Role of Panchkarma in Psoriasis – A Case Study

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ABSTRACT

Psoriasis is a chronic, immune-mediated inflammatory skin disorder comparable to *Eka Kushta* in Ayurveda. Modern treatments often provide only symptomatic relief, with risks of relapse and side effects. Ayurveda emphasizes root-cause management through *Panchkarma* and *Shamana Chikitsa*. To evaluate the role of *Panchkarma* in the management of chronic psoriasis through a single case study. A 25-year-old female patient with chronic psoriasis for over 11 years was treated with classical *Panchkarma* procedures including *Vamana* (therapeutic emesis) and *Virechana* (therapeutic purgation) along with *Shamana Chikitsa* (palliative therapy) and *Nidan Parivarjan* (avoidance of etiological factors). The reported PASI score decreased from 28.10 at baseline to 10.50 after Vamana and 0.50 after Virechana, representing reductions of 62.63% and 98.22% from baseline, respectively. DLQI scores obtained using completed questionnaires decreased from 18 to 8 and then 1, corresponding to reductions of 55.56% and 94.44% from baseline. Significant improvement was observed in itching, scaling, cracks, burning, and dryness within weeks, with no major side effects. This case demonstrates the potential of a classical *Panchkarma* approach in managing chronic psoriasis, providing long-term relief and improved quality of life.

Keywords: Psoriasis, Eka Kushta, Panchakarma, Vamana, Virechana, Ayurveda

INTRODUCTION

Psoriasis is a persistent, non-contagious, autoimmune inflammatory skin disorder affecting approximately 1–3% of the global population [1]. It is characterized by thick, erythematous, scaly plaques that may crack, bleed, and cause considerable discomfort. Beyond physical symptoms, psoriasis significantly impacts a patient's emotional well-being, confidence, and overall quality of life [2]. The condition is influenced by genetic predisposition, infections, skin trauma, stress, seasonal changes, and improper lifestyle practices [3]. Psoriasis manifests in several clinical forms, such as plaque psoriasis, guttate, inverse, pustular, and erythrodermic types, and may involve the nails and joints, sometimes progressing to psoriatic arthritis [4,5]. In Ayurveda, psoriasis is closely correlated with *Eka Kushta*, one of the *Kshudra Kushtha*, described as a disorder of the Vata and Kapha doshas [6]. Classical texts highlight symptoms such as scaling, discoloration, dryness, and chronicity. The etiological factors (Nidana) include improper diet), incompatible food combinations (*Viruddha Ahara*), unhealthy habits, *Mandagni* (impaired digestive fire) all contributing to impairment of skin and systemic functions [7–9]. Ayurvedic literature emphasizes that chronic skin disorders arise due to accumulation of *Ama*, *Dosha* vitiation, *Dhatu Dushti*, and compromised digestive and metabolic processes. Therefore, treatment focuses on bio-purification (*Shodhana*) and *Dosha*-specific internal and external therapies, which have shown potential in improving chronic dermatological conditions including psoriasis [10,11].

Case Report

A 25-year-old female patient reported to the Panchkarma OPD of Sir Sunder Lal Hospital, IMS, BHU, in November 2023 with complaints of widespread red patches, cracks, itching, burning, and dryness that had gradually worsened since 2011. There is no family history of skin disease. She had been under continuous

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allopathic treatment for 11 years with unsatisfactory results and sought Ayurvedic management for better outcomes.

After a detailed examination, *Vamana Karma* was planned as the primary *Shodhana Chikitsa*.

Management

Table 1: Shodhana Chikitsa: Vamana

THERAPY	**DRUG**	**DURATION**
Deepana-Pachana	*Chitrakadi Vati* 2 tabs BD (before food) *Trikatu Churna* 3g BD (after food)	7 Days
Snehapana	*Panchtikta Ghrita* 1st Day — 30 ml 2nd Day — 60 ml 3rd Day — 90 ml 4th Day — 110 ml 5th Day — 140 ml	5 Days
Sarvanga Abhyanga & Swedana	*Tila Taila Dashmoola Kwath*	2 Days
Vamana	*Madanphala 4gm, Vacha 2gm, Yashtimadhu 100gm, Saindhava 50gm,* Honey 5gm	1 Day

Table 2: Shamana Chikitsa

Drug	**Dose**
Ras Manikya	125 mg BD with water
Gandhak Rasayana	250 mg BD with water
Sanjeevani Vati	2 tabs BD with water
Maha Manjishthadi Kwatha	20 ml BD with equal water
Panchtikta Ghrita Guggul	2 tabs BD
777 Oil	Local application

***Nidan Parivarjan*:** The patient was advised to strictly avoid *Viruddha Ahara,* sour and heavy foods such as curd, jaggery, and dairy products.

Table 3: Shodhana Chikitsa: Sharad Ritu Virechana Karma

Therapy	**Drugs**	**Drugs**
Deepan- Pachana	*Panchkol Churna 3gm BD* (After food)	7 days

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<table>
<tr><td>Snehapana</td><td>Panchtikta Ghrita
<table><tr><td>1st Day</td><td>30 ml</td></tr><tr><td>2nd Day</td><td>60 ml</td></tr><tr><td>3rd Day</td><td>100 ml</td></tr><tr><td>4th Day</td><td>130 ml</td></tr><tr><td>5th Day</td><td>170 ml</td></tr></table></td><td>5 days</td></tr>
<tr><td>Sarvanga Abhyanga & Swedana</td><td>Tila Taila Dashmoola Kwath</td><td>4 days</td></tr>
<tr><td>Virechana</td><td>Trivrut avleha 60gm

Triphla kwath 50 ml</td><td>1 day</td></tr>
</table>

RESULT

Before initiation of ayurvedic treatment the patient presented with severe symptoms including red patches, deep skin cracks, intense itching, burning sensation and marked dryness indicating an aggravated stage of psoriasis. While the administration of *Ghritapana* during *Vamana karma* there was notable reduction in symptoms, particularly the burning sensation and skin dryness suggesting pacification of pitta and *Vata Doshas*. Subsequently, after two months of *Vaman Karma*, a significant improvement was observed with complete subsidence of all primary symptoms. At the 8th month of follow up after *Virechana Karma*, the patient remained completely asymptomatic, with mild post- inflammatory scar marks visible on the skin. No recurrence of lesions was reported during this period.

STAGE 1: Before Treatment



STAGE 2: After *Vamana Karma* and *Shamana* Theray



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STAGE 3: After *Virechana Karma*



Table 4. PASI and DLQI outcome measures at different assessment stages

Outcome measure	**Before treatment**	**After *Vamana***	**After *Virechana***
PASI score	28.10	10.50	0.50
PASI improvement from baseline	—	62.63%	98.22%
DLQI score	18	8	1
DLQI improvement from baseline	—	55.56%	94.44%

At baseline, the patient presented with widespread erythematous lesions, fissuring, itching, burning, and marked dryness. Clinical improvement was reported during treatment, and no recurrence of lesions was reported at the eight-month follow-up after *Virechana Karma*. The PASI (Psoriasis Area and Severity Index) score decreased from 28.10 at baseline to 10.50 after *Vamana* and to 0.50 after *Virechana*, corresponding to reductions of 62.63% and 98.22% from baseline, respectively. DLQI (Dermatology Life Quality Index) scores recorded from completed questionnaires decreased from 18 at baseline to 8 after *Vamana* and 1 after *Virechana*. These values represent reductions of 55.56% and 94.44% from baseline, respectively. The PASI findings indicate a marked reduction in recorded disease severity, while the DLQI findings indicate improvement in the patient's reported dermatology-related quality of life.

DISCUSSION

Psoriasis (*Eka Kushta*) is a chronic, *Kashta Sadhya Vyadhi* that requires deep detoxification and *Dosha* equilibrium for sustainable management. Modern medicine provides temporary symptomatic relief but does not address the root cause. In Ayurveda, *Shodhana Chikitsa* is the prime line of treatment for *Kustaghna* to eliminate vitiated doshas and Ama.In this case, Vamana Karma effectively expelled vitiated Kapha dosha responsible for itching, scaling, and discharge. Proper *Deepana-Pachana*, *Snehapana*, and *Swedana* ensured a smooth detox process. *Virechana Karma* was done during Sharad Ritu to expel vitiated *Pitta dosha* responsible for inflammation and burning. Shamana Chikitsa with potent *Rasayanas* and *Kushtaghna* herbs supported *Rakta Shuddhi* and promoted tissue healing. *Nidan Parivarjan*, dietary modifications, and lifestyle corrections were crucial to prevent recurrence. The patient showed significant improvement in skin lesions, pruritus, and scaling with *Panchkarma*, proving the efficacy of classical Ayurveda in managing chronic autoimmune skin diseases.

CONCLUSION

This case study demonstrates that psoriasis *(Eka Kushta*) can be effectively managed through Ayurveda's *Panchkarma* and *Shamana* therapies. Classical *Vamana* and *Virechana* procedures, supported by blood purifying formulations and dietary discipline, help restore *dosha* balance, detoxify the system, and ensure long-term remission. Proper patient compliance with *Nidan Parivarjan* and lifestyle measures is key to prevent

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recurrence. Further well-structured clinical studies with larger sample sizes are needed to establish standardized Panchkarma protocols for psoriasis in modern practice.

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