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Case Study

AYURVEDIC INTERVENTION IN PSORIASIS AND ITS IMPACT ON DISEASE SEVERITY

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ABSTRACT

Psoriasis is a common chronic, immune-mediated papulosquamous disorder characterized by erythematous, scaly plaques with variable clinical severity. Chronic plaque psoriasis is the most common clinical variant and often requires prolonged management. Ayurveda provides a holistic approach to the management of such chronic dermatological conditions. This case report describes the clinical outcome of an Ayurvedic intervention in a patient with chronic plaque psoriasis. A 47-year-old male presented with erythematous, exfoliating lesions associated with severe itching over the scalp, trunk, and bilateral upper and lower limbs with a history of 10 years. Based on the clinical presentation, the condition was diagnosed as chronic plaque psoriasis and correlated with *Eka Kushtha* in Ayurveda. Disease severity was assessed using the Psoriasis Area and Severity Index (PASI). The patient underwent an individualized Ayurvedic treatment protocol for 30 days under inpatient care. Following the intervention, considerable improvement was observed in the extent and severity of lesions, scaling, and itching. The PASI score showed a marked reduction from 41.9 at baseline to 7.5 following treatment. This case highlights the potential of an individualized Ayurvedic treatment approach in reducing disease severity and improving clinical manifestations in chronic plaque psoriasis.

INTRODUCTION

Psoriasis is a chronic recurrent, papulosquamous, multifactorial genetic disease that requires both polygenic and environmental factors for its clinical expression. It affects 2% of world population with equal gender incidence and can start at any age, but the peak onset is in the second or third decades. About 35% of patients have family history. Based on its onset, evolution, and morphology it can be classified into chronic plaque psoriasis, guttate psoriasis, and pustular psoriasis. Psoriasis has a T cell mediated immunopathogenesis. Antigens which are environmental, super antigens, or autoantigens are taken up by the antigen presenting cells (ACPs) in the skin and migrates to the lymph nodes and thus activating the T cells. Once activated, T cells migrate back to the skin where they secrete proinflammatory cytokines such as IL-2 and IFN-$^{\gamma}$. This induces further production of cytokines including TNF-α.[1] These cytokines induce epidermal and vascular changes that lead to psoriatic plaques.

Chronic plaque psoriasis also called psoriasis vulgaris is being the commonest form with well demarcated, erythematous, scaly, indurated lesions surmounted by loosely attached silver scales with mild to severe clinical presentations. The clinical diagnosis of psoriasis is done by Grattage test and Auspitz sign, whereas the skin biopsy is done in doubtful cases to confirm the disease. Histopathological epidermal changes include parakeratosis, absent granular layer, regular acanthosis, suprapapillary thinning and epidermal neutrophil collection and dermal changes include dilatation and tortuosity of capillaries in dermal papillae and lymphocyte infiltrate in upper dermis.[2] The treatment of psoriasis depends on several patient factors such as age, sex, impact on quality of life, finances and disease factors such as type of psoriasis, severity of psoriasis and comorbidities. Conventional treatment modalities for psoriasis include corticosteroids, photochemotherapy with psoralen and ultraviolet A (PUVA), coal tar

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preparations, methotrexate, and ultraviolet radiation.[3] Although these therapies can provide effective symptomatic relief, their prolonged use may be associated with various adverse effects.

In the Ayurvedic system of medicine, disorders affecting the skin are broadly grouped under the term *Kushtha*. The development of *Kushtha* is attributed to the vitiation of the three *Doshas- Vata, Pitta,* and *Kapha-* together with the involvement of the principal *Dooshyas*, namely *Twak, Mamsa, Rakta,* and *Lasika*. *Eka Kushtha* is categorized among the *Kshudra Kushtha* described in the classical texts and is considered to have a predominant association with *Vata* and *Kapha Dosha*.[4] The factors responsible for its development are largely similar to those described for other varieties of *Kushtha*. Improper dietary practices, including consumption of *Viruddha Ahara* (incompatible food combinations), excessive intake of liquid, unctuous, and heavy foods, newly harvested grains, and suppression of natural urges, particularly the urge to vomit, are described as important factors contributing to *Twak Roga*. Certain psychological disturbances and undesirable mental states are also considered contributory factors.

The clinical features of *Eka Kushtha*, particularly *Asweda* (absence or reduction of sweating), *Mahavastu* (extensive distribution of lesions), and *Matsya Shakalopama*[5] (scaling resembling fish scales), bear considerable resemblance to the clinical presentation of chronic plaque psoriasis. Sushruta additionally described *Krishna-Aruna Varnata*, referring to a dark reddish or dusky discoloration of the affected skin. From the Ayurvedic perspective, the causative factors produce vitiation of the *Tridoshas*, predominantly *Vata* and *Kapha*. The aggravated *Doshas* subsequently traverse through the *Tiryakvahini Siras* and reach the *Bahya Rogamarga*, where they involve *Twak, Rakta, Mamsa,* and *Lasika*, ultimately producing the characteristic manifestations of *Kushtha*. The classical therapeutic approach involves appropriate *Shodhana* procedures along with *Samshamana* therapy, selected according to the patient's condition, disease severity, and clinical requirements.

AIMS AND OBJECTIVES: To evaluate the efficacy of ayurvedic intervention in chronic plaque psoriasis.

Place of study: In patient Department of Agadatantra, Government Ayurveda College, Thiruvananthapuram.

Case Report

A 47-year-old married male patient of middle socioeconomic status, employed as an Assistant Sub-Inspector of Police, presented to the Department of Agadatantra, Government Ayurveda College, Thiruvananthapuram with complaints of erythematous, exfoliating, lesions associated with severe itching over scalp, both upper and lower limbs, chest, abdomen and back of the trunk, for the past 10 years, with marked aggravation during the preceding one month.

The patient was apparently asymptomatic 10 years prior to presentation, when he first noticed white powdery lesion over the scalp. Over time, the lesions gradually progressed to involve the upper trunk and subsequently other parts of the body. The lesions flare up with stress but no seasonal association noticed by the patient. He initially sought ayurvedic treatment, for approximately four years and obtained considerable symptomatic relief. Later, owing to occupational constraints, he was unable to adhere to the prescribed dietary regimen, following which the disease relapsed. He subsequently sought allopathic treatment where he had hospitalized for approximately one month and experienced partial improvement in symptoms. After discharge, he was advised to continue medication, but during the course of treatment, he developed fluctuations in blood pressure along with ECG variation. Due to concerns regarding these cardiovascular changes, the medication was discontinued.

The patient later underwent homeopathic treatment; however, his symptoms progressively worsened. Consequently, he sought Ayurvedic management at the Department of Agadatantra for further evaluation and treatment.

The patient's medical history was significant for diabetes mellitus and hypertension, for which he is not taking regular medication at the time of presentation. Family history revealed that his grandmother had suffered from similar dermatological complaints. There was no history of other major illnesses, drug allergies, or surgical interventions.

History of past illness

- H/o diabetes mellitus (not under any medication)
- H/o hypertension (not under medication)

Personal History

- Bowel- Regular, frequency 1/day, complete and well formed
- Appetite- Good
- Micturition- With in normal limits
- Sleep- Disturbed
- Diet- Mixed, untimely food with more of fried items, preferably non vegetarian.
- Addiction- Alcohol occasionally
- Allergy- Not yet elicited
- Exercise – Moderate
- Stress- present due to his job related

Family History

Grandmother had similar complaints.

On Examination

Integumentary system

- Site of onset – Scalp
- Character - Gradual
- Colour– Erythematous papules and plaques with adherent silvery white scales over body, along with erythematous scaly patches involving the scalp.
- Size – Plaques of variable size.
- Primary lesion– Erythematous papules and plaques.
- Secondary lesion– Scales
- Consistency – Indurated and dry
- Configuration – Body – discrete and coalesced lesions, scalp – coalesced lesions
- Margins – Body- well defined, scalp – well defined
- Distribution – Symmetrical.
- Associated features – Itching present, pitting of nail and hyperkeratosis
- Auspitz sign – positive

Ashtasthana pareeksha

Nadi – Kapha pithaja
Mutram – Prakritha
Mala – Samhatham
Jihwa – Upaliptha
Shabda – Prakritham
Sparsha – Usna
Drik – Prakritha
Aakrithi - Madhyama

Examination of *Roga Nidana*

***Aharaja*:** Intake of *Vidahi* and *Rakthadushtikara aharas*, with *Vishamasana* (improper food timings).

***Viharaja*:** Excessive exposure to sunlight (as part of his job) and intake of cold water.

Manasika: Experiences mental stress as part of his job (Assistant Sub-Inspector of Police)

MATERIALS AND METHODS

Amapachana, Srothoshodhana, Snehanam, Swedanam, Virechanam, Rasayanam

Table 1: Internal Medicines and Procedures

S.No	Procedure	Duration	Remarks
1	*Shaddharana choornam*	6gm along lukewarm water, 11 am & 4pm	5 days
2	*Panchathikthakam kashayam*	48 ml 7am, 7pm before food	Given first 5 days (stopped during *Snehapana* and restarted after *Virechana*)
3	*Kaisora guggulu*	1-0-1 along with *Kashaya*	Given first 5 days (stopped during *Snehapana* and restarted after *Virechana*)
4	*Nishakathakadi kashayam*	96 ml muhurmuhu	Given first 5 days (stopped during *Snehapana* and restarted after *Virechana*)
5	*Kashaya dhara* with *Guluchyadi gana kashayam*	5 days	Relief from itching
6	*Acha snehapana* with *Mahathikthakam grtham*	1 / 25g; 2 / 50g; 3 / 80g; 4 / 130g; 5 / 200g	*Samyak snigdha lakshana* obtained
7	*Abyanga* with *Shudha durvadi keram + Swedana*	3 days	*Samyak swinna lakshana* obtained
8	*Virechana* with *Avipathy choorna*	25 gm *1 day	6 *Vegas* occurred
9	*Takradhara* with *Mahathikthaka Kashaya choorna*	7 days	*Takradhara* with *Mahathikthaka Kashaya choorna*
10	*Rasayanam* with *Rasasindhooram*	13 days	*Rasayanam* with *Rasasindhooram*

Assessment of the patient

Criteria for Assessment

Psoriasis Area and Severity Index (PASI)

The Psoriasis Area and Severity Index (PASI) is a standardized and validated clinical scoring system used to assess the severity and extent of psoriasis. It combines the assessment of lesion severity with the percentage of body surface area affected, thereby providing a comprehensive measure of disease burden. The severity of psoriatic lesions is evaluated based on three clinical parameters: erythema (redness), induration (thickness), and desquamation (scaling), each scored on a scale of 0 (none) to 4 (very severe). The body is divided into four anatomical regions- head (10% of body surface area), upper limbs (20%), trunk (30%), and lower limbs (40%)- each assigned a weighting factor according to its relative contribution to the total body surface area. The extent of

involvement in each region is graded on a scale of 0 to 6 based on the percentage of area affected. The regional scores are multiplied by their respective weighting factors, and the sum of these values yields the total PASI score, which ranges from 0 to 72. Higher PASI scores indicate greater disease severity and are widely used to evaluate baseline disease status and monitor treatment response in clinical practice and research.

Table 2: Area score

Score	Area
0	0
1	1-9%
2	10-29%
3	30-49%
4	50-69%
5	70-89%
6	90-100%

Table 3: Lesion score

Parameter	Score	Description
Erythema	0	None
	1	Mild
	2	Moderate
	3	Severe
	4	Very severe
Induration	0	None
	1	Mild
	2	Moderate
	3	Severe
	4	Very severe
Scaling	0	None
	1	Mild
	2	Moderate
	3	Severe
	4	Very severe

Table 5: PASI Score

Parameter	Head & neck		Upper limb		Trunk		Lower limb	
	BT	AT	BT	AT	BT	AT	BT	AT
Erythema	2	0	3	1	3	2	3	2
Induration	2	1	2	1	3	2	3	2
Scaling	2	0	3	1	3	1	3	1
Sum	6	1	8	3	9	5	9	4
Percentage of affected area								
Area score	4	1	5	2	5	2	5	2
Sub-total= sum* area score	6*4= 24	1*1=1	8*5=40	3*2=6	9*5=45	5*2=10	9*5=45	4*2=8
Body area= sub-total * amount indicated	24*0.1	1*0.1	40*0.2	6*0.2	45*0.3	10*0.3	45*0.4	8*0.4
Total	2.4	0.1	8	1.2	13.5	3	18	3.2

Before treatment = 41.9 After treatment =7.5

Figure 1: Before treatment



Figure 2: After treatment



Figure 3: During Follow-Up



RESULTS AND DISCUSSION

Ayurvedic perspective of psoriasis with *Eka kustha*

Psoriasis is a papulosquamous disorder recognized with several variants Such as chronic plaque psoriasis, Guttate psoriasis, pustular psoriasis based on its onset, evolution, and morphology. Auspitz sign will be positive, Koebners phenomenon seen in active disease, morphology will be modified by site. The present case is well defined, erythematous, indurated plaques surmounted by characteristic large, loose, lamellar, silvery scales removable by grating lesions and is more associated with features of *Eka kustha*, which is *Aswedanam* (reduced sweating), *Mahavasthu* (large area involvement), *Matsya shakalopama* (scales like that of a fish).

Ayurvedic pathogenesis of psoriasis in the present case

The *Doshaja hetus*, such as intake of *Vidahi* and *Raktadushtikara ahara* and *Vishamasana*, along with *Karmaja hetus* such as excessive exposure to sunlight, intake of cold water, and *Atichintha* due to occupational stress, contribute to the aggravation of *Pitta* and *Kapha,* initiating the stage of *Chaya*. The aggravated *Kapha* and *Pitta* produce *Avarana* of *Vata,* resulting in further *Vata prakopa*.

During *Prasara*, the vitiated *Vata,* along with *Pitta* and *Kapha*, circulates through the *Tiryak siras* and spreads throughout the body. Subsequently, during *Sthana saṃsraya*, the vitiated *Doshas* localize in the *Bahya roga marga (Twak)* owing to the presence of *Kha-vaigunya* at the site.

This localization leads to the manifestation of *Mandalas* over the affected areas, representing the stage of *Vyakti* and clinically corresponding to the characteristic skin lesions of *Ekakustha* (psoriasis).[6]

The patient's occupational stress (*Chinta)* may have an impact on the disease as they may contribute to *Agnimandya* from an Ayurvedic perspective and, from a contemporary perspective, psychological stress is recognized as a potential factor influencing psoriasis activity and metabolic health.

Association with metabolic comorbidities

An important observation in the present case was the coexistence of Diabetes mellitus and hypertension. The patient's HbA1c was 7.2%, suggesting suboptimal glycemic control, while hypertension was present without regular antihypertensive treatment. These findings are clinically significant because psoriasis is increasingly recognized as a systemic inflammatory disease rather than a disorder confined exclusively to the skin. Metabolic abnormalities, including diabetes mellitus and hypertension, frequently coexist with psoriasis and may contribute to the overall cardiovascular and metabolic burden of affected individuals.

From the Ayurvedic perspective, the presence of diabetes and hypertension may be considered in the broader context of impaired *Agni* and *Dhatvagni*. Persistent *Agnimandya*, particularly in association with, irregular dietary habits and psychological stress, may lead to improper processing and utilization of nutrients. This may subsequently influence *Rasa* and *Meda Dhatu* metabolism and contribute to *Srotodushti*. The coexistence of metabolic disturbances may therefore represent an additional manifestation of the systemic imbalance underlying the patient's clinical condition.

Effect of Ayurvedic Intervention

The treatment was initiated with *Shaddharana choorna* for five days with the objectives of *Rukshana* and *Amapacana*. In chronic skin disorders, the presence of *Ama* and *Kleda* may contribute to persistence of *Dosha* and impairment of normal tissue metabolism. Therefore, preliminary *Rukshana* and *Amapacana* were considered necessary before undertaking *Snehapana*.

During the initial five days, *Panchathikthaka Kashaya* and *Kaisora guggulu* were also administered. This is *Tikta rasa* predominant formulation and is traditionally indicated in *Kushtha* and is considered useful in conditions involving *Pitta*, *Rakta* and *Kleda*. *Kaisora guggulu* is also classically employed in *Kushtha* and disorders involving inflammatory manifestations. Their use in the initial stage was therefore intended to support *Dosha-pacana* and address the underlying *Kushtha* pathology.

Nishakathakadi kashayam was administered *Muhur-muhu* for the underlying *Prameha.* Externally *Guluchyadi Kashaya dhara* for five days done as a *Bahirparimarjana chikitsa* which is *Pitha-sleshma hara* and *Dahahara*. Itching and scaling reduced after *Dhara* procedure.

After completion of the preparatory phase, *Acha snehapana* with *Mahatikthaka grtha* was performed in an *Arohana matra* until attainment of *Samyak snigdha lakshana*. *Mahatikthaka ghrta* is traditionally indicated in *Kushta* and is predominantly composed of drugs possessing *Tikta rasa* predominance. Internal oleation facilitates the mobilisation of morbid *Doshas* from the *shaka* towards the *Koshta*, thereby preparing them for elimination through *Shodhana*. The attainment of *Samyak snigdha lakshana* indicated adequate preparation of the patient for the subsequent procedures.

Following *Snehapana*, *Abhyanga* with *Sudha durvadi keram* and *Sarvanga svedana* were performed until *Samyak swinna lakshana* were obtained. *Twak mardavatva* were seen after *Swedana* procedure. They also facilitate *Dosha vilayana* and help in bringing the morbid *Doshas* from the peripheral tissues towards the

gastrointestinal tract, thereby facilitating their subsequent elimination.

Virecana was then administered using 25 g of *Avipathi choorna* for one day. *Virecana* is one of the principal *Shodhana* procedures indicated in *Kushtha* and is particularly relevant where *Pitta* and *Rakta* involvement is considered. In the present case, *virecana* was therefore employed as the principal purification procedure following adequate *Snehana* and *Svedana*. The subsequent improvement in the clinical manifestations may be considered in relation to the cumulative effect of the preceding *Dosha-pacana*, *Snehana*, *Svedana* and *Virecana* sequence.

Following *Virecana*, *Takradhara* with *Mahatikthaka Kashaya* was administered. *Takradhara* exerts its therapeutic effect through the combined influence of the medicinal properties of *Takra* and the specific procedural technique. Its lactic acid content may facilitate transdermal delivery of therapeutic constituents, supporting reduction of inflammation and scaling in psoriasis. In patients with hypertension, stimulation of *Sthapani Marma*, a *Sira Marma*, may help alleviate associated headache and anxiety. The procedure may also promote the release of neurotransmitters such as serotonin, dopamine, and endorphins, thereby induce relaxation and improve sleep quality.[7]

Rasasindhoora, a *Sagandha murchita parada yoga*, can be administered for a prolonged duration and is considered to possess both *Vyadhihara* and *Rasayana* properties. Its indication in *Kushta Roga*, along with these properties, may contribute to symptomatic relief. Administration after *Kshetrikarana* may help reduce the tendency for recurrence, while its *Rasayana* effect supports tissue rejuvenation and restoration.[8]

CONCLUSION

The present case demonstrated marked clinical improvement following a 30-day individualized Ayurvedic treatment protocol. The PASI score reduced substantially from 41.9 before treatment to 7.5 after treatment. Improvement was observed in the extent and severity of lesions, scaling, and itching. The clinical presentation showed considerable correspondence with the Ayurvedic features of *Eka Kushtha*. The treatment approach was planned based on *Dosha*, *Dushya*, *Agni*, and *Srotas* involvement, with emphasis on *Shodhana* and *Shamana* measures. The sequential application of *Amapachana, Snehapana, Swedana,* and *Virechana* was followed by supportive therapies aimed at maintaining clinical improvement. The reduction in disease severity suggests a potential role for individualized Ayurvedic management in chronic plaque psoriasis. The presence of metabolic comorbidities highlights the importance of considering the patient's overall systemic status during management. The observed improvement also suggests the need for appropriate long-term measures to minimize recurrence. Further systematic studies with larger samples and longer follow-up are required to substantiate these findings.

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