



ISSN 2456-3110

Vol 9 · Issue 8

August 2024

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

Indexed

# Management of Plaque Psoriasis with Multimodal Treatment of Ayurveda - A Case Report

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## ABSTRACT

Psoriasis is the immune system problem that causes skin to revitalize at faster rate. It's the chronic disease that has psychological and social impact on patient's life. This condition had been narrated many decennium ago but proper aetiology and its cure remain under researched. In Ayurveda this multifaceted etiology disease needs multimodal treatment. The modern treatment provides only temporary relief with too many serious side effects. The treatment embraced here was in accordance with ayurvedic *Samprapti*. This case report details the successful management of plaque psoriasis in a 32-year-old female patient using a multimodal treatment approach, which incorporated *Panchakarma*, a traditional *Ayurvedic* detoxification therapy. The patient presented with erythematous plaques on forehead, neck region, lateral surface of legs and at arms along with itchy and burning skin. Auspitz sign and Koebner phenomenon was positive. Diagnosis made on the basis of Sign and Symptoms. After a thorough evaluation of the patient's constitution and the nature of the disease, a customized *Panchakarma* protocol was devised involving *Virechana* (Purgation) followed by *Basti* (medicated enema) along with *Shamana Chikitsa* (Internal Medication). The results revealed a remarkable improvement in the patient's psoriasis lesions, with a significant reduction in PASI scores, reduction in scaling, erythema, and in duration. The patient reported a substantial reduction in itching and discomfort. This case report emphasizes the potential of *Panchakarma* as an adjunctive therapy for plaque psoriasis, highlighting the holistic and personalized approach of *Ayurveda* in managing chronic skin conditions. Further research and larger-scale studies are warranted to confirm the effectiveness of *Panchakarma* in the treatment of psoriasis and to observe its long-term benefits and safety profile.

**Key words:** Plaque Psoriasis, Virechana, Basti, Shamana Chikitsa, Case Report.

## INTRODUCTION

Psoriasis is a chronic, inflammatory and immune mediated condition exerts influence on skin. It is the common dermatology disease with prevalence in India is about 0.44-2.8 % and in world affected 2% of population.<sup>[1]</sup> Plaque psoriasis which is also named as psoriasis vulgaris contribute to 90% of the cases. Red

patches along with the white scales on the top are the typical presentation of this type of psoriasis. Scalp, face, trunk, limbs, palms and soles are the sites involved in psoriasis.<sup>[2]</sup> In psoriasis, main deformity is enhancement of epidermal proliferation due to extreme multiplication of cells at basal layers. The transient time of keratinocytes is reduced and epidermal turnover is reduced from 28-30 days to 5-6 days. The aetiology is unknown and factors involved can be immunopathological, biochemical and genetic. Precipitating factors like trauma, infection, emotions, sunlight or some drugs erupt the disease.<sup>[3]</sup> There is infiltration of activated T-Cells which elaborate the Cytokines responsible for keratinocyte hyper-proliferation. Agents hampering the T-cell activation or emancipation of pro-inflammatory cytokines will be successful and productive for the treatment of psoriasis.<sup>[4]</sup> The chronic nature, visibility and recurring pattern have an adverse impact on social and psychological aspects of patient's daily routine.

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Submission Date: 13/07/2024 Accepted Date: 25/08/2024

Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: [10.21760/jaims.9.8.35](https://doi.org/10.21760/jaims.9.8.35)

Diagnosis of this disease is dependent on distribution of skin damage and tissue biopsy. In *Ayurveda* skin diseases are broadly distributed under a term *Kushtha*. *Eka-Kushtha* is the term clarified under *Kshudra Kushtha*. Its clinical features are virtually similar to that of Plaque psoriasis. As an illustration Dry skin or lack of sweating (*Asweda*), lesions spreading to huge area (*Mahavastu*), bears the resemblance with scales of fish (*Matasya Shakalupma*).<sup>[5]</sup> Due to chronic, relapsing nature and complex pathophysiology of psoriasis the multimodal treatment is adopted i.e. *Virechana* (purgation), *Basti* (medicated enema) along with *Shamana Chikitsa* (internal medication) which makes this case report distinctive.

### Patient information

**Patient information-A** 32-year-old female patient pursuing security guard job diagnosed with plaque psoriasis and was taking allopath treatment from consulting doctor for last 4 years with regular follow ups. Topical and systematic immunosuppressive drugs were given to patient who resulted in symptomatic relief but if the patient stops taking medicine the symptoms aggravate.

Patient general condition was good. No associated symptoms were found. But due to repetitive pattern caused by unidentified aggravating factors patient consulted for Ayurveda treatment in OPD No. 9 of D.Y. Patil Ayurvedic Hospital, Pimpri, Pune.

Nothing Specific Past illness and No Family History was Present.

### Clinical findings

Erythematous plaques on the forehead, neck region, legs and at arms were the presentable symptoms by the patient. The affected skin was having variable shades of red colour and the surface covered with large silvery scales. Burning sensation and itching present all over the affected parts of body. Auspitz sign and Koebner phenomenon were having positive results. Nail bed psoriasis was found to some extent. There was no psoriatic arthritis.

### Diagnostic assessment

The *Ayurveda* has unique way of examining of patient and making diagnosis of disease.

**Table 1: Eight-fold assessment by Ayurveda system**

SN	Ayurveda investigative parameters	Findings
1.	Examination of Pulse	70/min ( <i>Pitta Pradhana Vaata Anubandi</i> )
2.	Examination of Stool	Regular once or twice per day
3.	Examination of Urine	Regular, 4-5 times/day
4.	Examination of Tongue	Slightly coated
5.	Examination of Sound / Voice	Normal
6.	Examination of Touch / Skin	Dry, Scaly and Erythematous
7.	Examination of Eyes	No Significant abnormality
8.	Examination of Built	Good, No abnormality (64Kg weight)

### Systemic Examination

No abnormality detected in Central Nervous System, Respiratory system and Cardiovascular system but the patient was uneasy due to itching and burning sensation over psoriatic lesions.

### Nidana (Cause)

**Ahaaraj** (Dietary Causes) - *Virudha Ahaar Sevana* (simultaneous use of milk and salty snacks)

**Raktadushtikar Ahaar Sevana** (excessive use of salty food, sour food like pickles and curd.

**Vihaaraj** (lifestyle causes) - due to job there is excessive exposure to sunlight.

### Samprapti (Pathophysiology according to Ayurveda perspective)

Causative factors *Vaatadi Dosh* vitiation



Circulation of vitiated *Dosha* in all body channels



Affect *Twaka, Mamsa, Rakta, Lasika*



Localization of vitiated *Doshas* and of skin *Dushyas* in *Twaka*



Psoriasis discolouration and scaling

**Table 2: Samprapti Ghataka (Pathophysiology Contents)**

Dosha	Vaata, Pitta, Kapha and Rakta
Dushya	Rasa, Rakta and Mamnsa dhatu
Agni (Digestive fire)	Mandagni (Low) (Jatharagni and Dhatvaagni)
Strotas (Channels)	Rasavaha, Raktvaha and Mamsvaha Strotas
Adhithana (Area of Localization)	Twaka Vikaara
Rogamarga	Bahya
Swabhava	Chirkari (Chronic)
Sadhyaasadyata	Kricchasadhya (difficulty to treat)

Poorva Roopa (Prodromal stage) - Abhyaantra Daha (feeling of warmth), Kandu (Itching), Mandaagni (low digestive fire).

Roopa (Symptoms) - Jwara (fever), Trishna (thirst), Daha (burning sensation), Kandu (Itching), Twakvaivarnya (discolouration).

Based on clinical presentation, Positive Auspitz sign and Koebner phenomenon confirm diagnosis of plaque psoriasis. Due to financial condition of Patient Biopsy cannot be afforded by patient.

**Therapeutic procedures**

The Shodhana therapy i.e., Virechana (Purgation) along with Shamana (Balance vitiated Dosha with medical treatment followed by Pathya (Do’s and Don’ts). Before Shodhana, Deepana Pachana was done.

**Table 3: Deepana Pachana**

SN	Medicine prescribed	Dose	Anupana	Timings	Days
1.	Sutshekhar Ras	500mg	Lukewarm water	T.D.S before meal	3 days
2.	Guduchi Ghana Vati	500mg			

3.	Sukshama Triphala	60mg			
4.	Anulomak Vati	500mg		At night	

Then Abhyantra Snehpana (Internal Oleation) with Panchatikta Ghrita was started for 6 days in increasing order from 30 ml to 180ml, each day 30 ml is increased.

Followed by Mridu Bahya Snehana (external oleation) with Nimba Taila and Swedana with Dashmoola Kwatha for 2 days (These are called Vishram Diwas).

Then Virechana Karma was performed

Virechana Dravya - Trivrut Leham - 30mg

Virechanaopaga Dravyas - Triphala Kwatha - 100ml

Manuka Phant - 100ml

Total 26 Vega (counts) were there

Followed by 7 days Sansarjana Karma (Dietary Regimen)

**Timeline**

After Virechana and Sansarjana Krama all the internal medications were continued for 3 months with regular follow ups and some changes in medication

**List of internal and external medications with dose**

These medicines were given for 3 months.

**Table 4: Internal Medication**

SN	Medicine prescribed	Dose	Anupana	Timings	Days
1.	Sutshekhar Rasa	500 mg	Lukewarm water	T.D.S before meal	1 week
2.	Mahasudarshana Ghana Vati	250 mg	Lukewarm water		
3.	Guduchi Ghana Vati	250 mg	lukewarm water		
4.	Raktashodhaka Vati	250 mg	lukewarm water		
5.	Anulomaka Vati	500 mg		At night 2 hours after	

				night meal	
6.	Nimba Taila	Local Application	Twice a day		

After 1 week of medicine patient came to O.P.D with complaints of constipation and patient has also history of piles. So, some changes in medicines were made.

Table 5: Internal medication

SN	Medicine prescribed	Dose	Anupana	Timings	Days
1.	Sutshekhar Rasa	500 mg	Lukewarm water	T.D.S before meal	30 days
2.	Guduchi Ghana Vati	250 mg			
3.	Suran Vatak	250 mg			
4.	Arshakuthar Rasa	250 mg			
5.	Raktashodhaka Vati	250 mg		T.D.S after meal	
6.	Aarogyavardhini Vati	250 mg			
7.	Panchtiktak Ghrita	5ml		B.D before meal	
8.	Anulomaka Vati	500 mg		At night 2 hours after night meal	

After approx. 1 month of follow up Sukshama Triphala 250 mg was added thrice a day after meal with lukewarm water for another 30 days

In Varsha Ritu (Rainy season) Yoga Basti (Medicated Enema Therapy) was advised to patient for 8 days with the order of A-N-A-N-A-N-A-A.

Table 6: Yoga Basti Krama

Anuvasan Basti	Karanja Taila (30ml) + Nimba Taila (80ml)
Niruha Basti	Kwath prepared with Vidanga, Dashamool,

	Manjishtha, Sariva each 10gm - 160 ml Makshika - 80 ml Lavana - 5 gm Panchatiktak Ghrita - 120 ml Kalka (Dravya same as used in Kwatha each 10gm) - 40 gm
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The medicines followed during and after 3 months of Yoga Basti.

Table 7: Abhyantar Chikitsa (internally given medicines)

SN	Medicine prescribed	Dose	Anupana	Timings	Days
1.	Sutshekhar Rasa	500mg	Lukewarm water	T.D.S before meal	3 months
2.	Guduchi Ghana Vati	250mg	Lukewarm water	T.D.S before meal	
3.	Raktashodhak Vati	250mg	lukewarm water	T.D.S after meal	
4.	Aarogyavardhni Vati	500mg	lukewarm water	T.D.S after meal	

There was 80% decrease in the psoriatic lesions. No adverse events witnessed during treatment.

Psoriasis Area and Severity Index (PASI)

Table 8: PASI Score Calculation

Before Treatment	After 3 months	After 8 months
“0.1 (Eh+lh+Dh) Ah+ 0.2(Eu+lu+Du)Au + 0.3(Et+lt+Dt)At + 0.4(EI+IL+DI)AI”	“0.1(Eh+lh+Dh)Ah + 0.2(Eu+lu+Du)Au + 0.3(Et+lt+Dt)At + 0.4(EI+IL+DI)AI”	“0.1(Eh+lh+Dh)Ah + 0.2(Eu+lu+Du)Au + 0.3(Et+lt+Dt)At + 0.4(EI+IL+DI)AI”
0.1(2+2+3)3 + 0.2(3+2+1)4 + 0.3(3+2+2)3 + 0.4(3+3+4)5	0.1(1+1+2)3 + 0.2(2+1+1)4 + 0.3(2+1+2)3 + 0.4(2+2+3)5	0.1(0+0+1)2+ 0.2(0+0+0)1 + 0.3(1+0+1)2 + 0.4(1+1+2)3

$2.1+4.8+6.3+20.0$ = <b>33.2</b>	$1.2+3.2+4.5+14.0$ = <b>22.9</b>	$0.2+0+1.2+4.8 =$ <b>6.2</b>
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Head (h), Upper limb (u), Trunk (t) and lower limb (l) are the sites of affected region and the 3 parameters used are Erythema, Induration and Desquamation. Each parameter is based on gradation from 0-4 where 0 stands for nil, 1 is mild, 2 – moderate, 3 - severe and 4 - very severe. Area of involvement is graded from 0-6 where 1 is marked if less than 10% area involved, 2 for 10-29%, 3 for 30-49%, 4 for 50-69%, 5 for 70-89% and 6 for more than 90% area involved.

Photographs of affected area before and after 8 months of treatment have been taken.

And after active treatment patient was still advised for strict diet and no reoccurrence is observed.

**Prior to treatment**



**After 3 months of treatment**



**After 8 months of Treatment**



Table 9: Summary of whole treatment

Duration	Treatment
15/03/2021 - 17/03/2021	Deepana Pachana
18/03/2021 - 23/03/2021	Ghritpana
24/03/2021 - 25/03/2021	Vishram Diwas
26/03/2021	Virechana performed
26/03/2021 - 01/04/2021	Sansarjana Krama
02/04/2021 - 14/07/2021	Internal Medication with modifications at regular follow ups
15/07/2021 - 22/07/2021	Yoga Basti
1/08/2021	Follow up with changes in ongoing internal medication

## DISCUSSION

The fiery outpouring, keratinocytes, and cytokines are central participants in the pathophysiology of psoriasis. Portrayed by raised red skin patches encompassed by brilliant white scales.<sup>[6]</sup> *Vaata Pitta Kapha* were *Doshas* in this case, *Rasadhatu*, *Raktadhatu*, and *Mamsadhatu* were *Dushyas*. With the flow of vitiated *Doshas* and their *Sthansamshrya* (site of neurotic changes at *Twaka* with the clinical show of *Vyadihilakshna*), *Dosha Dushya Samurrachana* (obsessive advancement) was occurred.<sup>[7]</sup> A vitiated *Vaata* produces scaling, dryness, and distress. Redness and aggravation are the consequences of vitiated *Pitta*, while rashes from vitiated *Kapha* cause tingling, itching, and thickening of the skin. As per *Ayurvedic* texts, psoriasis is a draining condition with vitiated *Doshas*.<sup>[8]</sup>

In attenuation of *Kevala Pitta*, *Pitta* associated with *Kapha* and in *Pittasthangata Kapha*, treatment procedure to be followed is *Virechana*. However, before *Virechana Deepana Pachana* is done because it brings the *Doshas* from *Sama* state to *Nirama* state.<sup>[9]</sup> For *Virechana* the drug used is *Trivruta Avehla* which not only removes vitiated *Pitta* but also have effective modality in morbid *Kapha* and *Rakta*. *Daha* and *Kandu* is reduced with the elimination of *Pitta* and morbid

*Kapha*. *Rukshata* and *Shyamvarnta* is reduced due to *Vaatanulomaka* properties.<sup>[10]</sup> *Virechana Upgaga Dravyas* like *Triphala Kwatha* and *Manuka Phanta* helps to ease the process of *Virechana*.

*Anuvasana Basti* of *Karanja Taila* has *Swedaghna*, *Kandoghna*, *Kushthaghna*, *Dahprashmana*, and *Sthirikarana* properties. *Basti* of *Karanja Taila* delivered positive results for psoriasis victims. *Karanja Taila* have been displayed to have hostile to oxidant, mitigating, immuno-stimulatory, and immuno-modulatory properties.<sup>[11]</sup> *Niruha Basti* was prepared with *Vidanga*, *Dashamoola*, *Manjishtha*, *Sariva* as the main ingredients having *Vaataanulomaka*, *Raktaprasadaka* and *Pittaghana* properties and through its systemic action *Basti* is capable of removing the *Doshas* from whole body.

The pathological changes were corrected by following medications such as *Sutshekhara Rasa*, *Guduchi Ghana Vati*, *Raktashodhak Vati*, *Aarogyavardhni Vati*, *Mahasudarshana Ghana Vati*, *Panchatikta Ghrita*, *Anulomak Vati*.

*Sutshekhara Rasa* assists with assuaging the *Pitta* and *Vaata*, keeping away from the reoccurrence of this condition. *Raktashodhak Vati* is a perfect invention of nine spices used to fortify the safe framework and decontaminate blood. It assists with all skin conditions since it cleanses the blood and liver of all poisons. *Guduchi* is *Tridoshshamak* and *Kushthagana*, further develops assimilation, evades arrangement of *Aama*, and is successful in different skin sicknesses.<sup>[12]</sup> *Aarogyavardhni Vati* is said by *Rasratansamuchya*, *Bhaisajyaratnavali*, and *Bharatbhaisajyaratnakar* to have the pharmacological movement of *Kushthanashaka*.<sup>[13]</sup> *Mahasudarshana Ghana Vati* with its strong antimicrobial, antibacterial, and clean properties, this astonishing tablet is fundamental for forestalling many irresistible illnesses.<sup>[14]</sup> It forestalls various skin sensitivities as well as bringing down the gamble of a few viral and contagious sicknesses. *Nimba Taila* has *Kushtaghana*, *Vranahara* and *Krimighana Properties*.<sup>[15]</sup> *Surana Vataka* and *Arshkuthara Rasa* improves digestion and helpful in haemorrhoids and constipation. *Panchatikta Ghrita* has *Snigdha* and *Pitta*

balancing properties which helps to reduce irritation, inflammation, itching and dryness.

To measure extent and severity of psoriasis PASI (Psoriasis Area and Severity Index) Score is one of the tools used. Their ranges vary from 0-72. Assessment was taken prior to treatment, following 3 months of treatment and after 8 months of treatment. The score was reduced from 33.3 to 6.2 within 8 months of treatment.

## CONCLUSION

Treatment protocol adopted in present case was according to *Ayurveda* pathophysiology. According to the predominance of *Doshas Virechana* was planned which removes the morbid *Doshas* from body, *Basti* removes the toxins as well as calm down the vitiated *Doshas* at their respective places and internal medication is a palliative approach further normalizes the *Doshas*. No reoccurrence was observed after the end of active treatment but still strict diet and medication was advised to the patient. Complete elimination of this disease is nearly impossible all we can do is to improve the quality of life through recurrent interventions, preventing the symptoms from annoying patient's daily routine. Altogether, multimodal treatment of *Ayurveda* led to prompt recovery from chronic case of psoriasis.

## Limitation and Further Scope

This disease requires repeated *Shodhana* with the frequent intervals which provides the further scope to the researchers to see the periodic use of panchakarma in psoriasis.

## Informed consent

Consent was attained for publishing photographs.

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**How to cite this article:** Manmeet Kaur, Pranesh Prakash Gaikwad. Management of Plaque Psoriasis with Multimodal Treatment of Ayurveda - A Case Report. J Ayurveda Integr Med Sci 2024;8:231-238. <http://dx.doi.org/10.21760/jaims.9.8.35>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

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