

Holistic Management of Plaque Psoriasis through Panchakarma and Rasayana Therapy: A Case Study

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ABSTRACT:

Psoriasis is a chronic inflammatory skin disorder marked by erythematous plaques with a silvery scale, primarily affecting extensor surfaces and the scalp, and causing significant physical, mental, and social distress due to its appearance. In Ayurveda, skin diseases are classified under *Kushta*, with psoriasis identified as *Sidhma Kushta*. While the exact aetiology of psoriasis is unknown, contributing factors include genetic predisposition, dietary habits, immune responses, and psychological stress, exacerbated by modern lifestyle changes. A 37-year-old male with plaque psoriasis, diagnosed as *Sidhma Kushta* in Ayurveda, received a treatment regimen consisting of *Rookshana* through *Rooksha virechana* with *patolamooladi kashayam* followed by *Snehapana* with *Aragwathamabatiktakam ghrita*. This was succeeded by *Vamana* and *Virechana* and ended with *Siro Takradhara*. During the 3 months follow up period o *Rasayana* was administered in the form of *Twaraka taila Nasya* and *Pathyadi curna* .Within just one month of continuous treatment, observed excellent outcomes characterized by a significant reduction in Psoriasis Area Severity Index (PASI), Dermatological Life Quality Index (DLQI), and Visual Analogue Scale (VAS) , and notably, during the follow-up period, there was no recurrence of the condition, indicating the treatment's sustained effectiveness. This case report underscores the remarkable effectiveness of *Panchakarma* and *Rasayana* therapies in treating *Sidhma Kushta*, thereby demonstrating their significant potential in the effective management of plaque psoriasis and highlighting their role as viable therapeutic options in the realm of dermatological care

KEY WORDS: Ayurveda, Psoriasis, *Panchakarma*, *Rasayanam*, *Sidhma kushta*.

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INTRODUCTION:

Psoriasis is recognized as the most prevalent immune-mediated inflammatory disease, involving skin and joints and associated with abnormalities of other systems. Even though the condition is not life-threatening, it is difficult to treat and response rates vary widely. According to W.H.O. the worldwide prevalence of psoriasis is 0.09% - 11.43%.^[1] In India prevalence of Psoriasis varies from 0.44 to 2.88%.^[2] The average age of onset is between 15 to 35 years old. Plaque psoriasis is the most common type of psoriasis. The most common symptoms of plaque psoriasis include: red, raised, inflamed patches of skin, whitish silver scales or plaques on the red patches, dry skin that may crack and bleed, soreness around patches, itching and burning sensations around patches, thick, pitted nails, painful and swollen joints. The condition can cause severe symptoms for several days or weeks, followed by periods where symptoms significantly lessen or become nearly imperceptible. However, the condition may flare up again after a few weeks or if triggered by common factors such as stress, alcohol, or skin injury. In some cases, psoriasis symptoms may completely resolve.

The constraints of conventional treatments for plaque psoriasis highlight the importance of Ayurvedic panchakarma in targeting and resolving the root causes of the condition. This case reports plaque psoriasis was treated with Ayurvedic *Panchakarma* and *Rasayana* and finding can be further validated through clinical trial to development of evidence-based treatment guideline

CASE HISTORY:

A 37-year-old male working as construction officer in Singapore was apparently normal until 10 years ago when he noticed a scaly

lesion on his back, which was accompanied by increased itching. The lesion later spread over his entire body, presenting as red-coloured small rashes. The patient underwent allopathic treatment, which provided relief for 2 years. The patient was unable to recall or provide a list of previously prescribed allopathic medications. However, he reported self-administering *Ayur Raksha Skin Well* capsules orally and using *Bioderma Atoderm Intensive Baume* for external application over the past two years. Afterward, only a few lesions remained, which subsided with topical application. However, by March 2024, the condition worsened, spreading to the upper and lower limbs, as well as the trunk and abdomen. The lesions were scaly, dry, and associated with intense itching. Additionally, the patient experienced bilateral leg oedema for one month, accompanied by pain

In past history, the patient had a history of renal stones in 2023, for which he underwent laser surgery. Personal history the patient's appetite is normal, and he has bowel movements twice daily. Micturition is clear, but his sleep is disturbed due to itching. He has no history of addiction or allergies, follows a mixed diet, and there is no relevant family history. General examination reveals a moderate build young patient with pulse rate was 68 beats per minute and his heart rate is 74 beats per minute. His blood pressure is recorded at 130/80 mmHg, and he weighs 65 kg. Systemic examination (Integumentary system), the patient presents with dry, scaly lesions distributed over the bilateral lower limbs, upper limbs, trunk, back, and abdomen. The lesions exhibit a positive Auspitz sign. Additionally, the patient has bilateral lower limb oedema with a pitting type: the left ankle measures 28 cm and the

foot 24 cm, while the right ankle measures 27 cm and the foot 24 cm. Nail involvement includes pitting of the nails on the upper limbs and a blackish line in the thumbnail of the right hand.

Assessment parameter such as the psoriasis Area severity Index (PASI), Dermatological Life Quality Index (DLQI), and Visual

Analogue Scale (VAS) score assess pain were evaluated prior to treatment. The findings were; PASI: 33.3, DLQI: 21& VAS :7

THERAPEUTIC INTERVENTION:

The details of prescribed medicines are mentioned in table-1.

Table-1: Therapeutic Intervention:

Duration	Medicine	Observation		Result
		Days	Number of Vega	
From 30/05/2024-04/07/2024	Initial Rookshana by Rooksha virechana • <i>Patolamooladi kashayam</i> (10g <i>sookshma curna</i> boiled in 2 glass water and reduced in to 1 glass)	1	3	Itching and redness increased, and oedema was completely reduced by the end of <i>Rookshana</i> . On the last day of <i>Rookshana</i> , the patient experienced a runny nose and watering from the eyes. For this, <i>Dasamoolakatutrayam kashayam Muburmuhu</i> and <i>Sudarshana Gulika</i> were administered, 2 tablets twice daily.
		2	7	
		3	7	
		4	7	
		5	11	
		6	6	
From 08/06/2024-12/06/2024	Sodhananga Snehapana Done with <i>Aragvatha mahatitkakam ghrita</i> with a test dose of 30ml increased up to 230ml based <i>Samyak snigdhabha</i>	Samyak snigdha lakshana assessment tool ^[3]		Itching, dryness, scaling reduced. lesion still persist
		Days	Score	
		1	7	
		2	7	
		3	8	
		4	9	
5	16			
13/06/2024 & 14/06/2024	2 days Abyanga and Ushmasweda with <i>Ayyapala kera taila</i> . Day before Vamana 2L milk , 2 peda, are given for Utkleshana			Itching reduced considerably.
15/06/2024	Vamana -medicine for <i>Vamana</i> was <i>Nimba kalka</i> 6g <i>Madanapippali</i> 10gm, <i>Vacha</i>	Total <i>vega</i> – 8 Total <i>upavega</i> – 23 <i>Pittantham</i> not attained		

	<p>2g <i>Yashti</i> 6g <i>Saindava</i> 5g For <i>akanda pana</i> <i>Nimba Kashayam</i> 12 glass <i>Yashti Phantam</i> 35 glass</p> <p><i>Peyadi kramam</i> followed for 3 days</p>		
<p>After <i>Vamana</i>, the plan was to administer <i>Shodhana Snehpana</i> again prior to <i>Virechana</i>. On the following day at 6 a.m., 125 ml of <i>Aragwatha Mahatiktakam</i> was given, but the patient started experiencing loose bowel movements with green-colored stools and the presence of ghee. Consequently, the <i>Sneha Pana</i> was stopped</p>			
<p>From 20/06/2024- 22/06/2024</p>	<p>Internal medicine</p> <ul style="list-style-type: none"> • <i>Chiruwilwadi kashayam</i> 90ml , 6am ,6pm • <i>Aragwatha Mahatiktakam gritham</i> 15ml at 6am <p>Veppila kizhi ^[4] with <i>Ayyapala Kera Taila</i> <i>Thalam</i> – <i>Rasnadi curnam</i>+<i>Jambeera Svarasa</i></p>		<p>Itching reduced Scaling completely absent Lesion persist</p>
<p>23/06/2024</p>	<p>Virechanam with <i>Patola mooladi kashayam</i> (10g sookshma curna boiled in 2 glass water and reduced in to 1 glass)</p> <p><i>Peyadi kramam</i> followed for 2 days</p>	<p>Total number of vega 7</p>	
<p>From 26/06/2024- 30/06/2024</p>	<p>Internal medicine</p> <ul style="list-style-type: none"> • <i>Chiruwilwadi kashayam</i> 90ml , 6am ,6pm • <i>Aragwatha Mahatiktakam gritham</i> 15ml at 6am • <i>Manibadra gulam</i> 1 teaspoon HS <p>Siro Takradhara with <i>Musta</i> and <i>Amalaki</i> for a duration of 45 minutes During the procedure body smear with <i>Ayyapala Kera</i></p>		<p>The scaling redness was completely reduced, itching from the patient's perspective decreased by 80%, and edema was absent</p> <p>Complete relief of</p>

	<i>Taila</i> and cover the body.		scaling in <i>Siras</i>
Discharge medicine	Rasayana medicine <ul style="list-style-type: none"> • <i>Pathyadi curna</i> ^[5]1tsp + honey ½ tsp + <i>Vajraka gritham</i> 1 tsp + sugar powder ½ tsp • <i>Tuvaraka tailam</i> 2 drops each nostril in morning 		Complete relief of symptoms. improvement has brought a substantial positive shift in his quality of life



Figure-1: Condition of lesion before treatment and after treatment (Upper back)



Figure-2: Condition of lesion before treatment and after treatment (Lower limb)

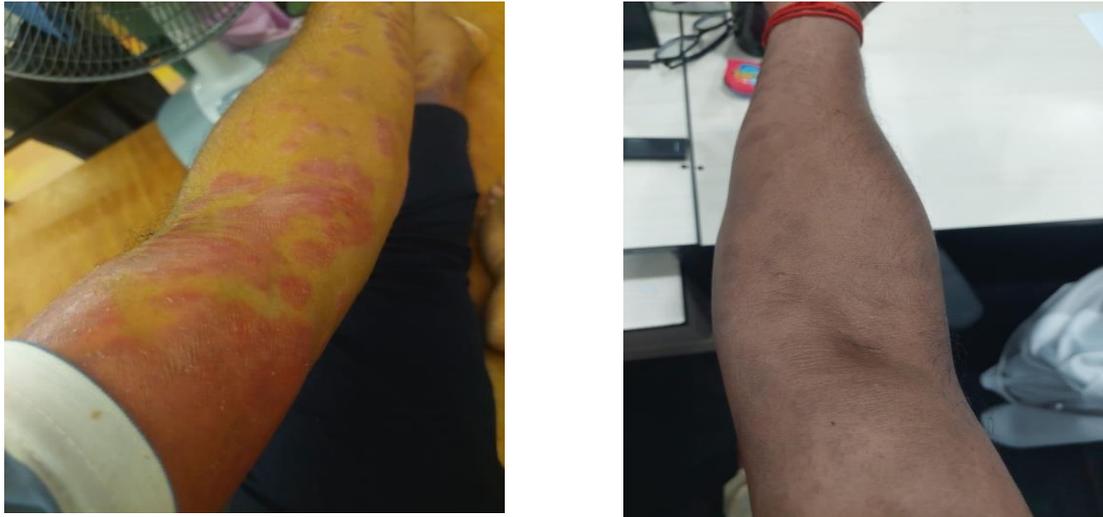


Figure-3: Condition of lesion before treatment and after treatment (Upper limb)

RESULT AND DISCUSSION:

Psoriasis is a chronic inflammatory disorder, characterized by the formation of well-defined raised erythematous plaques, with silvery white scales; that preferentially localize on the extensor surfaces. According to Ayurveda, this clinical presentation with dominance of *Kapha* and *Vata* and association of *Pitta* was diagnosed as *Sidhma kushta*. The presentation of such deep-rooted skin lesions counts under *Bahu-dosha janya vikara* manifested in the *Bahya roga marga*. The course of treatment for such scenario consists of *Antah parimarjana* (*Shodhana* and *Shamana*) *chikitsa* followed by *bahib parimarjana* (external application) *chikitsa* and later *Rasayana cikitsa* (rejuvenation treatment).

Initially, considering the exaggerated itching and swelling around the lesion as *Utklishtha dosha sadya virechana* with *Patolamooladi kashaya* was given for 6 consecutive days and the considerable relief in complaints were been noticed from the third day of *Virechana* onwards. This *Virechana* helped in expelling the prior *Utklishtha dosha* resulting in the relief from the complaints.

Further to subject the *Leena dosha* for *Shodhana*, *Snehapana* with *Aragwadha*

Mahatiktakam ghritam was selected for its *Kapha-pittahara* properties and affinity towards *Kushta*. Considering the strong association of *Kapha*, initially *Vamana* was performed with *Nimba kalka* along with *Nimba kashaya*. *Nimba* is considered as one amongst the *Vamaka dravya* and also helps in pacifying *Kapha* and *Pitta* with its *Ruksha Guna* and *Tikta Kashaya rasa* and it is *Kushtahara karma*^[6]. Further according to treatment principle, *Snehapana* was restarted followed by *Virechana*. This was done to achieve *Urdhwa* as well as *adboga Shodhana* of *Dosha* that resulted in considerable reduction in thickness of lesions.

Further, to achieve the *Shamana* of residual *dosha*, poultice of *Nimba patra* were used as they possess anti-inflammatory, anti-bacterial and anti-oxidant properties too^[7]. *Ayyapala Kerala taila* possessing *Kutaja* (*Hollarrbena antidysentrica Wall*) and *Nimba* (*Azadirachta indica A.Juss*) prepared with the base of coconut oil helped in reducing the further association of *Kapha* and *Pitta*. This *Pottali sweda* induced perspiration and helped in bringing *Mardava* (softness) to the body.

Psoriasis have shown the positive correlation with the stress factor .people

with high levels of worrying and scratching are most vulnerable to the impact of stressors on their psoriasis, particularly at highly stressful periods^[8].

Sirodbara is a proven as anxiolytic modality and for its positive effect on HPO axis. *Takradhara* with *Amalaki* (*Emblica officinalis Gaertn*) is been advised for *Kapha-Pitta vikara* associated with *kleda*^[9]. *Musta* (*Cyperus rotundus L.*) which is also a *tikta pachana* was used along with *Amlaki* that worked on both physiological and psychological aspects of HPO axis. This further helped in preventing excessive keratogenesis leading to bringing the normal skin thickness as well improving the sleep pattern of the patient^[10].

The frequent relapse of the condition signifies the need of intervention of Rasayana to strengthen the Dhatu for achieving the long term remission of the condition. Hence, *Pathyadi curna* which particularly mentioned in *Vaidhyamanorama* internally given along with *Tuvaraka taila Pratimarsha Nasya* was given.

Pathyadi curna contains *Triphala*, *Vidanga* (*Embelia ribes Butm F.*), *Chitraka* (*Plumbago zeylanica L.*), *Bakuchi* (*Psoralea corylifolia L.*), *Bringaraj* (*Eclipta alba L.*), *Ballataka* (*Semicarpus anacardium Linn.*), *Kantaloha*, *Ayas* which all having *kushtahara* properties. *Tuvaraka* (*Hydnocarpus laurifolia Dennst.*) have antileprotic effect is attributed to its unique cyclopentenyl fatty acid along with antibacterial, antileprotic, antitubercular, antipsoriatic, antirheumatic, hypolipidemic, antidiabetic, anticancer, anti-inflammatory, and antioxidant activities^[11].

Before starting the treatment his Auspitz sign was positive and have sever itching and scaling with foot oedema, after the course scaling and itching reduced and Auspitz sign become negative and oedema fully relived. Post-treatment, the PASI score showed significant improvement, with the DLQI

and VAS which all become zero. The Auspitz sign was negative, and all symptoms of scaling, itching, and swelling resolved, leaving only a mild blackish discoloration

So, it is evident that the judicial application of *Shodhana* and *Shamana karma* resulted in the quick yet sustained remission of psoriasis

Pathya -Apathya:

Pathya was advised with emphasis on easily digestible foods such as whole grains (ragi, broken wheat), steamed preparations (idiyappam, upma), and vegetable-based curries with minimal oil. *Apathya* items such as curd, milk products, fried foods, sweets, citrus fruits, fermented foods, seafood, and carbonated drinks were strictly avoided due to their potential to aggravate psoriatic symptoms.

CONCLUSION:

This case report demonstrates that the integration of Ayurvedic treatments, including *shodana*, alongside *Rasayana* therapy, can significantly improve conditions in patients with plaque psoriasis. Additionally, the use of accessible treatments such as *veppilakizhi* for *swedana* and *Nimbakalka* and *Kashaya* for *Vamana*, as well as the incorporation of lesser-known yogic practices like *pathyadi curna*, offers promising avenues for managing this debilitating condition

Declaration of patient consent:

Written informed consent was obtained from the patient for the publication of this article, including all clinical data and any accompanying images. The patient was informed about the nature of the publication and has reviewed the material to be published. The consent specifically includes permission to publish potentially identifiable information, including facial

photographs, with the understanding that complete anonymity cannot be guaranteed despite best efforts.

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