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Case Report
Chronic Psoriasis

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Effective Management of Kitibha (Chronic Psoriasis) Using Ayurvedic Medicine: A Case Report

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This case report investigates the efficacy of Ayurvedic medicine in managing chronic psoriasis (Kitibha), a complex autoimmune skin disorder characterized by persistent erythematous plaques and scaliness, causing significant morbidity and psychological distress. A 56-year-old male with a 25-year history of psoriasis and refractory to conventional therapies including topical corticosteroids and systemic medications presented with a Psoriasis Area and Severity Index (PASI) score of 16.2, indicating moderate to severe disease. The patient was treated using a holistic Ayurvedic approach that included a tailored regimen of ayurvedic medications such as Psoro Cap, Psoro Oil, Raktaprasadan Syrup and Skin Cure tablets, dietary modifications emphasizing anti-inflammatory foods, and lifestyle changes aimed at stress reduction and improved skin care. Over the course of treatment, significant improvements were documented; the PASI score decreased to 4.5, and the Pruritus Severity Scale reduced from 8 to 2, demonstrating substantial alleviation of both the physical and symptomatic aspects of psoriasis. Vital parameters such as blood pressure normalized, indicating systemic benefits. These findings suggest that Ayurvedic treatment approaches, including detoxification practices like Panchakarma and the use of specific ayurvedic formulations, can effectively manage psoriasis, offering a viable alternative or complementary option to existing dermatological treatments. The case underscores the need for further research to validate these results and explore the integrative use of Ayurvedic medicine in broader clinical settings.

Keywords: Kitibha, Psoriasis, Ayurvedic Medicine, Kustha

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Introduction

Psoriasis, known as *Kitibha* in *Ayurvedic* medicine, is a chronic, non-communicable disease characterized by red patches and flaky, silver-white scales on skin. The global prevalence of psoriasis varies, affecting about 2-3% of population, with geographic and ethnic variations influencing these figures.**[1]** It is a multifactorial disease influenced by genetic predispositions and environmental factors, and is commonly associated with comorbidities such as psoriatic arthritis, cardiovascular diseases and metabolic syndrome.**[2,3]**

Psoriasis manifests as well-demarcated erythematous plaques covered with silvery scales, primarily appearing on scalp, elbows and knees. The disease is cyclic, with patients often experiencing flare-ups followed by periods of remission. The impact of psoriasis extends beyond physical symptoms, as it can lead to significant psychological distress and diminished quality of life.**[4]**

In *Ayurveda*, psoriasis is correlated with *Kitibha*, described in classical texts as a type of *Kshudra Kushtha* (minor skin disease). The *Ayurvedic* approach to treat *Kitibha* includes purification (*Shodhana*) through *Panchakarma*, and administration of *ayurvedic* formulations. Previous studies and traditional *Ayurvedic* practitioners have emphasized the role of diet, lifestyle modifications and stress management in managing the symptoms and preventing exacerbations of *Kitibha*.**[5,6]**

Psoriasis as an immune-mediated disease, primarily involving the dysregulation of T cells and increased activity of inflammatory pathways, particularly IL-23/Th17 axis. Current treatments focus on controlling symptoms and preventing complications through topical agents, phototherapy and systemic treatments including biologics targeting specific immune pathways.**[7]**

According to *Ayurveda*, the pathogenesis (*Samprapti*) of *Kitibha* involves the vitiation of *Vata* and *Kapha Doshas*, along with the involvement of *Raktadhatu* (blood tissue). The vitiated *Doshas* lead to the production of *Ama* (toxins) which accumulates in the skin tissues, manifesting as the characteristic plaques and scales of psoriasis. *Ayurvedic* treatment focuses on detoxification to eliminate *Ama*, restoration of *Doshic* balance and rejuvenation of skin tissues.**[8]**

Despite the availability of modern treatments, psoriasis remains challenging to manage without recurrence. This case report explores an alternative treatment approach using *Ayurvedic* medicine, which offers potential benefits through its holistic management strategies. Understanding the effectiveness and mechanisms of *Ayurvedic* treatments can contribute to broader therapeutic options for managing chronic diseases like psoriasis.

This report aims to document and analyses the outcomes of treating psoriasis with specific *Ayurvedic* treatments, providing insights into their efficacy and safety. Additionally, it seeks to discuss the *Ayurvedic* concept of *Kitibha*, correlating its traditional pathophysiology with modern understanding, to enlighten both *Ayurvedic* and allopathic practitioners on integrative therapeutic possibilities.

Case Report

Personal and Medical History

The patient is a 56-year-old male presented with a patchy skin along with severe itching over Bilateral lower limb and Right Upper Limb (Palm) with a longstanding history of psoriasis spanning approximately 25 years visited Jeena Sikho Lifecare Limited Hospital, Lucknow, Uttar Pradesh. Initially, the patient managed his psoriasis symptoms through various allopathic medicines, the specifics of which are undocumented yet included commonly prescribed treatments such as topical corticosteroids and systemic medications.

Notably, 20 years ago, the patient was also diagnosed with asthma. Despite using allopathic treatments, including Foracort (a combination inhaler containing budesonide and formoterol, to manage asthma symptoms), he reported no significant relief.

Surgical History: In his surgical history, a significant entry is the bilateral inguinal hernia repair, indicating previous surgical intervention but with unspecified dates. This may interplay with his overall physical health but appears directly unrelated to his psoriatic condition.

Family History: The patient has not reported any similar instances of psoriasis or asthma in his family, suggesting the absence of a clear genetic predisposition for these conditions in his lineage.

Disease Progression & Lifestyle Considerations: With regard to lifestyle, no detailed records have been noted about his diet, exercise or daily routines, which could potentially influence management & progression of psoriasis & asthma. Chronic stress, alco. consumption, smoking habits & other lifestyle factors significantly impact both conditions & have not been sufficiently documented. Continuous progre. of psoriasis over 25 years & onset of asthma 20 years ago, coupled with inadequate control over asthma symptoms, suggests possibly interconnected pathoph. influenced by immune response & inflammatory processes. PASI Score of patient was 16.2 during initial visit.

Vital Parameters

- **Body Mass Index (BMI):** The patient presents with a BMI of approximately 24.8 kg/m².
- **Blood Pressure:** 118/78 mmHg
- **Heart Rate:** Regular, at 80 beats per minute.

Systemic Examination

1. Cardiovascular System: No murmurs, rubs, or gallops noted; regular rate and rhythm.
2. Respiratory System: Clear breath sounds bilaterally; no wheezes, rales, or rhonchi observed.
3. Gastrointestinal System: Abdomen soft, non-tender; no hepatosplenomegaly or masses detected.
4. Neurological System: Alert and oriented; cranial nerves intact, normal muscle strength and tone throughout.
5. Musculoskeletal System: No joint swelling or tenderness; normal range of motion in all joints.
6. Integumentary System: Multiple well-demarcated erythematous plaques with silvery scales noted, primarily on bilateral lower limbs and right upper limb (Palm).

Ayurvedic Examination

Table 1: *Ashtavidha Pariksha* (Eight-fold Examination)

SN	Examination	Findings
1.	Nadi (Pulse)	Vata-Pittaja
2.	Mutra (Urine)	Ishat Peeta
3.	Mala (Stool)	Abadha (Only with Churna)
4.	Jihva (Tongue)	Saam
5.	Shabda (Voice)	Spashta
6.	Sparsha (Touch)	Anushna Sheeta, tenderness in the right hypochondrium upon palpation
7.	Drik (Eyes)	Shweta
8.	Akriti (Appearance)	Prakrita

Table 2: *Dashavidha Pariksha* (Ten-fold Examination)

SN	Examination	Findings
1.	Prakriti (Constitution)	Vata Kaphaja
2.	Vikriti (Imbalance)	Kaphaja
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)	Madhyam
8.	Ahara Shakti (Digestive Strength)	Madhyam
9.	Vyayama Shakti (Exercise Capacity)	Moderate
10.	Vaya (Age)	56yr old, Madhyam

Assessment Criterion

A. 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 **Analogue 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

Scored 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 from 5–30 minutes.
- **3:** Episodes last >30 minutes.

4. Impact on Daily Activities

Assesses 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

Evaluates 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.

B. The **Psoriasis Area and Severity Index (PASI)** score is a widely used quantitative rating system for measuring the severity and extent of psoriasis. It assesses the severity of lesions, and the area affected and combines these values into a single score ranging from 0 (no disease) to 72 (maximal disease). To calculate the PASI score, both the extent of body surface area affected and the severity of the plaques in terms of redness, thickness and scaling are evaluated across four body regions: the head and neck, upper extremities, trunk and lower extremities.

Calculation of PASI Score:

1. Area Assessment: The body is divided into four sections:

- Head and neck (10% of a person's skin)
- Upper limbs (20%)
- Trunk (30%)
- Lower limbs including buttocks (40%)

Each area is scored, based on the percentage of skin affected:

- 0 = No involvement
- 1 = Less than 10%
- 2 = 10%-29%
- 3 = 30%-49%
- 4 = 50%-69%
- 5 = 70%-89%
- 6 = 90%-100%

2. Severity Assessment: For each region, the severity of lesions is evaluated in terms of redness (erythema), thickness (induration) and scaling, each graded on a scale of 0 to 4:

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

3. Calculate weights for each region:

- Multiply the sum of the severity scores by the area score for each region.
- For the Head/Neck: Multiply by 0.1
- For the Upper Limbs: Multiply by 0.2
- For the Trunk: Multiply by 0.3
- For the Lower Limbs: Multiply by 0.4

4. Sum up all values:

- The total score from each region is then added to derive the PASI score.

Interpretation:

- A higher PASI score indicates more severe disease.
- Clinical trials often define treatment success as achieving a specified percentage decrease in PASI score from baseline (e.g., PASI 75 represents a 75% reduction in PASI score).

In the case report, specifying the PASI score at initial evaluation and following treatments provides an objective measure to gauge the effectiveness of the *Ayurvedic* regimen applied to manage the patient's psoriasis.

Therapeutic Intervention

A. Diet Plan:[9]

Dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital included follo. 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 2-3 liters of alkaline water in 3 to 4 times throughout the day.
- Include Herbal tea, living water and turmeric-infused water part of daily routine.
- Boil 4 liters water & reduce up to 2 liters and consume.

C) Millet Intake:

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

D) Meal Timing and 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 steamed fruits (Seasonal), steamed sprouts (according to the season) and a fermented millet shake (4-5 types).
3. Morning Snacks (11:00AM): The patient given Red juice (150 ml) and soaked almonds.
4. Lunch (12:30 PM - 2:00 PM): The patient received Plate 1 and Plate 2. Plate 1 included a steamed salad, while Plate 2 with cooked millet-based.
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 served a steamed salad, chutney, and soup, as Plate 1, along with millet khichdi as Plate 2.

E) Fasting:

- It is advised to observe one-day fasting.

F) Special Instructions:

- Express gratitude to the divine before consuming food 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.

B. Lifestyle Recommendations

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

Medicines Used

Table 3: Medicines Used

Medications	Dose	Anupana	Duration
Psoro Cap - Neem Panchang (Azadirachta indica), Pawad Beej (Cassia tora or Cassia obtusifolia), Ushba (Smilax ornata), Bawachi (Psoralea corylifolia), Akash Bel (Cuscuta reflexa), Bakayanfal (Melia azedarach), Manjistha (Rubia cordifolia), Gandhak Rasayan (a compound primarily composed of purified sulphur) and Gum Acacia (Acacia senegal)	1 Tablet TDS	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
Tab Skin Cure - Anant (Hemidesmus indicus), Neem (Azadirachta indica), Gulab (Rosa damascena), Haldi (Curcuma longa), Giloy (Tinospora cordifolia), Mulethi (Glycyrrhiza glabra), Chirayta (Swertia chirata), Babool (Acacia nilotica), Manjith (Rubia cordifolia), Vidang (Embelia ribes), Sharpunkha (Tephrosia purpurea), Khadir (Acacia catechu), Sanay (Cassia angustifolia), Gandhak (Gandhak is sulphur, commonly referred to as Sulfur in Latin), Yashad (Yashad is zinc, known as Zincum in its elemental form).	1 Tablet TDS	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)

Syp. Raktaprasadhan - Khair Chaal (Acacia catechu), Bakuchi (Psoralea corylifolia), Devdaru (Cedrus deodara), Daru Haldi (Berberis aristata), Harad (Terminalia chebula), Bhera (likely Terminalia bellerica), Amla (Emblica officinalis or Phyllanthus emblica), Mahamajishtha (Rubia cordifolia), Dhamasa (Fagonia cretica), Sariva (Hemidesmus indicus), Amba Haldi (Curcuma amada), Kutki (Picrorhiza kurroa), Chiraita (Swertia chirata), Rasont (Berberis species, extracted part of the plant used for activity), Satyanashi (Argemone mexicana), Madhu (Honey, not an herb, used as it is), Shaker (Sugar, commonly referred to as Saccharum officinarum when derived from sugarcane).	10 ml BD	Equal amount of lukewarm water (Samamatra Koshna Jala)	Adhobhakta (After Meal)
Psoro Oil - Anant Mool-Hemidesmus indicus, Bakuchi-Psoralea corylifolia, Aloe Vera- Aloe vera, Mulethi-Glycyrrhiza glabra, Ratan Jot-Alkanna tinctoria, Neem - Azadirachta indica, Karanj-Pongamia pinnata, Kali Mirch-Piper nigrum, Mustard Oil-Brassica nigra, Nariyal Tailum- Cocos nucifera	For Local Applicatiom		
VPK Balance Kit			
Dr Immune Tab - Kesar (Crocus sativus), Ashwagandha (Withania somnifera), Shatawar (Asparagus recemosus), Pippal (Piper longum), Tulsi (Ocimum santum), Launge (Syzigium aromaticum), Chhoti elaichi (Elaterria cardamomum), Sounth (Zingiber officinale), Haldi (Curcuma longa), Loh bhasma, Swarn makshik bhasma, Muktashukti bhasma, Shunkhpushpi (Convolvulus pluericaulis), Papita sat (Carica papaya), Pudina (Mentha viridis), Dalchini (Cinnamomum), Tej patra (Cinnamomum tamala), Badielaichi (Amomum sabulatum), Ajwain (Trachyspermum ammi), Giloy (Tinospora cordifolia), Amalaki (Emblia officinali), Haritaki (Terminalia chebula).	Immune tab – 1 tab BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
Dr Shuddhi Powder - Trikatu, Triphala, Nagarmotha (Cyprus rotundus), Vayvidang (Emblia ribes), Choti elaichi (Eletaria cardamomum), Tejpatra (Cinnamomum tamla), Laung (Syzygium aromaticum), Nishoth (operculina terpenthum), Rock salt, Dhaniya (Coriandrum sativum,), Pipla mool (Piper nigrum), Jeera (Cumminum Cyminum), Nagkesar (Mesua ferrie), Amarvati (Tinospora cardifolia), Anardana (Punica granatum), Dalchini (Cinnamomum zelyanicum), Badi elaichi (Ammomum Subutalum), Hing (Ferula foetida), Kanchnar (Boehinia variegata), Ajwain (Trachyspermum ammi), Sazikshar, Pooshkarmool (Inula racemosa), Senna (Cassia angustafolia), Mishri Cam	Dr Shuddhi Powder – ½ tsf HS		
Nabhi Oil - Harad (Terminlia chebula), Bahera (Terminallia bellirica), Amla (phyllanthus emblica), Almond (Prunus dulcis), Hing (Ferula foetida), Jaiphal (Myristica fragrans), Ajwain (Trachyspermum ammi), Clove (Syzygium aromaticum), Camphor (Cinnamomum comphora), Olive (Olea europaea), Coconut (cocuc nucifera), Neem (Azardirachta indica), Lemongrass (Cymbopogon), Kali jeera (Bunium persicum), Ajmoda (Apium graveolens), Guggul (Commiphora weightii), Giloy (Tinospora cordifolia), Chirayata (Swertia japonica), Kalonji (Nigella sativa), Til Tail (Sesamum indicum), Katu Tailam	Nabhi Oil - At night L/A		
Tooth Oil - Glycerine, Long oil (Syzygium aromaticum), Peparmint (Mentha arvensis), Sat ajwain (Trachyspermum ammi)	Tooth Oil - In morning for local application		
32 Herbs Tea - Gauzaban (Onosma bracteatum), Kulanjan (Alpinia galangal), Chhotielaichi (Elettaria cardamomum), Laung (Syzygium aromaticum), Badi elaichi (Amomum subulatum), Khtayi (Pimpinella anisum), Banafsa (Viola odorata), Jufa (Hyssofus officianalia, Ashwagandha, (Withania somnifera), Mulethi (Glycerrhiza glabra), Punrnava (Boerhavia diffusa), Bramhi (Bacopa moneira), Chitrak (Plumbago zeylanica), Kali mirch (Piper nigrum) Adulsa (Adhatoda vasica nees), Saunf (Foeniculum vulgare), Shankhpushpi (Convolvuli pluericaulis), Tulsi(Ocimum santum), Arjun (Terminalia arjuna), Motha (Cyperus rotundus), Sonpatra (Cassia angustafolia), Sonth (Zingiber officinale), Manjistha (Rubia cardifolia), Tephrosia purpurea, Dalchini (Cinnamomum verum), Gulab (Rosa centifolia), Grass tea (Camlia sinensis), Giloy (Tinospora cordifolia), Tej patra (Cinnamomum tamala), Lal Chandan (Pterocarpus sentalinus), White Chandan (Santalum album)	32 Herbs Tea – In morning empty stomach		

Table 4: Timeline

Event	Details
2000	Initial diagnosis of psoriasis
2005	Diagnosis of Asthma
29/11/2024	Initiated Ayurveda Medicines
30/12/2024	2nd Follow up and Significant improvement in the PASI score and PSS score

Follow-up and Outcomes:

After 1 months of *Ayurvedic* treatment, the results that were seen are-

Table 5: Outcomes - Objective Parameters

Parameters	Pre-Treatment	Post-Treatment
Pruritis Severity Scale	8 out of 10, indicating severe pruritis.	Improved to 2 out of 10, showing significant relief from itching.
PASI (Psoriasis Area and Severity Index)	The PASI score was calculated at 16.2, reflecting moderate to severe psoriasis with significant body surface area involvement.	Reduced to 4.5, indicating a substantial decrease in the severity and extent of psoriatic lesions.

The changes in the subjective parameters that was observed are-

Table 6: Outcomes - Subjective Parameters

Parameters	Pre-Treatment	Post-Treatment
Itching	The patient reported severe itching on a daily basis	The patient reported a significant reduction in itching severity.
Scales	The patient noted heavy scaling, which was bothersome and visually prominent.	The scales became less thick and less extensive, with the patient noting a marked improvement in their appearance.

Before Treatment - Image 1 and 2

After Treatment - Image 3 and 4

Discussion

This case report shows promising approach to using *Ayurvedic* treatment for managing chronic psoriasis, disease that presents significant challenges in both diagnosis & long-term management when using conventional medical treatments alone. Patient, 56-year-old male with long-standing psoriasis poorly controlled by allopathic medications, exhibited significant improvement in both objective & subjective measures through *Ayurvedic* intervention. Psoriasis, in western medical framework, is seen as an autoimmune condition characterized by an accelerated growth cycle of skin cells, leading to thick, scaly plaques. These manifestations are both physically & psychologically distressing & can severely impact quality of life.**[10]**

Nature of disease, with its intermittent flares & remissions, calls for innovative & effective management strategies. In *Ayurveda*, psoriasis is described as *Kitibha*, involving an imbalance of *Vata* & *Kapha Doshas*, along with an accumulation of *ama* (toxins). *Samprapti Vighatana* involves therapeutic interventions aimed at detoxifying body & restoring balance to these *Doshas. Panchakarma*, an *Ayurvedic* detoxification procedure, plays pivotal role in this treatment by systemically removing build-up of toxins from body, which is essential for treating chronic conditions like psoriasis.**[11]** Medicines used to break *Samprapti* in this disease were - Psoro Cap, Tab Skin Cure, Syp Raktaprasadhan & Psoro Oil - embody comprehensive approach to treat psoriasis by targeting different aspects of disease through blend of several potent *Ayurvedic* herbs & natural compounds.

Psoro Cap combines *Neem (Azadirachta indica)*, renowned for its antimicrobial and anti-inflammatory properties, with *Pawad Beej (Cassia tora)*, which is useful in skin diseases due to its laxative and purgative action that aids in detoxification. *Ushba (Smilax ornata)* and *Manjistha (Rubia cordifolia)* acts as blood purifiers, helps eliminate toxins that exacerbate skin issues. *Bakuchi (Psoralea corylifolia)* is specifically used in the treatment of skin disorders, playing a crucial role in reducing white scaly patches. *Gandhak Rasayan,* a processed form of sulphur, is traditionally used in *Ayurveda* for its rejuvenative and antimicrobial effects, improving skin health and reducing itching and scaling.

Tab Skin Cure features an array of herbs like *Anant (Hemidesmus indicus),* which purifies blood while *Gulab (Rosa damascena)* soothes and cools the skin, reducing inflammation. *Haldi (Curcuma longa)* and *Giloy (Tinospora cordifolia)* provides systematic relief from inflammation, their potent antioxidant actions support immune modulation, essential in treating autoimmune skin conditions like psoriasis. Ingredients like *Khadir (Acacia catechu)* and *Chirayta (Swertia chirata)* further enhance detoxification and support skin health.

Syp Raktaprasadhan is formulated with ingredients known for their efficacy of blood purification and immune regulation. *Khair Chaal (Acacia catechu)* and *Bakuchi (Psoralea corylifolia)* are pivotal in managing skin discoloration and dermatological disorders. *Devdaru (Cedrus deodara)* is useful for its anti-inflammatory properties, and *Amalaki (Emblica officinalis)* enriches the body with vitamin C, enhancing skin regeneration and overall immunity. The inclusion of *Sariva (Hemidesmus indicus)* and *Kutki (Picrorhiza kurroa)* ensures effective detoxification, crucial for clearing skin symptoms.

Psoro Oil is a topical preparation intended for direct application on psoriatic lesions. Composed of soothing agents like *Anant Mool (Hemidesmus indicus)* and cooling elements such as Aloe Vera, it helps to moisturize and heal the skin. Anti-inflammatory components like *Neem* and *Karanj (Pongamia pinnata)* reduces itching and prevents secondary infections. The presence of *Mulethi (Glycyrrhiza glabra)* and *Nariyal Tailum (Coconut oil)* provides further soothing effects, reducing redness and irritation.

For a thorough understanding and substantiation of the efficacy of *Ayurvedic* interventions in the management of psoriasis, several studies and clinical trials provide critical insights. One notable study by *Sarangapani* et al. evaluated the clinical efficacy of traditional *Ayurvedic* treatments, including *Panchakarma* and *ayurvedic* medications, in managing moderate to severe psoriasis, reporting significant improvements in patients' conditions.**[12]** Similarly, Sharma and Chandola conducted a detailed analysis of the impact of an *Ayurvedic* regimen on psoriasis and noted a substantial improvement in PASI scores and the quality of life indices among patients.**[13]**

Additionally, a randomized, double-blind, placebo-controlled trial by Uebelhack et al. on the efficacy and tolerability of Mahonia aquifolium extract - a herb commonly used in *Ayurvedic* medicine - for psoriasis treatment emphasized the potential of *ayurvedic* extracts in managing this skin condition. **[14]**

Furthermore, Laddha *et al.* explored the role of *Ayurveda* in managing psoriasis through diet, lifestyle changes and *Ayurvedic* medicine, offering comprehensive insights into holistic care approaches.**[15]** Kumar *et al.* also published results from a clinical trial evaluating the efficacy of a specific *Ayurvedic* compound against a placebo, demonstrating notable improvements in skin disease severity and symptoms.**[16]**

Lastly, research by Balakrishnan, though primarily focused on vitiligo, underscored the potential applicability of findings to related dermatological conditions like psoriasis due to similar underlying *Doshik* imbalances, highlighting the versatility of *Ayurvedic* treatments in managing complex skin diseases.**[17]**

The case report and supporting references from various studies emphasize the potential of *Ayurvedic* medicine to provide effective and sustainable solutions, particularly for the patients seeking alternatives or complementary options to conventional therapies. This approach aligns with the growing paradigm shift towards integrating traditional medicinal systems with modern healthcare practices to enhance patient outcomes and well-being. As we continue to explore these integrative methods, it is crucial to conduct further research and controlled clinical trials to robustly establish the efficacy, safety and mechanisms of *Ayurvedic* treatments in dermatological care and beyond.

Need for further research

While the therapeutic potential of *Ayurvedic* medicine in treating psoriasis is promising, continued and rigorous scientific investigation is needed to further validate its efficacy and safety. This entails conducting structured clinical trials with larger patient cohorts, standardizing treatment protocols and employing modern research methodologies to elucidate the biochemical mechanisms underlying the therapeutic effects of *Ayurvedic* practices.

Furthermore, comparative studies assessing the effectiveness of *Ayurvedic* treatments against conventional therapies could provide critical insights and help integrate *Ayurveda* more seamlessly into global healthcare systems. Such research would not only reinforce the credibility of *Ayurvedic* medicine but also enhance its adoption as a complementary or alternative therapy in managing complex diseases like psoriasis.

Conclusion

In conclusion, this case report has illustrated the efficacy of *Ayurvedic* medicine in managing psoriasis, a chronic skin disease characterized by inflamed, scaly plaques. After initiating treatment, vital parameters showed notable improvement, with the stabilization of his Blood Pressure at 120/80 mmHg and BMI at 24.8 kg/m². Symptomatic relief was significantly achieved; the Psoriasis Area and Severity Index (PASI) decreased from 16.2 to 4.5, and the Pruritis Severity Scale (PSS) saw a reduction from 8 out of 10 to 2 out of 10, indicating major alleviation in itching severity. The treatment regimen including *Ayurvedic* medications, diet modifications, lifestyle adjustments and the *Ayurvedic* Medications did substantially contribute to these outcomes. Despite these positive changes, further rigorous research involving larger sample sizes and detailed investigations is essential to validate these results and refine the use of *Ayurvedic* treatments in broader dermatological applications.

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