

Ayurvedic Management of Severe Erythrodermic Psoriasis: A Case Report

Ashish Bharti Goswami¹, Rahul Sharma², Mayur Chauhan³, Prashant Katiyar³,
Neha Barua⁴

¹Department of Agada Tantra, Poornayu Ayurved Chikitsalaya Evam Anusandhan Vidyapeeth, Jabalpur, Madhya Pradesh, India

²Department of Rasashastra Evam Bhaishajya Kalpana, Patanjali Bhartiya Ayurvedigyan Evam Anusandhan Sansthan, Haridwar, Uttarakhand, India

³Herbal Research Division, Patanjali Research Division, Haridwar-249405, Uttarakhand, India

⁴Department of Rog Nidan & Vikriti Vigyana, Patanjali Bhartiya Ayurvedigyan Evam Anusandhan Sansthan, Haridwar, Uttarakhand, India

Corresponding Author: Ashish Bharti Goswami

DOI: <https://doi.org/10.52403/ijhsr.20250937>

ABSTRACT

Erythrodermic psoriasis (EP) is an uncommon, aggressive and inflammatory variant of psoriasis characterized by a severe, in some cases life-threatening. EP affects about 1%–2% of psoriasis patients with generalized erythema and scaling covering the entire body surface. It may arise from any type of psoriasis and occurs in adults, children and babies. In Ayurveda, EP is correlated with *Eka Kushta* occurring mainly due to imbalance of *Vata* and *Kapha Doshas*, resembling Psoriasis in its clinical manifestations. A 46-yr year old male patient with a history of Type-2 Diabetes Mellitus presented with complaints of peeling scaly rash all over body associated with edema in hands and foot, patient was unable to walk due to excessive pain in both legs. The condition started seven months back in his extremities and face, and then rapidly spread over his whole body. Ayurvedic management protocols such as *Sodhana* (bio-purification), *Shamana* (palliative therapy), and *Sthanika Chikitsa* (local therapies (comprising of local application) along with Yogic Pranayama and Yagya Chikitsa were administered to manage both diabetes (*Madhumeha*) and EP. The VAS score resolved from 8 to 0 after treatment and the patient was referred to Kayachikitsa department for further management of Type-2 DM. A concerted and judicious selection of therapeutics from the three spectra of *Sodhana*, *Shamana*, and *Sthanika Chikitsa* resulted in positive outcomes. This study may give further scope of research in this area, similar in nature to structured clinical trials.

Keywords: Erythrodermic psoriasis, Eka Kushtha, Shamana, Ayurveda, Case Report

INTRODUCTION

Psoriasis is a skin ailment caused by an imbalance of the body's *doshas*, or bioenergetic forces [1, 2]. According to Ayurveda, *Vata*, *Pitta*, and *Kapha* are the three types of doshas. *Vata* is in charge of

movement and change, *Pitta* is in charge of metabolism and transformation, and *Kapha* is in charge of structure and stability [3]. The body is healthy when the doshas are in harmony. When the doshas are out of harmony, it can lead to a number of health

issues, including psoriasis. There are different types of psoriasis such as plaque psoriasis [4], guttate psoriasis [5], pustular psoriasis [6], inverse psoriasis [7], and erythrodermic psoriasis [8].

According to various studies it is opined that trauma, infections and drugs such as lithium and sulfamethoxazole etc., as well as environmental, psychosomatic and metabolic factors can trigger psoriasis and the erythrodermic form of the disease [9]. It can develop in people who already have psoriasis, but it can also be the first sign of the disease. It is often triggered by certain events, such as stopping or changing psoriasis medications, severe infection, sunburn, stress, and certain medications, such as corticosteroids. The exact cause of erythrodermic psoriasis is unknown, but it is thought to be related to an overactive immune system. The immune system mistakenly attacks the skin cells, causing them to grow and reproduce too quickly. This leads to the formation of thick, scaly plaques on the skin. There is no cure for erythrodermic psoriasis, but there are treatments that can help to control the symptoms and prevent complications. Ayurvedic treatment for erythrodermic psoriasis is based on the principle of restoring balance to the three doshas: vata, pitta, and kapha. In Ayurveda, psoriasis is correlated with Eka Kustha and both Sodhana and Shamana line of treatment have been advised for its management [10]. The specific treatment plan will vary depending on the individual's dosha type and the severity of their condition.

Panchakarma is a five-fold detoxification therapy that is often used to treat erythrodermic psoriasis. Panchakarma therapies can help to remove toxins from the body and restore balance to the doshas [11].

Shodhana is the first stage of Panchakarma and involves purification of the body. This may involve therapies such as *vamana* (therapeutic vomiting), *virechana* (purgation), and *basti* (medicated enemas) [12]. *Shamana* is the second stage of Panchakarma and involves pacification of the doshas. This may involve herbal remedies, dietary changes, and lifestyle modifications [12]. *Rasayana* is the third stage of Panchakarma and involves rejuvenation of the body. This may involve herbal tonics, massage, *Yagy Chikitsa* and *Yoga* [13].

Patient Information

History of Present Illness: A 46-year-old male patient with a history of Type-2 Diabetes Mellitus presented with the above-mentioned complaints. The condition started in his extremities and face, and then rapidly spread over his whole body. The patient was unable to walk due to the excessive pain in his legs (**Figure 1**).

Primary Concerns and Symptoms:

Peeling scaly rash all over body associated with edema in hands and feet, patient was unable to walk due to excessive pain in both hands and legs. The quality of life was also severely compromised due to scale lesions all over the abdomen.

Past Medical History: Known case of Type-2 Diabetes Mellitus

Family History: No significant family history

Psychosocial History: Non-smoker and non-alcoholic with no history of prior hospitalization.



Figure 1: Initial presentation of patient with itchy, scaly lesions with painful rashes all over body

Clinical Findings: The patient was in moderate distress due to the pain in his legs. He was febrile; however, his vital signs were within normal limits. His skin was generalized erythematous and scaly, with edema in his hands and feet.

Timeline: The patient was treated for a total of 35 days in dept. of *Agadatantra* and then referred to *Kayachikitsa* dept. for further management of Type-2 Diabetes Mellitus. The patient was treated on OPD basis for 25 days for *Shodhana* and *Shamana* of vitiated doshas (Table 1) and then further admitted for 10 days in hospital for *Virechana*, *Sthanik Chikitsa* and close observation (Table 2).

Diagnostic Assessment:

- **Diagnostic methods:** Biochemical investigations were taken at the time of first visit to the hospital and revealed hyperglycemia corresponding to T2DM. Rest of the parameters were within normal limits.

Random Blood sugar: 287.8 mg/dl

Hemoglobin-A1C: 8.5%

White blood cell count: 6770/cumm

Neutrophils: 68%

Lymphocytes: 20%

Monocytes: 09%

Eosinophils: 03%

Renal function tests: Within Normal Limits

Liver function tests: Within Normal Limits

- **Diagnostic challenges:** The patient was unable to perform repeat investigations post-treatment due to their deprived financial background.
- **Diagnosis:** Erythrodermic Psoriasis (EP) secondary to Type-2 Diabetes Mellitus.

Therapeutic Interventions: The therapeutic interventions were initiated after the physical assessment and the assessment of Doshas. There was vitiation of *Vata* and *Kapha* in the patient. The initial treatment was based on *Shamana* and *Sodhana Chikitsa* protocols (Table 1) and the treatment was further taken via In-patient admission for *Nitya-Virechana* followed by *Deepan Pachan* for 7 days with 3 days *Vishramkaal* and then the patient was again given *Virechana* on 4th day for 3 days consecutively. *Yoga* and *Yagya Chikitsa* was also continued simultaneously for 7 days. Total treatment regimen lasted for 35 in which the patient was admitted for 10 days in the hospital (Table 2).

Table 1: Treatment Chart for First Phase including Shamana and Shodhana:

S. no.	Medicine	Quantity	Ingredients	Frequency	Mode of Administration
1.	Sarvakalp Kwath	200 gm	Punarnava (<i>Boerhaavia diffusa</i>) 100 gm, Bhumi amla (<i>Phyllanthus niruri</i>) 50 gm, Makoy (<i>Solanum nigrum</i>) 50 gm	Twice a Day (Day 1-30)	Take 1 tsp. of medicine and boil it in 4 cups of water. Boil till it reduces to 1 cup. Strain and take it twice a day orally an hour before meal for 30 Days.
2.	Chirayta Kwath	100 gm	Chirayta (<i>Swertia chirata</i>) 100 gm	Twice a Day (Day 1-30)	Take 1 tsp. of medicine and boil it in 4 cups of water. Boil till it reduces to 1 cup. Strain and take it twice a day orally an hour before meal for 30 Days.
3.	Kayakalp Vati	40 gm	Panvad (<i>Cassia tora</i>) Daru haldi (<i>Berberis aristata</i>) Karanj (<i>Caesalpinia bonducella</i>) Haldi (<i>Curcuma longa</i>) Neem (<i>Azadirachta indica</i>) Manjishta (<i>Rubbia cordifolia</i>) Kalijiri (<i>Centratherum anthelminticum</i>) Chandan swet (<i>Santalum album</i>) Amla (<i>Emblica officinalis</i>) Giloy (<i>Tinospora cordifolia</i>) Kutki (<i>Picrorhiza kurroa</i>) Bakuchi (<i>Psoralea corylifolia</i>) Baheda (<i>Terminalia belirica</i>) Khair (<i>Acacia catechu</i>) Chirayata (<i>Swertia chirata</i>) Dronpushapi (<i>Leucas cephalotes</i>) Harad (<i>Terminalia chebula</i>) Chhoti kateli (<i>Solanum Xanthocarpum</i>) Indrayan mool (<i>Citrullus colocynthis</i>) Devdaru (<i>Cedrus deodara</i>) Ushva (<i>Smilax ornate</i>) Fine powders of: Reetha (<i>Sapindus mukorossi</i>) Kattha (<i>Acacia catechu</i>) Kalmishora Rasmanikya Nilathotha shuddha Excipients: Gum acasia Aerosil Talcum	2 Tab. Twice a Day (Day 1-30)	Before meal with water / milk orally for 30 Days
4.	Madhunashini Vati	120 gm	Each 500 mg tablet prepared from Wet extracts: NLT 60% total solids of: Giloy (<i>Tinospora cordifolia</i>) 148.22 mg Karela (<i>Momordica charantia</i>) 36.55 mg	2 Tab. Twice a Day (Day 1-30)	Before meal with water / milk orally for 30 Days

			<p>Bel Patra (<i>Aegle marmelos</i>) 14.62 mg Gudmar (<i>Gymnema sylvestre</i>) 14.62 mg Harad Chhoti (<i>Terminalia chebula</i>) 14.62 mg Gokharu (<i>Tribululs terrestris</i>) 14.62 mg Vat Jata (<i>Ficus bengalensis</i>) 14.62 mg Haldi (<i>Curcuma longa</i>) 14.62 mg Methi (<i>Trigonella foenum- graecum</i>) 73.17 mg Kudachhal (<i>Holarrhena antidysenterica</i>) 36.55 mg Neem Patra (<i>Azadirachta indica</i>) 73.17 mg Ashwagandha (<i>Withania somnifera</i>) 14.62 mg Baheda (<i>Terminalia belerica</i>) 14.62 mg Kalmegha(<i>Andographis paniculata</i>) 73.17 mg Kachur (<i>Curcuma zedoaria</i>) 14.62 mg Neem (<i>Azadirachta indica</i>) 73.17 mg Amla (<i>Emblica officinalis</i>) 14.62 mg Shilajeet Shuddh (Asphaltum) (Wet ext.) 57.91 mg Fine powders of: Jamun (<i>Syzygium cumini</i>) 17.48 mg Kali Jeeri (<i>Centratherum anthelminticum</i>) 8.74 mg Chirayata (<i>Swertia chirata</i>) 8.74 mg Kutki (<i>Picrorhiza kurroa</i>) 13.11 mg Babul (<i>Acacia Arabica</i>) 4.38 mg KuchlaShuddh (<i>Strychnos nux- vomica</i>) 4.38 mg Atish (<i>Aconitum heterophyllum</i>) 0.43 mg Praval Pishti 0.88 mg Vang Bhasma 1.75 mg Lauh Bhasma 1.75 mg</p>		
5.	Panchatiktaghrita Guggulu	60 gm	<p><i>Trichosanthes dioica</i> ROXB., <i>Azadirachta indica</i>., <i>Picrorhiza kurroa</i>, <i>Berberis aristata</i>, <i>Cissampelos pareira</i> L., <i>Alhagi pseudalhagi</i>, <i>Fumaria indica</i>, <i>Andrographis paniculata</i>., <i>Holarrhena anthrice dailyysenterica</i> (ROTH.) <i>Piper longum</i> L. etc., herbs processed with ghee</p>	2 Tab. Twice a Day (Day 1-30)	Before meal with water / milk orally for 30 Days
6.	Kaishore Guggulu	60 gm	<p>Each 500 mg tablet prepared from Shuddh Guggul (<i>Commiphora mukul</i>) 34.78 mg Triphala 104.34 mg Giloy (<i>Tinospora cordifolia</i>) 2.14 mg</p>	2 Tab. Twice a Day (Day 1-30)	After meal with water / milk orally for 30 Days

			Trikatu 3.24 mg Vayavidanga (<i>Embelia ribes</i>) 2.17 mg Nishoth (<i>Operculina turpethum</i>) 0.54 mg Danti (<i>Baliospermum montanum</i>) 0.54 mg		
7.	Arogyavardhini Vati	60 gm	Each 250 mg tablet prepared from Shudha Mercury Shudha Gandhak Loh Bhasma Abhrak Bhasma Tamra Bhasma Shudha Shilajeet Shudha Guggul Chitrak Mool Kutki Neem Patra Ras Harad Baheda Amla	2 Tab. Twice a Day (Day 1-30)	After meal with water / milk orally for 30 Days
8.	Madhugrit	60 gm	Powders of - Chandraprabha Vati 200mg, Shudhh Shilajit (<i>Asphaaltum Punjabanum</i>) Exd. 50mg, Extract of: Giloy (<i>Tinospora Cordifolia</i>) St. 100mg, Indrayana (<i>Citrullus Colocynthis</i>) Rt. 10mg, Karela (<i>Momordica Charanta</i>) Fr. 50 Mg, Chirayata (<i>Swertia Chirata</i>) Wi. Pi. 50 Mg, Shatavar (<i>Asparagus Racemosus</i>) Rt. 25 Mg, Ashwagandha (<i>Withania Somnifera</i>) Rt. 25mg, Excipients: Gum (<i>Acacia Arabica</i>) 8 Mg, Talcum (Hydrated Magnesium Silicate) 8 Mg, MCC (Microcrystalline Cellulose) 16 Mg, Croscarmellose Sodium (Sodium Carboxymethyle Cellulose) 8 Mg	1 Tab. Twice a Day (Day 1-30)	After meal with water / milk orally for 30 Days
9.	Castor oil	100 gm	Castor Oil (<i>Ricinus Communis</i>)	10 ml HS (Day 1-30)	10 ml orally with Luke warm water

Table 2: In-Patient Treatment Plan (Patient Admitted after 25 days)

S. no.	Medicine	Quantity	Ingredients	Frequency	Mode of Administration
1.	Chitrakadi Vati	20 gm	Each 300 mg tablet contains: Chitrak (<i>Plumbago Zeylanica</i>) Rt. Bk. 21.42 Mg, Piplamool (<i>Piper Longum</i>) Rt. 21.42 Mg, Javakhar (<i>Hordeum Vulgare</i>) Pi. 21.42 Mg, Sendha Lavan 21.42 Mg, Kala Lavan 21.42 Mg, Vid Lavan 21.42 Mg, Sonchal Lavan 21.42 Mg, Samudra Lavan 21.42 mg, Sonth (<i>Zingiber Officinale</i>) Rz. 21.42 mg, Pippar (<i>Piper longum</i>) Fr. 21.42 mg, Marich (<i>Piper Nigrum</i>) Fr. 21.42 mg, Bhuni hing (<i>Ferula Narthex</i>) O.R. 21.42 MG, Ajmoda (<i>Apium leptophyllum</i>) Fr. 21.42 mg, Chavya (<i>Piper retrofractum</i>) St. 21.42 mg, Liquid of: Dadim (<i>Punica granatum</i>) Sd. Q.S.	2 Tab. Twice a Day (Day 25-31)	After meal with water orally for 7 days
2.	Panchkol Churna	50 gm	Pippli (<i>Piper longum</i>) 10 gm Pipal Mool (<i>Piper longum</i>) 10 gm Chavya (<i>Piper Retrofractum</i>) 10 gm Chitrak Mool (<i>Plumbago zeylanica</i>) 10 gm Sounth (<i>Zingiber officinale</i>) 10 gm	1 Tsp. Once a Day (Day 25-31)	Morning Empty Stomach with Water for 7 days
3.	Panchtiktaghrita (For Snehanpan)	200 gm	Neem (<i>Azadirachta indica</i>) 24 gm Patola (<i>Luffa acutangula</i>) 24 gm Vyaghri (<i>Solanum xanthocarpum</i>) 24 gm Guduchi (<i>Tinospora cordifolia</i>) 24 gm Vasa (<i>Adhatoda vasica</i>) 24 gm Water (for decoction) 155 gm Ghrita (<i>Clarified butter</i>) 38.4 gm Triphala [Haritaki (<i>Terminalia chebula</i>), Vibhitaki (<i>Terminalia bellirica</i>), Amla (<i>Emblica officinalis</i>) 6.5 gm each	30 ml- Ist Day 60 ml- IInd Day 90 ml- IIIrd Day 120 ml- IVth Day (Day 25-28)	Dose determined accordingly and taken orally in the morning for 4 days
4.	Kayakalp Oil (For Sarvang Abhyang) with Sarvang Svedan (Whole body steam therapy)	100 ml	Each 100 ml. prepared from: (<i>Swertia chirata</i>) 2.857 gm (<i>Cassia tora</i>) Sd. 2.857 gm (<i>Curcuma longa</i>) 2.857 gm (<i>Acacia catechu</i>) 2.857 gm (<i>Berberis aristata</i>) 2.857 gm (<i>Pongamia pinnata</i>) 2.857 gm (<i>Terminalia chebula</i>) 2.857 gm	Once a Day (Day 25-28)	Sarvang Abhyang with Sarvang Svedan for 3 consecutive days

			(<i>Azadirachta indica</i>) 2.857 gm (<i>Terminalia belerica</i>) 2.857 gm (<i>Emblica officinalis</i>) 2.857 gm (<i>Rubia cordifolia</i>) 2.857 gm (Citrullus colocynthis) 2.857 gm (<i>Santalum album</i>) 2.857 gm (<i>Cedrus deodara</i>) 2.857 gm (<i>Centratherum anthelminticum</i>) 2.857 gm (<i>Smilax ornata</i>) 2.857 gm (<i>Leucas cephalotes</i>) 2.857 gm (<i>Tinospora cordifolia</i>) 2.857 gm (<i>Psoralea corylifolia</i>) 2.857 gm (<i>Picrorhiza kurroa</i>) 2.857 gm (<i>Solanum xanthocarpum</i>) 2.857 gm (Cow urine) 77.750 (<i>Sesamum indicum</i>) Q.S.		
5.	Trivrit Leham	50 gm	Sita (<i>Saccharum officinarum</i>) 3.789 g Madhu (Honey) 1.895 g Trivrit (<i>Operculina turpethum</i> . Det) 3.789 g Trivrit (<i>Operculina turpethum</i> . Pdr) 1.895 g Ela (<i>Elettaria cardamomum</i>) 0.079 g Twak (<i>Cinnamomum verum</i>) 0.079 g Patra (<i>Cinnamomum tamala</i>) 0.079 g	Once a Day (Day 32-34)	To be taken after Sarvang Abhyang 15 gm orally with water for 3 consecutive days
6.	Drakshadi Kashayam	150 ml	Draksha (<i>Vitis vinifera</i>) – 1 Part Madhuka (<i>Madhuca longifolia</i>) – 1 Part Yashtimadhu (<i>Glycyrrhiza Glabra</i>) – 1 Part Lodhra (<i>Symplocos racemosa</i>) – 1 Part Kashmari/Gambhari (<i>Gmelina arborea</i>) – 1 Part Sariva (<i>Hemidesmus indicus</i>) – 1 Part Musta (<i>Cyperus rotundus</i>) – 1 Part Amalaki (<i>Emblica officinalis</i>) – 1 Part Hribera (<i>Coleus Vettiveroides</i>) – 1 Part Padmakesara (<i>Nelumbium speciosum</i>) – 1 Part Padmaka (<i>Prunus cerasoides</i>) – 1 Part Mrinala/Kamala nala (<i>Nelumbium speciosum</i>) – 1 Part Chandana (<i>Santalum album</i>) – 1 Part Usheera (<i>Vetiveria zizanioides</i>) – 1 Part Nilotpala (<i>Nymphaea nouchali</i>) – 1 Part Parushaka (<i>Grewia asiatica</i>) – 1 Part	Once a Day (Day 32-34)	To be taken after Sarvang Abhyang 50 ml orally with water for 3 consecutive days
7.	Kayakalp Advance Oil	100 gm	Each 100 ml contains: Kwath of: Chirayita Wl. Pl. (<i>Swertia chirata</i>) 2.857 g, Panvad Sd. 2.857 g, Haldi (<i>Curcuma longa</i>) Rt. 2.857 g,	SOS	For external Application (<i>Sthanik Chikitsa</i>)

			<p>Dharuhaldi (<i>Barberis aristata</i>) Rt./St. Wd. 2.857 g, Khair (<i>Acacia catechu</i>) St. Wd. 2.857 g, Karanj (<i>Pongamia pinnata</i>) Sd. 2.857 g, Neem (<i>Azadirachta indica</i>) Bk. 2.857 g, Harad (<i>Terminalia chebula</i>) Fr. 2.857 g, Baheda (<i>Terminalia bellerica</i>) (Emblica Fr. 2.857 g, Amla (<i>Emblica officinalis</i>) Fr. 2.857 g, Manjishth (<i>Rubia cordifolia</i>) 2.857 g, Indrayan (<i>Citrullus colocynthis</i>) Rt. 2.857 g, Chandan (<i>Santalum album</i>) Ht. Wd. 2.857 g, Devdaru (<i>Cedrus deodara</i>) St. Wd. 2.857 g, Jeeri Kali (<i>Centrathrum-anthelminticum</i>) Fr. 2.857 g, Ushva (<i>Smilax ornata</i>) Rt. 2.857 g, Dronpushpi (<i>Leucas cephalotes</i>) Wl. Pl. 2.857 g, Giloy (<i>Tinospra cordifolia</i>) St. 2.857 g, Bavchi (<i>Psoralea corylifolia</i>) Sd. 2.857 g, Kutki (<i>Picrorhiza kurroa</i>) Rt. 2.857 g, Chhoti kateli (<i>Solanum-xanthocarpum</i>) Wl. Pl. 2.857 g, Snuhi (Cactus) (<i>Euphorbia neriifolia</i>) St. 59.997 g, Liquid of: Gomutra (Cow urine) Animal Pr. 77.75 g, Taila of: Til Taila (<i>Sesamum indicum</i>) Sd. Q. S</p>		
--	--	--	---	--	--

Administration of therapeutic intervention: The patient was treated with the following Ayurvedic management protocols:

- a) **Sodhana (bio-purification):** The patient was administered Virechana (purgation) therapy to cleanse the body and remove toxins.
- b) **Shamana (palliative therapy):** The patient was administered oral herbal medications to reduce inflammation, improve skin healing, and manage his diabetes.
- c) **Sthanika Chikitsa (local therapies):** The patient was advised to apply a Kayakalp advance oil to the affected skin areas SOS.
- d) **Yoga therapy:** Bhastrika, Kapalbhathi, Bhaha Pranayam, Anulom-Vilom,

Bhramari, Udgith, Ujjai, Pranav done daily for 20 minutes prior to Snehan for 7 days (Day 25-31) [14].

- e) **Yagya therapy:** Yagya Chikitsa with Charmeshti Havan Samagri in morning 9 am for 7 days (Day 25-31) [15] (Table 3).

Follow-up and Outcomes

Clinician- and patient-assessed outcomes:

The patient's condition improved significantly after treatment. His VAS score resolved from 8 to 0, and he was able to walk without any pain. His blood sugar levels also came under control. The scaly lesions were resolved with minimal scarring (Figure 2). The patient was referred to Kayachikitsa department for further management of Type-2 Diabetes Mellitus.

Table 3: Composition of Charmeshti Havan Samagri used for Yagya Chikitsa during In-patient stay:

Each 100 g prepared from Coarse powders of:		
Plant	Part used	Quantity
Daru haldi (<i>Berberis aristata</i>)	Stem/root	5.11 g
Karanja (<i>Pongamia glabra</i>)	Seed	5.11 g
Giloy (<i>Tinospora cordifolia</i>)	Stem	5.24 g
Bakuchi (<i>Psoralea corylifolia</i>)	Seed	5.11 g
Baheda (<i>Terminalia bellirica</i>)	Fruit	5.11 g
Swet Chandan (<i>Santalum album</i>)	Wood	5.11 g
Kali jeeri (<i>Nigella sativa</i>)	Seed	5.11 g
Haldi (<i>Curcuma longa</i>)	Rhizome	5.11 g
Khair (<i>Acacia catechu</i>)	Bark/wood	5.11 g
Neem (<i>Azadirachta indica</i>)	Leaf/bark	10.00 g
Manjistha (<i>Rubia cordifolia</i>)	Root.	5.11 g
Chirayita (<i>Swertia chirata</i>)	Panchang	5.11 g
Dronapushpi (<i>Leucas cephalotes</i>)	Panchang	5.11 g
Devdaru (<i>Cedrus deodara</i>)	Wood	5.11 g
Ushva (<i>Smilax ornata</i>)	Vine	1.00 g
Pushkaramula (kushta) (<i>Inula racemosa</i>)	Root	5.11 g
Apamarga (<i>Achyranthes aspera</i>)	Panchang	10.22 g
Vacha (<i>Acorus calamus</i>)	Root	5.11 g
Kapur (<i>Cinnamomum camphora</i>)	Wood	2.00 g



Figure 2: Symptomatic improvement with no scaly lesions and minimal scarring in the body parts of the patient at the time of discharge (Day 35 of treatment).

Follow-up

The patient came back after 1 month for follow-up with Kayachikitsa department and the patient informed full relief from pain and psoriasis was also completely resolved (**Figure 3**).



Figure 3: Complete remission from erythrodermic lesions in chest and abdomen area (Day 60 post treatment).

Adverse and unanticipated events

There were none adverse or unanticipated events recorded during the complete course of treatment or during follow-up.

Patient perspective

The patient was satisfied with the treatment received and he was elated on visible results in such a short amount of time (35 days' treatment). Patient is hopeful that his Type-

2 Diabetes Mellitus will also be managed by Ayurveda treatment.

Informed Consent

A written informed consent was obtained from patient regarding publication of study data and results for research purposes.

DISCUSSION

Erythrodermic psoriasis (EP) is a rare and serious skin condition characterized by

generalized erythema and scaling of the skin. It can be caused by a variety of factors, including drugs, infections, and autoimmune diseases. In this case, the EP was secondary to Type-2 Diabetes Mellitus [16, 17]. Ayurvedic medicine offers a comprehensive approach to the treatment of EP. The goal of treatment is to restore balance to the doshas, eliminate toxins from the body, and promote skin healing [18]. An increasing amount of data supports the use of Ayurvedic remedies for the treatment of psoriasis. Research published in the journal "Infectious Disorders-Drug targets" discovered that a combination of Ayurvedic herbs, including neem, turmeric, and aloe vera, was successful in lowering inflammation and relieving skin symptoms in psoriasis patients [19]. Another study, published in the "Journal of Evidence Based Complementary and Alternative Therapies" found that panchakarma was effective in reducing the severity of psoriasis and improving the quality of life in patients with the condition [20].

There is also some evidence to suggest that Ayurveda therapies may be beneficial for the treatment of EP secondary to diabetes mellitus. For example, a case study published in the journal *The Permanente Journal* reported the successful treatment of a patient with EP secondary to diabetes mellitus using a combination of Ayurveda therapies, including shodhana, shamana, and rasayana Chikitsa [8].

In this case, the patient was treated with a combination of Sodhana (bio-purification), Shamana (palliative therapy), and Sthanika Chikitsa (local therapies). The treatment was successful in resolving the EP and managing the patient's diabetes. It is important to note that Ayurveda is a holistic approach to health and healing [21, 22]. The treatment plan for each individual patient will vary depending on their specific needs and constitution.

CONCLUSION

Ayurvedic treatments like as *Shamana*, *Sodhana*, *Sthanik Chikitsa*, *Yoga*, and *Yagya*

Chikitsa have showed potential in treating erythrodermic psoriasis caused by diabetes mellitus. These comprehensive therapies address the condition's physical and psychological elements, providing alleviation, detoxification, and stress management. While individual reactions may differ, Ayurveda is a beneficial supplement to current therapies, emphasising the need for more study and collaboration among healthcare disciplines to optimise patient care.

Declaration by Authors

Ethical Approval: Waived Off

Acknowledgement: The authors are highly grateful to the Head, PRF and Principal, PAC for providing necessary arrangements to carry out this study.

Source of Funding: This work was supported by Ministry of AYUSH under AYURSWASTHYA Yojana for Establishment of Centre of Excellence of Renovation and Upgradation of Patanjali Ayurveda Hospital, Haridwar.

Conflict of Interest: The authors declare no personal or financial conflict of interest.

REFERENCES

1. Nille GC, Chaudhary AK. Potential implications of Ayurveda in Psoriasis: A clinical case study. *J Ayu Integrative Med.* 2021; 1;12(1):172-7.
2. Migliari DA, Penha SS, Marques MM, Matthews RW. Considerations on the diagnosis of oral psoriasis: a case report. *Medicina Oral: Organo Oficial de la Sociedad Espanola de Medicina Oral y de la Academia Iberoamericana de Patologia y Medicina Bucal.* 2004 Aug 1;9(4):300-3.
3. Hankey A. A test of the systems analysis underlying the scientific theory of Ayurveda's Tridosha. *J Alt Comp Med.* 2005 Jun 1;11(3):385-90.
4. Elkhawaga, O. Y., Ellety, M. M., Mofty, S. O., Ghanem, M. S., & Mohamed, A. O. (2023). Review of natural compounds for potential psoriasis treatment. *Inflammopharmacology*, 31(3), 1183-1198.
5. Bindalkar VS, Ade V, Deshmukh S. Ayurvedic Management of Kitibha Kushta

- wrt Guttate Psoriasis-A Single Case Study. *Int J Ayu Med.* 2020 Mar;11(1):136-42.
6. Malpure PS, Kadam GR, Chitte SD, Kale GS. Review on Psoriasis Disease. *Asian J Pharm Res Dev.* 2022 Feb 15;10(1):55-63.
 7. Sondhi S, Singh N, Jindal S. Natural Remedies used in the Treatment of Psoriasis: A short Review. *Asian J Pharm Res.* 2021;11(1):43-5.
 8. Abhilesh VS, Prathibha CK, Anandaraman PV. Management of Erythrodermic Psoriasis through Ayurveda—A Case Report. *Permanente J.* 2021;25.
 9. CH K, Kumar S. Erythrodermic psoriasis: a case report. *Manipal J Pharm Sci.* 2019;5(2):11.
 10. Parekh D, Makwana S, Patgiri B. Chronic psoriasis (Ek Kushtha) treated with Shodhana and Shamana treatment: A single case study. *Int J AYUSH Case Rep.* 2019; 3;3(1):50-9.
 11. Shamkuwar MK, Shrivastava YK, Jaiswal L. Evaluation of Panchakarma as an Ayurvedic Line of Treatment in the Management of Psoriasis. *J. Chem. Pharm. Res.* 2011;3(4):17-21.
 12. Parekh DN, Bopaliya D, Prajapati D, Bedarkar P, Patgiri BJ. Role of Haratala Shodhana in the therapeutic efficacy of Rasamanikya along with Guduchi Ghana in the treatment of Ekakushtha (psoriasis): A double-blind randomised clinical trial. *Ayu.* 2021;42(2):76.
 13. Sambhu CO, Prathibha CK, Namboothiri KP, Anandaraman PV. Management of psoriasis with Ayurveda Panchakarma and Manibhadragula as Shodhana Rasayana—a case report. *J Comp Int Med.* 2021; 9;19(2):473-9.
 14. Singh S, Tripathi JS, Rai NP. Potential application of yoga therapy in psoriasis. *World J Pharm Sci.* 2015; 16; 4:1959-66.
 15. Inchulkar Shrikant R, Yuvraj K, Chauhan Nagendra S, Kamal S, Kewat ML. Scope of Agadtantra (Ayurvedic toxicology) in Environmental Pollution wsr to Janpadodhvansa & Dushi visha: A Review. *Arch Pharm Pract.* 2019;10(2):81-8.
 16. Armstrong AW, Harskamp CT, Armstrong EJ. Psoriasis and the risk of diabetes mellitus: a systematic review and meta-analysis. *JAMA Dermat.* 2013; 1;149(1):84-91.
 17. Shapiro J, Cohen AD, David M, Hodak E, Chodik G, Viner A, Kremer E, Heymann A. The association between psoriasis, diabetes mellitus, and atherosclerosis in Israel: a case-control study. *J Am Acad Dermat.* 2007; 1;56(4):629-34.
 18. Bhende S, Parwe S. Role of Nitya Virechana and Shaman Chikitsa in the management of Ekakushtha with special respect to plaque psoriasis: A case study. *J Ind Sys Med.* 2020; 1;8(1):57-62.
 19. Ahuja A, Gupta J, Gupta R. Miracles of herbal phytomedicines in treatment of skin disorders: natural healthcare perspective. *Infect. Disorder-Drug Target.* 2021 Feb 1;21(3):328-38.
 20. Deshpande H, Shivakumar, Kavita MB, Tripathy TB, Chaturvedi A. Assessment of quality of life in patients with skin disorders undergoing ayurvedic Panchakarma (biopurification) as management. *J Evid Comp Alt Med.* 2016;21(3):215-20.
 21. Khaire U, Joshi D, Chintla R. Deepak yadav, Ayurvedic management of stress induced Psoriasis (kitibha kustha)-A case study. (2023). *Int. J. Life Sci. Pharma Res.*;13(2): L1-9.
 22. Patil KS, Kulkarni RB. Ayurvedic diet plays an important role in Psoriasis patient-A Case Study. *J Ayu Int Med Sci.* 2022; 17;7(9):165-9.
- How to cite this article: Ashish Bharti Goswami, Rahul Sharma, Mayur Chauhan, Prashant Katiyar, Neha Barua. Ayurvedic management of severe erythrodermic psoriasis: a case report. *Int J Health Sci Res.* 2025; 15(9):351-363. DOI: <https://doi.org/10.52403/ijhsr.20250937>
