



ISSN 2456-3110

Vol 9 · Issue 12

December 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

Successful Ayurvedic Management of Chronic Psoriasis (*Ekakustha*): A Case Report

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ABSTRACT

Psoriasis is a chronic autoimmune skin disorder characterized by keratinocyte hyperproliferation, inflammation and systemic immune dysregulation. Conventional therapies such as corticosteroids and immunomodulators often provides symptomatic relief but are associated with frequent relapses and adverse effects. *Ayurveda* offers a holistic approach by addressing systemic imbalances, detoxification and promoting overall health. This case study reports the treatment of a 31-year-old female with chronic plaque psoriasis, persisting from 23 years, unresponsive to conventional therapy. The patient presented with erythematous plaques, silvery scales, pruritus and psychological distress. A personalized Ayurvedic regimen, comprising oral medications, topical applications and lifestyle modifications, was administered over three months. The treatment emphasized detoxification and dosha pacification using *Panchatikta Ghruta Guggulu* and *Charamroghar Powder*. Topical therapies like *Psoro Oil* and *Psoro Ointment* to alleviate erythema and pruritus. Gastrointestinal disturbances were managed with *Amlapittahar* Capsules, while mental health was addressed using *Brahmi Vati*, leading to improved sleep quality and reduced anxiety. The patient demonstrated significant clinical improvement, with a reduction in the PASI score from 15 to 5 by the second month and near-complete resolution of lesions by the fourth month. This integrative approach also improved psychological well-being and quality of life. The findings highlight the efficacy of *Ayurveda* in addressing both symptomatic and systemic aspects of psoriasis. Future research involving larger cohorts and objective biomarkers is warranted to substantiate these outcomes and establish *Ayurveda* as a complementary or standalone therapy for chronic inflammatory conditions.

Key words: Psoriasis, Kushta Roga, Ekakushtha, Ayurveda, Skin health, Chronic inflammatory disorder, Skin lesions, Psoriasis vulgaris

INTRODUCTION

Psoriasis is a chronic, immune-mediated inflammatory disorder primarily affecting the skin and occasionally the joints, as in psoriatic arthritis.^[1] It is characterized by the hyperproliferation of keratinocytes, resulting in

erythematous plaques with silvery scales. The global prevalence of psoriasis is approximately 2–3%, and its impact extends beyond physical symptoms, affecting patient's psychological and social well-being. The aetiology is multifactorial, involving genetic predisposition, immune dysregulation and environmental triggers such as infections, stress and trauma. Conventional treatments include topical corticosteroids, systemic therapies like methotrexate & cyclosporine and biologics targeting cytokines such as TNF- α and IL-17.^[2] While these therapies provide relief, their limitations include potential side effects, high costs and inconsistent long-term efficacy. In classical Ayurveda, chronic plaque psoriasis aligns closely with "*Kitibha*," categorized under "*Kshudra Kushtha*," a type of skin disorder. The condition's pathogenesis or *Samprapti Ghataka*, indicates a disruption primarily of the *Vata* and *Kaphadoshas*,

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Submission Date: 12/11/2024 Accepted Date: 27/12/2024

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.9.12.34

alongside an involvement of *Rakta* (blood tissue). The vitiated *doshas* and contaminated blood together manifest characteristics on the skin commonly associated with psoriasis.

The pathogenesis details the following components: Dominant disturbed doshas are *Vata*, contributing to the dryness, roughness, scaling and *Kapha*, which adds itchiness, thickness, and a notable silvery scaling. The *Dushyas* involved include *Twacha* (skin), *Rakta* (blood), and occasionally *Mamsa* (muscles), where the imbalances and toxins express as patchy, scaly skin lesions. The affected channels or *Srotas*, particularly the *Raktavaha* (carrying blood) and *Twakvaha* (carrying therapeutic substances to skin), become blocked or misdirected primarily due to the accumulation of *Ama* (toxins) stemming from poor diet and lifestyle choices.

Typical causative factors or *Nidana*, such as cold and dry climates, consumption of incompatible foods, irregular lifestyles and psychological stress, further exacerbates the condition. Treatment in *Ayurveda* focuses on diet and lifestyle to pacify the aggravated *doshas*, along with purification of blood and correction of digestion and metabolism using *Panchakarma* therapies like *Virechana* and *RaktaMokshana*.

Herbs such as *Haridra*, *Neem*, *Guduchi* and *Manjistha* are recommended for their beneficial effects on inflammation, detoxification, immune regulation and blood purification. Dietary adjustments emphasize avoiding foods that aggravate *Vata* and *Kapha*, such as yogurt, seafood and overly sour or salty foods, ensuring regular consumption of fresh, warm meals. Lifestyle modifications include regular physical activities, *Yoga* and adequate sleep to mitigate stress levels and aids in managing psoriasis effectively. This comprehensive approach underscores the importance of a balanced coordination of diet, lifestyle and ayurvedic treatment to manage and prevent the progression of chronic plaque psoriasis in Ayurvedic practice.^{[3],[4]} Modern medicine offers effective symptomatic relief and immunomodulation, while *Ayurveda* addresses the root cause by detoxifying the body and correcting metabolic imbalance. Combining these approaches

could provide enhanced, long-term outcomes to manage chronic and relapsing conditions like psoriasis.

CASE REPORT

A 31-year-old female patient presented with a long-standing history of chronic plaque psoriasis, initially diagnosed at the age of 8, making this a 23-year progression of the disease. Over the years, her condition been characterized by recurrent episodes of exacerbation, primarily triggered by stress, seasonal changes and lifestyle factors. Despite regular use of topical corticosteroids and antihistamines, she reported only partial relief with frequent recurrences. The disease significantly impacted her daily life, with worsening symptoms over the past 6 month.

Clinically, the patient reported scaly plaques prominently affecting her legs, back, and abdomen, which are associated with intermittent pruritus. These lesions were dry, rough to touch and surrounded by mild oedema with silvery scales. She also complaint of systemic symptoms, including intermittent body aches, persistent fatigue and noticeable weight gain over the past few years.

On general examination, her skin appeared excessively dry and rough, with visible erythema and scaling. The affected areas were thickened, with well-defined borders and occasional mild tenderness. Her **PASI (Psoriasis Area and Severity Index) score** was calculated to be **15**, indicating moderate severity of the disease. In this case study, the **Pruritus Severity Scale (PSS)** was used to assess the impact of pruritus on the patient's quality of life. The initial PSS score was **16/18**, indicating severe pruritus. The breakdown of the score revealed moderate intensity (2), frequent duration (2), widespread distribution (3), significant sleep disturbances (3), interference with daily activities (3) and a severe psychosocial impact (3). This high score highlighted the profound effect of pruritus on the patient's physical, emotional, and social well-being.

In addition to her physical symptoms, the patient exhibited significant psychological distress, characterized by heightened anxiety, irritability and a pervasive sense of mental fatigue. These psychological

factors, compounded by her poor sleep quality, appeared to contribute to the chronicity and severity of her condition. Her quality of life is notably impaired, with the disease affecting both her physical and mental well-being.

Dietary history - Her dietary habits were irregular and she frequently consumed incompatible foods, further aggravating her symptoms.

Lifestyle history - The patient described her lifestyle as sedentary, with minimal physical activity and high levels of stress due to professional and personal challenges. She experienced a disturbed appetite, often accompanied by acidity, bloating and constipation. Sleep disturbances was a persistent issue, characterized by difficulty falling asleep and poor sleep quality, which she attributed to her heightened anxiety and irritability.

Family history - No any family history.

Menstrual history - Had Normal Vaginal Delivery 11 months ago. LMP – 20th Oct 2024.

No Significant Medical and Surgical History

Table 1: Vital Parameters

SN	Examination	Findings
1.	Blood Pressure	130/80 mm of Hg
2.	Pulse	90 / min
3.	Weight	83 kg
4.	Height	5 feet 5 inches

Ayurvedic Examination

Table 2: Dashavidha Pariksha (Tenfold Examination)

SN	Examination	Findings
1.	Prakriti (Constitution)	Vata Pitta
2.	Vikriti (Imbalance)	Vata and Kaphadosha aggravation, also involved Pitta.
3.	Sara (Tissue Excellence)	Madhyam

4.	Samhanana (Body Build)	Moderate
5.	Pramana (Body Proportions)	Within normal limits.
6.	Satmya (Adaptability)	Moderate
7.	Satva (Psychological Strength)	Anxious, irritable due to stress and chronic condition.
8.	Ahara Shakti (Digestive Strength)	Poor; symptoms of indigestion and bloating.
9.	Vyayama Shakti (Exercise Capacity)	Moderate
10.	Vaya (Age)	31 yrs, Adulthood.

Table 3: Timeline

Event	Details
2001	Initial diagnosis of psoriasis
2024 (August)	Consulted for Ayurvedic treatment
2024 (August)	Initiated Ayurveda Medicines
2024 (September - November)	Itching increased but the lesions improved, Maintenance through Ayurvedic medicines.
9 th November 2024	Significant improvement in PASI score

Diagnostic Assessment

- Laboratory Tests: Not any done at present
- Ayurvedic Diagnosis: Vata-Kapha predominant Kushta (Psoriasis).

Objective Criteria

- The **Pruritus Severity Scale (PSS)** is a standardized tool used to assess the intensity, frequency and impact of itching (pruritus) on a patient's quality of life.

Components of the Pruritus Severity Scale (PSS)

1. Intensity of Itching

Rated on a **Analog Scale (VAS)** from **0 to 10**, where:

- **0:** No itching.
- **1–3:** Mild itching (intermittent, manageable, not distressing).
- **4–6:** Moderate itching (frequent but not constant, impacts daily activities).
- **7–10:** Severe itching (persistent, disrupts daily life and sleep).

2. Frequency of Itching Episodes

Score based on the number of itching episodes per day:

- **0:** No episodes.
- **1:** Occasional episodes (less than once per day).
- **2:** Frequent episodes (1–5 times per day).
- **3:** Constant or almost constant itching (>5 times per day).

3. Duration of Itching

Evaluates how long the itching lasts in a single episode:

- **0:** No itching.
- **1:** Episodes last <5 minutes.
- **2:** Episodes last 5–30 minutes.
- **3:** Episodes last >30 minutes.

4. Impact on Daily Activities

Assessed how pruritus interferes with personal, social or work life:

- **0:** No interference.
- **1:** Mild interference (minimal disruption).
- **2:** Moderate interference (requires temporary adjustments in activities).
- **3:** Severe interference (unable to complete routine activities).

5. Impact on Sleep

Evaluated how itching affects sleep quality and continuity:

- **0:** No impact on sleep.
- **1:** Occasional disruption (once or twice a week).
- **2:** Frequent disruption (3–5 times a week).
- **3:** Persistent disruption (6 or more nights a week).

Total Score Interpretation

- **0–3:** Mild pruritus.
 - **4–7:** Moderate pruritus.
 - **8–12:** Severe pruritus.
 - **13–15:** Very severe pruritus.
2. The **Psoriasis Area and Severity Index (PASI)** is a widely used tool to measure the severity and extent of psoriasis. It combines the assessment of the area of skin affected and the intensity of the lesions based on four key parameters: erythema (redness), induration (thickness), desquamation (scaling) and the affected body area.

Calculation of PASI Score

The body is divided into four regions, each contributing a specific percentage to the total PASI score:

- **Head (H)** - 10% of the body
- **Upper Limbs (UL)** - 20% of the body
- **Trunk (T)** - 30% of the body
- **Lower Limbs (LL)** - 40% of the body

1. Assess Severity (0-4 score for Each Parameter)

Each region is scored for:

- **Erythema (redness):**

- 0: None
- 1: Slight
- 2: Moderate
- 3: Severe
- 4: Very severe

- **Induration (thickness):**

Same scale as erythema.

- **Desquamation (scaling):**

Same scale as erythema.

2. Assess the Area of Skin Affected

Each region is assigned a percentage based on the area affected:

- 0:** 0% involvement
- 1:** <10%
- 2:** 10–29%

3: 30–49%

4: 50–69%

5: 70–89%

6: 90–100%

3. Calculate the Regional Scores

For each region (H, UL, T, LL), the score is calculated as:

Severity Score = (Erythema + Induration + Scaling) × Area Score
 $\text{Severity Score} = (\text{Erythema} + \text{Induration} + \text{Scaling}) \times \text{Area Score}$

4. Weight Each Region

The regional score is multiplied by its weight:

- Head (H): Multiply by 0.1
- Upper Limbs (UL): Multiply by 0.2
- Trunk (T): Multiply by 0.3
- Lower Limbs (LL): Multiply by 0.4

5. Sum the Weighted Regional Scores

The total PASI score is the sum of the weighted regional scores, ranging from **0** (no disease) to **72** (maximal disease severity).

Interpretation of PASI Score

- **0**: No disease
- **<10**: Mild psoriasis
- **10–20**: Moderate psoriasis
- **>20**: Severe psoriasis

PASI is a gold standard for assessing psoriasis severity in both clinical and research settings, guiding treatment efficacy and patient management.

Treatment Plan

I. Diet Plan:^[21]

The dietary guidelines provided by Jeena Sikho Lifecare Limited Clinic, Sangrur includes the following key commendations:

a. Foods to be avoided:

- Do not consume wheat, refined food, milk and milk products, coffee and tea and packed food.
- Avoid eating after 8 PM.

- During solid consume as small bite and chew 32 times.

b. Hydration:

- During water intake, take sip by sip and drink slowly to ensure the amount of water intake each time.
- Drink about 1 liter of alkaline water 3 to 4 times throughout the day.
- Include herbal tea, living water, and turmeric-infused water part of your daily routine.
- Boil 2 liters water to reduce up to 1 liter and consume.

c. Millet Intake:

- Incorporate five types of millet into diet: Foxtail (*Setaria italica*), Barnyard (*Echinochloa esculenta*), Little (*Panicum sumatrense*), Kodo (*Paspalum scrobiculatum*) and Browntop (*Urochloa ramosa*).
- Use only steel cookware for preparing the millets
- Cook the millets only using mustard oil.

d. Meal Timing and Meal Structure:

1. Early Morning (5:45 AM): Herbal tea, curry leaves (1 leaf-1 min/5 leaves-5 min) along with raw ginger and turmeric.
2. Breakfast (9:00-10:00 AM): The patient had given steamed fruits (Seasonal), steamed sprouts (according to the season) and a fermented millet shake (4-5 types).
3. Morning Snacks (11:00AM): The patient had given carrot juice (150 ml) and soaked almonds.
4. Lunch (12:30 PM - 2:00 PM): The patient had received Plate 1 and Plate 2. Plate 1 had included a steamed salad, while Plate 2 with cooked millet-based dish along with raw ginger and turmeric.
5. Evening Snacks (4:00 – 4:20 PM): Green juice (100-150 ml) along with 4-5 almonds.
6. Dinner (6:15-7:30 PM): The patient had served a steamed salad, chutney and soup, as Plate 1, along with millet khichdi as Plate 2 along with raw ginger and turmeric.

e. Fasting:

- It was advised to observe one-day fasting.

f. Special Instructions:

- Express gratitude to the divine before consuming foods or drinks.
- Sit in *Vajrasana* (a yoga posture) after each meal.
- 10 minutes slow walk after every meal.

g. Diet Types:

- The diet comprises salt-less solid, semi-solid and smoothie options.
- Suggested foods included herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds and steamed salads.

II. Lifestyle Recommendations were-

- Include meditation for relaxation.
- Practice barefoot brisk walk for 30 minutes.
- Ensure 6-8 hours of quality sleep each night.
- Adhere to a structured daily routine.

Medicines Given:**First month - August 2024****1. Oral Medications**

- Divya Shakti Powder (1/2 teaspoon HS *Adhobhakta* (After food) with Lukewarm water)
- Charamroghar Powder (1 teaspoon BD *Adhobhakta* (After food) with Lukewarm water)
- Bramhi Vati (1 tablet BD *Adhobhakta* (After food) with Lukewarm water)
- Arogya Vati (1 tablet BD *Adhobhakta* (After food) with Lukewarm water)
- Psoro Tab (1 tablet BD *Adhobhakta* (After food) with Lukewarm water)
- Amlapittahar Cap (1 Capsule BD *Pragbhakta* (Before food) with Lukewarm water)
- Panchtiktaghrita Guggulu (1 tab once in the morning (Empty stomach) with Lukewarm water)
- Raktchap Vati (1-tab BD *Adhobhakta* (After food) with Lukewarm water)

2. Topical Applications

- Psoro Oil for local application in the Day time
- Psoro Ointment for local application in the Nighttime

3. Liquid preparation

- Blood purifier syrup 15 ml twice daily (*Adhobhakta*) with equal amount of lukewarm water

Second Month - September 2024**1. Oral Medications**

- Psoro Tab (1 tablet BD *Adhobhakta* (After food) with Lukewarm water)
- Amlapittahar Cap (1 Capsule BD *Pragbhakta* (Before food) with Lukewarm water)
- Panchtiktaghrita Guggulu (1 tab once in the morning (Empty stomach) with Lukewarm water)

2. Topical Applications

- Psoro Oil for local application in the Day time
- Psoro Ointment for local application in the Nighttime

3. Liquid preparation

- Blood purifier syrup 15 ml twice daily (*Adhobhakta*) with equal amount of lukewarm water

Third Month - November 2024**1. Oral Medications**

- Charamroghar Powder (1 teaspoon BD *Adhobhakta* (After food) with Lukewarm water)
- Amlapittahar Powder BD (½ tsf *Pragbhakta* (Before food) with Lukewarm water)
- Panchtiktaghrita Guggulu (1 tab once in the morning (Empty stomach) with Lukewarm water)
- Slimite Cap (1 Cap BD *Adhobhakta* with Lukewarm water)
- Raktchap Vati (1-tab BD *Adhobhakta* (After food) with Lukewarm water)
- Arthri Cap (1 Cap BD *Adhobhakta* (After food) with Lukewarm water)

- Sandhi Arogya (1 Cap BD *Adhobhakta* (After food) with Lukewarm water)
 - Skin Cure (1 Cap BD *Adhobhakta* (After food) with Lukewarm water)
2. Liquid preparation
- Jeevan Amrit syrup (15ml BD *Adhobhakta* (After food) with equal amount of lukewarm water)

Follow-Up and Outcomes

- First Month: Reduction in scaling and pruritus.
- Second Month: Significant reduction in erythema and plaque thickness, however itching increases; **PASI** score reduced to 5.
- Fourth Month: Near-complete resolution of lesions; marked improvement in mental well-being and quality of sleep. Patient gained slight weight at this visit.

Result of the Pruritus Severity Scale (PSS) in the Case Study

At baseline, the patient's **PSS score** was **16/18**, reflecting severe pruritus with considerable impact on daily life, sleep and psychosocial well-being.

After three months of Ayurvedic treatment, there was a significant reduction in the PSS score to **4/18**, indicating mild pruritus. Improvement were observed across all dimensions of the scale.

Image 1: Before Treatment



Image 2: After Treatment



DISCUSSION

Psoriasis is a chronic autoimmune skin disorder characterized by keratinocyte hyperproliferation, inflammation, and systemic immune dysregulation. Despite advances in conventional therapies, including corticosteroids and immunomodulators, these treatments often provide only symptomatic relief and are associated with frequent relapses and adverse effects. The holistic approach of *Ayurveda* offers a promising alternative, emphasizing the correction of systemic imbalances and detoxification while promoting overall health and immunity.^[5]

Psoriasis, identified in *Ayurveda* as *Ekakushtha*, involves the disturbance of *Vata* and *Kapha Doshas*, often accompanied by *Pitta* imbalance.^{[6],[7]} The pathogenesis begins with impaired *Agni* (digestive fire), leading to the formation of *Ama* (toxins) that accumulates in the *Rasa* (plasma) and *Rakta* (blood) dhatus. This disrupts the function of the *Avabhasini* layer of the skin, which is responsible for radiance and complexion, governed by *Bhrajaka Pitta* - the sub-type of *Pitta Dosha* responsible for skin metabolism and pigmentation. The altered *Bhrajaka Pitta* exacerbates inflammation and keratinocyte proliferation, manifesting as erythematous plaques and scaling.^{[8],[9]}

The Ayurvedic intervention in this case focused on breaking the *Samprapti* (pathogenesis) at multiple levels. The treatment incorporated a combination of oral medications, topical applications and lifestyle modifications over three months. Initial therapy emphasized detoxification and *Dosha* pacification through *Panchatikta Ghrita Guggulu*, a formulation with documented anti-inflammatory and detoxifying properties. The use of *Panchatikta Ghrita Guggulu*, with its *Tikta Rasa* (bitter taste) and *Katu Vipaka* (pungent post-digestive effect), targeted *Amapachana* (toxin digestion) and pacification of *Pitta* and *Kapha*.^{[10],[11]} *Charamroghar Powder*, known for its anti-inflammatory and wound-healing effects, was employed to address the chronicity of the disease. *Charamroghar Powder* which acted at the *Raktadhatu* level to restore the balance of *Bhrajaka Pitta* and to reduce inflammation.^[12] Topical therapies, including Psoro Oil and Psoro Ointment, provided symptomatic relief by reducing erythema, scaling and pruritus, which aligns with evidence supporting their utility in psoriasis management.^[13]

Gastrointestinal disturbances, including acidity, bloating and constipation, which are commonly associated with psoriasis due to the accumulation of *Ama* (toxins), were managed with *Amlapittahar* Capsules and Blood Purifier Syrup. These formulations are known to enhance digestive function and facilitate detoxification.^{[14],[15]} Immunomodulatory and antihistaminic interventions, including *Jeevan Amrit* Syrup contributed to reduced pruritus and systemic inflammation.^[16] Mental health, an important factor in psoriasis management, was addressed with *Brahmi Vati* and *Raktachap Vati*, which significantly alleviated stress and improved sleep quality, as supported by its neuroprotective and adaptogenic properties.^{[17],[18]}

By the second month, the patient demonstrated significant improvement, with a reduction in the PASI score from 15 to 5, reflecting decreased erythema, scaling and plaque thickness. A transient increase in itching during the second month could be attributed to the body's detoxification response as described in Ayurvedic *Kriyakrama* protocols. Weight gain and musculoskeletal symptoms were effectively managed

with the introduction of *Slimite Capsules*, *Sandhi Arogya* and *Arthri Capsules* in the third month. These formulations are known to regulate metabolism and reduce joint inflammation, providing comprehensive systemic relief.^{[19],[20]}

The case highlights the multi-dimensional nature of *Ayurveda* in managing psoriasis, emphasizing the correction of underlying systemic imbalances rather than focusing solely on symptomatic control. The marked improvement in the patient's skin lesions, psychological well-being and overall quality of life underscores the efficacy of this integrative approach.

Mechanism of Action

The Ayurvedic interventions targeted psoriasis through systemic detoxification, immune modulation and the restoration of *Agni* (digestive fire), with a focus on pacifying *Tridoshas* (*Vata*, *Pitta*, and *Kapha*).

1. The *Divya Shakti Powder* contains *Trikatu*, *Triphala*, *Nagarmotha* (*Cyperusrotundus*), *Vay Vidang* (*Embelia ribes*), *Chhoti Elaichi* (*Elettaria cardamomum*), *Tej Patta* (*Cinnamomum tamala*), *Laung* (*Syzygium aromaticum*), *Nishoth* (*Operculina turpethum*), *Sendha Namak*, *Dhaniya* (*Coriandrum sativum*), *Pippali Mool* (*Piper longum* root), *Jeera* (*Cuminum cyminum*), *Nagkesar* (*Mesua ferrea*), *Amarvati* (*Achyranthes aspera*), *Anardana* (*Punica granatum*), *Badi Elaichi* (*Amomum subulatum*), *Hing* (*Ferula assafoetida*), *Kachnar* (*Bauhinia variegata*), *Ajmod* (*Trachyspermum ammi*), *Sazzikhar*, *Pushkarmool* (*Inula racemosa*), *Mishri* (*Saccharum officinarum*). The mechanism of action of *Divyashakti Powder* in psoriasis can be understood through its ingredient's collective effects on the underlying pathophysiology of the condition, including chronic inflammation, immune dysregulation and impaired skin barrier function. Ingredients like *Trikatu*, *Nagarmotha*, and *Triphalā* helps in reducing *Ama*, pacifying *Kapha* and regulating *Vata*. Herbs like *Nagkesar*, *Kachnar*, and *Amarvati* acts as blood purifiers, which is essential to treat skin diseases in *Ayurveda*. Laxative ayurvedic herbs like *Nishoth* and *Sendha Namak* aids in removing

toxins from the body, improving systemic health. Antioxidant-rich herbs like *Anardana*, *Triphala* and *Pippali Moola* rejuvenate tissues and restore cellular function.

2. *Charmrogahar* powder's ingredients, such as *Amba Haldi*, *Nagarmotha*, *Nagkesar*, *Harad*, *Bahera*, *Amla*, and *Swarn Makshik Bhasma*, works synergistically to address psoriasis through detoxification, blood purification and immune modulation. Key components like *Harad*, *Bahera* and *Amla* from *Triphala* supports digestion, eliminates toxins (*Ama*) and rejuvenates tissues. *Amba Haldi*, *Dalchini*, and *Vayavidanga* exhibit anti-inflammatory and antioxidant properties, reducing oxidative stress and chronic inflammation associated with psoriasis. *Nagarmotha* and *Nagkesar* helps to alleviate itching and skin irritation, while *Swarn Makshik Bhasma* enhances immunity and promotes tissue repair. Additionally, the digestive herbs, including *Sonth*, *Kalimirch* and *Pipali*, stimulates metabolism and improves nutrient absorption, preventing toxin buildup.
3. *Brahmi Vati*, with its powerful ingredients such as *Brahmi*, *Rasindur (purified mercury)*, *Shilajeet*, *Kalimirch*, *Vayavidanga*, *Pippali*, *Abhrak Bhasma* and *Vang Bhasma*, works synergistically to address psoriasis through detoxification, immune regulation and tissue rejuvenation. *Brahmi*, known for its adaptogenic and neuroprotective properties, calms the mind, reduces stress - a major trigger for psoriasis - and supports skin healing. *Ras-sindur* and *Shilajeet* acts as potent *Rasayanas*, aiding in detoxification, improving cellular repair and enhancing immunity. *Kalimirch*, *Vayavidanga*, and *Pippali* enhances digestion and metabolism, reducing the formation of toxins (*Ama*) that aggravates skin disorders. *Abhrak Bhasma* and *Vang Bhasma* supports cellular rejuvenation and strengthens the body's natural defences, promoting healthy skin regeneration.
4. *Arogya Vati*, formulated with *Kajjali*, *Loh Bhasma*, *Abhrak Bhasma*, *Tamra Bhasma*, *Amalaki*, *Vibhitaki*, *Haritaki*, *Chitrak*, *Katuka* and *Nimba*

Patra, acts holistically to manage psoriasis by addressing the root causes of the disease. The combination of *Kajjali*, *Loh Bhasma*, *Abhrak Bhasma* and *Tamra Bhasma* enhances detoxification, supports blood purification, and improves tissue regeneration, essential for healing psoriatic skin lesions. *Amalaki*, *Vibhitaki*, and *Haritaki* as components of *Triphala*, aids in digestion, eliminates toxins (*Ama*) and rejuvenate tissues, maintaining a healthy gut-skin axis. *Chitrak* and *Katuka* stimulates digestion and liver function, promoting the breakdown of toxins and balancing aggravated *Doshas*, particularly *Pitta* and *Kapha*. *Nimba Patra*, with its potent anti-inflammatory and antimicrobial properties, soothes skin irritation and supports immune modulation.

5. *Psoro Tab*, composed of *Neem Panchang*, *Pawad Beej*, *Ushba*, *Bawachi*, *Akash Bel*, *Bakayanfal*, *Manjistha*, *Gandhak Rasayan* and *Gum Acacia*, works synergistically to manage psoriasis by targeting its root causes. *Neem Panchang* and *Manjistha* are powerful blood purifiers and anti-inflammatory agents that helps to detoxify the body and reduce inflammation in psoriatic lesions. *Pawad Beej* and *Bawachi* are known for their immunomodulatory and skin-rejuvenating properties, aiding in the repair and regeneration of damaged skin. *Ushba*, a well-known anti-inflammatory and anti-allergic herb, soothes chronic skin conditions by addressing aggravated *Pitta* and *Kapha Doshas*. *Akash Bel* and *Bakayanfal* helps in reducing toxins (*Ama*) and balancing metabolic functions that contribute to skin disorders. *Gandhak Rasayan*, with its sulphur-based composition, has antimicrobial, detoxifying and tissue-healing properties that improves skin health. *Gum Acacia* acts as a stabilizing agent and supports the gastrointestinal system by aiding digestion and absorption.
6. *Panchatikta Ghrita Guggulu* containing Cow *Ghrita* 8 parts, *Vacha* 1 part, *Shu. Bhallatak* 1 part, *Pathha* 1 part, *Vidang* 1 part, *Ativisha* 1 part, *Pippalimoola* 1 part, *Deodar* 1 part, *Gajapippali* 1 part, *Haritaki* 1 part, *Shatpushpa* 1 part, *Yavakshar* 1 part,

Sajjikshar 1 part, *Bibhitak* 1 part, *Shunthi* 1 part, *Amalaki* 1 part, *Haridra* 1 part, *Ajamoda* 1 part, *Chavya* 1 part, *Jyotishmati* 1 part, *Kushtha* 1 part, *Manjishtha* 1 part, *Marich* 1 part, *Indrayava* 1 part, *Jeerak* 1 part, *Chitrak* 1 part, *Kutaki* 1 part, *Triphala Vishesh Shodhit Guggul* 16 parts. Processed in - *Nimbatwak*, *Guduchi*, *Vasa*, *Patol*, *Kantakari* through its *Tikta Rasa* (bitter taste), is recognized for its ability to detoxify and reduce inflammation, pacifying *Pitta* and *Kapha Doshas*.

7. *Raktchap*, formulated with *Sarpgandha*, *Ajwain Khurasani*, *Jatamansi*, *Bhang*, *Pipali Mool*, *Moti Pisti* and *Mukta Sukti Pisti*, works synergistically to manage psoriasis by addressing both the immune response and underlying imbalances in the body. *Sarpgandha* has potent anti-hypertensive and calming effects, helps to regulate stress, a known trigger for psoriasis. *Ajwain Khurasani* and *Pipali Mool* acts as digestive stimulants and helps in detoxifying the body by improving metabolism and eliminating toxins that aggravates skin conditions. *Jatamansi* and *Bhang* provides neuroprotective and calming effects, reducing anxiety and stress, which are often linked to exacerbations of psoriasis. *Moti Pisti* and *Mukta Sukti Pisti*, with their rich calcium content, supports skin health and tissue repair while promoting cellular regeneration.
8. *Amlapittahar Cap*, composed of ingredients such as *Mulethi* (Licorice), *Pudina* (Mint), *Hing* (Asafoetida), *Chitraka*, *Jeera* (Cumin), *Vidang*, *Ajwain* (Carom seeds), *Marich* (Black pepper), *Pippali* (Long pepper), *Shunthi* (Ginger), *Amla*, *Vibhitaki*, *Haritaki* and *Shankh Bhasma*, works effectively to manage digestive disorders, particularly those related to acidity and *Pitta* imbalance, which can contribute to conditions like psoriasis. *Mulethi* soothes inflammation and supports the digestive system, while *Pudina* aids in cooling the body and reducing acidity. *Hing*, *Chitraka* and *Vidang* stimulates digestion and helps in balancing the *Agni* (digestive fire), reducing bloating and acid reflux. *Jeera*, *Ajwain* and *Marich* are known for their carminative properties, which reduces gas, bloating and acidity. *Pippali*, *Shunthi* and *Amla* provides antioxidant, anti-inflammatory, and immune-boosting effects, supporting overall skin health and detoxification. *Vibhitaki* and *Haritaki*, components of *Triphala*, promotes gut health, improve digestion and supports detoxification. Finally, *Shankh Bhasma* calms the digestive system and supports the absorption of nutrients, further enhancing skin and immune system health.
9. *Psoro Oil (Day)*, formulated with *Anant Mool*, *Bawchi*, *Aloe Vera*, *Mulethi* (Licorice), *Ratan Jot*, *Neem Panchang*, *Karanj Patra*, *Kali Mirch* (Black Pepper), *Mustard Oil* and *Nariyal Tailum* (Coconut Oil), is designed for local application to manage psoriasis and soothe skin inflammation. *Anant Mool* and *Bawchi* possess potent anti-inflammatory and antimicrobial properties, reduces redness, swelling and infection commonly seen in psoriatic lesions. *Aloe Vera* is known for its cooling and moisturizing effects, helping to hydrate dry, flaky skin while reducing itching and irritation. *Mulethi* and *Ratan Jot* provides additional anti-inflammatory and skin-healing properties, promoting tissue repair and reducing scarring. *Neem Panchang* has antibacterial and antifungal properties, which helps to prevent secondary infections in the skin lesions and purifies the blood, addressing one of the underlying causes of psoriasis. *Karanj Patra* and *Kali Mirch* have strong analgesic and anti-inflammatory effects, easing discomfort and reducing redness. Mustard Oil and Coconut Oil are used as carrier oils, enhancing the absorption of the active ingredients while providing lubrication and nourishment to the skin.
10. *Psorin Ointment*, formulated with ingredients like *Maricha*, *Musta*, *Jatamansi*, *Haldi* (Turmeric), *Madar*, *Daruhaldi*, *Devdaru*, *Kutha*, *Kutaja*, *Durva*, *Gomutra*, *ShudhHartala*, *Coconut Oil* and *Manashila*, works effectively for the topical management of psoriasis, especially in the night. *Maricha*, *Musta* and *Jatamansi* are known for their anti-inflammatory and soothing properties,

reducing redness, itching and irritation. *Haldi* and *Daruhaldi* possess powerful antioxidant and anti-inflammatory effects, aiding in skin healing and reducing psoriatic flare-ups. *Madar* and *Kutha* acts as detoxifying agents, helps to cleanse the skin and reduce the accumulation of toxins that can worsen psoriasis. *Kutaja* helps to regulate bowel movements, clearing toxins from the body, which can support skin health. *Durva* has antibacterial and anti-inflammatory properties, assisting in the prevention of secondary infections in damaged skin. *Gomutra* (cow urine) is considered as a purifying agent that helps in detoxification, enhancing overall skin health. *Shudh Hartala* (purified orpiment) has astringent properties, helps to reduce inflammation and promotes the regeneration of skin tissues. *Coconut Oil* serves as a carrier, moisturizing the skin, providing hydration and allowing deeper penetration of active ingredients. *Manashila* helps in calming the skin, reducing heat and alleviating symptoms of psoriasis.

Limitations and Future Directions

While the treatment demonstrated significant clinical improvements, further studies involving larger patient cohorts and extended follow-up periods are essential to confirm the reproducibility and durability of these outcomes. Objective biomarkers, such as inflammatory cytokine profiles and validated quality-of-life assessments, could provide more robust evidence for the efficacy of Ayurvedic interventions in psoriasis.

CONCLUSION

This case study demonstrates the potential of integrative Ayurvedic therapy in managing chronic psoriasis. The personalized regimen not only provided substantial symptomatic relief but also addressed underlying systemic and psychological factors, leading to sustained remission and improved quality of life. The findings suggests that *Ayurveda* could serve as an effective complementary or standalone treatment modality in chronic inflammatory conditions like psoriasis.

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How to cite this article: Gitika Chaudhary, Acharya Manish Ji, Richa, Navneet Kaur. Successful Ayurvedic Management of Chronic Psoriasis (Ekakustha): A Case Report. *J Ayurveda Integr Med Sci* 2024;12:254-265. <http://dx.doi.org/10.21760/jaims.9.12.34>

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

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