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# Ayurvedic Management of Annular Psoriasis: A Case Report

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**ABSTRACT:**

Annular psoriasis is a rare clinical variant of psoriasis characterized by ring-shaped erythematous plaques with scaling and a tendency for recurrence. This case report describes a 64-year-old male with a long-standing infraumbilical lesion presenting with pain, burning sensation, and progressive annular morphology, confirmed through histopathological evaluation. The presentation was interpreted in Ayurveda as *Sidhmah Kushthah*, and management was planned based on *dosha–dushya* involvement and *samprapti vighatana* principles. A combination of internal medications and external applications were administered over a period of two months. Marked clinical improvement was observed, with complete resolution of erythema, induration, and scaling. The Target Lesion Severity Score reduced from 10 to 0, indicating full remission. This case highlights the potential effectiveness of an individualized Ayurvedic approach in managing chronic and recurrent variants of psoriasis, while emphasizing the need for further systematic studies.

**KEYWORDS:** Annular psoriasis, Ayurveda, *Kushthah,* Psoriasis, *Sidhmah Kushthah.*

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## INTRODUCTION:

Papulosquamous disorders comprise a group of dermatological conditions characterized by scaly papules and plaques, commonly presenting as erythematous, scaly lesions over various body sites. This heterogeneous group includes conditions such as psoriasis, pityriasis rosea, and pityriasis rubra pilaris, with largely uncertain etiopathogenesis.

Psoriasis is a chronic immune-mediated dermatosis marked by accelerated epidermal proliferation, leading to well-

demarcated erythematous plaques with silvery scales. Its pathogenesis involves genetic predisposition and environmental triggers such as stress, infections, and medications. Histopathology typically shows acanthosis, parakeratosis, and Munro micro-abscesses. Annular psoriasis is a morphological variant of plaque psoriasis, usually developing from pre-existing plaque-type lesions. It is characterized by centrifugal expansion with relative central clearing, producing ring-shaped plaques with trailing scales. Careful differentiation from conditions such as Tinea corporis and Granuloma annular is essential and may require confirmatory investigations such as microscopy or skin biopsy. [1] Annular psoriasis is a rare sub-type, predominantly described in isolated case reports and small clinical series with high recurrence pattern, with no well-established epidemiological prevalence data.

The global prevalence of psoriasis generally ranging from approximately 0.1% to 3% across different populations, as demonstrated in large-scale epidemiological and Global Burden of Disease studies.[2],[3] Given the chronicity and recurrence associated with psoriasis, systems like Ayurveda offer a holistic approach targeting underlying pathophysiology.

In Ayurveda, cutaneous manifestations are mentioned in different contexts such *as Jwara, Raktapitta, Kushthah, Visarpah, Vatarakta, Udardah,* and *Sitapitta* etc. Among them, *Kushthah* deals with chronic skin disorders which are of two categories: *Mahakushthah* (major skin disorders) and *Kshudrakushthah* (minor skin disorders), based on severity, prognosis, and clinical presentation. The morphological features of the Annular psoriasis can be correlated with *Sidhmah kushthah*, one among these varieties. *Sidhmah Kushthah* according to Charaka, is included under *Mahakushthah*, whereas Vagbhata and Sushruta consider it as a type of *Kshudra Kushthah*. Charaka describes *Sidhmah Kushthah* with features such as *parushah* (rough texture), *aruna* (reddish discoloration), *visheerna bahi* (fissured or irregular margins), *tanu* (thin lesions), *antha snigdha* (smooth inner surface), and *shukla-rakta avabhasa* (whitish-red appearance). The lesions are often multiple (*bahu*), associated with mild pain (*alpa vedana*), mild itching (*alpa kandu*), and burning sensation (*daha*). [4] According to Vagbhata, the condition is characterized by *bahir ruksha* (dryness externally) and *anthaha snigdha* (moistness internally), along with *raja ghrishtam* (fine scaling on rubbing), *slakshnah* (smoothness), *tanu* (thinness), *sweta* (whitish) or *tamra* (coppery discoloration), and resemblance to the flower of *alabu* (*doudhiga pushpavat*). It predominantly affects the upper part of the body (*urdhvakaya*). [5] From a *dosha* perspective, *Sidhmah Kushthah* is primarily *Kapha–Vata* predominant in nature. [6]

**CASE REPORT:**

In the present case, a 64-year-old male patient presented to the OPD with chief complaints of non-itchy, painful erythematous below the umbilicus for 5 years, aggravated in the last 2 months. The patient was a diagnosed case of

annular psoriasis. The features of the condition were compared with *Sidhmah Kushthah*. And the treatment carefully planned and carried out.

**Presenting Complaint**

The 64-year-old male patient who is a manual labourer by profession presented with a non-itchy, erythematous skin lesion over the infra-umbilical region, associated with mild pain and a burning sensation, along with scaling. The condition had been present for approximately 5 years, with a recent aggravation over the past two months.

**History of Present Illness**

The patient was apparently normal five years back when he noticed a small erythematous patch below the umbilicus. The lesion gradually increased in size, assuming an annular configuration with scaling.

The lesion was initially non-itchy but associated with mild pain and occasional burning sensation. There was no history of discharge or bleeding. He had consulted multiple doctors and dermatologists. The condition showed a recurrent course with periodic exacerbations. The patient reported aggravation since the past 2 months. So, he was advised biopsy. The biopsy revealed annular and circinate variant of Psoriasis. And an immunosuppressant was given orally and lotions externally. As the symptoms persisted, he visited our OPD, Government Ayurveda College hospital for further management of the same.

**Past History -** History of fungal infection in the past. No history of diabetes mellitus, hypertension or other systemic illness.

**Family History –** No relevant family history of skin diseases and lifestyle disorders.

**Drug History** – Methotrexate 10mg initially which showed recurrence on decreasing dose later MTX 15mg

**Personal History-** The patient had a reduced appetite, regular bowel habits, and sound sleep. Occasional painful micturition was reported. The patient followed a mixed diet, engaged in moderate exercise, and had no known allergies.

**Physical Examination-** The patient had a normal appearance, was moderately built, and well nourished. There was no evidence of pallor, icterus, cyanosis, oedema, lymphadenopathy, or clubbing.

**Vitals -** Vitals were normal

**Integumentary system examination**

The primary lesion consisted of erythematous papules and plaques over the infraumbilical region, with peripheral scaling at the margins. The lesions showed centrifugal expansion with central clearing, a raised active scaly border, and trailing scales at the inner margin, arranged in an annular configuration. They were distributed over the infraumbilical region with a dry texture. Hair, nails, and oral mucosa were intact. Palpation was dry on touch

**Other system examination -**No abnormalities noted

**Investigation –** Biopsy-Annular circinate variant of psoriasis.

**Diagnosis:**

Annular variant of psoriasis.

***Samprapthi ghataka***

- *Dosha- Vata Kapha pradhana tridoshaja* (*Vata* symptoms -dry scales, reddish black colour, slight pain, *Kapha* symptoms- delayed progression, itching, elevated, change of colour)
- *Dushya- Rasa, Raktha*
- *Srotas- Rasa, Raktha* (*Rasa dushti nidana*- heavy and excessive intake of food, *Raktha dusti nidana*- prolonged exposure to sunlight followed by shower and spicy food)
- *Agni- Manda*
- *Adhishtana- Twak*
- *Rogamarga- Bahya*
- *Vyadhi Avastha- purana*
- *Sadhyasadhyatha- Yapya*

**Samprapthi** - As the patient works as a manual labourer, primarily involved in construction of wells, he often consumes food irregularly, which may have led to *agnimandya* (impaired *agni)* and subsequent *ama* formation. Additionally, the intake of *katurasa ahara* (spicy)*, amita or atimatra ahara* (excessive intake of food)*,* and prolonged exposure to sunlight followed by cold showers (*sheethoshna sevana*) may have contributed to *dosha prakopa*(vitiation), predominantly of *Vata* and *Kapha*, along with *Rasa* and *Rakta dhatu dushti*. These vitiated *doshas* likely resulted in *srotorodha* (obstruction) in the *Rasa-Rakta vaha srotas*, leading to *twak dushti* and ultimately manifesting as lesion with scaling, mild pain and erythema.

**THERAPEUTIC INTERVENTION:**

Treatment was aimed at reversing the underlying pathology *(samprapthi vighatana*). To alleviate the symptoms and prevent recurrence of the disease by *pachana, deepana, shodhana, Kleda soshana, dhatuposhana* were given. The treatment protocol included *Shodhana* in the form of *Virechana*, which is considered the primary therapeutic approach in *Kushthah* for the elimination of vitiated doshas. *Deepana* and *Pachana* were employed to enhance digestive fire and facilitate the digestion of *ama*, thereby correcting the underlying metabolic disturbance. *Kleda shoshana* was aimed at reducing excess moisture in the *twak* and *rasa–rakta dhatu*, helping to control inflammation and local disease progression. *Dhatuposhana* was incorporated to nourish and restore the affected tissues, promoting healing and preventing recurrence.

**First visit 29/08/2025:**

*Sramsana (shodhana), Pachana, Deepana* and *Kledashoshana.*

**Follow up -13/09/2025:**

The same medicines mentioned in Table 1 were instructed to continue and there was significant reduction in pain and redness.

**Follow up 27/09/2025:**

The symptoms like redness, scaling and pain over the infraumbilical region reduced. But now the patient had complained of itching and redness over left inguinal region. Since he had history of fungal infection, that was addressed after proper examination and medicines mentioned in Table 2 were advised.

**Follow up 17/10/2025:**

The scaling, redness, pain over infraumbilical region considerably reduced. And the skin achieved normal

colour and texture. Itching and redness completely reduced over inguinal region. The same medicines mentioned in Table 2 were continued.

**Follow up 1/11/2025:**

By this time itching, redness, pain, scaling completely resolved. The skin was normal in appearance. After 14 days, the patient was instructed to discontinue the above prescribed medications. Subsequently, for a period of 3 weeks, the patient was advised to apply *Eladi kera tailam* externally and to take 1 teaspoon of *Chyawanprasha*[7]. orally on an empty stomach each morning, with the aim of preventing recurrence.

**RESULTS**

**Target Lesion Severity Score (TLSS)** [8]

Used for single plaque / localized psoriasis.

**Table 1: Prescribed Medicines with time line:**

| Medicine | Dosage and Administration | Duration |
|---|---|---|
| *Trivruth Churnam* | 1tsp with hot water at bed time | 14 days |
| *Chandraprabha Vati* | 1 tablet 6am 6 pm Empty stomach | 14 days |
| *Punarnavadi Kashayam* | 90 ml 6am 6pm Empty stomach | 14 days |
| *Guluchyadi Kashayam* | External Wash | 14 days |
| *Eladi Tailam* | External application | 14 days |
| *Nishakathakadi Kashayam* | Wet compression over the lesion | 14 days |

**Table 2: Medicines prescribed on follow up**

| Medicine | Dosage and Administration | Duration |
|---|---|---|
| *Punarnavadi Kashayam* | 90 ml 6am 6pm Empty stomach | 14 days |
| *Chandraprabha Vati* | 1 tablet 6am 6 pm Empty stomach | 14 days |
| *Charmamritham lotion* | External Wash | 14 days |
| *Cutis powder* | External application | 14 days |

**Table 3 Medicines prescribed on follow up**

| Medicine | Dosage and Administration | Duration |
|---|---|---|
| *Punarnavadi Kashayam* | 90 ml 6am 6pm Empty stomach | 14 days |
| *Chandraprabha Vati* | 1 tablet 6am 6 pm Empty stomach | 14 days |
| Tab.*Nimbarajanyadi* | 2 tablets morning and night after food | 14 days |

**Table 4 Target Lesion Severity Score (TLSS) Gradations:**

| Score | Erythema | Induration | Scaling |
|---|---|---|---|
| 0 | None | None | None |
| 1 | Slight (faint pink) | Slight Elevation | Slight Fine Scaling |
| 2 | Moderate (definite red) | Moderate Thickening | Moderate Scaling |
| 3 | Marked (bright red) | Marked thick plaque | Thick Scaling |
| 4 | Very marked (deep fiery red) | Very thick hard plaque | Very Thick Scaling |

**Table 5 Before and After Treatment TLSS**

| | |
|---|---|
| **Before Treatment** | Erythema = 4, Induration=3, Scaling=3<br>Total= 10/12 |
| **After Treatment** | Erythema=0, Induration=0, Scaling=0<br>Total= 0/12 |

The Target Lesion Severity Score reduced from 10 at baseline to 0 after treatment, showing 100% clinical improvement.



**Figure- 1- On 29/08/2025- Before treatment**



**Figure- 2- On 1/11/2025 -After treatment**

**DISCUSSION:**

Annular psoriasis is a plaque psoriasis variant marked by expanding erythematous rings with scaling and central clearing. In this case, chronicity of 5 years, relapse on tapering Methotrexate, biopsy findings, and annular plaques with trailing scales confirmed the diagnosis. From an ayurvedic perspective, the clinical features such as erythema (*raga*), dryness (*rukshata*), scaling (*parushata*), chronicity, and recurrence indicate involvement of *Tridosha* with predominance of *Vata* and *Kapha*, along with vitiation of *Rasa* and *Rakta dhatu*.

Hence, the line of management was aimed at *Shodhana, Deepana and Pachana, Kleda shoshana, Rakta prasadana, Twak shodhana and* recurrence prevention

**Role of Internal Medicines**

*Trivruth Churnam*- given initially for *sramsana*, it helped remove accumulated dosha through mild *shodhana* effect. *Virechana* is considered a prime therapy in *kushthah*, especially when *Rakta* and *Pitta* are involved. Even in *shamana* dose, this supports *samprapti vighatana.*[9]

*Punarnavadi Kashayam -Punarnava* possesses *kleda shoshana*, *shothahara* properties along with *tiktha pachana*. It helps in reducing inflammatory components. By acting on *Rasa* and *Rakta dhatu*, it reduces erythema and induration. Its mild diuretic and anti-inflammatory properties may correlate with reduction in inflammatory mediators in psoriasis.[10],[11]

*Chandraprabha Vati* -though traditionally used in *mutravaha* disorders, it has *deepana, pachana*, and

*srotoshodhana* actions. In this case, occasional painful micturition suggested underlying *pitta* involvement. *Chandraprabha Vati* helps regulate metabolism and systemic inflammation, thereby supporting correction of internal milieu.[12],[13] *Nimbarajanyadi Tablet*- Neem (*Nimba*) is well known for its *kushthahghna, kandughna,* and *rakta shodhaka* properties. It likely contributed to the complete resolution of erythema and prevention of recurrence by acting as a systemic anti-inflammatory and antimicrobial agent.[14],[15]

**Role of External Applications**

*Guluchyadi Kashayam* (External Wash) - *Guduchi* has *tridosha shaman*a properties. External washing reduces local inflammation and promotes healing.[16],[17] *Eladi Tailam*- It is *Vata-kapha hara, kushthahhara* and *Varnya*[18] *Charmamritham* Lotion and Cutis Powder- Used when inguinal itching appeared, contents like *Nimba* and *Rajani* has antifungal activity, these helped address possible secondary fungal component and reduced local *kleda* and itching.[14,15] *Nishakathakadi Kashayam* (Wet Compression)- Acts as *kleda shoshana,Vatakapha hara* and *stambhana* , reducing inflammatory exudation and erythema.[19 ]

**CONCLUSION:**

The present case demonstrates promising clinical outcomes following an individualized Ayurvedic approach. The clinical features were effectively correlated with *Sidhmah Kushthah*, and treatment was planned based on *dosha-dushya* involvement and *samprapti vighatana siddhanta*. The intervention resulted in complete clinical remission, as evidenced by a reduction in Target Lesion Severity Score from 10 to 0, along with restoration of normal skin texture and absence of symptoms. Unlike conventional immunosuppressive therapy, the Ayurvedic regimen addressed the underlying pathology, thereby aiding in sustained improvement and prevention of relapse.

This case suggests that Ayurvedic management may offer a safe and effective alternative in chronic and recurrent dermatological conditions like annular psoriasis. However, larger controlled clinical studies are necessary to substantiate these findings and establish broader clinical applicability.

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**Limitation of the study:**

As this is a single case report, the findings cannot be generalized; further studies with larger samples are needed.

**Consent of patient:**

Written informed consent was obtained from the patient for treatment and anonymous publication of this case.

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

**Guarantor*:*** The corresponding author is the guarantor of this article and its contents.

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