



Successful Management of Severe Eka Kushtha (Plaque Psoriasis) with Exclusive Shamana Chikitsa: A Case Report

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Abstract: Background: Psoriasis is a chronic immune-mediated inflammatory dermatosis with a relapsing course and substantial impact on quality of life. It affects 2–3% of the global population with conventional management limited by adverse effects and relapse. In Ayurveda, plaque psoriasis correlates with Eka Kushtha, a Vata-Kapha (~fundamental bodily bio-elements) predominant condition classically managed with Shodhana Chikitsa (~bio-purificatory therapies), which may be contraindicated in patients with reduced strength or comorbidities. This case presents a 27-year-old male with severe plaque psoriasis (Psoriasis Area and Severity Index [PASI] 36.2; Dermatology Life Quality Index [DLQI] 24) and comorbid epilepsy, in whom Shodhana was contraindicated due to reduced physical strength and logistical constraints. The patient presented with extensive silvery scaly plaques over scalp, trunk, and bilateral limbs with severe pruritus. An exclusive Shamana Chikitsa protocol comprising Agnideepana (~stimulation of digestive and metabolic activity), Amapachana (~metabolic toxin digestion), and Raktaprasadana (~blood-quality enhancing) formulations along with Nidana Parivarjana (~avoidance of etiological factors) was administered for four months. Complete clinical remission was achieved with total lesion clearance, PASI reduction to zero, and sustained medication-free remission at six-month follow-up. This case demonstrates that principle-based Ayurvedic palliative interventions can serve as an effective standalone treatment in severe dermatological conditions when bio-purificatory procedures are contraindicated, offering a safe, cost-effective, and sustainable alternative with sustained long-term outcomes.

Keywords: Eka Kushtha, PASI, Psoriasis, Shamana Chikitsa, Skin disease, Quality of life

INTRODUCTION

Psoriasis is a chronic, immune-mediated inflammatory dermatosis characterized by the hyperproliferation of keratinocytes, resulting in well-demarcated erythematous plaques with silvery scaling.¹ It is a significant global health burden affecting approximately 2–3% of the world's

population, with prevalence in India ranging from 0.44% to 2.8%.² The condition predominantly affects individuals in their third or fourth decade of life, often imposing a profound negative impact on quality of life comparable to other major chronic non-communicable diseases.³ Plaque psoriasis (psoriasis vulgaris) is the most common phenotype, accounting

for nearly 90% of cases.⁴

In contemporary medicine, the management of psoriasis typically involves topical corticosteroids, vitamin D analogues, phototherapy, and systemic agents such as methotrexate or injectable biological drugs.⁵ While these interventions can induce remission, they are frequently associated with limitations including high cost, potential for recalcitrance, and significant adverse effects such as hepatotoxicity, nephrotoxicity, and immunosuppression upon long-term use.⁶ Furthermore, the chronic and relapsing nature of the disease often necessitates prolonged therapy, underscoring the need for safe, effective, and sustainable alternative management strategies.

In Ayurveda, psoriasis shows strong clinical correlation with Eka Kushtha (~chronic plaque psoriasis), a subtype of Kshudra Kushtha (~minor dermatological disorders) described in classical texts. It is understood as a Vata-Kapha (~fundamental bodily bio-elements) predominant condition characterized by Aswedanam (~anhydrotic / hypohydratic lesions), Mahavastu (broad-based lesions), Matsya Shakalopamam (~fish-scale-like appearance),⁷ Krishna-Aruna Varna (~blackish-red discoloration),⁸ Chakrakara (~circular) and Abhrakapatrasama (~silvery scales such as mica).⁹ The classical line of treatment for Kushtha (~dermatological disorders) emphasizes Shodhana Chikitsa (~bio-purificatory therapies) such as Vamana (~therapeutic emesis) and Virechana (~therapeutic purgation) as the primary intervention, particularly for conditions with Bahudoshha (~excessive morbid bodily bio-elements). However, Shodhana requires specific patient Bala (~strength), time commitment, and strict adherence to post-procedure regimens, which may not be feasible for all patients due to occupational constraints, co-morbidities, or debilitated physical status.

This case report presents a unique clinical scenario of a patient with severe Eka Kushtha (Psoriasis Area and Severity Index [PASI] 36.2; Dermatology Life Quality Index [DLQI] 24) and a comorbid history of epilepsy, in whom standard Shodhana therapy was contraindicated due to reduced physical strength and logistical constraints. Instead, a conservative management approach using exclusively Shamana Chikitsa (~palliative therapies) and Nidana Parivarjana (~avoidance of etiological factors) was adopted. While Shamana is often considered secondary to Shodhana in severe skin pathologies, this case demonstrates its potential efficacy as a standalone primary intervention. The report highlights how a tailored, principles-based palliative protocol can achieve complete remission in complex, chronic presentations, offering a viable clinical pathway for patients unsuited for aggressive

purificatory procedures.

Patient Information

A 27-year-old male employed in the dairy industry presented to the outpatient department of Ayurveda hospital, with asymmetrically distributed silvery, scaly patches involving the scalp, chest, abdomen, lower back, bilateral upper and lower limbs, and extensor surfaces of both elbows, associated with severe pruritus. The disease began as a small erythematous lesion on the chest five years earlier and gradually progressed to involve the trunk and all limbs. Prior to it, the patient was diagnosed with Plaque psoriasis and treated with other contemporary therapies, which provided only symptomatic relief with recurrence. After one year without formal treatment and limited benefit from home remedies, he sought care at the Ayurveda hospital. The patient reported a significant past medical history of epilepsy extending over 15 years, requiring ongoing medical management. Additionally, the patient underwent cholecystectomy more than 12 years ago due to cholelithiasis, with no subsequent complications reported. No history of hypertension, diabetes mellitus, or thyroid disorders was noted. The patient had a history of chronic tobacco chewing, no relevant family history, and a diet predominantly rich in dairy with excessive salty, sour, and spicy foods. He also practiced prolonged Divaswapna (~daytime sleep) of four to five hours daily, indicating poor sleep hygiene. Associated systemic features included poor appetite, diminished thirst sensation, and predominantly constipated bowel habits with regular bladder function.

Ashtavidha Pariksha (~eight-fold examination)

On Ashtavidha Pariksha, the Nadi (~pulse) was regular with Vata-Kaphaja predominance. Mutra (~urine) was Prakrita (~normal), with a frequency of four to five times during the day and one time at night. Mala Pariksha (~bowel examination) indicated Vibandha (constipation), with regular once-daily defecation associated with foul-smelling stools. The Jihva (~tongue) was Sama (~coated); Shabda (~voice) was Spashta (~clear); Sparsha (~touch) was Anushnasheeta (~neither hot nor cold); Drika (~vision) was Prakrita and Akriti (~body structure) was Madhyama (~medium).

Dashavidha Pariksha (~ten-fold of examination)

Dashavidha Pariksha of patient revealed that Prakriti (~body constitution) of patient was Pitta-Kaphaja. Vikriti (~morbidity) was Vata Kaphaja. Sara (~tissue excellence), Samhanana (~compactness), Pramana (~body built), and Vaya (~age) were Madhyama (~average). Further examination revealed that his Aharashakti (~power of intake and digestion of food), Vyayama Shakti (~power to perform exercise) Satmya (~homologation) and Sattva (psychological

power) were Avara (~low).

Clinical Findings

The patient was afebrile, with all vital parameters within normal physiological limits. General examination revealed no evidence of pallor, icterus, clubbing, cyanosis, oedema, or lymphadenopathy, and systemic examination showed normal cardiovascular and respiratory findings. The patient appeared restless due to intense pruritus over the cutaneous lesions. Dermatological assessment revealed multiple well-defined, silvery, scaly papules and plaques over the chest, abdomen, lower back, bilateral upper and lower limbs, and extensor surfaces of the elbows, showing an asymmetrical distribution. The lesions were dry, rough, firm, and slightly elevated, with easily detachable silvery scales and positive Auspitz's and candle grease signs; and no features of psoriatic arthritis or nail involvement were observed.

Timeline

On December 30, 2025, the patient presented to the outpatient department, where, following detailed history taking, physical examination, and clinical evaluation, the condition was diagnosed as Eka Kushtha. An Ayurvedic treatment protocol based on classical principles was instituted, focusing on Nidana Parivarjana, Ama Pachana (~metabolic toxin digestion), Agnideepana (~stimulation of digestive and metabolic activity), and Raktaprasadana (~blood-quality enhancing) administered for four months, with follow-up assessment conducted six months after cessation of therapy. (Table 1)

Follow-Up And Outcome

The treatment was continued for four months and subsequently discontinued, with the patient advised to adhere to dietary and lifestyle measures throughout treatment and follow-up. Monthly follow-ups for subsequent six months, conducted in person or

Diagnostic Assessment

Auspitz sign and candle grease signs were positive. Routine haematological parameters were within normal limits. The clinical presentation confirmed the case as Plaque psoriasis (ICD-11: EA90.0). Based on the presenting signs and symptoms, it was diagnosed as Eka Kushtha. At baseline, disease severity assessment demonstrated a PASI score of 36.2, consistent with severe disease, along with a DLQI score of 24, indicating a very large impact on the patient's quality of life. (Table 2)

Therapeutic Intervention

Based on Samprapti (pathogenesis)-oriented case conceptualization, the patient was managed on an outpatient basis with Ayurvedic therapy, along with advice on personal hygiene, including bathing with neem leaf-medicated water, avoidance of daytime sleep, and appropriate dietary and lifestyle modifications. A light, easily digestible diet emphasizing bitter-tasting vegetables such as bitter guard, pointed gourd, ridge gourd, selected pulses including red lentil, green gram, and old cereals was recommended, while sour and salty foods, dairy combinations, junk food, carbonated beverages, jaggery, meat, fish, and curd were restricted. Psychological counselling, including psychoeducation and stress management, was provided in view of the psychosocial impact of the disease, and tobacco-chewing habits were addressed through targeted lifestyle counselling. The details of the therapeutic interventions are presented in Table 3.

telephonically, demonstrated sustained clinical improvement, negative Auspitz's sign, complete resolution of symptoms, and reduction of the PASI score to zero at the final follow-up. Marked improvement in the clinical appearance of the lesions was observed after treatment and throughout the follow-up period [Figure 1(e-1)].

Table 1: Clinical timeline with PASI and DLQI assessment

Date	Clinical Findings	PASI Score	DLQI Score
30 Dec 2024 (Baseline)	Extensive silvery-scaly, well-demarcated plaques over scalp, trunk, bilateral upper and lower limbs, and elbow extensors with severe pruritus; Auspitz and candle-grease signs positive	36.2	24
13 Jan 2025	Mild reduction in pruritus and scaling; plaques remained well demarcated	32.8	—
27 Jan 2025	Noticeable reduction in scaling and plaque thickness; pruritus reduced to moderate	28.6	—
10 Feb 2025	Decrease in erythema and scaling; plaques partially flattened	23.4	—
24 Feb 2025	Marked improvement in plaque thickness; healing margins visible	18.9	—
10 Mar 2025	Minimal scaling; occasional pruritus; Auspitz sign absent in	13.6	—

	most lesions		
24 Mar 2025	Significant clearance over scalp and trunk; residual lesions on elbows and lower limbs	8.4	—
07 Apr 2025	Lesions largely resolved; post-inflammatory hyperpigmentation present	4.9	—
21 Apr 2025 (prophylactic treatment for ten days)	Near-complete lesion clearance; no scaling, erythema, or pruritus	1.8	2
06 Oct 2025 (6-month follow-up)	Sustained remission; no relapse	0	0

Table 2: Changes in Disease Severity and Quality of Life Parameters

Parameter	Baseline	End of Treatment (4 months)	Follow-up (6 months)
PASI Score	36.2	1.8	0
DLQI Score	24	2	0
Pruritus	Severe	Absent	Absent
Scaling	Marked	Absent	Absent
Auspitz Sign	Positive	Negative	Negative
Candle grease sign	Positive	Negative	Negative
Clinical Status	Severe disease	Clinical remission	Sustained remission

Table 3: Comprehensive Therapeutic Interventions and Dosage Specifications

Visit / Date	Therapeutic Intervention	Dosage & Mode of Administration	Rationale for Modification
Baseline 30 Dec 2024	Phase I: <i>Ama Pachana & Agni Deepana</i> <i>Amapachana Vati</i> <i>Patolkaturohinyadi Kashayam</i> <i>Arogya Vardhini Rasa</i> <i>Erandbhrishta Haritaki Churna</i> <i>Aragwadhadi Kwath</i> (external) <i>Nalpamaradi Taila</i> (external)	500 mg twice daily, post-meals with lukewarm water 40 ml twice daily (morning & evening), empty stomach 250 mg twice daily, post-meals 5 g at bedtime with lukewarm water - Local wash twice daily - Local application twice daily	Primary pathogenic focus: Addressed <i>Ama</i> accumulation, restored <i>Jatharagni</i> ; initiated <i>Pitta-Kapha Shamana</i> ; promoted <i>Raktashodhan</i> through hepatotropic formulations
Visit 1 13 Jan 2025	Continuation of Phase I formulations	As above	Clinical progression confirmed efficacy; current protocol maintained
Visit 2 27 Jan 2025	Phase II: Transition to <i>Raktaprasadana</i> Discontinued: <i>Amapachana Vati</i> , <i>Erandbhrishta Haritaki</i> Rest same regimen continued. <i>Kaishore Guggulu</i> added	250 mg twice daily, post-	Doshic shift: <i>Kapha</i> reduction evident; introduce <i>Guggulu's</i> superior anti-inflammatory and tissue-penetrating properties for accelerated plaque resolution

		meals	
Visit 3 10 Feb 2025	Phase III: Blood Purification Emphasis Replace: <i>Patolkaturohinyadi Kashayam</i> → <i>Manjisthadi Kashayam</i> Rest above treatment continued		Shift strategy: <i>Manjisthadi's</i> superior <i>Raktashodhana</i> , <i>Lekhana</i> action addresses residual blood vitiation; <i>Varnya</i> properties initiate post-inflammatory pigmentation reversal
Visit 4 24 Feb 2025	Continue Phase III regimen Added: • <i>Dushivishari Gutika</i> Discontinued: <i>Aragwadhadi Kwatha</i> wash	• 2 tablets twice daily, post-meals with honey	Late acute phase: <i>Dushivishari</i> targets persistent toxin-immune complexes; Auspitz sign reduction indicates barrier function restoration
Visit 5 10 Mar 2025	Continued above regimen Added: • <i>Gandhak Rasayana</i>	• 250 mg twice daily, post-meals with lukewarm water	Rejuvenation initiation: <i>Gandhak's Rasayana</i> (tissue-regenerating) properties support epithelialization and melanocyte recovery; anti-microbial action prevents secondary infection
Visit 6 24 Mar 2025	Regimen continued, Replace: <i>Manjisthadi Kashayam</i> → <i>Guduchyadi Kashayam</i>	40 ml twice daily empty stomach	Maintenance-transition phase: <i>Guduchyadi's</i> immunomodulatory effects prevent relapse; <i>Rasayana</i> dominant
Visit 7 07 Apr 2025	Same regimen continued		Cosmetic phase: Focus shifts to residual pigmentation; <i>Varnya</i> and <i>Lekhana</i> actions predominant
Visit 8 21 Apr 2025	<i>Guduchyadi Kwatha</i> (internal), topical <i>Nalpamaradi Taila</i> , and neem leaf-medicated water bathing for ten days, followed by diet and lifestyle maintenance alone.		Clinical remission achieved: PASI reduction 95%; DLQI indicates minimal QoL impact. Medication-free surveillance for six months after ten days.

Figure 1: Sequential Clinical Photographic Documentation of Lesional Resolution Through Treatment Phases



DISCUSSION

Based on clinical symptomatology, the confirmed diagnosis of plaque psoriasis was correlated with *Ekakushtha* as described in classical texts. In this case, dietary habits including frequent intake of snacks with tea, excessive curd and dairy products, salty and fried foods, along with prolonged daytime sleep, were identified as *Nidana* (causative factors) that likely contributed to *Dosha* vitiation and the manifestation of *Ekakushtha*. The patient had previously received contemporary therapies without addressing the underlying causative factors described in Ayurveda, resulting in only temporary symptomatic relief with a relapsing course. Although conventional treatments may offer rapid symptom control, they are frequently associated with adverse effects and long-term medication dependence.

Clinical assessment indicated *Pravara* (high) disease severity with *Madhyama* (moderate) patient strength, and the condition was classified as *Sukha-Sadhya* due to nonconcordance between the patient's *Doshic* predominance and that of the disease. Following case

conceptualization, management was planned according to the principles of *Eka Kushtha*. Although *Shodhana* is the primary therapeutic approach in *Kushtha*, *Shamana Chikitsa* was adopted in this case

due to reduced psychological strength and occupational constraints. By the fourth month, the intervention yielded marked clinical improvement (PASI: 1.8; DLQI: 2) with complete clearance of lesions. Long-term follow-up at six months

demonstrated sustained remission and total disease control (PASI: 0; DLQI: 0).

Rationale of Interventions

*Amapachan Vati*¹⁰ acts as a potent *Deepan* (~digestive stimulant) and *Pachan* (~metabolic detoxification) to restore and maintain the *Jathragni* (~digestive capacity), thereby ensuring proper digestion, assimilation, and metabolism of food in the body.

Patolkaturohinyadi Kashaya,¹¹ described in *Ashtanga Hridaya* for the management of *Kushtha*, *Visha* (~toxicological conditions), and *Kamala* (~jaundice), is characterized by *Yakritgamitva* (~hepatotropic affinity), indicating affinity toward the *Mulasthanas* (~roots) of *Raktavaha Srotas* (~blood circulatory channels). The formulation, composed predominantly of *Tikta Rasa* (~bitter taste) drugs with *Ushna Virya* (~hot potency), is classically indicated in vitiation of *Pitta-Kapha* and associated *Twak Dushti* (~cutaneous pathology). In the present case, the progressive reduction in symptoms may be interpreted as a clinical outcome of *Samprapti-Vighatana* (~interruption of disease pathogenesis) mediated through *Pitta-Kapha Shamana*, *Raktaprasadana*, and *Agni* (~metabolic capacity) modulation, thereby influencing both systemic pathology and cutaneous manifestations of *Eka Kushtha*.

Arogyavardhini Rasa was added because of its *Sarvarogahara* (~multi target) property, offers a synergistic effect in managing *Eka Kushtha*. It acts through *Deepana*, *Pachana*, *Raktashodhana* (~blood-purifying), and *Lekhana* (~reducing) properties, correcting *Agni*, removing *Ama* (~metabolic toxins), and purifying the blood. Key ingredients like *Tamra Bhasma* (~incinerated copper), *Katuki* (~*Picrorhiza kurroa*), and *Shuddha Parada* (~purified mercury) enhance liver function and metabolism along with *Dosha Sanghata Bhedana* (~disintegration of aggregated *Doshas*), aiding in skin detoxification.¹² *Erandbhrishta Haritaki* is the combination of *Eranda* (*Ricinus communis* Linn) and *Haritaki* (*Terminalia chebula* Retz.) which enhances digestive functions. *Eranda's* laxative properties stimulate bowel movements, relieving constipation and promoting the elimination of waste products from the body. *Haritaki* helps to regulate digestion, reduce bloating, and improve nutrient absorption. It also works as an antioxidant, protecting the digestive system from oxidative damage.¹³

Aragwadhadi Kashaya Dhavana (therapeutic irrigation) comprises drugs predominantly possessing *Tikta*, *Katu* (~pungent), and *Kashaya Rasa* (~astringent); *Laghu* (~lightness), *Ruksha* (~drying), and *Tikshna Guna* (~intense property); *Ushna Virya*; and *Katu Vipaka* (~pungent post-digestive effect), thereby directly pacifying *Kapha-Pitta* vitiation. The formulation contains bioactive constituents such as

tannins with anti-inflammatory and antimicrobial effects, phytosterols and β -sitosterol-D-glucosides with analgesic properties, and flavonoids exhibiting anti-inflammatory activity, while vitamins A and K support epithelialization and tissue maturation.¹⁴ The irrigation process mechanically removes exfoliated scales, facilitating reduction of inflammation and promotion of healing of lesions.

Nalpamaradi Oil is an external formulation containing classical herbs such as *Manjistha* (~*Rubia cordifolia*), *Haridra* (~*Curcuma longa*), *Chandana* (~*Santalum album*), and *Kushta* (~*Saussurea lappa*), predominantly exhibiting *Tikta* and *Kashaya Rasa* with *Ushna Virya* and *Katu Vipaka*. It functions as a protective barrier on the skin while exerting *Raktashodhana*, *Shothahara* (~anti-inflammatory), *Krimighna* (~antimicrobial), *Twachya* (~skin-beneficial), and *Vrana Ropana* (~wound-healing) effects, and the oil base enhances drug penetration, preserves skin integrity, and reduces trans epidermal water loss, which is particularly beneficial in psoriatic conditions with impaired barrier function.¹⁵

Kaishore Guggulu exerts its effect in *Eka Kushtha* through *Raktashodhan*, *Amapachana*, and *Tridosha Shaman*. Herbs like *Guduchi* (~*Tinospora cordifolia*), *Triphala* (~*Terminalia chebula*, *Terminalia bellirica*, and *Emblica officinalis*), and *Guggulu* (~*Commiphora mukul*) purify the blood, boost metabolism and reduce inflammation. Its *Katu-Tikta Rasa* and *Ushna Veerya* relieve itching, scaling, and discoloration.¹⁶ Additionally, its antiallergic, antibacterial, and detoxifying properties support long-term disease control and prevent recurrence

*Manjisthadi Kwatha*¹⁷ comprises ten ingredients, predominantly characterized by *Tikta* and *Kashaya Rasa*, *Laghu* and *Ruksha Guna*, *Ushna Virya*, and *Katu Vipaka*. Collectively, the formulation exhibits *Kushtaghna* (~skin diseases alleviating), *Kandughna* (~antipruritic), *Krimighna*, *Rasayana* (~rejuvenative), *Varnya* (~complexion-enhancing), *Lekhana*, and *Dahaprashamana* (~burning-sensation relieving) properties. The predominance of *Tikta Rasa* facilitates action at the level of *Amashaya* (~upper gastrointestinal tract), aiding in *Ama Pachana*, enhancement of *Agni*, and *Srotoshuddhi* (~microcirculatory purification), while the combined *Tikta-Kashaya Rasa* contributes to its *Raktashodhaka* and *Raktaprasadana* effects.

Dushivishari Gulika:¹⁸ Reserved for final maintenance phases, this formulation targets elimination of persistent toxins in a patient with chronic exposure history. The combination of *Vishaghna* (toxin-destroying), *Kushtaghna*, *Deepana*, *Rasayana*, *Shothahara*, *Raktashodhana*, and *Balya* (strengthening) properties provided essential support during the crucial final phase of treatment.

Gandhak Rasayana: *Gandhak* (~sulphur) acts directly on skin and blood tissues with *Ushna Virya* and *Katu Vipaka*, providing superior anti-inflammatory and antimicrobial action.¹⁹ As a *Rasayana* operating on multiple *Dhatu* (~body tissues), this formulation provided rejuvenative support during recovery phase. *Guduchyadi Kwatha*²⁰ comprises drugs predominantly exhibiting *Tikta*, *Kashaya*, and *Katu Rasa*, which collectively promote *Agnivardhana*, *Amapachana*, and *Pittashamana* (~Pitta-pacifying), thereby enhancing both *Jatharagni* and *Dhatvagni* (~tissue-specific metabolic activity). Regarded as a potent *Rasayana*, the formulation demonstrates notable immunomodulatory activity, with *Guduchi* shown to upregulate interleukin-6 and enhance T- and B-cell functions. These properties support immune strengthening and aid in preventing disease relapse during the maintenance phase of therapy.

CONCLUSION

This case exhibited complete remission of *Eka Kushtha* following integrated *Shamana Chikitsa* and *Pathya–Apathya* (~wholesome and unwholesome regimen), evidenced by a 95% reduction in PASI score over 16 weeks, concurrent with 92% improvement in DLQI and sustained medication-free remission at 6-month follow-up. Ayurvedic methodologies offer efficacious alternatives to conventional therapy with minimal adverse effects. Dietary regulation and lifestyle modification emerged as pivotal therapeutic determinants. Integration of Ayurvedic diagnostic frameworks with contemporary assessment tools establishes an evidence-based approach for dermatological management.

Limitations and future scope

Single-case design limits generalizability. Immunological profiling and larger samples with standardized protocols and extended follow-up are needed to establish efficacy, reproducibility, and comparative effectiveness of Ayurvedic dermatological interventions.

Declaration of Patient Consent

The authors certify that written informed consent was obtained from the patient for publication of this case report with accompanying clinical data and photographs. All reasonable efforts have been made to protect patient identity, although absolute anonymity cannot be assured.

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Conflicts of interest

There are no conflicts of interests.

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