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Case report

Harnessing the Power of Panchakarma for Psoriasis Management: A Case Report

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Abstract: ***Background:*** Psoriasis is a chronic immune-mediated inflammatory dermatosis characterized by erythematous plaques with silvery scales and variable itching. It affects approximately 2–3% of the global population[1,2]. In Ayurveda, the clinical features resemble Eka Kushta, a subtype of Kshudra Kushta described under Kushtha roga[3]. ***Case Presentation:*** A 39-year-old male presented with blackish-red scaly lesions over bilateral feet and palms associated with itching for four months. Clinical examination showed candle grease sign, Auspitz sign and Koebner's phenomenon. Intervention: The patient was treated with Ayurvedic Shodhana therapy including Deepana-Pachana, Snehapana, Abhyanga, Swedana, Virechana and Raktamokshana followed by Shamana therapy. Outcome: Significant clinical improvement was observed with 90% reduction in itching, complete reduction in scaling and reduction in discoloration. PASI score reduced from approximately 5.4 to 1.2. ***Conclusion***: Panchakarma procedures, particularly Virechana and Raktamokshana, showed promising results in the management of psoriasis.

Keywords: Psoriasis, Eka Kushta, Panchakarma, Virechana, Raktamokshana.

INTRODUCTION

Psoriasis is a chronic inflammatory and immune-mediated dermatological disorder characterized by erythematous plaques with silvery scales and recurrent exacerbations[1,2]. The disease is associated with abnormal keratinocyte proliferation, immune dysregulation and genetic predisposition[4].

In Ayurveda, skin diseases are broadly classified under Kushtha. Eka Kushta is considered one among the Kshudra Kushta and shares clinical features with psoriasis such as Aswedana (absence of sweating), Matsyashakalopama (fish-like scaling) and Mahavastu (large lesions)[5].

Ayurveda emphasizes both Shodhana (bio-purification) and Shamana (palliative) therapy in the management of Kushtha. Among Shodhana

procedures, Virechana is considered the prime treatment modality because of predominant involvement of Pitta and Rakta[6]. Raktamokshana is also indicated in Rakta-pradoshaja disorders including skin diseases[7].

This case report highlights the effectiveness of Panchakarma therapies in the management of psoriasis.

CASE PRESENTATION

A 39-year-old male presented with blackish-red scaly patches over bilateral feet and palms associated with itching since four months. Initially, lesions appeared over the feet and later extended to the palms. Symptoms aggravated during exposure to hot environment and mental stress.

Clinical Findings:
Maculo-papular erythematous lesions with irregular borders were present over the lateral and medial aspect of both feet and palms. Lesions were rough and elevated with well-defined margins. Koebner's phenomenon, candle grease sign and Auspitz sign were positive, which are classical diagnostic features of psoriasis[8].

Ayurvedic Assessment:
Based on classical symptoms such as Aswedana, Matsyashakalopama and Mahavastu, the condition was diagnosed as Eka Kushta. Dosha involvement was interpreted as Kapha-Pitta predominance with Vata association and Rakta Dushti.

Nidana (Causative Factors)

- Viruddha & mixed diet (Non-vegetarian food, possible guru–snigdha ahara)
- Aggravation in hot environment → **Pitta prakopa**
- Mental stress → **Manasika nidana → Pitta & Vata aggravation**
- Disturbed sleep → Vata dushti

Eka Kushta is predominantly:

- **Kapha pradhana**
- Association of **Pitta**
- Vata involvement in chronicity & dryness

In this case:

Symptom	Dosha inference
Blackish-red lesion	Pitta + Rakta
Scaling (Matsyashakalopama)	Vata + Kapha
Itching	Kapha
Rough elevated lesions	Vata
No sweating (Aswedana)	Kapha
Koebner's phenomenon	Vata aggravation

Therefore: **Kapha–Pitta pradhana Tridoshaja condition with Rakta dushti**

Samprapti:

Nidana sevana
↓
Mandagni
↓
Ama utpatti
↓
Kapha + Pitta prakopa
↓
Rakta dushti
↓
Srotorodha (Rasavaha & Raktavaha)
↓
Dosha–Dushya sammurchana in Twak
↓
Twak–Rakta–Mamsa dushti
↓
Manifestation of:

- Aswedana
- Matsyashakalopama (scaling)
- Mahavastu
- Kandu

- Krishna-Aruna varna
  ↓
  Eka Kushta

Samprapti Ghataka:

- Dosha – Kapha + Pitta (Vata anubandha)
- Dushya – Rasa, Rakta, Mamsa
- Srotas – Rasavaha, Raktavaha, Swedavaha
- Srotodusti prakara – Sanga and Atipravritti.
- Agni – Mandagni (Jataragni janya and Dhatwagni janya)→ Ama formation
- Ama- Jataragni janya and Dhatwagni janya
- Udbhavasthana – Amashaya
- Vyaktasthana – Twak
- Sancharasthana - Sarvashareera
- Rogamarga – Bahya
- Sadyasadyata – Krichra Sadhya
- Vyadhiswabhava- Chirakari.

THERAPEUTIC INTERVENTION

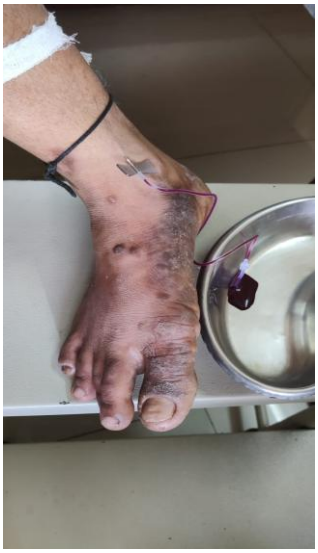
First Sitting (September 2023)
Deepana-Pachana with Guggulutiktaka Kashaya and Chitrakadi Vati for five days.
Dhanyamla Seka for two days.
Takradhara for seven days.
Snehapana with Aragwadha Mahatiktaka Ghrita for five days.
Sarvanga Abhyanga with Brihat Marichyadi Taila followed by Bashpa Sweda.
Virechana with Trivrit Lehya and Icchabhedi Rasa (18 vegas observed).
Samsarjana Krama for five days.

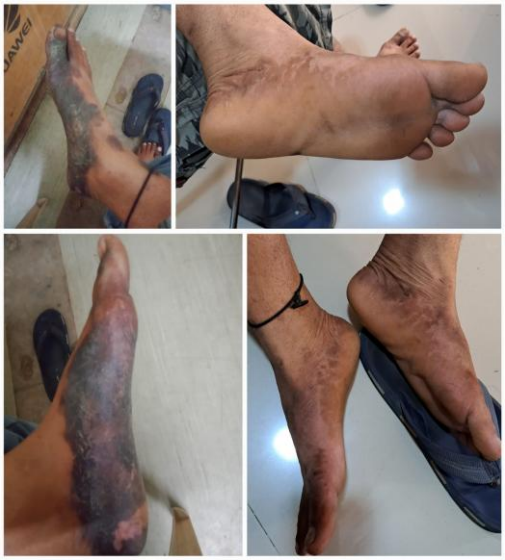
Second Sitting (May 2024)
Snehapana with Guggulu Tiktaka Ghrita and Mahatiktaka Ghrita.
Sarvanga Abhyanga with Marichyadi Taila and Manjishtadi Taila followed by Bashpa Sweda.
Virechana with Trivrit Lehya (14 vegas observed).
Raktamokshana by Siravyadha (approximately 150 ml blood removed from each leg).

Discharge Medication: at 1st sitting
Tab. Arogyavardhini rasa 2-2-2
Tab. Psorakot 1-0-1
Tab. Guggulutiktaka Kashaya 1-0-1
Tab. Anuloma DS before food od at night
Sukumara gritha 10ml-0-10ml before food
Discharge Medication: at 2nd sitting
Aragwadadi Kashaya 15 ml thrice daily with equal quantity of water.
External application: Psorakot cream.

FOLLOW-UP AND OUTCOMES
The patient was followed once in 15 days for seven months.
Clinical improvement observed:
90% reduction in itching
Complete reduction in scaling
50% reduction in discoloration
No new lesions

PASI Score
Before treatment – 5.4
After treatment – 1.2
This indicates nearly 80% clinical improvement following Panchakarma therapy
Before treatment After treatment Siravyadha karma





Probable Samprapti Vighatana Analysis of the case:

1	Mandagni	Deepana with Chitrakadhi vati
2	Ama	Amapachana with Agnitundi vati
3	SROTORODHA Abhyanga + Swedana	Snehapana Dosha Vilayana & Koshtha Gamana
4	PITTA–KAPHA-RAKTA DUSHTI	Virechana
5	Sthayi Rakta Dushti	RAKTAMOKSHANA Rakta Dhatu Shuddhi
6	Hritha dosha	Shamanoushadhi

DISCUSSION

Psoriasis is a chronic immune-mediated inflammatory dermatological disorder characterized by hyperproliferation of keratinocytes, abnormal epidermal differentiation and inflammatory infiltration of T-cells and cytokines. The global prevalence ranges between 2–3%, and the disease significantly affects quality of life due to its chronic, recurrent and cosmetically disturbing nature.

In Ayurveda, the clinical presentation of psoriasis closely resembles Eka Kushta, which is classified under Kshudra Kushta. Classical texts describe features such as Aswedana (absence of sweating), Matsyashakalopama (fish-like scaling), and Mahavastu (large lesions) which are comparable to

the scaling plaques observed in psoriasis. The pathogenesis involves vitiation of Kapha and Pitta doshas with Rakta dushti and involvement of Twak, Rakta and Mamsa dhatus, resulting in chronic dermatological manifestations.

In the present case, the patient exhibited classical features including erythematous scaly plaques, itching, positive candle grease sign, Auspitz sign and Koebner's phenomenon, which are diagnostic indicators of psoriasis. From an Ayurvedic perspective, the condition was interpreted as Kapha-Pitta pradhana Tridoshaja disorder with Rakta dushti, precipitated by nidanas such as viruddha ahara, mental stress, disturbed sleep and exposure to heat, which are known to aggravate Pitta and Kapha. The treatment protocol followed the classical principle of Shodhana followed by Shamana therapy, which is considered the most effective approach in Kushtha management. Among Panchakarma procedures, Virechana is regarded as the primary therapeutic modality because it eliminates vitiated Pitta, Kapha and Vata dosha, it also does Raktaprasadana which are considered key pathogenic factors in skin disorders. In this case, Virechana was performed after appropriate Deepana-Pachana, Snehapana, Abhyanga and Swedana, ensuring proper mobilization and elimination of morbid doshas.

Snehapana with Tikta-pradhana ghritas such as Aragwadha Mahatiktaka Ghrita and Guggulu Tiktaka Ghrita may help in pacifying Pitta and Kapha while facilitating dosha vilayana (liquefaction and mobilization of toxins). Additionally, Abhyanga and Swedana assist in removing srotorodha (channel obstruction) and enhance peripheral circulation, which supports the elimination of vitiated doshas from tissues.

Raktamokshana, performed through Siravyadha in this case, directly eliminates vitiated Rakta and is specifically indicated in Rakta-pradoshaja disorders including Kushtha according to classical Ayurvedic texts. This intervention may help reduce inflammatory mediators, improve local microcirculation and restore normal tissue metabolism.

The Shamana medications administered after Shodhana likely contributed to sustained therapeutic benefits. Formulations containing tikta and rakta-shodhaka dravyas such as Aragwadha, Manjishtha and Guggulu are traditionally indicated in skin diseases and are reported to possess anti-inflammatory, immunomodulatory and detoxifying properties.

A notable clinical improvement was observed in this case with approximately 80% reduction in PASI score (from 5.4 to 1.2) along with significant reduction in itching, scaling and discoloration. The absence of new lesions during the follow-up period further suggests the potential effectiveness of Panchakarma interventions in controlling disease activity.

The improvement observed in this case may be attributed to the combined effect of Shodhana therapies in eliminating vitiated doshas and Shamana therapies in maintaining dosha equilibrium and tissue healing. These findings are consistent with previous studies that highlight the beneficial role of Ayurvedic therapies in chronic dermatological conditions including psoriasis.

However, this report represents a single clinical observation, and larger controlled clinical studies are required to establish the efficacy and reproducibility of Panchakarma therapies in psoriasis management.

CONCLUSION

This case demonstrates that Panchakarma therapies such as Virechana and Raktamokshana combined with Shamana medication can effectively manage psoriasis and improve quality of life. Proper application of Ayurvedic principles may help reduce recurrence and maintain remission in chronic skin disorders.

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