriasis, each formulation was chosen according to its role in correcting the underlying pathological process. *Rasamanikya* was included primarily considering the predominant *Vata-Kapha* pathology. Although the patient presented with *Daha*, a feature generally requiring caution while prescribing *Rasamanikya*, the burning sensation was effectively addressed through other medicines incorporated in the treatment protocol. This allowed *Rasamanikya* to be utilized for its desired action on the predominant *Vata-Kapha* imbalance without aggravating *Pitta* manifestations. Similarly, the proprietary Ayurvedic formulations (Psoriasis Formula No. 1 and Formula No. 2) were designed according to the principles of *Dosha-Dhatu-Mala* assessment together with *Hetu-Linga-Aushadha* consideration. Rather than targeting a disease label, these formulations were intended to address the specific pathological factors identified during *Roga-Rogi Pariksha*, thereby facilitating gradual *Samprapti Vighatana*. Thus, every medicine in the treatment protocol had a defined purpose within the overall therapeutic strategy, and the formulation was continuously reviewed and modified according to changes in the patient's clinical presentation and evolving *Samprapti*.[13,17,21,24]

An equally important observation was that improvement corresponded with regular continuation of treatment and adherence to *Pathya*, whereas relapse followed discontinuation of therapy.

Ayurveda emphasizes the importance of *Pathya-Apathya* in chronic disorders because improper dietary and lifestyle factors can continuously disturb *Dosha* equilibrium.[20,21]

This case emphasizes that two patients diagnosed with psoriasis may not receive identical treatment because their *Hetu, Dosha* predominance, *Dhatu* involvement, *Agni, Mala* status and *Samprapti* may differ. Therefore, Ayurvedic management should remain patient-specific rather than disease-specific. The improvement observed in this patient was achieved through continuous assessment and modification of treatment according to changing *Samprapti*.

Ayurveda does not treat psoriasis merely as a disease label; it treats the disturbed *Dosha-Dhatu-Mala* equilibrium responsible for disease manifestation. Disease nomenclature facilitates communication, whereas *Samprapti* analysis determines the therapeutic approach

CONCLUSION

This case highlights the effectiveness of an individualized Ayurvedic approach based on *Dosha, Dhatu, Mala, Nadi parikshan* assessment and *Samprapti Vighatana* in chronic plaque psoriasis. Ayurvedic management including internal medicines and external applications showed significant improvement in dryness, scaling, itching, and burning sensation, with up to 90–95% clinical relief during follow-up. Further clinical studies are required to establish its efficacy in larger populations.

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Cite this article as:
Harishchandra Nanasaheb Patankar, Sheetal Roman, Dushyant Patil. Dosha-Dhatu-Mala Based Ayurvedic Approach in Chronic Psoriasis Management. International Journal of Ayurveda and Pharma Research. 2026;14(7):78-83.
https://doi.org/10.47070/ijapr.v14i7.4299
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Harishchandra Nanasaheb Patankar
PhD Scholar,
Department of Kriya Sharir,
Dr D Y Patil College of Ayurved & Research Centre Pimpri Pune
Email: harishpatankar@gmail.com