

Clinical Efficacy of Ayurvedic Intervention in Plaque Psoriasis: A Case Report

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ABSTRACT:

Plaque psoriasis is a chronic immune-mediated inflammatory skin disease characterised by sharply demarcated erythematous plaques covered with silvery-white scales, which significantly impair quality of life. This case report describes an 18-year-old male with complaints of multiple raised, hyperpigmented, erythematous scaly lesions present for three months over the scalp hairline, forehead, chest, abdomen, back, and neck, involving both the flexor and extensor aspects of the lower limbs. Based on clinical findings, the condition can be correlated with *Sidma Kushta* in Ayurveda. The current conventional treatment strategies mainly emphasise topical management and often fail to ensure long-term remission, indicating a therapeutic gap where Ayurvedic interventions may play a significant role. The patient underwent *Takrapanam*, *Snehapanam*, *Virechanam*, *Udgharshanam*, *Njavarathepp*, along with supportive ayurvedic interventions for 30 days. Significant improvement was observed, with follow-up after two weeks. Assessment using the Psoriasis Area and Severity Index (PASI) Score and Dermatology Life Quality Index (DLQI) demonstrated marked symptomatic relief and improvement in quality of life, showcasing the potential benefits of Ayurveda in managing such chronic conditions.

KEY WORDS: DLQI, PASI Score, Plaque Psoriasis, *Sidma Kushta*.

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INTRODUCTION:

Psoriasis is a chronic, non-infectious, immune-mediated inflammatory disorder of the skin and joints with a prevalence of 0.44–2.8% in India and a male predominance (~2:1). The most common form, plaque psoriasis (80–90%), [1] presents as well-demarcated erythematous plaques with silvery scales, typically affecting extensor surfaces, scalp, and trunk, and follows a lifelong relapsing–remitting course triggered by factors such as stress, infections, or trauma. [2] It results from immune-mediated keratinocyte hyperproliferation driven by pro-inflammatory cytokines [3], significantly impairing quality of life, and long-term use of conventional topical therapies may cause adverse effects, underscoring the need for safer alternatives.

In Ayurveda, the disease can be categorised under *Kushta*; *Aacharya Charaka and Vagbhata* included it under *Mahakushta* with the *Dosha* predominance of *Vatha-kapha* [4], whereas *Aacharya Sushruta* categorised it under *Kshudra Kushta* with the *Dosha* predominance of *Kapha* [5]. Classical features such as dry rough skin with white–coppery discoloration, scaling (*Rajahakireth*), and predominant involvement of the upper body resemble psoriasis [6]. Considering its chronic, relapsing nature, Ayurveda recommends a comprehensive management approach that includes repeated *Shodhana*, supported by *Shamana* therapy, *Bahir-parimarjana kriyas*, *Pathya Ahara-Vihara*, and *Rasayana* to maintain *Dosha* balance and prevent recurrence.

CASE REPORT:

An 18-year-old moderately built male secondary-school student with no history of hypertension, diabetes mellitus, or dyslipidaemia presented to the Outpatient Department of Government Ayurveda College, Kannur, with multiple raised, hyperpigmented, erythematous, scaly skin lesions of three months' duration involving the scalp hairline and forehead, chest, abdomen, back, neck, and both flexor and extensor aspects of the lower limbs (fig 1). The illness began as a small raised, blackish lesion over the anterior scalp and hairline. Despite one month of allopathic treatment followed by one month of Ayurvedic treatment, only minimal improvement was noted. Gradually, multiple erythematous scaly patches developed over the trunk and lower extremities and later spread to the nape of the neck and retro-auricular region, forming well-defined plaques. The condition progressively worsened with marked dryness and scaling that interfered with daily activities, prompting the patient to seek Ayurvedic management.

Personal history:

Appetite- Adequate

Bowel – Regular

Bladder – 4-5 times /day, 1-2/night

Sleep – 12-1 am daily (Reduced)

Diet: Mixed /Allergy – Nil

Exercise –Daily football and badminton practice (~3 hours) with significant sun exposure

Previous illness: Chicken pox at the age of 4 yrs, No history of recent febrile illness, Tonsils

General examination: Appearance- Normal; Build- Moderate; Pallor- Absent; Icterus- Absent; Cyanosis- Absent; Oedema- Absent

Vitals: RR-18/min; PR-76/min; BP-120/80mmHg

Integumentary System Examination:

a) Morphology: Primary Lesions: Multiple erythematous papules and plaques are present over the trunk, abdomen, chest, back, neck, hairline, forehead, and retro-auricular region. Discrete patches are noted over the dorsal trunk, erythematous plaques on the extensor aspects of both elbows. Secondary Lesions: Scaling is present over the trunk and bilateral upper and lower limbs.

b) Distribution: Symmetrically distributed over the trunk and extensor aspects of the limbs.

c) Configuration: Multiple hyperkeratotic lesions, both discrete and coalescent, without any specific arrangement or pattern.

d) Special Tests: Candle grease sign, Auspitz sign, and Koebner's phenomenon are positive.

e) Nails: Nails showed pitting, brittleness, mild onycholysis, and oil-drop sign.

f) Scalp: Erythema with plaques and fine scaling over scalp

g) Oral mucosa: Normal.

Diagnostic assessment:

Plaque psoriasis was clinically diagnosed based on characteristic lesions, distribution and positive Auspitz sign, can be correlated with

Sidma Kushta, and assessed using PASI and DLQI scores.

Nidana: Concurrent intake of shakes with salty snacks and packaged foods represents *Viruddhahara*, while frequent sour foods, pickle and prolonged sun exposure act as *Raktadushtikara Ahara and Vihara*.

Sampraptighataka

Dosha: Vata (VyanaVayu), Pitta (Brajaka Pitta), Kapha

Dooshya:

Rasadhatu, Raktadhatu and Mamsadhatu

Agni: Mandagni

Ama: Jatharagni and Dhatvagnijanya

Srotas:

Rasavaha, Raktavaha and Mamsavaha

Srothodushti: Sanga, Vimargagamana;

Vyadhyavastha: Nava

Regular intake of shakes, salty snacks, packaged foods, pickles, mayonnaise, shawarma, alfam, *Guru* and *Abhishyandiahara*, along with *Viruddhahara, Vidahiahara*, sun exposure, and *Ratrijagarana*, may synergically leads to *Tridosha dushti*. The vitiated *Doshas* may cause *Agnidushti*, resulting in *Ama*. The formed *Ama* may remain in *Leenavastha*, which is associated with *Twak, Rakta, Mamsa, and Lasika*. The *Dosha-Dushya* complex may localise in the *Avabhasini* layer of *Twak*, producing *TwakVikara* characterised by *Shweta, Tamra varna* with scaling, predominantly over the trunk, producing clinical features comparable to plaque psoriasis.

Management was planned based on *Samprapti Vighatana*, employing *Deepana, Pachana, Shodhana, Kleda*

Shoshana, Anulomana, Dhatuposhana, symptoms and prevent recurrence.
and *Rasayana* therapies to relieve

Table-1:Internal medications:

Internal medicines	Dose, frequency and time of administration	Adjuvant	Duration
<i>Trivritchoornam</i>	1tsp bedtime,after food	Hot water	20 days
<i>Amruthotharamkashayam</i> <i>+Punarnavadikashayam</i> <i>+Vilwadigulika</i>	90ml-0-90ml before food 1-0-1		20 days
<i>Manibadragulam</i>	1tsp bedtime,after food	Hot water	14 days

Table-2:Procedures Done:

Procedure	Medicine	Duration
Wet compression	<i>Guluchyadi Kashayam</i>	30days(5 times)
External application	Psorset oil + <i>Chemparathyadikeram</i>	30days(5times)
<i>Takrapanam</i>	with 1 tsp <i>Triphalachoornam</i> + <i>1Vilwadi Gulika</i> (3times before food	3days
<i>Snehapanam</i>	<i>Tikthakagritam</i> + <i>RajanyadiChoornam</i> (30ml starting, 5g Final dose- 180ml,30g)	8days
<i>Abhyangam + Oosmasnanam</i>	Psorset oil + <i>ChemparathyadiKeram</i>	2days (2 times)
<i>Virechanam</i>	<i>AvipathyChoornam</i> (20g)with hot water	1day
<i>Dashamoolaksheeradhara</i>		7 days
<i>Udgharshanam</i>	<i>Eladi Choornam</i> + buttermilk	10days (3times)
<i>Njavarathepp</i>	50g <i>Njavara</i> + <i>cheevakka podi</i>	4days

Table-3: Medicines on Discharge

Internal medicines	Dose, frequency and time of administration	Adjuvant	Duration
<i>Guluchyadi Kashayam</i>	90ml-0 -90ml before food		14 days
<i>Manibadragulam</i>	1tsp bed time, after food	Hot water	14 days

Table-4: PROCEDURES ADVISED

Procedures	Medicines prescribed	Duration
Wet compression	<i>Guluchyadi kashayam</i>	14 days
<i>Udgharshanam</i>	<i>Eladi Choornam</i> + Buttermilk	14 days (2times)
<i>Njavarathepp</i>	<i>Njavara</i> + <i>Shikkakkai</i> powder	14 days (2times)
External application	<i>Chemparathyadi Keram</i> + Psoret oil	14 days (2times)

Table-5: RESULTS AND DISCUSSION

Body parts	% of Area covered		Severity score							
	Before	After	Itching		Erythema		Scaling		Skin thickness	
			Before	After	Before	After	Before	After	Before	After
Head and neck	20% (2)	0	0	0	0	0	2	0	2	0
Upper extremities	15% (2)	0	0	0	1	0	1	0	1	0
Body	70% (5)	<10%	0	0	1	0	4	0	4	1
Lower extremities	45% (3)	<10%	0	0	0	0	2	0	2	1
PASI Score									Before	After
Score for head and neck: (Itching + Erythema+ Scaling +Thickness) ×Area × 0.1									0.8	0
Score for total upper extremities: (Itching + Erythema+ Scaling +Thickness) × Area ×0.2									1.2	0
Score for total body: (Itching + Erythema+ Scaling +Thickness) × Area × 0.3									13.5	0.3
Score for total lower extremities: (Itching + Erythema+ Scaling +Thickness) × Area ×0.4									4.8	0.4
Total score: Total of Head and Neck + Upper extremities + Body + Lower extremities									20.3	0.7

PASI Formula: $\frac{\text{Baseline PASI}-\text{After treatment PASI}}{\text{Baseline PASI}} \times 100$ (**PASI improvement is 96.5%**)

Baseline PASI

Dermatology Quality of Life Index: DLQI score reduced from 26 before treatment to 2 after treatment, indicating a marked improvement in quality of life

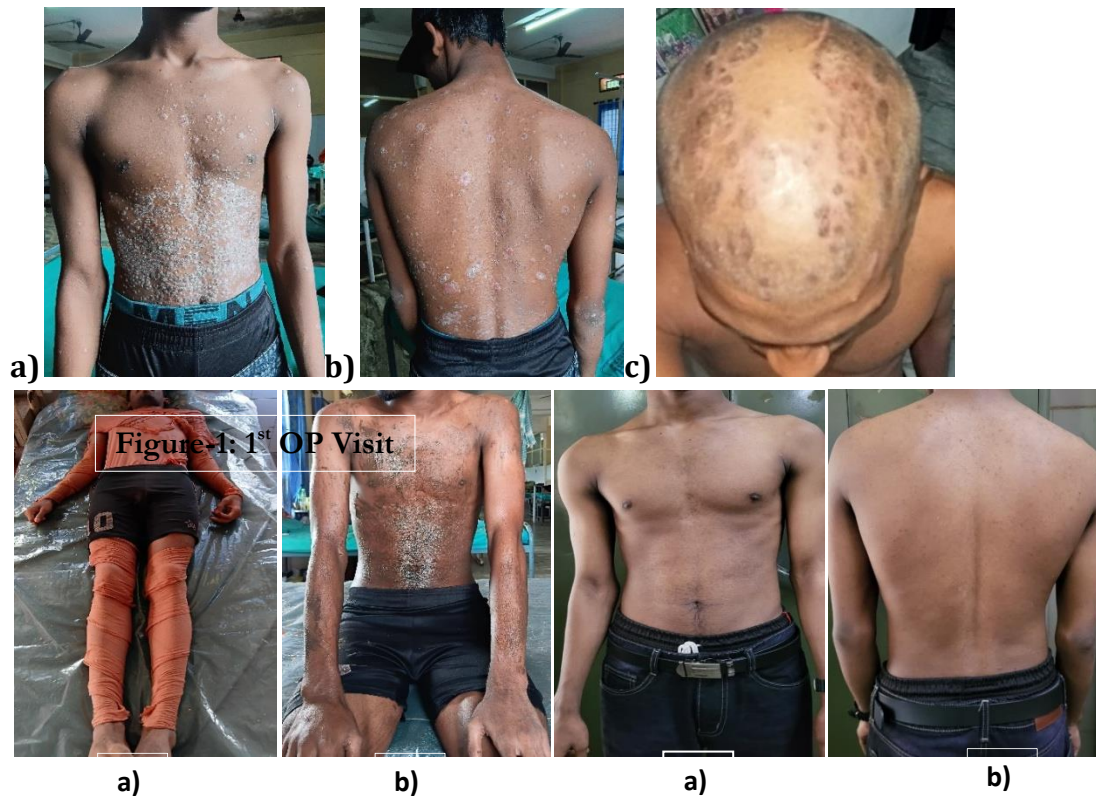


Figure-2: During IP

Figure-3: After Treatment

DISCUSSION:

Psoriasis is an immune-mediated disorder driven by self-perpetuating inflammatory cascade including the TNF-IL-23-IL-17 inflammatory axis, involving keratinocytes, dendritic cells, microvasculature, and CD8⁺ T cells. In Ayurveda, management focuses on *Agni* (digestive fire) correction and attainment of *Nirama Avastha* (without toxins) through *Deepana*, *Paachana* (appetizer-digestives) followed by *Kusthaghna* (anti-dermatosis) therapies that promote *Amapaachana* and *Rasa-Rakta Prasadana*. Treatment is based on *Samprapti* (comprehensive pathology) incorporating *Nidana Parivarjana* (elimination of causative factors) *Shodhana* (purification therapy) *Shamana* (alleviation therapy), local therapies, *Pathya Ahara* (wholesome food), *Dinacarya* (daily regimen),

Rtucarya (Seasonal regimen) and *Rasayana* (Rejuvenation therapy) for sustained disease control.

Internal treatment:

Trivrit Choorna,^[7] described as *Sukhavirechaka* in the *Sharangadhara Samhita*, was administered for its *Sramsana* and *Bahudoshahara* properties, relieves excess *Kleda* through *Adhobhaga*, thereby pacifying *Kapha-Pitta*, purifying *Rakta Dhatu*, and supporting *Tridosha* balance. This effect was further supported by phytoconstituents such as turpethin, turpethinic acids, α - and β -turpethin, lupeol, and β -sitosterol, which stimulate intestinal peristalsis and help reduce systemic inflammation and immune dysregulation.^[8] *Amruthotharam Kashayam* and *Punarnavadi Kashayam*^[9], *Guluchyadi Kashayam* were

administered. These formulations promote *Amapaachana*, *Deepana*, *Kapha-Pitta Shamana*, *Rakta Shodhana*, and *Sophahara* actions, thereby contributing to anti-inflammatory and immunomodulatory effects.¹⁰ *RTakrapana* with *TriphalaChoorna* and *Vilvadi Gulika* was administered before *Snehapana* as a *Deepana-Paachana* measure. The *Ruksha-Ushna guna* of *Takra* and its *Vata-Kaphaghna* action help absorb excess *Kleda* and induce *Rukshana*, thereby preparing the body for *Snehapana*. *Snehapana* with *TiktakaGhrita*, along with *Rajanyadi Churna*, was administered for eight days to mobilise morbid *Doshas* from *Shakha* to *Koshta*, producing *Samyak Snigdha Lakshanas*. This was followed by *Abhyanga* and *Ushma Snana* with *Chemparathyadi* and Psorcet oil as *Purvakarma* to further loosen the *Doshas* and direct them to the gastrointestinal tract. Subsequently, *Virechana* with *Avipathi Choorna*, described in *Ashtanga Hridaya*, was performed to eliminate predominantly *Pitta* and *Kapha-Samsrushta Doshas*. *Virechana* facilitates *Rakta Shodhana*, restores *Dosha* balance, and improves *Agni* and *Srotosuddhi*. Following *Shodhana*, *Manibhadra Guda*, described in *Ashtanga Hridaya (Kushta Chikitsa)*, was administered as a *Shodhana Rasayana*. The synergistic actions of *Vidanga*, *Amalaki* and *Haritaki*(*Rasayana* with *Vatanulomana*), *Trivrit*, and *Guda* facilitate gentle *Nitya Shodhanaremoval* of residual *Doshas* and rejuvenation, supporting sustained *Dosha* balance and therapeutic response [11].

External treatment:

Wet compression with *Guluchyadi Kashaya* was applied for *Pitta-Kapha Shamana* and *Rakta-Prasadana*, which helped reduce inflammation and dryness in scaly lesions. This effect was supported by the immunomodulatory and antioxidant actions of *Guduchi (Tinospora cordifolia)*.¹² *RTopical* application of *Chemparathyadi* and Psorcet oil was continued to maintain skin hydration and suppress pro-inflammatory cytokines. Subsequently, *Dashamoola Ksheeradhara* was administered to alleviate *Vata-Pitta* and reduce *Rukshata*. This was followed by *Udgharshana* with *Eladi Choorna* and *Takra* for *Vata-Kapha Shamana*, keratolysis, and improvement of local circulation. *NjavaraTheppu* with *Shikkakai (Acacia concinna)* was then performed to enhance perspiration, *Srotomukha Shodhana*, and re-epithelialization, thereby reducing hyperkeratinization, scaling, inflammation, and discolouration. Strict adherence to *Pathya-Apathya* and regular follow-up were advised to prevent relapse.

CONCLUSION:

Conventional treatment for Plaque Psoriasis offers limited relief and mainly suppresses immune-inflammatory responses using drugs such as corticosteroids. This case highlights the effectiveness of Ayurvedic management based on *Samprapti Vighatana*, correcting the vitiated *Doshas* and *Dushyas* through *Pachana*, *Deepana*, *Vatanulomana*, *Shodhana*, and *Rasayana* therapies to relieve symptoms and prevent recurrence

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Consent of the patient:

The consent of the patient has been taken for publication of the case details and accompanying images without disclosing the identity of the patient.

Conflict of interest: The author declares that there is no conflict of interest.

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