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Ayurvedic Treatment Of Plaque Psoriasis: Case Report

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ABSTRACT
Psoriasis is a chronic inflammatory and hyperproliferative skin disorder that significantly affects patient quality of life. Plaque psoriasis, the most prevalent form, accounts for approximately 90% of cases. Conventional treatment options often have limitations, leading to frequent relapse. This case highlights the successful management of plaque psoriasis through an Ayurvedic multimodal approach, offering an alternative therapeutic strategy for autoimmune skin disorders. **Case Presentation*:*** A patient diagnosed with plaque psoriasis came in OPD with significant erythema, scaling, and pruritus and severely impacting day to day life. Clinical evaluation confirmed recurrent plaque psoriasis with widespread lesions. **Intervention and Outcome** The patient was treated with ***Shamana Chikitsa*** (pacifying therapy), including oral administration of Ayurvedic formulations such as *Punarnavaastak Kwath, Shudha Gandhak, Ras Manikya, Arogyavardhini Vati, Nimb Churna, Madhuyasti Churna, Guduchi Churna,* and *Triphala Churna*, along with *Panchtikt Ghrita*. External applications (*Bahiparimarjan Chikitsa*) included Psoralin ointment*,* 777 oil (*Indrayava* based), and *Jatyadi Taila*, applied 3-4 times daily. While ***Shodhana Chikitsa*** (purification therapy) is the primary treatment for skin disorders (*Kushta*), initial management focused on ***Shamana Chikitsa*** to stabilize symptoms. After two months of treatment, the patient showed significant improvement, with reduced lesions and no reported relapses. **Conclusion*:*** This case demonstrates the potential effectiveness of an Ayurvedic multimodal approach in managing plaque psoriasis. The observed clinical improvements suggest that ***Shamana Chikitsa*** may serve as an alternative or complementary therapy, particularly in cases where conventional treatment show limitations. Further studies are required to explore the long term benefits and mechanisms of Ayurvedic interventions in autoimmune skin diseases.

KEY WORDS: *Ayurveda*, *Mandal Kustha*, Psoriasis, Plaque Psoriasis, *Shodhan*, Case Report

INTRODUCTION

Psoriasis is a chronic, inflammatory skin condition characterized by an over production of keratinocytes, leading to the formation of thick, scaly plaques, along with itching and inflammatory changes in both the dermis and epidermis[1]. Affecting approximately 0.5% to 3% of the global population, psoriasis has a significant impact on patient quality of life and carries a notable psychosocial burden[2]. While the exact cause of psoriasis remains unclear, it is believed to be mediated by T cell-driven autoimmune mechanisms, contributing to its complex pathogenesis. Systemic treatment such as corticosteroids, methotrexate, and cyclosporine are commonly used but come with potential side effects and long term complications, often limiting their effectiveness and adherence.

This case is unique in that it explores the management of plaque psoriasis through an *Ayurvedic* perspective, specifically focusing on *Mandal Kushta*, a concept with in *Ayurveda* that correlates with psoriasis. According to *Ayurvedic* principles, *Mandal Kushta* is classified as a *Tridosaja* disorder, primarily involving *Vata Kapha Dosha* imbalance, with symptoms such as large lesions, fish-like scales, and reddish-black patches[3]. The classical *Ayurvedic* texts identify factors such as *Diva Svapa* (day sleep), indulgence in *Papakrma* (sinful activities), suppression of *Vega Dharana* (natural urges), and consumption of *Viruddha Ahara* (incompatible food) as causative components[4]. This case study is notable as it presents a holistic Ayurvedic approach to treating plaque psoriasis, offering insights into an alternative treatment method, that addresses both the symptomatic and root cause imbalances in the body. By integrating these principles, this case contributes to expanding the understanding of Ayurvedic interventions for psoriasis, especially in light of the limitations of conventional therapies.

OBJECTIVE

To evaluate the effectiveness of a holistic Ayurvedic approach incorporating *Shamana Chikitsa* for symptomatic relief, followed by *Shodhana Chikitsa* for detoxification, in the management of *Mandal Kustha* (plaque psoriasis).

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CASE REPORT

A 28 year old male patient presented with a long-standing complaint of erythematous lesions with scaling for approximately eight years, accompanied by excruciating pain and itching. The lesions were widespread across his body, significantly impacting his daily life. Despite receiving various corticosteroids and methotrexate from multiple hospitals, no substantial improvement was observed, and the symptoms continued to worsen. The primary concerns included erythematous, scaly lesions persisting for eight years, severe pain and itching, body stiffness, and disturbed sleep due to intense discomfort. His medical history revealed severe constipation with a past history of hemorrhoids, but no significant history of diabetes mellitus (DM), hypertension (HTN), or metabolic disorders. On general examination, his appetite, thirst, blood pressure (BP), pulse rate (PR), and respiratory rate (RR) were within normal limits. There was no significant family history of psoriasis or other autoimmune disorders, and no known genetic information related to psoriasis was provided. The patient reported significant psychosocial distress due to the chronic nature of his condition, which severely affected his quality of life, particularly his sleep and daily activities. In terms of past interventions, he had undergone treatment with various corticosteroids and methotrexate at multiple hospitals, but despite prolonged use, no discernible improvement was observed in the lesions or associated symptoms.

CLINICAL EXAMINATION

Dashavidha Atura Pariksha (ten-fold examination of the patient) was used to evaluate *Atura Bala Pramana* (individual strength).The patient's *Ahara Shakti* (digestive capacity), *Jarana Shakti* (metabolic capacity), and *Satva* (psychological strength) were assessed as *Madhyama* (moderate), while *Vyayama Shakti* (physical strength), *Satmya* (compatibility), and *Vaya* (age) were *Avara* (low). The *Prakriti* (constitution) was identified as *Kapha Vataja*, and parameters such as *Sara* (proper nourishment of tissue), *Samhanana* (body build), and *Pramana* (body proportion) were also found to be *Avara* (low)[5].

SAMPRAPTI GHATAKA

Dosha dominance	*Vata-Kapha*
Dushya(vitiated *Dhatus*)	*Tvak* ,*Rakta*, *Mamsa , Ambu*
Srotas(involved channels)	*Rasavaha, Raktavaha*
Srotodushti Lakshan (pathological changes in channels)	*Sanga*, *Vimargagamana*
Agni (digestive and metabolic capacity)	*Jatharagni – Mandya* (low digestive fire) *Dhatwagni – Mandya* (low tissue metabolism) *Mahabhutagni – Mandya* (low elemental metabolism)
Marga (disease pathway)	*Bahya Rogmarga*
Udabhavasthana (site of origin)	*Amashaya* and *Pakvashaya* and *Sira*
Sancharastahana (site of spread)	*Triyaka Gami Sira*
Gati	*Triyak Gati*
Adhistan(source of origin)	*Twak*
Vyadhi Swabhava (nature of disease)	*Chirakari*. (chronic and slow progressing)

Mandal kustha's Dosha dominance is *Kapha Vata,* while *Dusya* are *Tvak, Rakta, Mamsa, and Ambu*.[6] The *Srotodusti lakshan* is *Sanga* and *Vimarggaman*, and the involved *Srotasa* is *Rasavaha* and *Raktvaha.* It was discovered that the patient *Rogamarga* was *Bahyarogmarga, Udbhavasthana* was *Amashaya* and *Pakvashaya* , and *Agni* was *Manda. Triyak Gami Sira Gati* was observed as the mode of spread of vitiated *Doṣha* from the *Udbhava sthana* to the peripheral *Duṣya*, leading to the manifestation of disease in the *Bahya rogamarga*."

1. General Dermatological Examination

It revealed multiple reddish erythematous scaly papules and plaques,distributed asymmetrically across the body, with well-demarcated borders and a hard, raised, rough, and dry surface texture. The Auspitz sign was positive, indicating pinpoint bleeding upon scale removal, along with skin rigidity and noticeable stretching. On inspection, the lesions appeared widespread, reddish erythematous, and scaly, with scaling visibly present. Palpation findings showed dry skin, warm temperature, and a rough, coarse texture. The Psoriasis Area and Severity Index (PASI) score was used to assess the severity and extent of the disease, revealing a moderate to severe disease burden, indicating significant dermatological and systemic involvement.

2. Laboratory testing summary

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The laboratory tests indicate a mild inflammatory process as evidenced by the elevated Erythrocyte Sedimentation Rate (ESR) of 45 mm/hr and C-Reactive Protein (CRP) level of 32.21 mg/dL, suggesting possible systemic inflammation or active disease. The Complete Blood Count (CBC) results show a white blood cell (WBC) count of 5.80 x 10^3/µL (within normal range), a hemoglobin level of 12.1 g/dL (slightly below normal, indicating mild anemia), and platelets at 134 x 10^9/L (slightly low, which could indicate potential platelet consumption or bone marrow involvement). There are no significant signs of secondary infection or systemic inflammation, but the mild anemia and thrombocytopenia warrant further monitoring. The autoimmune panel, including Rheumatoid Factor (RF) of 12.8 IU/mL (normal) was negative, rules out autoimmune disorders like rheumatoid arthritis or systemic lupus erythematosus. The serum uric acid level was 23.1 mg/dL (within the normal range of 16.6-48.5 mg/dL), making metabolic syndrome or gout less likely. Overall, the results point to an inflammatory process

3. Diagnostic Challenges

The diagnostic challenges in this case involved differentiating *Mandal Kushtha* from other dermatological conditions with overlapping features. Eczema (*Vicharchika*) is more pruritic and lacks well-defined plaques, seborrheic dermatitis presents with greasy, yellowish scales primarily on the scalp and face, tinea corporis (*Dadru Kushtha*) appears as annular lesions with central clearing, confirmed via a KOH test, and leprosy (*Kushtha* in *Ayurveda*) manifests as hypopigmented patches with sensory loss, requiring a skin smear test for confirmation. Additionally, *Mandal Kushtha* needed to be distinguished from other types of *Kushtha* in *Ayurveda*. It aligns more closely with *Mahakushtha* rather than *Kshudrakushtha*, as it features characteristic scaly, circular lesions with a dry, rough texture. Based on these observations, the primary diagnosis was *Mandal Kushtha*, which closely resembles Chronic Plaque Psoriasis in modern dermatology. Other considered diagnoses were ruled out, including *Vicharchika* (eczema) due to the absence of intense itching, *Dadru Kushtha* (fungal infections) as the KOH test was negative, *Vipadika* (palmoplantar keratoderma) since it does not present with widespread scaly plaques, and *Kitibha Kushtha* (psoriasiform dermatitis) due to the lack of distinct, well-demarcated erythematous plaques characteristic of *Mandal Kushtha.*

4. Prognostic characteristics

Mandal Kushtha indicate a chronic and relapsing course, often triggered by seasonal variations, dietary factors, stress, and environmental influences. Potential complications include an increased risk of joint involvement (*Sandhigata Kushta*/Arthritis) and susceptibility to secondary infections due to excessive dryness and scaling. From an Ayurvedic perspective, the predominant *Dosha* involvement is *Kapha* and *Pitta*, leading to associated symptoms such as *Rukshata* (dryness), *Khara* (scaling), and *Daha* (inflammation). The treatment varies based on severity; mild cases respond well to ayurvedic formulations, external applications (Lepa), and detoxification (*Shodhana*), where as severe cases may require *Panchakarma* therapies like *Vamana* and *Virechana* along with internal medications for effective management. Based on clinical presentation and investigative findings, the final diagnosis was confirmed as *Mandal Kushtha*, which corresponds to Chronic Plaque Psoriasis in modern dermatology.

5. Final Diagnosis

This case highlights *Mandal Kushtha***,** which aligns with Chronic Plaque Psoriasis**,** a chronic, relapsing skin disorder with significant *Dosha* involvement (primarily *Kapha-Pitta*).

TIMELINE

Considering involved *Dosha* and *Dushya*, patient was given *Shamana Chikitsa* (pacifying therapy) along with dietary restrictions (excessive sour, salty, spicy and junk and packaged food, curd, jaggery, meat, fish, sesame seed, besan,milk products,etc.). He was advised to avoid day sleep and suggested to maintain personal hygiene. He was prescribed medicines for oral and topical applications [Table 1]. The assessment was done before treatment, after treatment and follow-up to evaluate efficacy of treatment.

Year	Incidence/Intervention
Mar 2017	Patient developed the first lesion on scalp.
	Consulted a homeopathic practitioner for 4 months but got no relief.
	Consulted allopathic practitioner where he was diagnosed with Psoriasis & taken treatment for 10 months and got relief.
July 2019	Relapse occurred then consulted in different allopathic hospital but got no relief.
Sept 2021	There was some clinical improvement in the lesions of the patient with mild relief in itching but the condition becomes worse so he again consulted to another allopathic hospital

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1st Aug. 2022	After consulted so many allopathic hospital, patient took treatment from SMS Hospital Jaipur for 10 months. He got relief but symptoms reoccur
20th Dec 2023	Pateint took allopathic medicines and took steroids (corticosteroids, methotrexate,and cyclosporine) All the symptoms are relieved but new skin lesions also appeared.
17 Jan 2024	In January 2024, the patient came to the *Kriya Sharir* Department outpatient department (OPD) complaining of erythematous, scaly, and endurated lesions all over the body along with severe itching. The patient was prescribed ayurvedic medication.
20 March 2024	The patient's lesions showed clinical improvement, and the moderate relief in itching persisted for 15 days.
27 March 2024	All of the lesions were flattened and turned black, and the patient experienced total relief from itching and scaling. He was admitted to the *Kriya Sharir* Department's IPD for treatment.
30 April 2024	No new skin lesions apperaed, and all symptoms were alleviated.

1. Administration of Therapeutic Interventions
A. First Line of Treatment – *Shamana Chikitsa* (Palliative Therapy)
Internal Medications

Table No. 1: *Shamana Aushadi chikitsa* (Pallitative medicine)

S.No.	Medicine	Dose	Interval	Duration	Duration
1.	**Shuddha Gandhaka**	250 mg	BD AF	15 days	Water
	M Liv Syrup	10 ml	BD AF	15 days	Water
	Nimba Churna	3 gm	BD AF	15 days	Water
	Madhuyashti Churna	0.5 gm	BD AF	15 days	Water
	Rasmanikya	250 mg	BD AF	15 days	Water
	Guduchi Churna	1 gm	BD AF	15 days	Water
2.	**Arogyavardhini Vati**	500 mg	BD BF	15 days	Water
	Punarnavaastaka Kwatha	30 ml	BD BF	15 days	Water
3.	**Triphala Churna**	3 gm	HS AF	15 days	Lukewarm Water

External Applications
- **777 Oil + Psoralin Ointment** – Applied **3-4 times a day** on itching areas.

B. Second Line of Treatment – Shodhana Chikitsa (Purification Therapy)

Table 2: First Phase of *Shodhana Chikitsa* (March-April 2024)

Following **Purvakarma (Preparatory Phase), Pradhankarma (Main Therapy), and Paschatkarma (Post-Therapy Care)**.

Date	Medicine	Dose	Route	Duration
27 March - 01 April	*Deepana-Pachana* (*Agni* Deepan with *Panchkol Churna*)	5 gm BD after meals with lukewarm water	Oral	5 days
02 April - 06 April	*Abhyantar Snehapana* (Internal Oleation) with *Panchatikta Ghrita*	30 ml (Day 1) → 60 ml (Day 2) → 90 ml (Day 3) → 120 ml (Day 4) → 150 ml (Day 5)	Oral	5 days
07 April - 08 April	*Sarvanga Abhyanga & Swedana* (Full-body Massage & Fomentation) with *Dashmool Taila* followed by *Bashpaswed* with *Dashmool Kwatha*	External Application		2 days

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08 April - 14 April	*Vamana* (Therapeutic Emesis) followed by Sansarjana Karma	***Madanphalyoga*** (*Madanphal*-1gm, *Vacha*-1gm, *Saindhav*-1gm, *Madhu*-4gm, *Yastimadhu Phanta*, *Dugdhapana*)	Oral	5 days
Post-Vamana Care (Paschatkarma)	Monitoring BP & HR every 2 hours, Sansarjana Karma for 7 days	*Peya, Vilepi, Akrita Mudga Yusha, Krita Mudga Yusha*	Diet Therapy	7 days
***Dhoomapana* Therapy**	*Dashmool Tail* + *Dashmool Churna* (each nostril & mouth)	3 times daily for 5 minutes	External	7 days

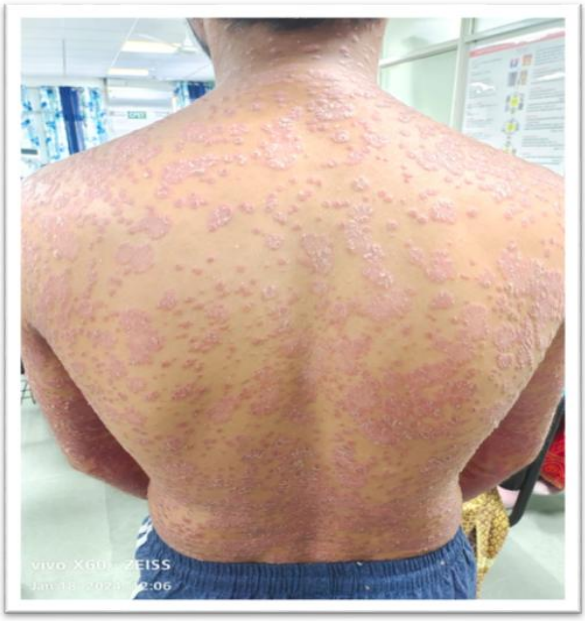
Table 2: Second Phase of *Shodhana Chikitsa* (April 2024)

Date	Medicine	Dosage	Route	Duration
17 April - 19 April	***Abhyantar Snehapana* (Internal Oleation) with *Panchatikta Ghrita***	50 ml (Day 1) → 75 ml (Day 2) → 100 ml (Day 3)	Oral	3 days
20 April - 23 April	***Sarvanga Abhyanga & Swedana* (Full-body Massage & Fomentation)** with *Dashmool Taila* followed by *Bashpaswed* with *Dashmool Kwatha*	External Application		4 days
23 April	***Virechana* (Therapeutic Purgation) followed by *Sansarjana Karma***	60 gm ***Trivrit Avaleha***	Oral	1 day

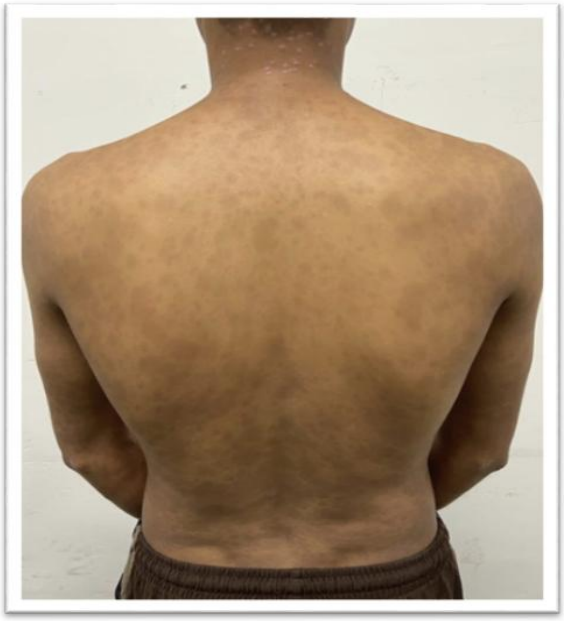
Post-*Virechana Care (Paschatkarma)*
- **Monitoring BP & HR, *Sansarjana Karma* for 7 days**: *Peya, Vilepi, Akrita Mudga Yusha, Krita Mudga Yusha*
- **30 April**: **Discharge from IPD (Kriya Sharir Department)**

FOLLOW UP AND OUTCOME

BEFORE TREATMENT



AFTER TREATMENT



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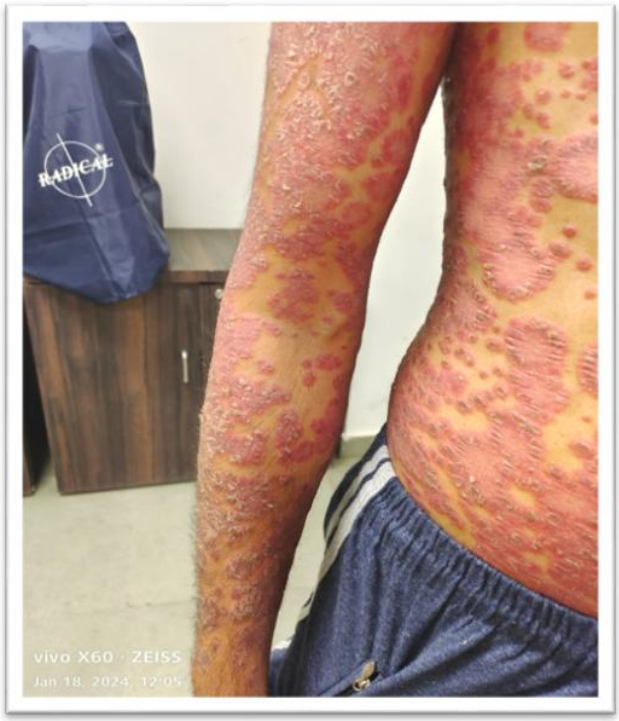
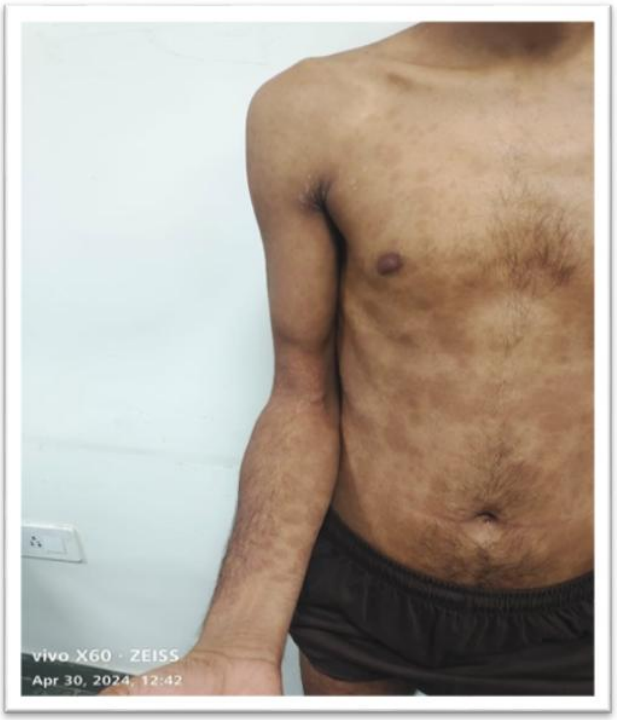
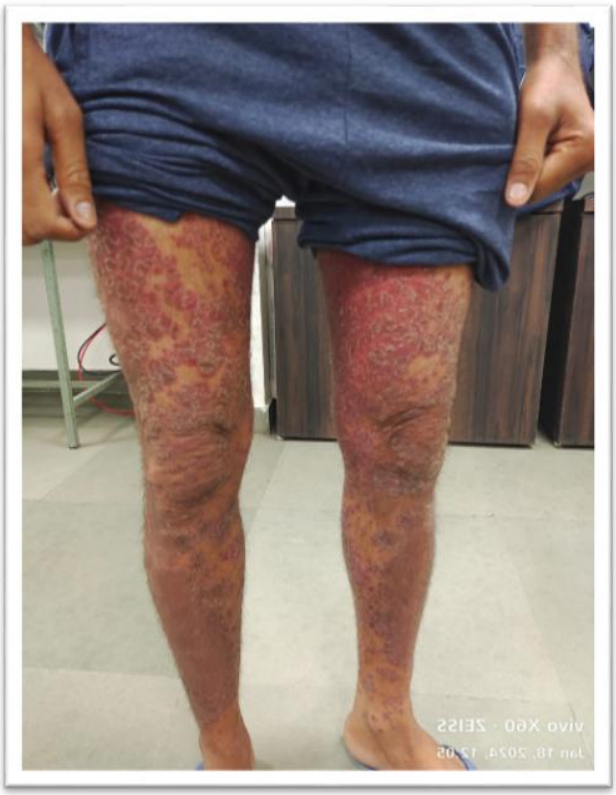
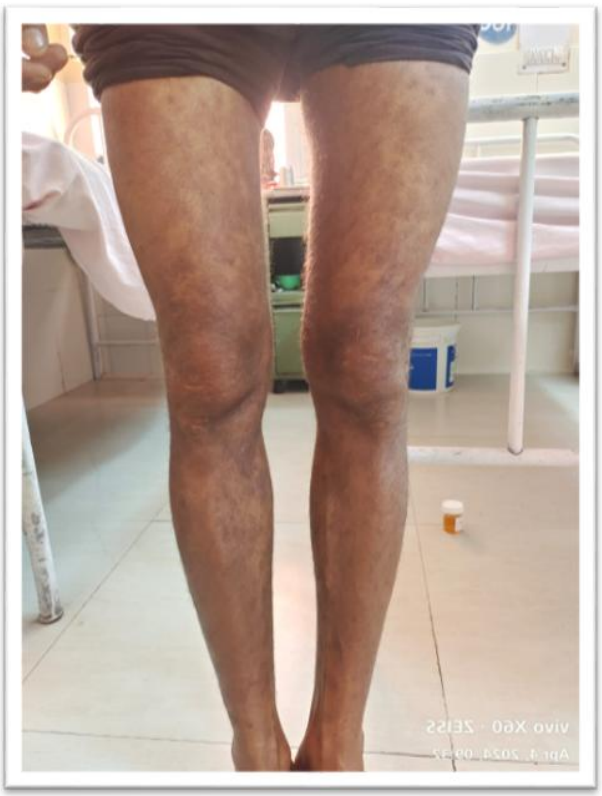
Chronic plaque psoriasis involving the posterior trunk
Healed psoriatic lesions involving the posterior trunk





Chronic plaque psoriasis involving the lateral trunk and upper limb
Healed Chronic plaque psoriasis involving the lateral trunk and upper limb





Chronic plaque psoriasis involving both lower limbs.
Healed Chronic plaque psoriasis involving both lower limbs.

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Clinician and Patient Assessed Outcomes:
The patient demonstrated significant improvement in symptoms, as noted during follow up consultations. He reported a reduction in discomfort and an overall sense of well being. Clinician assessment confirmed progress, with improvements in energy levels, digestion, and sleep quality, aligning with the expected response to the Ayurvedic treatment.

Follow up Diagnostic and Other Test Results:
Periodic assessments, including pulse diagnosis and other Ayurvedic diagnostic techniques, indicated a progressive balancing of his *Vata-Kapha* constitution. No alarming deviations were noted in routine clinical evaluations.

Intervention Adherence and Tolerability:
Adherence to the Ayurvedic treatment plan, including herbal formulations, dietary modifications, and lifestyle adjustments, were regularly monitored through patient self reports and clinician observations. The patient complied well with the regimen and adapted to the prescribed dietary and routine changes. Tolerability was assessed through direct questioning and monitoring of any discomfort or unintended reactions to the treatment.

Adverse and Unanticipated Events:
No major adverse effects were reported during the course of treatment. The patient initially experienced mild digestive adjustments, which resolved with minor modifications to the prescribed regimen. No unexpected complications arose during follow-ups.

DISCUSSION
The pathogenesis of *Mandal Kushtha*, primarily involves the vitiation of *Vata* and *Kapha Dosha* along with the impairment of *Tvak* (skin), *Rakta* (blood), *Mamsa* (muscle tissue), and *Lasika* (lymphatic system). The consumption of incompatible and unwholesome dietary substances such as excessive intake of sour, salty, and heavy foods, along with an irregular lifestyle, can lead to the simultaneous aggravation of *Dosha*. This results in the derangement of *Dhatu*, causing *Shaithilyata* (loss of structural integrity), which further predisposes the skin and underlying tissues to pathological changes, ultimately manifesting as *Mandal Kushtha*. Additionally, factors such as excessive curd consumption, dairy salt combinations, and daytime sleeping could further contribute to the *Kapha-Vata* vitiation, exacerbating the disease process.
The chronic relapsing nature of *Mandal Kushtha* suggests a deeper *Dosha* imbalance requiring a multifaceted approach for management. Hence, treatment aimed at pacifying *Vata-Kapha Dosha* was administered, incorporating internal medications such as *Gandhak Rasayan*, *Arogyavardhini Vati*, and *Panchatikta Ghrita* to detoxify the blood and restore *Dosha* equilibrium. Additionally, dietary modifications promoting light, easily digestible foods and incorporating bitter vegetables like bitter gourd and neem, along with pulses such as red lentils and green gram, were advised.
The selected interventions, including *Gandhak Rasayan*, *Arogyavardhini Vati*, *Panchatikta Ghrita*, and *Rasmanikya,* collectively exhibit antimicrobial, anti-inflammatory, immunomodulatory, hepatoprotective, and detoxifying properties[7].Additionally, the application of *Vaman* and *Virechan* Karma aligns with the principles of Ayurvedic detoxification, supporting the elimination of aggravated *Dosha,* particularly *Pitta* and *Kapha,* which are implicated in skin disorders.
One of the strength of this approach is its multimodal action targeting multiple pathophysiological mechanisms. By employing a combination of herbal and detoxification therapies, this approach not only addresses the symptoms but also targets the root cause of the condition. The incorporation of Rasayana therapy, such as *Guduchi* and *Triphala*, provides additional benefits in promoting immune modulation and rejuvenation, which are crucial in chronic skin conditions. A more intensive detoxification approach, such as *Vaman* (therapeutic vomiting), is planned for March, followed by *Virechan karma* (therapeutic purgation) later, based on the seasonal suitability and patient condition.

Discussion of Relevant Medical Literature
Several studies have reported the antimicrobial and immunomodulatory properties of *Gandhak Rasayan*, confirming its effectiveness in treating bacterial and fungal skin infections. *Guduchi* has been extensively studied for its hepatoprotective and anti-inflammatory effects, which align with its role in detoxification and immune regulation[8]. *Triphala*, a widely used polyherbal formulation, has demonstrated antioxidant and anti-inflammatory effects, making it beneficial for chronic inflammatory conditions, including dermatological disorders[9].*Panchatikta Ghrita*, as documented in Ayurvedic classics, is traditionally used for managing *Kushta*, and its components such as *Neem* and *Guduchi* have shown efficacy in modulating inflammatory pathways[10].Moreover, the efficacy of detoxification therapies like *Vaman* and *Virechan* has been reported in Ayurvedic literature as crucial interventions for chronic skin disorders due to their ability to cleanse aggravated doshas[11].
The rationale for this treatment approach is rooted in Ayurvedic principles, which emphasize Dosha balance, detoxification, and immune modulation. By addressing underlying *Dosha* imbalances, particularly *Pitta* and *Kapha*, and

ensuring proper detoxification of accumulated *Ama* and toxins, these interventions offer a logical and structured approach to managing chronic skin disorders. The combination of internal herbal therapies and purification procedures ensures a multi-targeted approach both preventive and curative.

Conclusion

This case highlights the efficacy of Ayurvedic interventions in treating chronic skin disorders (psoriasis) through a multi-faceted approach incorporating ayurvedic medicines, *Rasayana* therapy, and detoxification techniques. While promising, further standardized clinical studies are needed to validate these findings and optimize treatment protocols. Nevertheless, the holistic nature of *Ayurveda* offers a compelling alternative for managing dermatological conditions with an emphasis on long-term skin health and systemic detoxification.

Patient Perspective

From the patient's perspective, the Ayurvedic treatment provided a holistic and transformative healing experience. The gradual alleviation of symptoms such as itching, inflammation, and irritation significantly improved his quality of life. The detoxification therapies, although initially intense, were instrumental in addressing the root cause of his condition. The patient appreciated the non invasive and natural approach, which not only treated the visible symptoms but also enhanced overall well being. He noted an improvement in digestion, energy levels, and mental clarity, reinforcing the interconnected nature of health in *Ayurveda*. While the treatment required consistency and adherence to dietary and lifestyle modifications, the long-term benefits outweighed the challenges.

DECLARATION OF PATEINT CONSENT

The patient or carer has signed their permission to report the case in the journal together with any accompanying images and other clinical data. The patient or carer is aware that while every attempt will be made to keep their identity a secret and that their name and initials won't be published, anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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